

UNAIDS EXECUTIVE DIRECTOR REMARKS

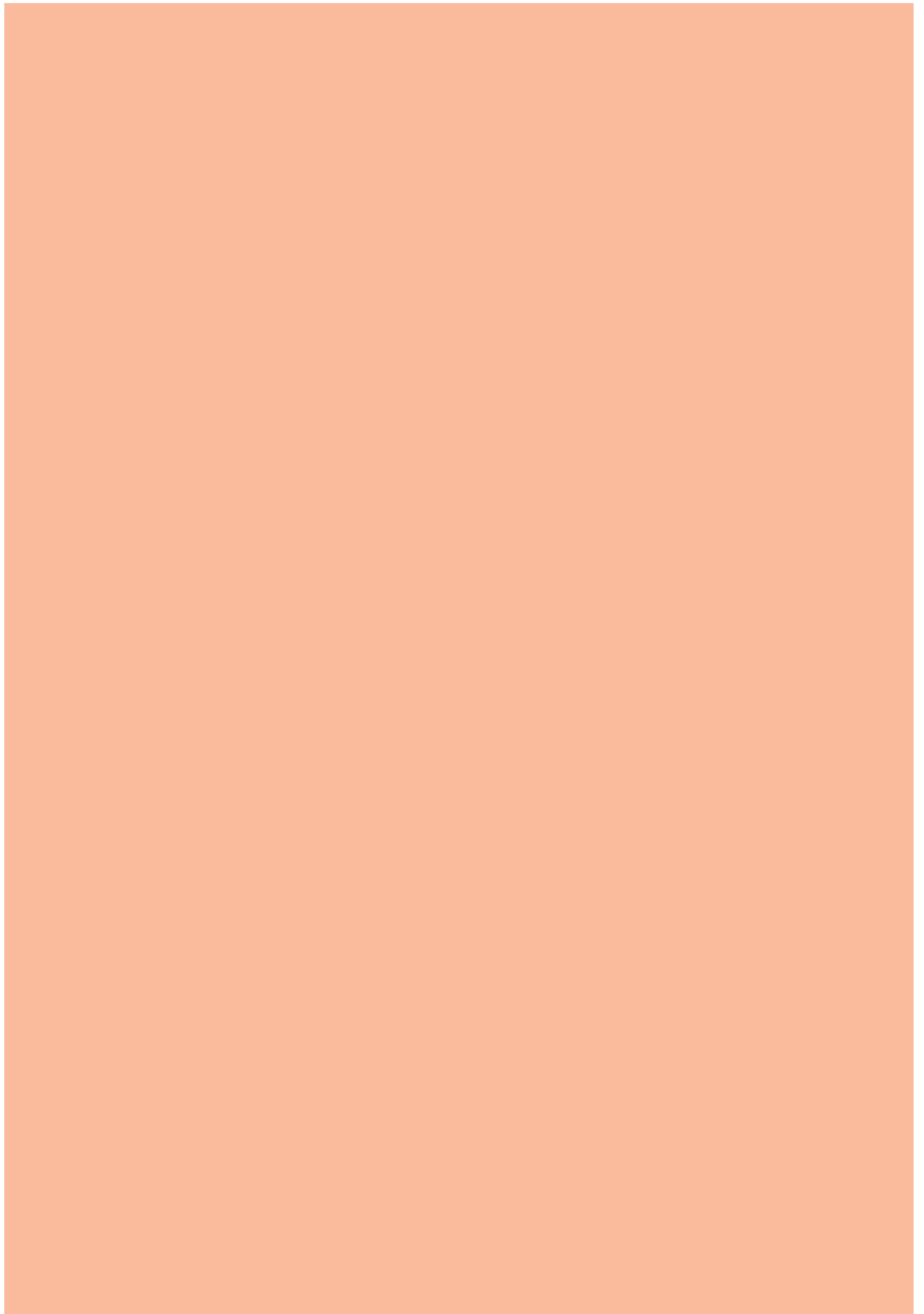
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31ST HIV/STI/TB ANNUAL REVIEW PLANNING MEETING

(RE)IMAGINE THE END OF AIDS: REINFORCING PARTNERSHIPS AND REPOSITIONING THE HIV RESPONSE
MONTEGO BAY, ST. JAMES, JAMAICA—WEDNESDAY 9 NOVEMBER 2022



Hon. Juliet Cutberth-Flynn (MP), State Minister for Health

Dunstan Bryan, Permanent Secretary, Ministry of Health and wellness

I'd like to thank both of you for the warm welcome since I arrived in your country.

I'd also like to recognize the Chief Medical Officer, Dr Karen Wester-Kerr.

International development partners, the PEPFAR coordinator Ms Simone Jackson, other representatives from the Global Fund, UN, health care workers, religious leaders civil society leaders and communities at the frontline fighting AIDS,

Distinguished Ladies and Gentlemen

Thank you so much for inviting me to your beautiful country. This is not my first visit to the Caribbean, but it is my first visit to Jamaica. I am very excited to be here for this important moment in the land of Paul Bogle, Marcus Garvey, Queen Nanny of the Maroons, the land of Bob Marley, Peter Toshe, the social justice fighters we have seen on the stage, the courageous Ashe Company. This the land that freed us, where slavery was defied, where colonialism was thrown out. You are an inspiration to all around the world. I congratulate you as you celebrate 60 years of independence. It is the same for my country, we are 60 years old as an independent country.

I must also congratulate Kingston-Jamaica for the Circle of Excellence award it received in Seville, earlier this year, during the Fast Track Cities HIV Conference. I am looking forward to meeting with the Mayor tomorrow to congratulate the city.

I congratulate you—advocates, activists, health providers, civil society, communities, all of you and others who are working at the grassroots on the frontlines. I was honoured to meet with some of you and see with my own eyes the work you do every day with communities, the dignity that you give to people living with HIV. I applaud your dedication, creativity, and commitment to end AIDS. People living with HIV in this room and all over this country, I salute you for standing up and fighting for your lives and the lives of other people.



Introduction

Let me share with you for a moment a vision I carry in my heart of a world in which, through delivering justice and dignity, we end AIDS.

This is a world where every girl and every boy completes secondary school—including teenage mothers. A world in which girls, women, and trans women are safe from physical and sexual violence. A world where everyone—from LGBTQI people to people in prisons, to people who use drugs—is accepted, respected, and meaningfully included. A world where everyone has quality health care—and where everyone living with HIV has access to the best prevention and treatment tools that science offers.

I know you share this vision. That is why you are in this room—for your beautiful country, for your region, for the world.

But today, we are a long way from that vision. Instead, we live in a world that is characterized by many inequalities that place some people at more risk of HIV than others.

That is why I keep saying HIV is an injustice.

Today, I want to suggest four ways to overcome these inequalities, these injustices that drive HIV.

The first is getting the data right and ensuring through that there is access to services for everyone who needs those services, free of stigma and discrimination.

Second is around governance, how we need to organize ourselves to achieve that vision.

Third is ending violence and especially sexual violence.

And fourth is about investing in what works.

Getting the data right in order to deliver services to all who need them

Jamaica is one of the few countries in the world where some important numbers in HIV are moving in the right direction. Credit to you. Since 2010, you have seen a 12% decline in new HIV infections. And a 16% decline in the number of people dying from AIDS.

But let me be honest with you, Jamaicans. In terms of actual numbers, these are modest declines. I know Jamaica, who could defy slavery and throw out colonialism, can move faster. You are moving in the right direction, but too slowly.

Data is the currency for public health. We need to get the data correct in order to put in services, allocate the resources, and have the right programmes that have the right impact.

I know I speak for other partners, PEPFAR and the Global Fund, who along with UNAIDS are committed to help Jamaica get the data right, to disaggregate it so we can identify inequalities in access to services, the imperfections of our programmes, so we can get services to each and every one who needs them.

Half of Jamaicans living with HIV—15 000 people—are either not accessing treatment services or have not been identified. And while 500 children are living with HIV in Jamaica, two thirds of them are not on treatment. Let's be angry and impatient about that. It is an injustice. And last year, about 770 Jamaicans died of AIDS. If you look at the whole Caribbean region more broadly, we are losing 108 of our people every week. That is a crisis.

Today, we have all the tools we need to prevent and treat HIV. We may not have a vaccine, we may not have a cure, but it will come, too. So why are people still dying of AIDS, if we can prevent and treat it? Why are they acquiring HIV? And why are babies still being born with HIV?

It is these inequalities we must look at and close the gaps. We know from our work at UNAIDS, and the broad HIV movement that has been fighting for 40 years, that AIDS is much more than a health issue. It is also a political issue. It is a gender equality issue. It is a human rights issue.

Our data shows very clearly globally who is most at risk. Most at risk are adolescent girls and young women- mainly in Africa. It is children. People who use drugs. People who sell sex. People in prison. Migrants. Gay men and other men who have sex with men. Transwomen.

The reason that all these people I mention are most at risk is because all of them are people who do not enjoy equal treatment in their societies. As you all know, this is also the case here in Jamaica, these groups are on the margins of society. It is about inequalities. You all know that here in Jamaica in the general population prevalence is 1.3%. But among gay men it is 30%; in transgender women 51%.

People are at risk and unable to access services because of stigma. I was saddened to read a very good report by the Jamaica Partnership to Eliminate All Forms of Stigma and Discrimination, which gave many examples of the fear of stigmatization carried by so many people living with HIV—in their homes, in their workplaces, even in health care settings. It was heartening to hear the Minister point to that issue and tell us they are looking at point of service and how people living with HIV experience service providers.

Until everyone has their full human rights, until everyone has access to the tools of prevention and treatment, we will never end this pandemic or any other.

Let me share with you what I felt when I went to visit JASL, the civil society organization that delivers services to people living with HIV. I felt the community. I did not feel like I was at a health facility. I met 2 women and 3 men who have been using the services for 15 years and 5 years respectively. At the end I asked who wanted to take a photo with me and one man accepted. He said I could put it on Twitter. The 2 women said they could not because they were afraid that their communities would find out. They had sadness in their eyes. They did not want to experience the stigma of people knowing. They keep it as a secret. At JASL, they spoke openly, they laughed with the director and staff of JASL. I saw the community. I saw the love and respect at this point of service.

There is no cure and stigma will not go away tomorrow. But people with HIV have the right to be somewhere they feel secure, appreciated, treated equally. That is the vision which we want to deliver for them.

Which is why a vision for an AIDS-free world, for an AIDS-free Jamaica, is one where discrimination, stigma, and punitive laws against people for being who they are or for loving who they want to love, do not exist.

Punitive laws undermine health efforts. Those of us working in public health approach these issues that are human rights issues as health issues. Where people living with HIV are criminalised; where certain groups of people are criminalized, prevalence of HIV is always higher. Criminalisation drives communities underground, it makes populations invisible and makes them difficult to reach with services. These criminal laws contribute to entrenched stigma and discrimination and get in the way of providing services.

That is why a public health approach has to be a rights-based approach. That is why we in public health have to be human rights champions. We cannot avoid that.

I call upon Jamaica to ensure adequate protection of the rights and dignity of vulnerable and marginalised groups. I encourage Jamaica to join its neighbours—Belize, Guyana, Trinidad and Tobago, Kitts and Nevis, and Antigua and Barbuda in granting LGBTQ Jamaican people their rights. Please repeal laws that criminalize same-sex intimacy and protect them from discrimination. I appeal, respectfully.

This is important for the human rights of all Jamaicans and all Caribbean people and all marginalized people all over the world. It will rid Jamaica of a cruel remnant of colonialism, the same laws in the same law books of my country, a country that also ended British colonialism. They are the same laws, they are not our laws. They came from foreign dominating powers and since they left, they have changed their laws, so why are they still ours? We should get rid of them. It is also a crucial step toward ending AIDS in your country.

Governance and a multisectoral response

Lessons from other countries show that because HIV is so many issues, we need different sectors to fight it. In many countries we pull together different actors and sectors and work in a tight, strongly coordinated way in order to have an impact against HIV.

Look at us. I represent the Joint Programme of the UN. Within our partnership we have PAHO and the WHO doing the health approaches; UNICEF bringing in an agenda for children, ending mother to child transmission for example; we have UNESCO bringing in education; we have the World Food Programme on food, UNHCR on refugees. We have 11 mandates tied together to fight AIDS.

We need strong coordination across government, bringing in the whole of society. I suggest Jamaica has a tighter coordination approach to AIDS, bringing together sectors and civil society.

Violence

I want to turn now to violence, which is growing in this region and in Jamaica, too. That is sad. That is an issue of society we must fight. Within the violence in society, there is also violence against LGBTQ people and against women and even children. I was shocked to learn that Jamaica has the second highest level of femicide in the world.

Violence is a serious issue and it's also a driver of HIV. It has many consequences for the economy, for the lives of people, we must contribute to fighting it from the HIV angle. We must protect girls, we must make sure they finish school, learn about their bodies, know where to go when they need help, especially if they are assaulted. We must put more efforts and resources into that. But we must also get to the bottom of the problem.

Let me say what it is. This problem of sexual violence is to do with toxic masculinities. That is what it is. We must address it.

Imagine if global leaders began society-wide conversations about what it means to be a good boy, a good man, a caring man, a loving man. Imagine if more celebrities, opinion leaders, sports leaders, musicians, all were encouraging a different masculinity, a peaceful masculinity. We would be in a better place. Imagine if in all our schools and places of worship, community leaders, school leaders, were talking about a new masculinity, a peaceful masculinity, a caring masculinity. This would change our society. This is the real solution to sexual violence and we must all get behind it and do our bit.



Investing in what works

We know that we must invest in closing the inequalities that drive HIV/AIDS. I talk to governments everywhere I go and I tell them that civil society is not free. It is human beings doing a lot of work and a lot of good in the world. We need to invest more in ending the structural barriers and civil society are the best at this. So, we must invest more in them so that they can get the job done. But of course, we also must strengthen health systems and make them deliver services more efficiently, more cost-effectively.

With scarcer resources we must stretch the dollar to reach more people. I want to commend Jamaica for being a responsible steward of its resources. I have looked at how the economy is being managed in this crisis that the world is in. Recovering from COVID-19, a crisis caused by a war in Ukraine in which Jamaica has no part, but Jamaica and the rest of the world are suffering the impact of that crisis—high fuel and food prices, the cost of living. In the midst of that this country is managing its resource so prudently, protecting key expenditures. But there is a need to increase health expenditure, make it more impactful. Part of making it more impactful is extending the use of civil society to build community and to reach the people who need services. We also learned from COVID-19 that those countries that had a health system supported and surrounded by community-led service that reached people, the last person, were better able to fight the pandemic. So, continue to extend your reach through working with civil society and delivering through communities to people living with HIV.

As much as I call on the government of Jamaica to continue investing more in health and in fighting HIV, I also call upon the international financing partners not to exit Jamaica and the Caribbean because they are middle-income countries. It is just a number. Somebody decided that when you hit this, you are middle-income. It does not look at the challenges a country is facing. A small island like Jamaica, where every time it makes a step forward, a hurricane comes as a result of climate change and pushes the country three steps back. These are the realities of a middle-income country that is also a small island in the Caribbean.

So I appeal also to international donors not to exit a country like Jamaica, but to stay in the fight against HIV. And I commend PEPFAR, the government of the United States, the Global Fund, and the bilateral partners for supporting this fight.

Conclusion

In conclusion let me quote a great descendant of Africa, Dr Martin Luther King, Jr. He said, "Social progress... comes through the tireless efforts and the persistent work of dedicated individuals." I salute you for your tireless efforts, your persistent work; I thank you to partnerships between civil society, the government, the private sector, the international partners represented here by PEPFAR—you are making progress. We all are making progress. Let's get everyone who is not on treatment on treatment: let's have those 500 or so children all on treatment. Let's eliminate vertical transmission. Let no child be born with HIV.

We are so close. And Jamaica has it within itself to end this fight. UNAIDS is here to support you. We can bend the arc of the HIV world toward justice. We can—we will—end AIDS in Jamaica, in the Caribbean, on my continent of Africa, and around the world. I am hopeful I am optimistic, just like all of you.

Thank you very much.

