

# UNAIDS EXECUTIVE DIRECTOR REMARKS

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G20 THIRD HEALTH WORKING GROUP—PLENARY SESSION: GLOBAL ALLIANCE FOR LOCAL AND REGIONAL PRODUCTION AND INNOVATION



## Introduction

Secretary Gadelha, Ambassador Ghisleni, distinguished colleagues. I am grateful for the opportunity to speak on this important topic. It is a great honour to be with you.

The science of fighting disease has never been better. Research is giving us better and better vaccines, treatments and diagnostics.

But our model for developing and producing these goods is not up to the task. It is leaving many of the most vulnerable in need and the whole world less safe.

During COVID-19, evidence shows at least 1.3 million lives could have been saved and \$2.3 trillion in losses to the global economy averted with more equitable distribution of vaccines. Unfortunately this mirrored the experience of the early AIDS pandemic when 12 million people, mostly from Africa, lost their lives due to the high price of medicines.

Dengue is the world's most prevalent mosquito-borne virus, but we have no treatment.

Why aren't the vaccines for Ebola or MPox being made in West or East Africa where most of the outbreaks are? The Mpox outbreak in the DRC this year is far bigger than the one that triggered an emergency in 2022.

Friends, the world is changing. Innovation is happening in every one of the G20 countries and across the world.

Yet we still strive, we still have a model of production and access from the last century. Today no one country, no one company, can act alone.

Despite these challenges, I am here today with a lot of optimism.

I lead the Joint Programme of the United Nations on HIV/AIDS, 11 UN agencies including some of those like WHO and UNICEF here today.

And I am here to express our strong support for the idea of a G20 Alliance for Local and Regional Production and Innovation.

It can solve a global problem, it can address AIDS, Dengue and other diseases of the most vulnerable, and, if done strategically, it can leave the world better prepared to fight the next pandemic.

It can also strengthen global solidarity. In my discussions with political leaders around the world I hear how the fragmented COVID response undercut trust between nations, with implications on every other issue of global concern.

So, what you are doing here [something here] is not just important in global health, but geopolitically important.

I heard President Lula speak when I was at the African Union Summit recently, where he raised the optimism of African leaders that they will have allies in the effort to not just fight disease, but to achieve health sovereignty.

And I am optimistic because I see other leaders learning the same lesson and saying the same thing.

- When I was at the White House for World AIDS Day I heard President Biden talk about building cooperation to protect everyone's health.
- President Macron also recently echoed these points.
- So many of your leaders have.

What the Brazilian G20 Presidency is proposing here can deliver on that promise.

Let me speak to some of the specifics that I see here in Brazil's bold proposal.

## First: Focusing together on neglected diseases and the major killers of vulnerable people is not only strategic, it can deliver during future pandemics.

I understand some see a tension between a focus on neglected diseases like Dengue, the major killers like AIDS and TB, and pandemic preparedness.

For us, they are not in conflict.

Last year, at UNAIDS, we created the Global Council on Inequality, AIDS and Pandemics. It's chaired by Nobel Laureate Professor Joseph Stiglitz, Former First Lady of Namibia Monica Geingos, and Sir Michael Marmot, who you heard from here two days ago.

They have showed us the evidence for how the current model is harming us all by lengthening pandemics and leaving so many behind.

And they have pointed to synergies across diseases.

Let me give you an example: As our friends at Drugs for Neglected Diseases Initiative (have suggested, there is an important opportunity for coordinated research and then production against the Dengue Virus that is currently overwhelming several G20 countries. That would be a smart investment. And it would then need to be followed by a strong effort to manufacture around the world—yet the capacity to do so is extremely limited.

Meanwhile, HIV treatment market in low- and middle-income countries is over \$10 billion and our targets are to reach 25% more in the few years to come. So companies are sharing their technologies. Key funders like Global Fund, Unitaid, PEPFAR, PAHO and others are also ready procurers. But there are several things that need to be done. We need more manufacturers of ARVs. We need advanced market access. We need new industries to get prequalified.

Tuberculosis is another example—it affects 10 million people every year, half of whom are in G20 countries. Yet we struggle to get enough Active Pharmaceutical Ingredients to make new TB medicines with only a few sources—a project ripe for an Alliance. Helping build API capacity for TB can be mobilized for a range of neglected diseases as the research brings us treatments and vaccines.



## In HIV there are important opportunities that will not happen without the efforts of this Alliance.

I know that some are concerned about duplication, which I agree must be avoided. And some have the sense that HIV is taken care of.

It is true we have achieved a lot in the AIDS response. Saved millions of lives. Today 24 million people around the world take a combination drug with dolutegravir, that is available for under \$45 per year.

But we're still fighting a pandemic affecting the most vulnerable—like young women in Africa who every hour, 5 are infected with HIV.

And there is still no cure and no vaccine for HIV.

Meanwhile the HIV virus keeps fighting back. WHO recently reported rising drug resistance to our most used HIV medicines.

We have no choice but to keep innovating if we want to end AIDS.

We have built innovative institutions who are here today like the Global Fund, Unitaid, Medicines Patent Pool and the joint UN programme that I lead. Since this G20 Alliance was proposed, we have reviewed the landscape of institutions agreed that we need an Alliance to overcome some major barriers of the HIV response.

It can supercharge the HIV response. It can supercharge the production pipeline for innovations. Today there are new long-acting medicines that, with one injection a few times a year, two time a year, can prevent HIV infection and treat the virus. Imagine what a game-changer it could be.

But we have few producers who can make it, we need more cooperation on the technical level, and we need capital from places like the IFIs to support wider production.

And long-acting technologies—a few times a year my friends—that can be useful not just for AIDS but for other diseases—this Alliance can make this a reality.

## Second, an Alliance could also build capacity where it is not.

The majority of people living with HIV, who get up every day and take that pill, live in Africa. But few of those drugs are made in African countries. None make any long-acting technology. Along with Africa CDC we have identified this as a major priority because it undermines sustainability, and it threatens interruption of supply during emergencies, as we saw during COVID.

And the Alliance can be a pull-factor for more companies to license their technology. When I met with CEOs of pharmaceutical companies, they say they struggle to find partners to produce the medicines they are ready to license voluntarily.

On each of these fronts, an Alliance is not duplicative, but instead can unlock synergies with agencies like Unitaid and the Global Fund, and fill gaps while looking at how to use these platforms across diseases.

## Third, I want to propose one more piece of the puzzle: the major G20 priority, that of Pandemic Preparedness.

A new pandemic will come. When it does, this Alliance could have built a diversified global network of regional manufacturers that can react quickly to health emergencies.

We can be thankful that, for all its devastation, COVID-19 responded to a vaccine, unlike HIV. There is no reason to believe the next pandemic will be like COVID-19. We need to build capacity for vaccines **and** treatment.

Don't get me wrong—this Alliance must not get distracted into building factories to sit idle waiting.

Instead, we can address the killers of today like HIV, like Dengue, in ways that build capacity for the emergencies of tomorrow.

During COVID-19 diagnostics for TB quickly switched to diagnose COVID-19. Factories making HIV drugs were able to make Paxlovid and other treatments. Research networks for TB and HIV shifted gears to test COVID-19 products.<sup>1</sup> We saw all that.

But this was all ad-hoc, and based in only a handful of countries because global capacity wasn't there. Regional capacity wasn't there.

This Alliance can build from that experience—choosing strategically what to make for its future potential and building capacity with explicit intention that it would shift in an emergency.

**In conclusion, distinguished colleagues, my message is simple: The world needs the Alliance that you all are discussing here. It's an idea of this time.**

We need it to be bold.

We need it to make the world more fair and more just. It must be transformative.

And we also need it to stop pandemics faster and make every citizen in every G20 country safer.

We are in a moment of geopolitical crisis.

And this, colleagues, is an idea whose time has come.

Thank you for the work you have done so far and the work ahead. We will accompany you. And we hope that you will make this an Alliance for the future. Thank you very much.

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<sup>1</sup> This is documented in *The Lancet* McMahon JH, Hoy JF, Kamarulzaman A, Bekker LG, Beyrer C, Lewin SR. Leveraging the advances in HIV for COVID-19. *The Lancet*. 2020 Oct 3;396(10256):943-4.

