WINNIE BYANYIMA

UNAIDS | 2021

UNAIDS EXECUTIVE DIRECTOR KEYNOTE ADDRESS

8 NOVEMBER 2021,
FUNDERS CONCERNED ABOUT AIDS (FCAA)
VIRTUAL SUMMIT

I’m truly honoured and am delighted to be here virtually with you all.

Friends, as you well know, we are in one of the most unique and challenging moments in the history of HIV and global health. Facing the colliding pandemics of HIV and COVID-19 amidst unprecedented global disruptions, we must act urgently to recover our progress toward ending AIDS. As we continue our work together to end AIDS, we can also be a collective, pivotal force in how the world addresses COVID and better prepares for pandemics that may come later.

We have learned a lot about how to fight pandemics. 40 years ago the first cases of AIDS were reported. 25 years ago the Joint United Nations Programme on HIV/AIDS was created, the Programme I lead. 20 years ago the Global Fund was born. 18 years ago, PEPFAR was launched. Today we are going to need every asset of the collaboration between the United Nations, PEPFAR, the Global Fund, governments, philanthropy and communities to fight the inequalities that are driving HIV and COVID-19. That means bold political leadership, global solidarity as there was 25 years ago, strategic partnerships that engage the people most affected by the disease, a commitment to human rights, and a serious global plan.

With these approaches we have been able to achieve what many once said was impossible. Of 38 million people now living with HIV, 27.5 million are accessing lifesaving antiretroviral therapy. We have cut the rate of new infections by more than half and averted 16.6 million deaths. Let us be clear: fighting a pandemic with has no cure and no vaccine is not easy. In 2020 alone, there were 1.5 million new cases of HIV and 680,000 AIDS-related deaths. This is unacceptable, especially since they are entirely preventable. AIDS remains a crisis and COVID-19 is making it worse. Our data shows that, in many countries, because of COVID-19, fewer people living with HIV are being diagnosed and fewer are starting HIV treatment. HIV prevention services have been disrupted across the world.

We have reached many people. But to reach everyone in need of HIV prevention, care and treatment for HIV, we must focus on removing the barriers that stand between millions of people, men, women and children—so that the tools of science can save their lives.

The biggest barriers are the social barriers, the gender barriers, the racial barriers, the economic inequalities these heighten risks for some, while limiting their opportunities to access to care.

We cannot end AIDS, COVID or any pandemic, unless we end these inequalities that present barriers for some.

That is why the new UNAIDS Global AIDS Strategy 2021-2026, which was adopted this March, is focused on eliminating inequalities. The Global AIDS Strategy informs the strategies of PEPFAR and the Global Fund and indeed the strategies of many governments around the world.

The new Global AIDS Strategy contains new targets for HIV prevention, treatment and the reduction of AIDS-related stigma and discrimination, that's a new part. If these are met by 2020, and if we meaningfully address inequalities, the world can be put back on course to end AIDS as a public health threat by 2030— that is the target within the Sustainable Development Goals.

These targets are mirrored in the Political Declaration "Ending Inequalities and Getting on Track to End AIDS by 2030" that was adopted by Member States at the United Nations General Assembly in June this year.The Declaration focuses on tackling the inequalities at the heart of today's HIV pandemic—using data to identify where inequalities are and identify concrete strategies to close them; taking seriously how the intersections of gender inequalities, discrimination against key populations, income inequality, inequalities in voice and power which vary from community to community and designing responses to address those at the intersection of all these inequalities.

The Political Declaration was adopted by nearly every UN Member State. Now, we must work together to ensure we hold world leaders accountable for the promises that they have made.

Much has been said about how investments made in ending AIDS are helping the world to respond to COVID-19. That's a fact. It is true that the funding that created the global infrastructure to handle AIDS is delivering an additional benefit of saving people from COVID-19 and that's good. But we are a long way from fully implementing all the lessons we've learned while fighting HIV and using them in the battle against COVID-19. And, while the infrastructure, the human resources, the systems built for HIV can and should be leveraged for other diseases, this shouldn't happen at the expense of further progress against AIDS. We cannot afford to lose the ground we have gained against HIV. These resources must be used in the smartest possible way to fight both pandemics but not to put one against the other.

So, how do we defend progress and accelerate our efforts in this context? Here are some suggestions:

1. **We must continue to expand community-led infrastructure**.

We need to strengthen community organizations and strengthen national systems for health shifting policies to enable sustained funding for community organizations. This is about ensuring that formal national systems for health actually reach people. The best way for this to happen is when services are driven by community themselves, by people living and at risk of HIV. It is so important, we must invest in it and not treat it like it is elastic and like it is a resource that can be stretched and stretched without adequate investment.

Too many of the most vulnerable people do not have access to conventional health systems, either because they can't afford it or they are discriminated or crimininalized and cannot access. Evidence shows community-led organizations and networks are critical to filling that gap. This includes expanding the provision of HIV treatment and prevention services by community-led organizations in partnership with the public health system, ensuring that organized civil society and affected communities are included as key partners in decision-making bodies, and building accountability structures such as community-led monitoring, something that we have been together doing with PEPFAR. Community-led monitoring increases the impact of the services and reach more people and reach them in a way that gives them dignity and that make them able to adhere to treatment.

2. **Update health policies to align with the latest HIV science and evidence.**

Countries that have aligned their HIV policies and programmes with the current science have made greater progress against HIV. Governments are urged to review their health policies in consideration of the latest scientific data and evidence. This is a key step to improve the HIV response, and particularly to address the needs of those most vulnerable to HIV. Too many governments want to address the pandemic they think they have or would want to have, not the real pandemic. We must move away from this. Too many laws and policies are in the way of people reaching their right to care. Aligning the science with the policies is critical and we must support and encourage governments to get there.

3. **Increase national and international resources for HIV by 2025 and remove financial barriers to access health services by people living with HIV.**

Insufficient progress in the HIV response to the HIV is only increasing the long-term costs that will strain already overburdened health budgets.

I have just come back this morning from Senegal where we had a regional meeting for WCA, 26 countries were represented. In many of

these countries,user fees are an obstacle to low-income people to access health services including HIV services. Where the treatment might be free there are many things around the system for which you may need to pay fees. However low those fees are, they are an obstacle for people to access services.

4. Put HIV and COVID-19 at the centre of pandemic preparedness and response.

I hear so much these days about pandemic preparedness and response but too much of it in my view sounds theoretical. Because it is almost talking about the next pandemic that they don't know about and not connecting it with this pandemic that we know so much about. Many of the measures needed to accelerate the HIV response will also help prevent future pandemics. Let's make the connection between the pandemic we have today and preventing future ones. These measures include strengthening and protecting as I said the formal and informal health workforce, both the formal and informal collecting quality epidemic data to inform decision-making as we do in the HIV pandemic, implementing rights-based responses not trading of human rights with public safety measures but implementing rights-based responses, and ensuring equitable access to new medical technologies, not the COVID vaccine apartheid we have today.

These four actions are achievable in the next three years and would move the world closer to the 2025 global target of 95% of people knowing their HIV status; 95% of people who know their HIV status initiating treatment; 95% of people on treatment being virally suppressed those are the targets. They would contribute to a dramatic reduction in the number of AIDS-related deaths and new HIV infections.

This work will take bold financing efforts. This is where you all come in.

We need to get cutting-edge science to the people who most need it. It takes resources to do that, it takes also good policies.

We got to where we are on HIV by ensuring generic production of ARVs in Africa, Asia, and Latin America. Now the next generation of AIDS drugs—and COVID-19 vaccines—must follow the same path. Is that difficult to imagine? Wealthy countries are talking about a third, booster shot of COVID-19 vaccines while in Africa less than 5% of the population is fully vaccinated. This is a scandal.

This sounds too much like the early days of AIDS, when people around us were dying, we in Africa as people in rich countries were on treatment and living health lives. That is not the way to fight a pandemic. I'll emphasize it again—we must be serious about community-based and community- led services—funding them sufficiently to be the front-line against stigma and discrimination, and to boost health systems and human rights must be at the centre of pandemic response. These are

the things that you philanthropists can fund and would make a difference. I am concerned to see shrinking civil-society space and growing threats to human rights, even as AIDS and rights activists inspire me with their perseverance and actions.

Global health is not a dream. Access to good quality health care is the right of every single human being on this planet. And it is achievable. But we have accepted for years now a distorted rigged economic order, where the things that really matter in life are considered secondary to market pluralism.

We must carve a different path forward in global health. Now is the moment to do it and with the leadership assembled here, I am confident we can continue to save millions of lives while ensuring the world is better set up to handle future pandemics.

Addressing the inequalities that drive the spread of AIDS and other infectious diseases is the theme of this year's World AIDS Day, 1st December. Eliminating the inequalities that mean too many don't have access to existing life-saving tools is not just the right thing to do, it will make the world healthier and safer for all.

I thank you so much and thank the organizers for the privilege to be the keynote speaker.

Thank you.