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# UNAIDS EXECUTIVE DIRECTOR KEYNOTE

The Irish Aid Annual Professor Father Michael Kelly Lecture – 2021

3 December 2021



My dear friends at Irish Aid and Irish Global Health Network, thank you, thank you again for inviting me.

I also thank the Right Honourable Minister of State for Overseas Development and Diaspora, Colm Brophy, for prioritising his time and participating in this event. Your words were powerful.

UNAIDS has always enjoyed a strong relationship with the government and people of Ireland. Ireland's political and funding support has made the country a strong and reliable partner of UNAIDS. Such support allows us to lead the global effort to end AIDS by ensuring that communities of people living with HIV and those affected by HIV receive the services they need, especially those communities that are most left behind, like the communities in Karamoja that you mentioned.

And we are so grateful for the additional resources that the Minister has just announced, that will go a long way to keep services going.

Friends, this year marks 40 years since the first cases of AIDS were reported, and 25 years since the establishment of the Joint United Nations Programme on HIV/AIDS (UNAIDS) which I lead. Global solidarity exhibited by friends like the government and people of Ireland, the scientific community and community on the ground with their resilience has saved millions of lives. Today, we talk about nearly 30 million people on treatment that is about three quarters of all the people living with HIV today are living good lives. That's a huge achievement.

Our partnership continues to render support to communities in sub-Saharan Africa that are most at risk and most left behind, from the HIV prevention services in the Karamoja region of Uganda where you are working very hard and to the support HIV anti-stigma and discrimination, sexual and reproductive health rights agenda in Tanzania and beyond. This is really hard work but such important work.

Of course, I thank the moderator and the guest speakers who are going to enrich this conversation that will have a focus on HIV stigma and discrimination.

It is a huge honour to be asked to deliver the keynote and I would like to recognise Professor Father Michael Kelly, who sadly passed on earlier this year, for his enormous contribution to the HIV response in Zambia and other parts of sub-Saharan Africa. We see what the leadership of an individual the difference that it can make. We recognise and will remember his advocacy

for HIV prevention and human rights so that those most at risk of HIV infection could access services they needed to stay healthy.

I feel that Father Kelly's five decades of work exemplify Ireland's commitment to improve the health and education of vulnerable communities in post-colonial sub-Saharan Africa. He rightly believed in the notion of education as the "social vaccine" that can combat AIDS. I think that term was a very smart one.

We will also remember Father Kelly's words during his Lecture to mark the 2020 World AIDS Day for urging the world to "show massive solidarity with all actors in their struggle against HIV" at a time when its impact was being worsened by COVID-19, climate change and environmental degradation. And he did it at a time when global solidarity was at its weakest.

As we commemorate this year's World AIDS Day, UNAIDS is highlighting the urgent need to end the inequalities that drive AIDS and other pandemics around the world. Without bold action against inequalities, the world risks missing the targets we set for ending AIDS by 2030, as well as a prolonged COVID-19 pandemic and a spiralling social and economic crisis.

Our World AIDS Day report that reflects a stark warning: we are not yet acting fast enough to stop the pandemic. AIDS remains a pandemic and only by moving faster to end the inequalities that drive it can we overcome it. Our analysis shows that, if we continue as we are, not even slacking but just continue maintaining the services as they are today and don't make steps to speed access and close inequalities in the response - the world could face 7.7 million AIDS deaths over the next ten years. That's a lot, we still risk worsening this crisis.

Where leaders are acting boldly and together, bringing together cutting-edge science, delivering services that meet all people's needs, protecting human rights and sustaining adequate financing, AIDS-related deaths and new infections are becoming rare. That's good news.

But this is only the case in some places and for some people. It is not across the world. Globally the curves are not bending fast enough to stop the pandemic. Last year, our data showed 1.5 million new HIV infections and also rising rates in some countries. Moving in the wrong direction. Nearly 700 000 people died from AIDS last year - and this when we have the tools to prevent every single new infection and every single death.

So we see that infections are following fault-lines of inequality. Six in seven new HIV infections among adolescents in sub-Saharan Africa are among girls. We are failing our girls. Gay men and other men who have sex with men, sex workers, and people who inject drugs face 25 to 35 times greater HIV risk worldwide. So, inequalities drive the pandemic.

Progress in AIDS, which was already off track, is now under even greater strain as the COVID-19 crisis continues to rage, disrupting HIV prevention and treatment services, disrupting schooling, violence prevention programmes and more. We are already seeing some proxy indicators that we are going to see more new infections and more deaths in years to come.

Through fighting the AIDS pandemic, we have learned a lot about what we need more of for AIDS and also for other pandemics. That's the other good news.

We know what we need to do. We urgently need sufficient community-led and community-based infrastructure as part of a strong public health system, underpinned by robust civil society accountability. It is beginning to happen but not fast enough, not everywhere to support and invest in community-led services and to build the community-led infrastructure around the public health system.

We need policies to ensure fair and affordable access to science. Again, a mixed picture. We are seeing that the world is making very slow progress on COVID because of a failure to make the vaccine accessible equitably but even for us in HIV there are new and exciting treatments that are coming on board onto the market. We need to see those move fast to reach everybody who needs them like the long-acting anti-retrovirals or long-acting prevention tools. This could be the game changer for young girls, for young women. So, the work is there to be done. We need to protect our health workers and expand their numbers to meet our urgent needs. Friends, it is sad to hear that even in the scarcity of covid vaccines that some countries are not able to roll out the vaccines that are available to them because of huge logistical problems within their health system, weaknesses of rolling it out so and that means not enough health workers or poorly paid health workers, not enough infrastructure around the clinics. It means there is a lot we still need to do to strengthen systems.

But first of all the health workers themselves- we need to have enough of them, have them be well trained and well paid. It's critical for this pandemic, for COVID, for future pandemics and for that we need sustainable financing. Financing that is equitable, that is supporting the health system in

totality to serve everybody and not to discriminate against some.

Lastly, we must protect human rights and build trust in health systems. It is shocking to see how people the people who have the least rights are the ones targeted by the COVID pandemic and the public health measures.

I recall a group of gay men who were quickly rounded up in Uganda in the early phase of the crisis and taken to prison and violated. The case against them was that by being so many of them together in a house, they were spreading COVID. I went to see the President to appeal for their release and I ran out of arguments explaining that these were poor men without rights hounded out of their homes and their communities, sheltering together. This was a shelter. And at some point, I said to the President, but Mr. President you are saying these 30 so men are a risk to spread the virus because they are together. But down the road from your state house, less than a kilometre away, is a house with at least 50 women who live there. How come you are not arresting them. And he said which 50 women? I said the nuns who are living there in the convent. He burst out laughing and he said I get your point, we are going to do something. And eventually, he released the young men. But you could see that public health measures did not come neutrally. The struggle for human rights continues. We need to insist that these are citizens with equal rights who should not be driven underground, persecuted, stigmatized and driven away from the benefits of science.

It is these that will ensure we close the inequality gaps and end AIDS. But they are too often applied unevenly, are underfunded and are underappreciated.

This brings me to the theme of today's Lecture: "End stigma and discrimination."

The vision of the global HIV response is to achieve three zeros: zero new infections, zero AIDS-related deaths and zero discrimination.

Since 2016, more than 89 countries have reviewed and reformed punitive and discriminatory laws and policies.

But I am afraid the goal of zero discrimination still eludes the world. In 25 of 36 countries with recent data, more than 50% of people aged 15–49 years displayed discriminatory attitudes towards people living with HIV. More than 50 percent. Stigma is real.

Denial of health services to people living with HIV remains distressingly common. The prevalence and effects of discrimination are especially acute for members of key populations, who face multiple, intersecting forms of discrimination.

In 2019, one in three women living with HIV reported to have experienced at least one form of discrimination related to their sexual and reproductive health in the previous 12 months.

Punitive laws, the absence of enabling laws and policies, and inadequate access to justice contribute to the inequalities that undermine HIV responses.

At least 92 countries criminalise HIV exposure, nondisclosure and/or transmission, and 48 countries or territories continue to block people living with HIV from entry, stay or residence.

Among countries reporting data to UNAIDS in 2019, 32 criminalised and/or prosecuted transgender persons, 69 criminalised same-sex sexual activity, 129 criminalised some aspect of sex work, and 111 criminalised the use or possession of drugs for personal use. The health and well-being of people living in prisons or other closed settings are routinely put at risk by punitive laws and policies, including denial of access to essential health services.

If I may return to the discrimination that girls and women face, I think this is a gap area in our work. We do not look at it deeply enough. We see now a spike in teenage pregnancies realizing that what we always knew, the protective effect of school however poor the school, it is still safer than girls left to stay at home! And yet we do so little to use the school space as a place to protect adolescent girls. There is so much more about the early sexual debut and the early age at which girls give birth and the implications for these young mothers. Sometimes, a lack of housing, the inability to access services because of social stigma, because of having to move away to hide from family, because of all these things. Looking at these social determinants is critical for us to be able to give them the services they need. I am passionate about this question, having grown up in a village and seeing myself more as a survivor because the girls I was born with, many of them fell victims to these kinds of discriminations, these kinds of stigma and so on.

So, I invite you all, Ireland, let's put more resources into addressing the higher vulnerability of adolescent girls and young women in Africa. And I know, you, Ireland, cares very much about this issue.

Our collective strength to end AIDS is linked to the struggle to end human rights violations. So, let's step it up on human rights and on tackling human rights violations.

This means indeed: ending stigma, discrimination and violence against women and girls, and ending the marginalisation and criminalisation of key populations—sex workers or whatever names called, people who use drugs, gay, bisexual and other men who have sex with men, and transgender people, prisoners and other groups.

I salute the front-line communities that have pioneered the approaches shown to be most effective, that are leading the charge for policy reform, that have driven the momentum for change and that are pushing leaders to be bold on human rights. It is not easy. I know so many who are being deregistered all around the continent for the work that they do to defend human rights but let's stand by them.

World leaders must work together urgently to tackle the inequality challenges head-on, especially that one on inequality in access to the tools of technology.

On World AIDS Day, I listened to the words of Jonathan Montoya, a young man from Mexico who lives with HIV, he called for a “pandemic of courage”. Amazing words.

Let us be bold and courageous to create a just and equal society free from stigma and discrimination.

That is what we need as we work to end inequalities, end AIDS, and prevent future pandemics.

Thank you.



