# UNAIDS EXECUTIVE DIRECTOR **REMARKS**

WINNIE BYANYIMA

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OPENING SESSION OF THE 23RD INTERNATIONAL CONFERENCE ON AIDS AND STIS IN AFRICA (ICASA)


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Thank you very much. What an honour.

Your Excellency the Vice President of Ghana, Jane Naana Opoku-Agyemang, Excellency Minister of Health, Mr Kwabena Akandoh.

Honourable Excellencies, Ministers here, distinguished parliamentarians, all of you in your various capacities, the President of ICASA, my brother Dr Parirenyatwa.

And I must recognise my predecessors. I stand on the shoulders of great leaders Dr Peter Piot and Dr Michel Sidibé.

All of you distinguished ladies and gentlemen, friends of the HIV movement.

## I stand before you not simply to talk about AIDS, important as that is. But to talk about Africa's future

And the choices, the courage, the convictions that will determine whether our children will inherit a continent of health and dignity, or one of inequality, preventable illnesses and unfulfilled dreams.

Ours is the continent with the highest HIV burden in the world.

We are only 19% of the world's population here in Africa, but we make up 65% of the total number of people living with HIV globally.

More than half of the people waiting for treatment live here on this continent.

More than half of all the new HIV infections every year happen here in Africa.

Yet we have the science, the tools, the knowledge that's needed to end AIDS.

AIDS is no longer a medical challenge.

Ending AIDS is a political choice.

### Here are the three choices we as African leaders can make to get us there:

1. We can choose to resource the HIV response adequately.
2. We can choose to protect the rights of our people, so that they can access safely HIV services that they need; and
3. We can choose to seize new innovations, exciting innovations, and secure Africa's health sovereignty.

## First, let me talk about the resourcing of the response

Friends, international development assistance- what we call aid - is collapsing.

There is donor fatigue, there are global economic shocks, there are competing crises, there are shifting priorities. External health aid—the aid that goes to health, not to climate change, not to different needs—is projected to drop by up to 40% this year from what it was in 2023. It's declining rapidly.

This sudden impact has been devastating for people living with HIV and at risk of HIV. But, in these hardest of circumstances, communities and governments have responded.

Africa is not being beaten down by this decline in foreign assistance—our continent is moving and moving steadily towards more sustainable, inclusive, and nationally-owned HIV responses.

I welcome the African Union Roadmap to 2030, which focuses on sustaining the HIV response and strengthening health systems. I welcomed and I was there in New York the Accra Reset launched by Ghana's President Mahama, which places health financing and sovereignty at the heart of a transformed development ecosystem. These are crucial plans that must move to implementation.

At the country level, within constrained envelopes, governments are reprioritising to protect public health and the HIV response. We see that.

Nigeria approved increases to its health budgets and HIV spending. Uganda took steps to double domestic health spending. Côte d'Ivoire committed to increase domestic HIV investment by up to $65 million this year—South Africa increased its domestic HIV investments by $33 million. I could go on—many good examples of reprioritising.

But we face a serious challenge. For years, revenue collection in Africa has hovered at around 16% of GDP—far lower than the rest of the world—and that limits what we can achieve and the investments we can make in health, in education, in social protection, and in the infrastructure our continent needs.

What little is collected though is being sucked away to pay interest on loans. Even before the cuts this year, 2 in 3 African countries were spending more on debt repayments than on the health of their people.

Health taxes and other innovative measures we are seeing can be helpful but only in the short term. For serious domestic HIV investment, we need strong action to spur more growth, we need to curb tax dodging, we need to progressively tax income, wealth, and corporate profits. It's a range of things that need to happen to put enough money in our treasuries, to spend well on the health of our people.

This year's Financing for Development Conference in Seville and the G20 Summit that just ended in Johannesburg South Africa brought new commitments to relieve the burden of debt through restructuring, and to provide financing that is fair and affordable for the future. I encourage these actions.

I use this opportunity of ICASA to call for urgent debt relief to enable our countries to access affordable financing to breathe new life into our economies, our health systems, and the wellbeing of our people.

## Second, on human rights

Excellencies, we are preoccupied with the rapid cuts. But in the midst of that, inequality is widening, civic space for our people is shrinking, and we are seeing a determined, organized and well-funded backlash against human rights and gender equality. Pushing people further away from life-saving services.

Our data, UNAIDS data, shows that adolescent girls and young women continue to carry the heaviest burden of new HIV infections, especially here in sub-Saharan Africa.

62% of new infections in this region are among women and girls. In the whole world there are 4000 young women and girls who acquire HIV every week, and of those 3300 are here on our continent. They're our daughters, they are our sisters.

That is because they have less power, less protection under the law, less protection under tradition and culture. They have less opportunities—46% of upper secondary school girls in sub-Saharan Africa are not in school. So where are they? They're in unsafe places; they are at risk of infection. This leaves them vulnerable to sexual and gender-based violence.

And women in sub-Saharan Africa, who have experienced intimate partner violence in the past year, are over 3 times more likely to acquire HIV—a strong correlation between sexual violence, partner violence, and HIV infection.

Yet we see laws protecting the bodily autonomy and sexual and reproductive rights of girls and women are under threat—high threat—today. Some countries have come close to repealing laws banning female genital mutilation.

Marginalised groups, LGBTQ+ people, sex workers, people who use drugs—the communities most at risk of HIV—are being pushed away from services by criminalization, stigma and discrimination.


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HIV prevalence among men who have sex with men is five times higher in countries which criminalise homosexuality.

Yet, this year—and all these years, ten years, I've been leading UNAIDS for the last six years and every year we do a count, we do the data, we know what's happening all over the world. We've seen rights being won, we've seen laws that criminalise people for their sexual preferences or gender identity coming down, being repealed, but now we're seeing criminalisation rising again. That's a concern.

But let's be clear also. That these laws, these laws of criminalising people for how they choose to have sex, how they identify, are not African in origin. They are colonial-era imports, they were brought here by those who ruled us. We didn't have those laws. We lived with our people. They are now reinforced by global ideological movements.

Geopolitical tensions between big powers are playing out on our continent, just like they did during the Cold War. They are bringing culture wars, but these are really proxy wars for other wars, geopolitical wars that they are fighting. We are being instrumentalised. We are being used to fight wars that are about other things.

In the Cold War, I was a young girl, there were people here on the continent moving around, creating wars, they were looking for communists. They didn't find communists. They found gold and diamonds and minerals. They were looking for wealth. That's what's happening today.

These culture wars that they are encouraging us to fight are all about how proxy wars for the critical minerals of Africa, for the strategic value of Africa in the wars of power. So let us not be used as a battleground by big powers. We cannot end AIDS by silencing our people, by denying their existence, by pushing them away from services.

To protect people's health, we must protect their rights. There's no choice there.

And let me say this as an African woman, that this is at the heart of our belief, our African values—our Ubuntu, I am because we are. That is ubuntu—I am because we are. That's who we are.

So let us say no, let us assert rights because rights are at the heart of ending AIDS. There isn't a choice there.

## Third, the opportunity of new innovations

HIV prevention has been our weakest link. We've been driving down deaths pretty fast since 2010 and driving down new infections slower but also steadily. But now preventing new infections is a huge opportunity to come close to ending AIDS as a public health threat.

There's a whole new suite of long-acting HIV prevention tools that are now becoming available, some are still in the pipeline, they have the potential to revolutionize the HIV response.

There is generic cabotegravir, which is administered by injection 6 times a year, this is becoming available in many countries. So are the dapivirine vaginal rings, which prevent infection for women for three months at a time. And there is a once-a-month oral PrEP that is entering late-stage trials.

Then we have the magical lenacapavir, which prevents infection with injections just twice a year. Once every six months. And perhaps soon it will be once a year. That's the closest to a flu vaccine.

Last time we met, I called out the company Gilead. I asked them to move fast to license many companies around the world in each region to produce generics to bring the price down, so that those who need it can have it. I'm happy that on World AIDS Day, just a few days ago, the Global Fund, PEPFAR and Gilead, the company, have begun rolling it out in Africa, starting in eSwatini and Zambia. Thank you for your voices. We got the price down—from 24 000 dollars in America, to 40 dollars here on the African continent. That's your power. Well done.

However, we still have more to do and Gilead, listen to me again: Do more. You licensed six companies to do generics. We ask Gilead to license in Africa. To have production here on our continent. And they said "yes we have." We have licensed

a company in Egypt. I said thank you. But license one in Sub Saharan Africa. This is where there is need. So we ask them to license more in Africa, to license in Latin America, that is how we move fast to bring prices down.

But let me say that now with this roll out, they are rolling out to 2 million people. That is like a drop in the ocean. UNAIDS data says if we are going to start bending this curve of new infections, we need to roll out to 20 million, not 2. So we want to see more generic production, we want to see pooled procurement, we want to see of course financing for this, and let me give my message to the world:

First the United States of America. You are amazing. This is an American technology, all praise to an American innovation. Remember it was an American president, a Republican president, President George Bush, who seized the opportunity of the innovation at the time—antiretrovirals—and rolled it out massively, so that treatment reached millions of people. He launched the treatment revolution, and we praise him for that. Africa praises him for that. It would be another American Republican President who seizes the opportunity and launches a prevention revolution. So, I say to President Trump: here's a deal, you're a man of deals. Here's a deal: an American technology, put money behind it, let's roll it out here in Africa and bring down new infections, and you will see we could come closest to ending AIDS as a public health threat. There is a deal here, there is an opportunity, and to our African governments, put your money there. Identify the people who need it, not just those who want it, but those who need it, let lenacapavir go to them.

In the longer term, we will need to invest in our own regional manufacturing and innovation. Our continent carries 25% of the world's global burden of disease, yet we contribute just 3% of the world's medicine manufacturing. (AUDA-NEPAD). That's a huge inequality.

We have enormous potential. I was so pleased in May this year, when the Global Fund procured a first-line HIV treatment produced in Kenya, and now saving lives in Mozambique. Brilliant. And last year, again, we UNAIDS, we accompanied Brazil, and supported Brazil in its G20 Presidency to establish a Coalition for Local and Regional Production of Medicines. This is a coalition that is growing to support manufacturing in Africa and in other regions. We have seen it growing at the G20 in South Africa.

So we have the talent; we have the possibilities. We can organize ourselves to increase production on our continent.

## I want to close

So, I say, Excellencies, representatives of governments, my friends from civil society, all of us here, let us make the choices we need to end AIDS.

- Invest in health sovereignty of our continent. Not with promises, but with budgets. Reallocate budgets, fight to free fiscal space in the rules of the game, in debt restructuring, but let's put money there.
- Use the law, not to discriminate, not to criminalize, not to shame vulnerable people, but to equalize people to protect rights and give everyone access to life saving services.
- Let communities not just inform our HIV responses, let them lead them. When they have led, they have led strong, and we have achieved. Let communities lead.
- Invest in the innovations needed to revolutionize HIV prevention. There is an opportunity here to seize in order to end AIDS as a public health threat.

These are the choices that will overcome this disruption and transform the HIV response—they will put us on the path to ending AIDS. We can end it. It does not have to define us and be with us longer. I urge you my friends, let's make those choices today, let's go out there and fulfil them.

Thank you.

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