

UNAIDS EXECUTIVE DIRECTOR REMARKS



IN A PAINFUL, TURBULENT YEAR FOR THE HIV RESPONSE, OUR DISCUSSION TODAY FILLS ME WITH HOPE. WE ARE HERE TO TALK ABOUT EXCITING OPPORTUNITIES, NEW MEDICINES, AND THE CHALLENGE OF UNIVERSAL ACCESS AND HOW TO OVERCOME THAT.

Excellencies, distinguished delegates, representatives from industry, friends, In a painful, turbulent year for the HIV response, our discussion today fills me with hope.

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FIRST—WHERE WE STAND TODAY

AIDS is not over. Last year, we saw 1.3 million people around the world newly infected, most of them, our young people. 630 000 people who died of AIDS-related illnesses—every single one of those was preventable. Today, we are not on track for our goal of ending AIDS as a public health threat by 2030.

But before 2030, we could be in a radically different position. Merck's once a month tablet for oral prep is entering late stage trials. We have long-acting cabotegravir administered once every two months. Trials are underway for three times a year.

And just before World AIDS Day this year, the first doses of long acting lenacapavir for prevention administered once every six months, they arrived in Eswatini and Zambia. Trials for once a year injectables have also begun. It may not be a vaccine or a cure, but it's the closest we have ever come. I compare it to a flu shot. Imagine a person at risk would only have to interact with HIV services a couple of times a year.

For LGBTQ people facing criminalization, like in my country, Uganda, for women and girls fearing violence who have little control over their bodies. For sex workers who can't afford to lose their income. People for whom being seen taking tablets daily or attending weekly clinics risks their safety or their job. The difference could be monumental.

We're grateful to have Gilead Sciences and ViiV joining us virtually today. I congratulate you for these innovations. You companies are a critical part of the HIV response, and I urge you to continue to invest and innovate in HIV medicines.

BUT—AND IT IS A BIG BUT—ALL OF THAT WORK, ALL OF THAT INNOVATION WILL SERVE LITTLE PURPOSE IF IT DOESN'T REACH ALL THE PEOPLE WHO NEED IT

ViiV, Gilead, you did the right thing. You licensed production of a generic version of your medicines that I've just mentioned. This will save lives.

Merck, I look forward to discussing how we can ensure equitable access to your exciting new pills as well. But we have far further to go.

We're speaking today in Brazil, a country with 1.1 million people living with HIV, 55 000 new infections last year—a country where lenacapavir in a couple of years for PrEP was trialed, where people were tested upon. Their people, their medical professionals, their scientists who contributed to the success of this innovation, Lenacapavir. Yet, there's still no reliable timeline for when Brazil will gain access to lenacapavir for PrEP. Brazil, like most Latin American countries, has been excluded from generics agreements for lenacapavir for prevention. And Gilead has not offered a realistic price that meets the country's needs. This isn't fair, and it's not the route to end AIDS as a public health threat.

The people of Brazil deserve access to these medicines. During their G20 Presidency, Brazil launched a Coalition for local and regional production of medicines, a vision for the whole world, a model for the whole world to have access to medicines.

SO THEN HOW DO WE TURN THIS AROUND?

First, expand access to generics to many low- and middle-income countries, particularly here in Latin America, where infections are rising, not dropping, have been excluded from these licenses.

This has to change.

Second, we have to raise the demand and investment. Governments in this room, we need you to invest in these new innovations by them at scale. This is what will bring prices down. We've already seen what ambitious investment can achieve. UNITAID and the Gates Foundation have secured a price of just \$40 per person per year from generic producers of lenacapavir. Evidence also shows that that could fall down to \$25 with enough demand.

The HIV model, this model of tiered pricing has proven certain things.

Monopolies are not the only way to reward innovation. That technology sharing doesn't kill profits. That generic competition and licensing isn't charity. It's profits, and it's faster and cheaper, that global health security improves when everyone has access. This is the model. This is what we are asking for.

If this HIV approach had been applied when we were hit by Covid, the mRNA technology would have been licensed to capable producers worldwide. Regional manufacturing would have ramped up faster. Variants, like the deadly Delta variant, would have been less likely to emerge. The lockdowns, the border closures would have ended sooner. Trillions in economic losses would have been avoided. Jobs saved. And Pfizer and Moderna would still have made billions in profits.

So, we are talking about a model that was innovated through the HIV movement, and that's what we advocate for. Not charity, not a monopolies maximizing profit at the cost of life, but a smart model that allows for profits and allows saving lives.

Civil society organizations are key to raising demand and enforcing accountability. Thank you, Yvette Raphael, you have even created a whole institution to drive accountability and access to medicines. You are an innovator in the HIV movement, but we need more urgency.

Gilead, Pfizer, and the Global Fund have begun delivering lenacapavir to up to 2 million people in some of the highest burden countries—I mentioned Eswatini and Zambia, where it's begun. That is most welcome.

But UNAIDS modeling shows that we need 20 million people on PrEP, 13 million of them, 13 million of them on the long-acting PrEP in order for us to achieve the targets in the Global AIDS Strategy. Two million is just a drop in the ocean. Moreover, when generic production begins, there won't be any manufacturing in sub-Saharan Africa where the need is greatest. Or here in Latin America, as I've just said, that's not right. 2030 is just five years away. It's time to accelerate.



CLOSING

I ask all of us to engage in this discussion today, and not just to be good listeners and contributors behind a microphone.

Let's go out and be part of that movement to drive for this model to speak truth to power, to the companies, to the governments, to get this new innovation, innovations to all those who need them.

That way we would be in a different position by 2030.

Thank you.



