

UNAIDS EXECUTIVE DIRECTOR REMARKS

WINNIE BYANYIMA

UNAIDS | 2023



EXD OPENING REMARKS FOR WORLD HEALTH ASSEMBLY 2023 SIDE EVENT ORGANISED BY WITS UNIVERSITY, OPEN SOCIETY FOUNDATIONS, THE PERMANENT MISSION OF SOUTH AFRICA AND UNAIDS SYNERGIES AND SENSEMAKING FROM PANDEMICS—A COMPARATIVE ANALYSIS OF THE PROPOSED IHR AMENDMENTS AND THE INB CA+ TEXT. 23 MAY 2023, GENEVA



UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG



SOUTH AFRICAN
PERMANENT MISSION
GENEVA

OPEN SOCIETY FOUNDATIONS

Thank you, Helen. And welcome all of you colleagues, friends, Excellencies. The Honorable Minister of Health of South Africa, Joe Phaala; the Honorable Minister of Health of Eswatini, Lizzie Nkosi; the Honorable Associate Minister of Health and Populations for International Affairs of Egypt, his Excellency Hatem Amer. Welcome. The Ambassador for Global Health of France, Ambassador Anne-Claire Amprou; Ambassador and Permanent Representative of South Africa to the UN, my brother Ambassador Nkosi, all Ambassadors present, ladies and gentlemen, welcome to UNAIDS.

Welcome to the Kofi A. Annan conference room. Also, of course, I welcome my dear Sister Precious Matsoso and Mr Roland Driecé, both co-chairs of the INB; Steve Solomon at WHO, my colleague, Principal Legal Advisor; and Phillipe Duneton, Executive Director of UNITAID. Thank you for being here.

We thank Wits university and you, Helen, and the Open Society Foundations for partnering with the Permanent Mission of South Africa and us UNAIDS in this important event.

This side event, for us at UNAIDS, is an important part of our strategy to contribute and position HIV in the ongoing global effort on Pandemics Prevention, Preparedness, and Response—the mechanisms, the instruments that govern us.

We're here because we believe that investing in current pandemics like HIV will help countries prepare for future ones. There isn't really another route. You have to get it right with the pandemic you have now to be prepared for the next one.

The contributions of the AIDS response have been critical in national and community-led responses to COVID, to Ebola, to Mpox. We know that, we have the evidence. They will continue to be invaluable in efforts to prevent, to prepare for, and to respond to other existing—and future—pandemics.

AIDS is not over. We insist. We say this again and again. 40 years on, it is far from over.



In 2021, in Africa, 25.7 million people were living with HIV. That is 67% of all those living with HIV globally.

In the same year, in Africa, there were 870 000 new HIV infections—58% of the global new HIV infections globally

So deaths are still happening new infections are still there.

420 000 Africans died of AIDS-related causes in 2021.

There were 20.1 million people in Africa on life-saving HIV treatment in 2021—70% of the global total.

As soon as the COVID-19 crisis hit, we knew this would be a collision of two pandemics, HIV and COVID-19. We also knew there was going to be a tough fight for access to vaccines, to treatments, and to tests. Because we'd seen it all before. We learned from the painful history of access to HIV medicines that Pharma monopolies would control supply and price and maximise their profits at the expense of depriving millions of these lifesaving products. We knew that it was only through very concerted campaigning that we could have a chance not to repeat the tragedy where nearly 12 million people in Africa died of AIDS when they could have been on HIV treatment because prices were out of reach.

By the time even 1 in 4 African health workers had access to the COVID-19 vaccine, 3 in 4 in the Western countries were already vaccinated. It was a tragedy.

But many governments, many organizations, many people spoke strongly for equity and for justice in the midst of that crisis. Inequalities in access to medicines, to vaccines, and other health products, inequalities in access to finance, these inequalities were evident during COVID-19. The African region saw this and committed to increase local and regional production of these lifesaving commodities.



Today, Africa imports 95% of its medicines and accounts for only 3% of global medicine production.

UNAIDS welcomes the African Union's objective to produce 60% of all its vaccines by 2040.

It is an ambitious commitment but an important one that we must achieve.

We see five critical elements that underpin efforts to end AIDS but also to be fully prepared for the next pandemic:

One, that we've tested, tried, and succeeded with is that the approach must be multi-sectoral, must be human rights-based, and must include all of society.

Second, that access to health technologies and to services must be equitable. Everyone must access the health technologies that are available and the services that are on the ground.

Third is equitable access to sustainable financing to see a pandemic through.

Fourth, you must empower communities. Community-led organizations and community-led responses.

And this includes key populations: LGBTQI people sex workers, people who inject drugs, people in prison, groups in society who are often excluded from what other citizens have a right to.

Finally, women, youth, in all their diversities must be at the centre of a pandemic response. They are the ones who are first hit and they are the ones who access least and that is why pandemics continue and continue. They must be at the centre.

Those are the lessons we have learned from the AIDS response. If they are not sufficiently learned and applied, we risk repeating the earlier failures of the AIDS response that we overcame through these learnings. So we can't continue on a trajectory that leaves the world ill-prepared for future pandemics. We must learn to apply and fight and end HIV/AIDS and other existing pandemics. We can. That is why we are here, that's why you are here, because you know you fought this pandemic and got us to this point and that only by ending it will we be prepared for the next one.

Thank you so much.

