

UNAIDS EXECUTIVE DIRECTOR REMARKS

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UNAIDS | 2024



20 MARCH 2024, PALAIS D'EGMONT, BRUSSELS, BELGIUM
ROUNDTABLE: STRONG PRIMARY HEALTHCARE, INCLUDING PUBLIC HEALTH INSTITUTES,
DIGITAL HEALTH, AND HEALTH WORKFORCE—EU-AU HIGH LEVEL EVENT ON GLOBAL HEALTH



Excellencies, distinguished participants, friends.

Thank you for convening this timely gathering.

Our discussion has been focused on systems and I want to bring it back to people—the people we all serve.

Good systems are important—good systems plus community-led services really deliver for people—we know this from 40 years of HIV experience.

At UNAIDS, putting communities at the centre, letting communities lead is in our DNA. We work with communities at the grassroots, in countries, at the regional level, at the global level. We have the most marginalized and stigmatized communities represented on our governing body, on our Board—this is unique within the UN system. This is the only way to really make sure assistance reaches everyone and includes everyone.

It is vital to let communities lead to address the systemic inequalities that exist in all of society and in all our systems. That's how we make sure that everyone's right to health is realised. The contribution of community-led organizations in the AIDS response has not only helped to fight AIDS, but also to tackle other pandemics and other health crises, including COVID-19, Mpox and Ebola. Letting communities lead builds healthier and stronger societies. I will share some examples.

In Nigeria, programmes delivered by community-based organizations were associated with:

- a 64% increase in access to HIV treatment;
- a four times increase in consistent condom use among people at risk of HIV.

In Tanzania, the HIV incidence rate was reduced by half among sex workers who were reached by a package of peer-based services.

In China, community organizations developed smartphone apps that link people to self-testing, which contributed to a more than a four-fold increase in HIV testing across the country between 2009 and 2020.

Communities are also holding service providers to account. They are monitoring how services are provided and co-creating solutions to improve services.

In South Africa, five community networks of people living with HIV inspected 400 sites across 29 districts and conducted more than 33 000 interviews with people living with HIV. Their findings led provincial health officials to implement new appointment protocols to reduce clinic wait times. Clinic wait times is one of the reasons people sometimes don't come, and they can even fall out of treatment. They also initiated three- and six-month dispensing of antiretroviral medicines. So change can be because of communities monitoring and sharing.

We have proven that it works. We are working on the ground with the Global Fund, with PEPFAR. We support community-led monitoring in 30 countries across Africa, Asia, Eastern Europe and Central Asia and the Caribbean.

As we strengthen primary health care systems, we must also let communities lead. This is how we will reduce and close those inequalities that deny people their right to health, that deny them access to a health system.

UNAIDS collects data and we use it to support good effective responses in countries. But evidence alone is not enough. It is important to make sure it informs policies and programmes. Together with the Global Fund and PEPFAR we have Country Coordinating Mechanisms (CCM) in the case of the Global Fund and Country Operational Plans (COPs) in the case of PEPFAR. These processes are unique because they share evidence between policy makers, across government sectors, with civil society. And we include communities affected by and living with HIV. To get a government to accept the evidence of what is happening sometimes is difficult. But it is important to gain acceptance of people's right to services. We need mechanisms to make sure evidence shapes policy and programmes.

Thank you



