

UNAIDS EXECUTIVE DIRECTOR KEYNOTE REMARKS

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6–11 DECEMBER 2021, DURBAN, SOUTH AFRICA
21ST ICASA CONFERENCE, OPENING CEREMONY



ICASA 2021

DURBAN, SOUTH AFRICA | 6-11 DEC. 2021

Your Excellency Deputy President of South Africa, David Mabuza
Honourable Minister of Health of South Africa, Joe Phaahla
Honourable Ministers of Health
President and Vice President of ICASA
Distinguished guests
Friends and Colleagues

It is an honour for me to address ICASA and I am very sorry not to be with you in person.

This is a moment for us to come together and highlight the urgent need to end the inequalities that drive AIDS and other pandemics around the world.

I am delighted that this 21st edition of ICASA is being held in South Africa—a beacon for all of us about what is possible with engaged and vibrant communities, sustained political leadership and a commitment to matching policies with data and evidence.

Allow me to express my solidarity with the Government and people of South Africa and other Southern African countries subject to travel bans related to the Omicron variant.

This is a knee-jerk and nationalistic reaction which is not based on evidence and is punishing countries for strong surveillance systems.

It is yet another example of “vaccine apartheid”.

I come to ICASA with a stark warning

We are not yet acting fast enough to stop the AIDS pandemic. AIDS remains a pandemic and only by moving fast to end the inequalities that drive the pandemic can we overcome it.

A new analysis we published for World AIDS Day shows that, if we continue as we are—if we do not take the steps necessary to speed access and close inequalities in the HIV response—the world could face 7.7 million AIDS deaths over the next ten years—4.7 million of those deaths in Africa.

Let me be clear, we do have remarkable achievements.

Where leaders are acting boldly and together, bringing together cutting-edge science, delivering services that meet all people’s needs, protecting human rights and sustaining adequate financing, AIDS-related deaths and new HIV infections are becoming rare.

Just last week, Botswana became the first country with a severe HIV epidemic to achieve “silver tier” status, approaching elimination of mother-to-child HIV transmission. Eswatini has already passed the 95–95–95 targets set for 2025. Cote d’Ivoire has reduced new HIV infections from nearly 100 000 at the pandemic height to 6 000 and falling. These show us what is possible. And we have proved the nay-sayers wrong about treatment—across Africa, as of 2020, 19.5 million people were on HIV treatment (up from 5 million in 2010).

But rapid progress is only the case in some places and for some people. The curves are simply not bending fast enough to stop the pandemic. Last year, 890 000 Africans became newly infected with HIV and 460 000 died from AIDS-related illnesses.

Infections and deaths are following the fault-lines of inequality. Women and girls account for the majority of new infections in sub-Saharan Africa with six in seven new adolescent infections among girls. This disparity is about discrimination of girls and women in society and social norms that tolerate violence and exclusion.

In 2020, key populations including sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people and their sexual partners accounted for 39% of new HIV infections in sub-Saharan Africa.

Progress in AIDS, which was already off track, is now under even greater strain as the COVID-19 crisis continues to rage, disrupting HIV prevention and treatment services, schooling, violence prevention programmes and more. Hard won human rights gains are being reversed.

We know that HIV infection makes a person 1.7 more times as likely to die of COVID. Sub-Saharan Africa is home to two thirds of people living with HIV. But in December, less than 7% of people in Africa had received at least one dose of a COVID-19 vaccine. This is a terrible health injustice and one that the AIDS community is far too familiar with based on the history of unequal access to the first antiretrovirals.

Through forty years of fighting the AIDS pandemic, we have learned a lot about what we need more of to end AIDS, end COVID-19 and prevent future pandemics

We must protect human rights and build trust in health systems.

None of you working on AIDS in Africa have to be told that breakthrough science alone is not enough to end AIDS.

Central in our new strategy is shifting the environment of laws and policies, rights and norms—because they are standing in the way of the impact that great science can have.

We must deepen our push to eliminate the disproportionate vulnerability of our girls to HIV. Through COVID and HIV we have seen the protective effect of education. We must get girls into school and keep them there through secondary school. And while there, they need comprehensive sexuality education to provide life-saving information. Across this continent, CSE is opposed by traditional and conservative forces but we must build a movement to make it part of the school curriculum everywhere.

We must counter violence against women—a terrible stain on all societies in the world and that is driving HIV on our continent. I urge us to come together to tackle it through legislation, through courts and through budgets. The recent AU Presidential conference on Positive Masculinities calling for an African Convention on Ending Violence against Women and Girls is a step in the right direction. Let's rally behind President Macky Sall as he works to get the Convention adopted and ratified during his term as chairperson of the African Union in 2022.

We must step up our efforts to remove punitive laws against key populations. They are fuelling HIV. During our collective push to achieve 90–90–90 by 2020, data showed that countries that took a criminalizing approach made significantly less progress on achieving high rates of viral suppression than those that did not. I applaud Botswana and Angola this year for removing colonial style laws that punish gay men for living their lives as they are.

Let us join hands to fight for dignity and science to prevail across the continent.

We must have sustained and adequate financing for the HIV response, for the investments in health infrastructure and systems—including essential workers—and for social protection and education.

To date, no country in Sub-Saharan Africa has been able to reach the Abuja commitment of allocating 15% of revenues to health—Botswana (14,3%) and South Africa (13,3%) are the top ranking.

In our region, even before COVID, public investments in health were declining, crowded out by rising debt repayment. To address the current health crisis, African countries must mobilise more domestic resources and increase the allocation to health.

Every year, it is estimated that Sub-Saharan Africa loses between 25 and 40 billion to tax evasion. This is the money that should pay for health of our people, education of our children and social protection and other priorities!

African leadership should prioritise and demand for global tax reform to curb tax evasion. More domestic resources can be raised through progressive taxation including specific health taxes.

On their part, international actors should contribute by providing new resources—through more aid, debt relief, SDR reallocation and additional concessional financing.

The devastating human, social and economic impact of COVID has brought a new urgency to building up systems of health that reach all people, in order to guarantee the right to health for all. That is the only way to protect the 4.7 million lives at stake through AIDS.

We need policies to ensure equal access to science.

Every new technology should reach each and everyone who needs it without delay.

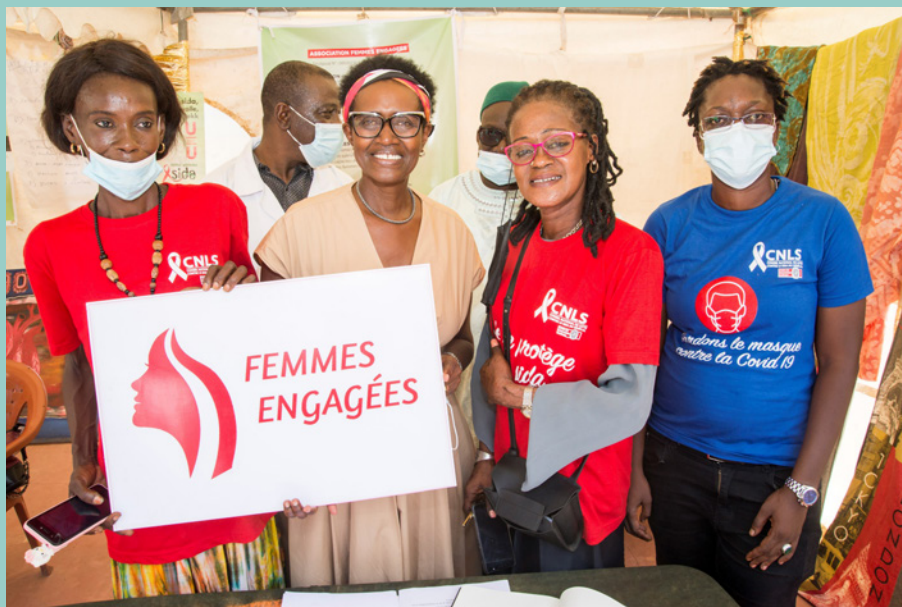
However, currently the newest HIV treatment and prevention drugs are too expensive for our governments to buy—threatening a return to HIV treatment inequalities.

At this conference I'm sure you will be discussing long-acting HIV technologies—will they come first to Africa? Will they first reach those who need them most? Many of them seem on a track destined first for those who can pay more.

The struggle for equal access to health technologies is one that the HIV movement has led and where so many lives that could have been saved were lost. This struggle for the best HIV tools that science can offer to be available to all people who need them in every country continues. We fight on.

We've seen through the covid emergency, how scientific solutions can be fast-tracked. I hope that this will spur new breakthroughs for HIV, especially since the innovations build on decades of HIV science. We need a cure, a vaccine, new treatment and prevention solutions—we have to have hope.

Let me salute African leadership—through the African Union and its institutions like Africa CDC, African Vaccine Acquisition Task Team (AVATT), African Medicines Agency (AMA), and others. Africa came together since day one to access COVID technologies for African countries collectively—initially on PPE and diagnostics, then on vaccines and now on continental manufacturing of vaccines and other health technologies. Africa's collective efforts should be supported and not undermined by big pharmaceutical companies and other international actors.



And this leads me to my final point—that we need to find African solutions to pandemic preparedness.

Community-led and community-based services and civil society accountability, in particular, are a key part of what has worked in AIDS and that we need more of. But it has not been prioritized in much of the global debate over preventing future pandemics.

Our people are also central—our health workers not just in hospitals or clinics but also in communities are central to fighting our pandemics of today. We need more of them, we need to give them PPE and good working conditions, and retain them in Africa. But that is going to be very hard amidst the growing economic crisis from the fall out of the deeply unequal COVID pandemic.

It is these vital and proven approaches that will ensure we close the inequality gaps and end AIDS.

Last month, governments, civil society, financing partners and UNAIDS Cosponsors gathered in Dakar for a WCA Summit on HIV/AIDS co-organized by UNAIDS and the Civil Society Institute and hosted by H.E. President Sall. Through the Dakar call to action governments resolved to reinvent the response to HIV through: stronger support for community-led responses, policies driven by science and data, increased investment in the HIV response and putting HIV at the centre of pandemic preparedness and response. President Sall committed to advancing the call to action with the African Union.

We cannot be forced to choose between ending the AIDS pandemic that is raging today and preparing for the pandemics of tomorrow. The only successful approach will achieve both. As of now, we are not on track to achieve either. We need African-led solutions and visions of pandemic preparedness.

On World AIDS Day, I listened to the words of Jonathan Montoya, a young man from Mexico who lives with HIV, he called for a “pandemic of courage”.

That is what we need as we work to end inequalities, end AIDS and prevent future pandemics.

THANK YOU

