

# UNAIDS EXECUTIVE DIRECTOR SPEECH

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1ST DECEMBER 2019, JAMES MOTLATSI STADIUM, ORKNEY, NW PROVINCE, SOUTH AFRICA  
WORLD AIDS DAY COMMEMORATION



The Deputy President, David Mabuza.

The Minister of Health, Zweli Mkhize.

Other ministers and deputy ministers present.

The Premier of the North West Province, Job Mokgoro.

MECs.

Comrades.

## Introduction

I am humbled and excited to be with you in Orkney, in the North West Province of South Africa, to commemorate my first World AIDS Day as the UNAIDS Executive Director.

Thank you for the warm welcome from the heart of your community.

On World AIDS Day, and indeed every day, we remember the millions of lives lost to HIV over the past 40 years, more than three and a half million of them here in South Africa—lives lost to despair, stigma and exclusion.

We also celebrate the struggles and resilience of those alive today because of the huge progress the world has made against the epidemic.

I begin by paying tribute to your liberation movement, which started in townships across South Africa. Your struggle inspired and moved the whole world to action to end the evil system of apartheid. Amandla!

## Eyes of the world on South Africa

The eyes of the world are again on South Africa.

After starting late, today you are making remarkable progress against AIDS! More than five million South Africans living with HIV are now on antiretroviral therapy—20% of all the people on treatment in the world.

There was a 53% reduction in the number of AIDS-related deaths from 2010 to 2018.

More than 95% of pregnant women living with HIV are on treatment.

HIV incidence declined by 44% between 2012 and 2017. Great progress!

But even here in South Africa, with all this progress, we cannot rest, and we are still on a journey. Almost 2.5 million people living with HIV are not yet on treatment. We have a job to do. There are more than 1400 new HIV infections among adolescent girls and young women every week. This is intolerable.

So today, on World AIDS Day, here in South Africa and around the world, let us commit to overcoming the challenges and barriers we still face.

Governments have committed to ending AIDS by 2030. We must keep this promise. But business as usual will not get us there.

I am going to talk about five things we need to do, faster and in a more focused way, to beat AIDS.

## Women and girls paying the highest price

First, we won't beat AIDS unless we make huge progress on the rights of women and girls and gender equality in Africa.

It is unacceptable that, worldwide, HIV remains the leading cause of death for women aged 15–49 years.



Millions of poor women and girls are denied the right to make decisions about their health and their bodies.

Fifteen million adolescent girls (aged 15 to 19 years) worldwide have experienced forced sex at some point in their life.

Three billion women and girls live in countries where rape within marriage is not a crime.

Enough is enough.

All women and girls must have the right to choose if they have sex, and with whom, and how to protect themselves.

We need to bring power, equality and agency to all young women and girls.

When we know that keeping girls in school reduces their risk of acquiring HIV, we must empower all girls to stay in school.

We must bring the power of movements together, the power of the HIV movement, the youth movement and women's movements, to fight for gender equality and end gender-based violence—then we will beat AIDS.

Second, we must protect the human rights of all people, end marginalization and the terrible injustice of AIDS-related mortality.

While we should be proud that 24.5 million people around the world are now on life-saving HIV treatment, we cannot accept that 770 000 people died of AIDS-related illnesses in 2018.

We must never accept that in 2019 people living with HIV are still dying of AIDS.

It is not a question of science. It is a question of inequality, powerlessness and exclusion. That, we can change.

The system is finally working for millions of people living with HIV, but it is still failing for those who are marginalized: gay men and other men who have sex with men, transgender people, sex workers, people who use drugs, prisoners, foreign workers and migrants.

In 2018, more than half of all new HIV infections were among key populations and their partners.

Social injustices and human rights violations are drivers of HIV. They must be tackled, or we will lose the battle on HIV prevention.

It is everyone's right to access health and information and to be treated with respect and dignity.

On World AIDS Day, I call upon all countries to repeal laws that discriminate and criminalize groups of people and drive them away from life-saving services.

Third, we need to put the science and technology to work to save lives. The world has spent billions of dollars developing the fastest tests, the best treatment and new prevention technologies, such as pre-exposure prophylaxis (PrEP) and other women-controlled methods.

Now let us put them to work, in every community, in every country.

Here in South Africa, your progress to 90–90–90 is impressive:

- Ninety per cent of South Africans living with HIV know their status.
- Sixty-eight per cent of people who know their status are on HIV treatment.
- Eighty-eight per cent of people on treatment have an undetectable viral load. And we know that undetectable = untransmissible (U = U).

I'd also like to commend progress in some districts here in South Africa that have reached 90–90–90 ahead of the target date.

But what would your first 90 be today if you were not using rapid tests?

What would your second 90 look like if you were still waiting months or years for someone to go on treatment?

How many people would have reached viral suppression if you were still using a treatment regimen of three, or six or 12 pills per day instead of a one-pill fixed dose combination?

In clinics and countries around the world, these outdated tools are what is keeping us from reaching 90–90–90. We cannot end the AIDS epidemic in the twenty-first century using twentieth century tools and approaches.

The true power of science and innovation is only when it is in the hands of the people.

We have only 13 months remaining to reach 90–90–90, and there is so much work to do, so many lives to save.

Today, I am calling on every ministry of health, every national AIDS programme, every community, to be bold and quick to get on the Fast-Track. Let us put science, innovation and technology to work for the people.

## Empowered communities accountability

Fourth, communities are the focus of the UNAIDS World AIDS Day report.

On Friday, I visited the Block X clinic in Tshwane and met amazing people living with HIV. I saw how the Ritshizde project, with five leading organizations for people living with HIV, under the leadership of the Treatment Action Campaign, is unleashing the power of community accountability—empowering people living with HIV to monitor the services they access, advocate for changes in how services are delivered and hold officials and service providers accountable.

We can spend billions of dollars or rand, building beautiful clinics to distribute millions of pills. But only if we empower communities at the grass roots to hold service providers accountable and call out injustices will we make a real difference for people.

Here in South Africa, I have learned about Operation Sukhuma Sakhe—this is a model of community development in KwaZulu-Natal that put communities at the centre of development. It is an integrated approach for empowering communities, addressing social drivers and fighting poverty and inequality. I commend the Minister of Health, Zweli Mkhize, for introducing this when he was the Premier of KwaZulu-Natal.

## Financing to get to the end of AIDS

Finally, we will not get to the end of AIDS without the resources to sustain the race.

We celebrate the commitment of the Government of South African for committing nearly US\$ 2 billion per year from domestic public resources for HIV. South Africa is a trailblazer for investing in the fight against AIDS. I urge all governments to follow its lead.

Yet, Africa, the region with the highest burden, is facing serious financing challenges that undermine its ability to invest in health care for all its people.

There are four particular issues to pay attention to.

The first is international tax avoidance. Billions of dollars of profits are channelled from Africa to tax havens offshore, shrinking the capacity of African governments to invest in health and other vital development priorities.

No one country can solve the problem of corporate tax dodging alone. African countries, which are the biggest losers, must call for urgent, concerted international action. The BEPS 2.0 process promoted by the Group of 20 with the technical assistance of the Organisation for Economic Co-operation and Development is a step in the right direction.

The second issue is the frustrating stagnation and even decline in domestic revenue mobilization across Africa. Despite a decade of economic expansion, progressive tax reforms that could allow for bigger budget allocations for social investments have not happened. African countries lack the systems to capture tax from private investments, especially from international companies. Countries are failing to raise the resources they need.



The third issue is debt. From 2008 to 2017, tax collection to gross domestic product reduced (down from 20% to 18%), while debt stocks grew at a 10% annual rate. While borrowing has allowed African economies to expand, it has now turned into a serious problem.

Half of African low-income countries are already in debt distress or at high risk of being so. Debt repayments are now eating up public budgets, and what we most care for is now under threat: investments in public health, including the AIDS response.

Two examples. In the last three years (between 2015 and 2018), health spending in Kenya dropped by 9% and debt servicing increased by 176%. In Zambia, the figures are even more staggering: there was a nearly 30% drop in health spending and an increase in debt servicing of 790%.

Africa has entered a new debt crisis.

Vulnerable people, including people living with HIV, must not be made to pay the price of the crisis. UNAIDS will work with African countries to chart pathways out of the crisis that protect and increase investments in universal health care, including their AIDS responses.

Fifth and finally, ending AIDS is a shared responsibility. And to the partners and donors here today, I ask you not to roll back at this time of need. The share of aid for public health has stagnated in recent years. This needs to be reversed.

More positively, last month, governments and foundations responded to the call of the President of France, Emmanuel Macron, making unprecedented donations to the replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). This is proof that global solidarity is not exhausted. It is stronger than ever.

We cannot allow the poorest and the most vulnerable to pay with their lives.

I call on all donors, development partners, foundations and the private sector to go the extra mile. Even with the Global Fund replenishment and the amazing support of the United States President's Emergency Plan for AIDS Relief, we still need to close the growing funding gap to end AIDS once and for all.

## Conclusion

Comrades, we can beat AIDS if we focus and work harder and faster towards our 2030 goal.

We must roll back patriarchy and empower women and girls and root out violence against them.

We have to fight stigma, discrimination and criminalization and guarantee the human rights of all marginalized groups.

We must invest in more scientific innovations for prevention, testing, treatment and care and empower communities to lead the response on the ground. We must find national pathways towards sustainable long-term financing of AIDS responses. All these are achievable—they are an exciting and winning agenda!

And when we win, we will not just end AIDS. We will have fairer, more equal and healthier societies.

We will build societies based on gender equality and justice for all.

We will live lives where everyone is valued and can fully exercise their rights and where nobody is left behind.

This is the call of World AIDS Day. This is the call of the 2030 Agenda for Sustainable Development.

The world has only one year and one month left to reach the 2020 targets.

The world has only 11 years to meet its commitment to end the AIDS epidemic and reach the Sustainable Development Goals.

There is no time to lose. We can do it.

