

# UNAIDS EXECUTIVE DIRECTOR REMARKS

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WORLD AIDS DAY REPORT LAUNCH, DANGEROUS INEQUALITIES

ON WORLD AIDS DAY, UNAIDS  
JOINS WITH PEOPLE LIVING  
WITH HIV AND COMMUNITIES  
AROUND THE WORLD IN ONE  
SHARED CALL TO ACTION:  
EQUALIZE.

**WINNIE BYANYIMA**

Hon. George Simbachawene, Minister of State in the Prime Minister's Office (Policy, Coordination and Parliamentary Affairs)  
Hon Godwin Modell, Deputy Minister of Health  
Ms Leticia Mourice Kapela, Chairperson, and my fellow panellist Bahati Haule, from the National Council of People Living with HIV (NACOPHA), Tanzania  
Dr Leonard Maboko, Executive Director, TACAIDS  
Distinguished guests, members of the press and friends,

Good morning,

At the outset, I'd like to recognize in a special way Her Excellency President Suluhu Hassan and to say how honoured we are to launch the World AIDS Day report. There are two reasons. Tanzania is a leader in fighting HIV/AIDS and over the past 10 years has consistently reduced new HIV infections and reduced AIDS related deaths. Since 2010 there has been a nearly 50% (46.6%) decrease in new infections here in Tanzania. Successful treatment scale up has led to an over 50% reduction in the number of AIDS-related deaths.

I also want to thank Her Excellency for leading with courage, humility and compassion, for her focus on empowering grassroots communities and for bringing more women into senior leadership. President Suluhu Hassan is a role model and has broken a barrier in Eastern Africa and I am sure I speak for all of us African women—we look up to her.

**We are here in Dar es Salaam to launch the UNAIDS new report, *Dangerous Inequalities*, in advance of World AIDS Day on 1st December.**

In this report we call the world's attention to a painful reality: currently, we are not on track to end AIDS by 2030, as agreed by all governments of the world, and the reason is inequality.

But there is good news: by equalizing, which is possible, we can end AIDS.

**Firstly: We must equalize for women and girls to reduce their HIV risks.**

In sub-Saharan Africa, adolescent girls and young women are three times more likely to be infected with HIV than boys and men of the same age. The driving factor behind this is inequality.



If we can enable girls to stay in school until they complete secondary education, this would reduce their vulnerability to HIV infection by up to 50%. If we include comprehensive sexuality education—this means girls learning about their bodies and how to protect themselves and other measures for girls’ empowerment, then their risk is reduced even further. That is why 12 African countries have come together in the Education Plus Initiative, supported by the UN to make this happen. We hope that Tanzania will join this initiative soon.

Beyond this, we must combine services for sexual and reproductive health *together* with services for preventing and responding to sexual and gender-based violence *and* HIV.

They must be designed to work for all women and girls, in all their diversity. They must work for every group of women and girls.

Here’s an example. In Malawi the government and donors together invested heavily in ensuring adolescent girls and young women in key districts could finish secondary school and receive robust HIV-prevention and sexuality education. There was a serious effort to address the violence experienced by adolescent girls and young women in and around schools. And do you know what? It worked. In the Machinga district new HIV diagnoses among adolescent girls and young women fell by over 30% in just 2 years. But such programmes are few and far between and need to be scaled up in every country. They must reach every girl. Every girl needs them.

## Secondly: We must equalize for marginalised people.

Discrimination against marginalised people is hurting the HIV response. Globally, gay men and other men who have sex with men are 28 times more likely to be infected with HIV. People who inject drugs have 35 times the risk, sex workers 30 times the risk, and transgender women 14 times the risk. We will not end AIDS unless we can end it for everyone. The evidence is clear: when you decriminalise, people will come forward and get services. Decriminalising saves lives. Here are two examples: In South Africa, where same sex relationships are legal, gay men are 60% more likely to be living with HIV than other men but in Uganda where gay men are criminalized, they are 240% more likely to have HIV. In Thailand, where same sex relationships are legal, gay men are 11-times more likely to be living with HIV than other men, but in Malaysia where gay men are criminalized, they are 72-times more likely.

Criminal laws keep people away from services. There is a growing momentum from Asia to Africa to the Caribbean, for decriminalizing. In recent years, Angola, Bhutan, and Botswana. In the past few months alone, St. Kitts and Nevis, Singapore, Antigua and Barbuda. There are 68 countries where these laws still exist. I suggest let's consign these harmful and colonial laws to history.

But we don't only need to decriminalise, we need to fight stigma. Stigma is the sentence passed by society on people for who they are. And stigma kills. We need to end stigma for people living with HIV and for marginalised communities. We need every leader—political leaders, faith leaders, traditional leaders, cultural icons likes football players and musicians. We must all rise. We must equalize for all people We must speak up about stigma and discrimination which stops people coming for prevention, testing and treatment.

## Thirdly: An inequality that breaks my heart is that against children living with HIV. With the science that we have today, no baby should be born with HIV and no child who has HIV should be without treatment.

But today, around the world while three quarters of adults living with HIV are on treatment, only half of children are. Here in Tanzania, 87% of adults living with HIV are on treatment while only 60% of children living with HIV are. Around the world in 2021, children made up 15% of all AIDS-related deaths although they are only 4% of the total of people living with HIV. We will not allow this shameful and avoidable injustice to continue. That is why the UN, international partners, civil society and governments from the 12 countries with the highest burden have come together and formed the Global Alliance to end AIDS in Children. Tanzania was the first country to sign up. We are delighted that Tanzania will host the official launch early next year. Closing the gap for children will save children's lives.



It's winnable: 15 countries and territories have been certified for eliminating mother-to-child HIV transmission. And countries like Botswana are on the way there. In Botswana there has been a serious focus on getting HIV treatment to children and AIDS deaths have fallen radically—from thousands of deaths a few years to less than 200 deaths last year.

## Lastly and crucially: To end AIDS we must tackle the inequalities in resourcing.

The COVID-19 crisis and the war in Ukraine have increased inequality worldwide. Every day, the rich countries of the G20 countries receive 136 million dollars in debt repayments from poor countries in the South. Meanwhile in these developing countries that repayment of debt is more than four times the spend on health, twice what they spend on education. This is unjust. In the midst of a crisis of debt, austerity and inequality hitting developing countries, some rich countries have cut back aid for global health and are considering even deeper cuts. This is not right. Now is not the time to step away, it is the time to step up.

Remember: it is through international solidarity that we reduced inequalities in financing and made amazing gains against AIDS including bringing more than 28 million people onto life-saving treatment. 1.3 Million Tanzanians are on HIV treatment—which would not have been possible without global solidarity—especially through PEPFAR and the Global Fund. We must complete the job.

On World AIDS Day, UNAIDS joins with people living with HIV and communities around the world in one shared call to action: Equalize.

Equalize access to rights, equalize access to services, equalize access to resources, equalize access to the best science and medicine.

This is how we will end AIDS.

Thank you

