

# UNAIDS EXECUTIVE DIRECTOR REMARKS

WINNIE BYANYIMA

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22<sup>ND</sup> ICASA CONFERENCE OPENING PLENARY







Your Excellency the President of Zimbabwe, President Mnangagwa,  
Your Excellency President of Mozambique, President Nyusi,  
Your Excellencies, the two Vice Presidents of Zimbabwe,  
Honourable Ministers present here,  
Honourable Dr Parirenyatwa, the ICASA 2023 President,  
My colleagues, Regional Directors of the United Nations, WHO and UNFPA,  
Civil society and communities represented here so well by Yolanda Munyengwa,  
The UN family,  
Excellencies Ambassadors,  
Ladies and gentlemen,

Mangwanani! Sanbonani! Jambol! Bonjour! Hola! Bom dia! Greetings!

It's a great honour to address ICASA at the opening session.

Excellencies, I bring you the greetings of the United Nations Secretary General António Guterres and his Deputy Secretary General Amina Mohammed, our sister.

ICASA is a moment for us to gather, to take stock on progress towards the 2030 SDG goal of ending AIDS as a public health threat and to consider future directions and sustainability of the response.

This meeting brings together so many inspirational leaders of the struggle to end AIDS. Excellency Presidents, we are a movement like ZANU PF, like FRELIMO. Our war is against the HIV virus. The vanguard of our movement are people living with HIV. They are the activists who work every day on the ground. That is the vanguard of our HIV movement. We are health workers, we are scientists, philanthropists, governments. There are around 5000 of us who have gathered here in Harare or online for this meeting, committing to continuing our struggle to end AIDS.

That is our power. We are a movement.

I am delighted that this session is being held in Zimbabwe. Because Zimbabwe is one of the countries making the fastest progress in the world. It is right that we are here.

And so I salute you, Your Excellency Mnangagwa, President of Zimbabwe; I salute your spouse, First Lady Dr Auxillia Mnangagwa whom I met recently in Victoria Falls, for your sustained leadership and engagement in the response.

## Let us take stock of where we are now

And in doing so, it's right that we celebrate some amazing successes of this great country:

- 78% reduction of new HIV infections in the last 13 years- this is the highest decline in the Eastern and Southern African region. And that is the region making fastest progress.
- The treatment scale-up that has led to a 64% decrease in AIDS related deaths.
- And Zimbabwe's achievement of our mid-term targets, which we call "95-95-95". Zimbabwe hit them well before the deadline of 2025. This is a big achievement.

This progress is a result of a formidable partnership between the government, between communities, civil society, and between global solidarity of partner governments. The partner governments are the United States through PEPFAR and other major donors through the Global Fund. I must not forget too Foundations such as the Gates Foundation and others. It's this partnership that's driven this success.

So well done. Going to the region, I'm so proud to say that there are five countries, including Zimbabwe, that have also already achieved those midterm targets of 2025—Botswana, Eswatini, Rwanda and Tanzania.

16 other countries, 8 of them in Africa are close to them, also heading towards achieving the midterm targets, meaning that we could end AIDS as a public health threat in those countries by 2030.

So that's the good news to celebrate. But all is not well. As we take stock, I also want to turn to the challenges:

We have saved 3.4 million lives of children from AIDS by stopping mother to child transmission and by putting children on treatment. But while we have 83% of all adults living with HIV on treatment in Africa, we only have 55% of children living with HIV on treatment. We are leaving children behind. In West and Central Africa, only 37% of all children living with HIV are on treatment, meaning the majority are not and will die. This is an inequality for children.

Globally, 30 million people are on treatment. But 9.2 million others are not on treatment. And why? Who are they? Let's unpack that.

1.3 million new HIV infections globally last year—over 50% of them were right here in Africa. Why Africa?

When you look at AIDS-related deaths too, over 60% of them were here in Africa. Why Africa?

I will come back to that. Why is it our continent?

In 2022, if we look at those who are newly infected here in our own region, 63% of them were women and girls. That's serious. The face of new infections are our girls, our daughters and young women. 3100 girls aged between 15 and 24 acquired HIV every week right here on our continent. This is not the case elsewhere.

## Inequalities driving the AIDS pandemic in Africa and around the world

AIDS is an injustice of inequalities. If you look at all those who are newly infected, look at those who have died, you'll see that they face inequalities, and that's why they can't access prevention and treatment that are quite available.

Let's talk about the girls.

There is a culture of male domination and male control over women's bodies that runs right from the family level through public institutions.

Sexual violence is tolerated by our societies.

Early marriage is practiced by many of our communities.

These are examples of what is driving HIV.

The domination that leads to lack of control over one's body.

This is important. This is social norms. Social norms are our own. It is us who can change them. It is the whole of society that must change them. It isn't just civil society. It is civil society, it is governments, it is companies, we all must move towards gender equal norms, non violent social norms. That is the most important way to protect.

But also public policies.

Our public policies do not equalise. They widen existing inequalities.

Let me give you an example: UNESCO has estimated that around the world there are 129 million girls out of school including 97 million not in secondary school. Most of these are in Africa.

School is the best protection from HIV, from sexual violence. School is the space where a girl is protected up to the time she's an adult. If she's not in school she's not safe.

Why aren't our governments rolling out free universal secondary education for the protection of our girls and for all the other gains that we get from public education. It's a public policy issue.

Every time a woman dies in childbirth, every time a girl dies in childbirth or following an unsafe abortion, this is a failure of public policy, because if public policy puts a priority on women's lives, we shouldn't have a woman die in childbirth. She should be taken care of from the time she conceives to the time she delivers her baby.

So public policies, when they don't prioritise the lives of women and girls, that is what you get: rising infections amongst girls and young women.

Take sexual and gender-based violence—we have laws against them. But our institutions that should prevent and that should address it when it happens—the law and order, the judiciary—these are often not with enough resources or capacity to tackle this challenge of sexual and gender-based violence. So it goes unpunished. Impunity leads to more and more lack of safety for girls and young women.

So we have to work on the public policies to equalise for girls and women in the society. Target sexual violence, keep the girls in school.

That's why we are working with fifteen African countries<sup>1</sup> that have decided to roll out ambitious universal secondary education and put in place the policies that will keep a girl safe in school. UNESCO, UNFPA, UNICEF, UN Women and us UNAIDS are supporting these fifteen governments through the Education Plus initiative. I invite all other governments too to join this movement, where we bring students, parents, teachers, investors, to all push in one direction that will not only reduce new infections but will empower girls, prepare them for jobs, make them good mothers, have safe births and so on. So let's address the inequalities that hurt girls and we will be on the road to reducing new infections in Africa.

I want to turn to key populations, including gay men, men who have sex with men, sex workers, transgender people, people in prisons, people who inject drugs.

Governments agreed at the last High-Level meeting on AIDS that they would reform those laws that drive inequality for these groups and undermine the AIDS response.

Let me be clear here that every government makes its own laws for its people and that we at the UN we respect sovereignty. And—and this is a big "and"—we at the UN in the Joint Programme we gather data, we develop strategies, we pilot programmes, and we show what works to end AIDS. Here is our evidence that criminalising LGBTQ people for who they are or who they love drives them away from HIV services. Countries that don't criminalize have made more progress on the goals of, for example, HIV viral suppression. They have lower rates of HIV infection among gay men. This is the evidence we have.

So the good news is this: the tide is turning. African countries are moving away from archaic laws. Since 2016, Angola, Botswana, Gabon, Mauritius, Seychelles, have repealed laws criminalising LGBTQ people. They've joined countries like India, Singapore, Barbados, and others. So the tide, the movement is in the right direction.

Some say that this is a Western agenda but I honestly say: no. It is our agenda, we Africans ourselves.

I quote for you the Supreme Court of Mauritius, an African country. In overturning their criminal law they wrote, I quote, that that old law, which they repealed, "was not the expression of domestic democratic will but was a course imposed on Mauritius and other colonies by British rule".

They are colonial laws. Let's get rid of them.

I urge all countries that haven't removed punitive laws against marginalized groups to do so. A first step can be to stop the arrests and prosecutions. Non enforcement of those laws.

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<sup>1</sup> Botswana, Benin, Cameroon, Eswatini, Gabon, Gambia, Kenya, Lesotho, Malawi, Senegal, Sierra Leone, South Africa, Tanzania, Uganda and Zambia.





I was very happy to visit a clinic for sex workers in Victoria Falls. I was so impressed to see that for Zimbabwe, which also criminalises sex work, that actually the law has been reformed to a point where it isn't being enforced and sex workers are receiving services and their right of protection is upheld. This is amazing. This is leadership.

So lastly, I asked why Africa.

Africa, we are behind, or rather we have the highest burden. It is not because we are bad people, we have not bad morals as some people might want to say. No. We could fight and win but there are some constraints that are outside our hands. Two major constraints.

The international financial system is rigged against our continent. It should be reformed. Our countries are highly indebted today, paying more to servicing the debt than to the health systems that shoulder the HIV response. All because these debts were acquired at very high interest, higher than rich countries borrow on the market. They doubled and tripled when the Ukraine war broke out. A war we had nothing to do with. But a war that resulted in a higher interest cost and low investments in our health and no relief. Not enough relief for all those external reasons that have put us in this kind of indebtedness.

Another rigged system is that of global corporate taxation where we don't collect enough revenues because companies can hide their profits and put their money in tax havens. We lose billions on this continent through tax dodging. This must be reformed.

African countries went to the UN two weeks ago, they pushed a motion that was passed by the majority of countries calling for a conference to discuss corporate tax reform, so that we can start to get the revenues due to our people. This motion was supported by most countries of the world. Only 44 rich countries, who are benefitting from the set up, opposed the motion, but it passed. So congratulations to Africa. This conference must happen. We must rally and support it. We cannot end AIDS unless we can get the taxes that are due to us and pay for our own response. We cannot end AIDS unless we can also borrow on fair terms and get our debt restructured when we need restructuring.

## I want to end on communities

We say "Let Communities Lead". Let's mean it. It means resourcing the communities. The donors who are here. You are putting money into the response. But you have reduced the flow of resources to communities. Nine years ago communities were getting 31% of the total resources. Today they are getting 20%. It's declining.

Invest in communities to do the work they do!

Secondly, free the space for communities to work.

In the last 10 years we have seen more and more laws squeezing the space for civil society to work. Open the space. Civil society is not in the way, they are lighting the way.

Civil society is not the problem. It is the solution.

Let us free their space.

In my organisation, we are the only part of the United Nations that includes civil society from the lowest level to the highest level. They sit on our board. We are proud that they are board members governing our organisation. Civil society sit on all our committees—technical committees, human rights committees, we involve civil society everywhere. That is why I asked Yolanda to sit there with me. She was going to be the only main speaker who is not sitting right there, and that's not right. So let's mean it that we empower civil society to do their work.

Excellencies, thank you very much and we take away a lot of good lessons from Zimbabwe to the rest of Africa.

We will end AIDS.

