# UNAIDS EXECUTIVE DIRECTOR **REMARKS**

WINNIE BYANYIMA

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GATES CAMBRIDGE LECTURE: HEALTH AND HUMAN RIGHTS IN AN AGE OF OLIGARCHY

Thank you, Professor Sarah Nouwen *[Master of Ceremony]*.

It's really a great honour for me to speak here today. Actually, it is a bit intimidating, because here at Cambridge, I'm told that the IQ per square metre is higher than the national GDP. I'm told I'm going to answer tough questions. I hope I'm ready. Thank you for having me. This is such an important lecture. The Gates Cambridge lecture is a prestigious one

I lead the global response to AIDS for the United Nations. We play the role of coordinator, setting the direction and moving countries to fight to end AIDS. I am here today to talk to you about this idea with this provocative tile "Health as a human right in an age of oligarchy."

And to be honest, I am not so sure which is more provocative today in 2025—the idea that we are in an age of oligarchy or that health is a human right. But I believe that both are true. And I believe that recognizing both is necessary if we are going to recover our way towards a just, more prosperous, and brighter world.

I come to these beliefs after a long time of working to bring these things to happen—and the struggle continues. And the UK, this country, has played a formative role for me. I remember when I first arrived in England. That was in1978. I was a refugee fleeing war and dictatorship in Uganda. Idi Amin's forces were terrorising Ugandans. But here in the UK, my rights as a refugee were respected. I was welcomed in this country. I was allowed access to healthcare through the incredible National Health Service. I had the opportunity to study and to work. I was treated with dignity—as all refugees should be. After I studied here, I returned to my country, yes, to resist dictatorship, to fight for democracy, to fight for dignity.

And I remember that when I returned to England decades later, after going through many phases of my life, living in many countries, I came back to England, now as the head of Oxfam International in 2013. I went to register with the National Health Service. I got the forms at the clinic, I filled them out, I took them to the receptionist—a young woman. She typed into her computer, and then she looked up and said, "Winnie Byanyima, we have you here. You've been away for a long time." After so many years! That experience taught me a lot about what it means when the state recognises you as a human being. With rights. And how much health and wellbeing are at the heart of that recognition.

Friends, today we are in a moment of overlapping and intersecting social, political, and economic crises. And I want to argue that health is at the centre of all of them. And that our pathway out of all these crises is one and the same.

## Aid cuts

I had hoped to deliver this lecture in happier circumstances. The world's global health infrastructure is facing a crisis bigger than it has faced since the creation of the World Health Organization, when the world came together for the first time to cooperate on health.

Earlier this year, on 20th January, the President of the United States ordered a freeze of all foreign aid, and halted the largest single source of international financing of health. The organization I lead, UNAIDS, the Joint United Nations Programme on HIV/AIDS, received a termination notice last Thursday, though we don't yet know exactly what that means. The United States provides almost a third of all global development assistance for health. It's very dominant in the health sector. That means that overnight one in every three dollars for fighting disease, preventing pandemics, has halted. For the AIDS pandemic, it is worse still. 3 out of every 4 dollars in international HIV financing comes from the United States. One country pays for 73%. The whole global assistance to HIV. That in itself is shocking.

Clinics have shut. Drugs for HIV, for TB, are locked away in containers. Anti-malaria efforts, childhood vaccination have ground to a halt in many places.

But the US is not alone. The previous day, the British government announced further cuts to aid spending from 0.5% to 0.3% of Gross National Income, after of course a previous cut from 0.7%. That will bring UK aid to its lowest level in around 25 years, just as global crises are intensifying. We see a similar trend across other rich countries. The UK is a global leader in international development and has played a central role in fighting AIDS, especially among women and girls and other marginalized communities. Later this year, the UK will co-host together with South Africa the 8th replenishment of the Global Fund to Fight AIDS, TB, and Malaria. So I take Prime Minister Starmer at his word that the UK will "continue to play a key humanitarian role… supporting multinational efforts on global health."[1] But I am deeply worried about the impact this climate will have on the right to health.

## Aid and the right to health

For us at the United Nations, health is a human right. It is enshrined in the UN Charter, the Universal Declaration of Human Rights, and the International Covenant on Economic, Social and Cultural Rights. Aid emerged out of the post-Second World War consensus. At that time, rich countries were recognising the fundamental rights of their own people. Britain, for example, established the National Health Service. And aid was based on a sense of global solidarity, supporting developing countries to achieve the same rights as rich countries.

This is not to say that aid is charity. Rich countries realised it was within their own interests to help other countries for the purposes of global stability and health security. And at the time, let's be honest, they were seeking to secure political alignment during the Cold War. President Harry Truman's Marshall Plan rebuilt Western Europe, saving lives and staving off famine. But it also rebuilt the European economies, securing trading relationships that have lasted to the present day. When President John F Kennedy was establishing USAID in 1961, it was with that same mantra—it was America's "great opportunity" to secure peace and prosperity in its relationships with the Global South.[2]

[1] https://www.gov.uk/government/speeches/prime-ministers-oral-statement-to-the-house-of-commons-25-february-2025

[2] https://www.jfklibrary.org/archives/other-resources/john-f-kennedy-speeches/united-states-congress-special-message-19610525

So, aid is not charity, it's actually mutually beneficial. It's self-interest—and is of course a small measure of redistribution in a post-colonial world. For example, Oxfam calculates that between 1765 and 1900, the richest 10% in the UK extracted wealth from India alone worth US$33.8 trillion in today's money.[3] The Brattle Group estimates that the transatlantic slave trade caused between $100 trillion and $131 trillion of damage.[4] But still today, tax dodging, unfair financial systems, unequal borrowing costs, debts, extract around $30 million an hour from the Global South—totalling almost $1 trillion in 2023.That means for every $1 in aid to a developing country, $4 is sent back to the Global North.[5] The global economic ground is not level. It is important to keep these numbers fresh in our minds.

## HIV and global solidarity

So it is for this reason that people living with HIV fought for a model based on global solidarity. When treatments for HIV were first developed, pharma companies refused to make them available or affordable in the Global South. 12 million people died in Africa and millions more contracted the virus when there were already treatments available. That's partially why we still have the disease in Africa. That delay in the availability of life-saving HIV treatment in Africa meant millions were infected. Then, communities stood up. A global movement of activists pressured pharmaceutical companies to lower their prices and share their technologies. UNAIDS and the World Health Organization supported their advocacy. Countries of the South cooperated with one another. Indian generics came and slashed the annual cost of HIV treatments down from $10,000 per person per year, to $100 per person per year So today, whether you are here in Britain or Burkina Faso, and you are living with HIV, you get the same medicine. It will be priced differently, but you get the same—the best. This is the breakthrough that HIV made. This is how HIV broke through intellectual property rules and made HIV treatment a global public good.

And crucially, rich countries also stepped in. Countries like yours, the UK, contributed to The Global Fund to Fight AIDS, Tuberculosis and Malaria. The United States formed its own programme, called PEPFAR—he President's Emergency Plan for AIDS Relief. It's the largest single-government HIV programme in the world. 21 million people rely on it for their daily lives. Since its creation, the programme has saved 26 million lives. Thanks to this global solidarity, this disease has been brought down dramatically. Since the peak of infections, since the peak of deaths, in 2004 and 1995, deaths have been slashed by 69% and new infections by 60%. That is what happens when global solidarity kicks in and lifesaving medicines are made a global public good, and aid is used to drive the disease away.

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[3] Oxfam Takers Not Makers, p14 https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621668/bp-takers-not-makers-200125-en.pdf;jsessionid=5AD3F22F398737D2507BCDA54DFD8027?sequence=10

[4] Brattle Group, 2023, Quantification of Reparations for Transatlantic Chattel Slavery (Cited in Oxfam Takers Not Makers): https://www.brattle.com/wp-content/uploads/2023/07/Quantification-of-Reparations-for-Transatlantic-Chattel-Slavery.pdf

[5] Amitabh uses this framing of the data in his WEF op-ed https://www.weforum.org/stories/2025/01/oxfam-new-report-inequality-colonialism/
Stat 1 in methodology note: https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621668/mn-takers-not-makers-200125-en.pdf?sequence=9

## Our aid model has reached its limit

But today, our current model of aid—the aid model that helped us to achieve this—has reached its limit. In 2023, the United States paid for the 94% of the HIV response in Tanzania, 93% in Côte d´Ivoire, 87% in Nigeria and 78% in my country Uganda. This money has saved countless lives. But this extreme reliance on foreign aid has left those countries extremely vulnerable to political changes like the ones we are seeing today. To quote Thomas Sankara, the revolutionary pan-Africanist and President of Burkina Faso, "He who feeds you, controls you". It's not a sustainable solution, aid.

Today, we are seeing aid not only declining but also being diverted. Money taken away from the original objective of fighting poverty and protecting human rights and being redirected to meet donor countries' other obligations. In 2023, seven wealthy countries—including the UK—spent a quarter of their total aid within their own borders. The reason? Because in 1988 The OECD, which is the club of rich countries, its Development Assistance Committee agreed that in-country refugee costs could count as Official Development Assistance, perverting the whole idea of creating a net transfer towards developing countries.

Today, many countries are raiding their aid budgets to pay for housing refugees. But don't get me wrong. It is absolutely right that countries house refugees. I was a refugee myself—and it was the UK that took me in and supported me. But this money should not be taken from the aid budget—because that is also a core international obligation. We are also seeing aid used to advance, not the right to health, but the privatisation and commodification of health.[6] And that's sad.

A recent Bloomberg investigation into private hospitals in the Philippines and in Uganda, my country, revealed that patients, including children, mothers had been imprisoned and denied treatment because they could not pay the hospital fees.[7] These private hospitals are funded by aid money—by the World Bank. It happens with British aid money too. British International Investment (BII), the UK's Development Finance Institution, has channelled hundreds of millions of pounds in this way. A country that guarantees healthcare as a right at home through the National Health Service promoting health privatisation in developing countries. What a contradiction.

## We cannot remove aid overnight

So, yes, our model of aid is broken. And it's not sufficient. And never was meant to be there forever anyway. But it doesn't mean it can simply be scrapped away overnight. And it doesn't mean we do not need global solidarity in the world. No, the two are not the same.

We've calculated that if PEPFAR, this American programme, stops permanently after this 90 day pause, after the review of the decision whether PEPFAR will close, UNAIDS estimates that by 2029—within the next four years—there would be an additional:

- 6.3 million AIDS-related deaths (just as a reference last year there 630 000 AIDS related deaths).

[6] https://data.one.org/analysis/net-finance-flows-to-developing-countries
[7] https://www.bloomberg.com/news/features/2025-01-16


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- 3.4 million AIDS orphans.
- 8.7 million new HIV infections in adults. (last year it was 1.3 million).

So you can see we would lose control of the AIDS pandemic. All the progress made over the last 25 years would be gone. It would be a disaster for those countries with the highest HIV burden in Africa. But it would also be an unmitigated crisis for global health with devastating consequences too for rich countries.

## The path

So, we know that aid is becoming scarcer, and its future is in peril.
We know that a model based on a donor's will, where there is little mutual accountability, has always been flawed, although it was delivering results for many people.

There is much I could say about what is wrong with the aid model. But it was built, it was started for the right objectives: to build strong economies, strong institutions, to build up public services in poorer countries, to bring about global stability and peace.

So, what, then, is the path if aid has reached its limit?

1. First, there is an emergency now. If this sudden cutting of lifesaving services—HIV services, and other services, TB, malaria, vaccination for children—were to be permanent, millions of lives would be lost. So, the first thing is that we must all speak with one voice and ask for a predictable plan to transition. So that if this one country doesn't wish to continue to be so generous, and it is its right to, that it plans with each country a pathway towards taking over their burden of health. This is important, for all of us to speak with one voice and persuade the American administration that a planned transition is important to save lives.
2. Second, I would urge other donors not to follow suit. Do not take pills away from people overnight. Continue supporting human rights and work for this kind of transition. It is possible. We already have been working in most of these countries to plan roadmaps towards self-financing. That can be accelerated.
3. Third, developing countries need to be enabled to build up the capacity of their health systems for their people—everything from medical supply procurement systems to enshrining human rights in domestic laws so that people can access what they need.
4. Fourth, we must tackle the injustices of the global economy that prevent developing countries from being able to fully fund their own health systems—(and I'll come back to that).

## Oligarchy and the myth of not enough money

Let me move on to the myth that we so often hear—that there is not enough money for health. This idea is pervasive. My friends, the idea that there is not enough money to pay for the right to health is fiction. Ours is a world of great wealth, but also of great inequality. It's not that there is not enough money for health, it's that we citizens allow it that our governments make health unavailable. We allow it to happen.

Our global economy is wired so that it maximizes for a few. And the few who have captured so much wealth, are now capturing institutions and shaping national rules so that they work for themselves. They are also breaking up the multilateral system that was pulling us together to find solutions together. 60% of billionaire wealth is either inherited or gained from monopoly power, or cronyism and corruption.[8] It's not hard work. And the rate at which they accumulate wealth is accelerating. Again, from Oxfam data, I found that global billionaire wealth grew by $2 trillion last year, three times faster than the year before. This is equivalent to roughly $5.7 billion every day. The world is on track to see five trillionaires within this decade.[9]

We should not shy away from calling this accumulation what it is. Accumulation of power and wealth concentrated together: **it's the oligarchy**.

## We cannot rely on benevolent billionaires

And that's what's denying ordinary citizens their right to health, to educate their children, and even to a job. Now, I know what you are thinking. The lecture is titled "Health as a human right in an age of oligarchy". But it is sponsored by a billionaire. Many of you here are Gates Cambridge scholars. I want to be clear. Bill Gates has done remarkable things for global health. We are allies in the struggle to end AIDS as a public health threat. He contributes more than most governments to fighting AIDS.[10] Bill Gates' foundation committed more than $2 billion to support the COVID-19 response, funding development and production of vaccines, diagnostics, and treatments, and supporting countries to respond to the pandemic. He has committed the vast majority of his fortune to humanity. For that I am grateful. Charity can be a good thing. But we cannot rely on the model of the benevolent billionaire. They are not all like Bill Gates. So we need other solutions. So, how can all countries have the means to invest in the health of their people? To deliver the right to health?

## The solutions

What is the alternative to the current model of aid?

**First, taxation.**

A report by economist Gabriel Zucman for the G20 last year found that billionaires are currently paying an effective tax rate of just 0.3%.[11] Other people, ordinary people, pay on average on their income at least 30%. Sometimes it's up to 50%. So the billionaires are working their way out of the tax bracket. Some actually pay nothing. Research from the Tax Justice Network has found that the total global amount lost to tax evasion and loopholes every year is $492 billion. Two thirds of this is lost to multinational corporations shifting profit offshore to underpay their tax. The remaining third is lost to wealthy individuals also hiding their wealth offshore. This is money stashed away untaxed. And then they say there is no money for health. This

[8] Oxfam, 2024 https://policy-practice.oxfam.org/resources/takers-not-makers-621668/

[9] https://oxfamilibrary.openrepository.com/bitstream/handle/10546/621529/bp-sick-development-funding-for-profit-private-hospitals-260623-en.pdf;jsessionid=1AEE86CD474AF0D80E3A01963001A04B?sequence=14

[10] https://www.theglobalfund.org/en/government/

[11] Gabriel Zucman, Commissioned by the Brazilian G20 Presidency, 2024 https://gabriel-zucman.eu/files/report-g20.pdf


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isn't just illegal activity—much of this is legal tax avoidance, because the rules have been written in ways to enable the superrich to avoid paying their fair share.

According to UNCTAD, Africa loses $88.6 billion every year to Illicit Financial Flows. Now, what is illicit financial flows? Two thirds of that amount is lost due to corporate practises like tax abuse. In other words, finding clever ways around the rules not to pay the tax. Two thirds of it. It's only one third that you can put down to criminal activities. Now this amount, $88.6 billion, is more than 60% of what the continent spends on health. More than 60%. What if they could stop this? They would have the money for health. Africa spends only 5% on average of its national budget on health. Only 5%. In 2001, African countries came together and ambitiously set a target of 15% of the national budgets for health (known as the Abuja declaration). At the last count there were only 2 countries that were meeting that target. All the rest aren't. Why? They don't collect the money that is due to them.

But rich countries also lose out. The UK is one of the countries that loses most from this system of tax loopholes and tax dodging. It loses around $45 billion a year in tax revenues.[12] So it's global. Yet over a quarter of all tax abuse is channelled through the UK and, crucially, its crown dependencies like the British Virgin Islands, the Cayman Islands, Bermuda, costing countries US$129 billion a year.

On the one hand Britian is losing what is due for its people, on the other hand, its dominions are also being used to channel this untaxed wealth. I read recently that 3 in 4 people in this country fear being stuck on a trolley in a hospital corridor, or an ambulance not arriving after dialling 999.[13] That's sad. It should not happen in this rich country. But there is money that is not taxed. And there are super, super rich companies that are not paying their fair share.

Can you imagine the difference that a fairer tax system could make here in this rich country? Can you imagine the difference all around the world? We are seeing some progress towards a fairer tax system, because there are people saying this is not acceptable, there are many of us who are troublemakers, who just keep on insisting that this is wrong and it has to change. And some change is happening.

Last year, Brazil was President of the G20.President Lula, he moved the G20 and we saw the leaders of those richest countries for the first time agree to "engage cooperatively to ensure that ultra-high-net-worth individuals are effectively taxed." It is a first step. President Lula put the issue of progressive taxation, of taxing the super-rich so there are resources for basic needs and human rights on the agenda. And we hope to build on this in the coming years.

At the United Nations too, we are taking action, finally. For years we have been arguing for a framework convention on International Tax Cooperation, so that we close the loopholes. So you don't make money in one country and take it to another country, lock it there. To get international cooperation on taxation. And now, finally, we are seeing progress towards it. In November, the UN General Assembly voted overwhelmingly to approve the Terms of

[12] Tax Justice Network, 2024 https://taxjustice.net/press/world-losing-half-a-trillion-to-tax-abuse-largely-due-to-8-countries-blocking-un-tax-reform-annual-report-finds/

[13] https://www.theguardian.com/society/2025/feb/22/three-four-people-uk-fear-failed-ae-services-nhs

Reference for this and the negotiations are about to start. But there are nine countries who oppose it and the UK is one of them. I hope that will change. We need British support to turn the tide.

With the right domestic legislation for progressive taxation, the rich paying their fair share—both in countries like this one and in the South—and with comprehensive international agreements like this one we are starting to negotiate, we can clamp down on tax avoidance. We can close down tax havens. And we can bring back billions to defend the right to health.

**Secondly, I want to talk about finance.**

Because developing countries engage in a global financial system that is skewed against them. They are trapped in cycles of unsustainable debt, because of the injustices in the global financial architecture. Today 34 countries in Africa spend more on servicing their debt than what they spend on healthcare or education.[14] Debt servicing now exceeds 50% of government revenues in countries like Angola, Kenya, Malawi, Rwanda, Uganda, and Zambia. Low income and middle income. Many developing countries in the South are sending more to rich lenders in debt repayments than they are receiving in loans and aid.[15] In 2023, Sub Saharan Africa paid in debt service US$82 billion, compared to the US$36 billion received in aid, 2.3 times more.

At the height of Covid, the G20 established a mechanism known as the Common Framework to process debt distress troubles of developing countries who were struggling to buy COVID vaccines. It was so slow, it was too little, it was ineffective. I think only 3 countries, after several long years of negotiations and COVID was over, benefitted from this framework.

With Africa for the first time hosting the G20 under South Africa's Presidency, there is an opportunity for having a fresh look at this. But frankly I think, while we want to address those issues in the global economy that are barriers for developing countries to own their development agenda, to pay for it, we must also talk about Global Public Goods.

**Thirdly, global public goods.**

These are things that we need to enable us all to live healthy lives and to live safely on our planet. How can we prevent pandemics, protect our climate, our environment, eradicate poverty, prevent and respond to humanitarian crises, regulate technologies, without coming together and pooling money together.

Right now, for example, we have the most exciting scientific breakthrough in AIDS for decades. Long-acting anti-retroviral medicines that can help prevent and also treat HIV through injections. There is one called Lenacapavir. An American company, Gilead, has "found it". I say "found it" because it made the breakthrough with the support of so many other people and institutions in developing countries, but it owns the technology. This can prevent infection with two injections every year, one every six months. It can even be developed to be once a year. It's not a cure, it's not a vaccine. And it can also work for treatment. If we could share that recipe for Lenacapavir worldwide,

[14] Christian Aid https://mediacentre.christianaid.org.uk/africa-experiencing-worst-debt-crisis-in-a-generation-report/

[15] ONE Campaign, 2024 https://data.one.org/data-dives/net-finance-flows-to-developing-countries/#fn2

set up factories to make millions and millions of doses, this “miracle” drug could take us towards ending AIDS because we could cut new infections dramatically down to zero, and we would only have to manage those who are already infected and need treatment for their lives. We could end AIDS. But one company, Gilead, has a monopoly over its control. Gilead gets to decide who else can make Lenacapavir. We do not know how much Gilead will charge for Lenacapavir for prevention. But right now, when it is used in the United States for treatment—it’s being used for a relatively small number of people who have resisted other treatments, it costs around $40,000 per person per year. Researchers in Liverpool have shown that, produced at the right scale, it could cost just $40 per person per year. But it’s on the market in the US for $40,000. One thousand times less it could be sold at.

Even before the cuts to international aid by the US, generic versions of this drug were not expected to reach developing countries for at least another year, most likely longer. When I spoke to Gilead they said it will take about 5 years before generics are made. Of course that is 5 years for them to maximise in the rich markets before they allow production at lower cost. We are pushing them. I’ve met the CEO and I’ve been using the levers of the United Nations to pressure. People living with HIV are pressurising, activists all around the world demanding the company shares it technology. And we made a little progress, they have now licensed to a handful of companies in India and one in Egypt to make them at a more affordable price. But they are taking their time.

But there are factories owned by the government in Thailand, there is an amazing public private research and production organization called Fiocruz in Brazil that has innovated in this field of AIDS medicines, there are highly experienced private companies in South Africa with the highest burden of HIV—all of them could make this medicine, but none of them are on this list that Gilead has made to make generics. They’re not giving them permission because they want to maximise, and they can maximise, there’s nothing to stop them

My friends, patents are in the way of ending AIDS and other major killers. The right to health of millions of people is denied by a system that trades lifesaving technologies like trade in fabric, like a luxury handbag. It can’t be right. How, then, can we do this? There is another way to reward innovation in global health.

On this, I defer to my friend, the Nobel laureate Professor Joseph Stiglitz. I understand that last year you had his co-winner here to speak to you for this lecture. He has a bold proposal: that we replace patents with prizes. One of the main arguments for patenting medicines is the need to spur innovation. But, in fact, we see that under our current system, real innovation is declining. Fewer and fewer of the drugs are really breakthroughs to solve major diseases. Long-acting injectables for HIV is an obvious exception. But the incentives of the patent system that we have today mostly encourage companies to make small changes to products to extend their monopoly. And then, we have to deal with the consequences of high prices and scarcity that monopolies lead to.

So Stiglitz suggests, we should pool serious money together, give it out to those who achieve a major breakthrough, give them billions. That will make them the tons of money that they want. But then we can use the technology

they invent to reach people everywhere. The price of the drug doesn't have to be based on a monopoly. This is the approach of making lifesaving medicines a global public good. This is the way to solve this issue of lifesaving innovations and, at the same time, serving humanity.

There is an idea of Global Public Investment, this concept where everyone contributes what they can and takes what they need. It is a timely concept. It's a model that is more systematic, that is based on global solidarity, where the things we all rely on are contributed to every day. I believe in it. It is time for it. But we must also take away the barriers in the economic system. Because, if we don't, countries can't contribute to the model. They must be able to raise their resources. It's not a replacement for removing barriers in the economy, but it is a way to fund what belongs to all of us. Our clean air, our health, humanitarian crises, regulating technology, and so on.

## Conclusion

Some of you may have read Naomi Klein's The Shock Doctrine. The idea is that, in crises, in moments of chaos, while people are in a state of shock, multiple policies are pushed through at such speed that people do not notice the impact of individual changes until it is too late.

This current moment that we are living through is a shock to the multilateral system, to the role of the state, to the role of solidarity and foreign aid. But we should avoid the trap of nostalgia. We may be undergoing shocks today, but before they began, the world was still plagued with injustice.

I am proud that the HIV response has transformed global health in many ways and saved millions of lives. But we cannot simply replicate the model that has worked so far and assume it will work for the future. The world is changing, and we must deal with that.

I hope that countries will not walk away. I hope they do not cave in to the oligarchy. But that they instead build something new—a development model that delivers health as a human right. Where multilateralism works to find global solutions to all global problems. That world is possible.

Thank you.

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