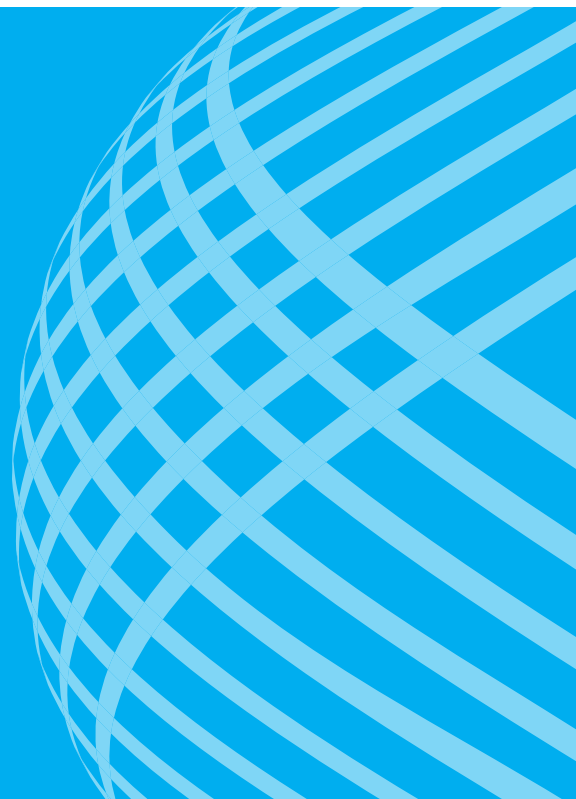


REMARKS

WINNIE BYANYIMA,
UNAIDS EXECUTIVE DIRECTOR
NGIC HIGH LEVEL MEETING ON "TRUST AND GLOBAL GOVERNANCE,
CLIMATE ACTION: LINKING THE UN SUMMIT OF THE FUTURE WITH COP29"





REMARKS

WINNIE BYANYIMA,
UNAIDS EXECUTIVE DIRECTOR
THURSDAY 26 SEPTEMBER 2024

Panel 8 “What does it take to build an effective global health governance: Delivering the Pandemic Accord the World Needs”

Thank you Moderator.

Today, I lead the global HIV response for the United Nations.

And this afternoon I want to share lessons from the AIDS response and showcasing it as a story of multilateralism at its best. And showing that we need multilateralism. We have used it before, and it has delivered for us.

I remember what it was like in the early 2000s in Uganda at the height of the AIDS crisis when so many of us saw friends and family withering and dying of an illness for which there were effective treatments in Europe and America, but they were not affordable to countries in the Global South.

Then, in 2001, there was a seminal moment.

The United Nations brought together governments, scientists, people living with HIV, civil societies, communities, and the private sector and created a framework to address a common challenge built on solidarity and trust. That 2001 meeting laid the foundations of how the world responds to health threats. And the world has gathered together at the UN every 5 years since then and committed to end AIDS through a series of Political Declarations at the General Assembly, setting targets every five years.

The HIV response became a pioneering example of multisectoral collaboration –a whole-of-society and whole-of-government working with communities, people living with HIV, and civil society and making decisions together to move the response forward. It is an approach based on the understanding that HIV is not just a health problem, but driven by social factors like gender inequalities, income inequalities, lack of access to healthcare, unequal access to health technologies, and denial of human rights.

A global movement of activists pressured pharmaceutical companies to lower prices and share their technologies. Indian generics slashed the annual cost of HIV treatments. Global programmes harnessed resources from richer governments to pay for medicines around the world. And together the world turned the tide against AIDS.

I assert the AIDS response is a success story of multilateralism and partnership. If we did it then, we can do it again.



These are lessons that should have been carried forward into the COVID-19 pandemic too. But sadly, world leaders did not heed our warnings. We worked with NGIC and called for the same successes of the HIV response for Covid. We did not succeed. A handful of companies were allowed to produce lifesaving vaccines, making \$1000 every second from selling to rich countries, while people died without access in the Global South. And now we can see it happening again with mpox.

Enough is enough. We need to break the cycle of inequality and profiteering that has cost so many lives.

Thankfully, we have an opportunity with the Pandemic Accord.

But that accord won't be successful unless it contains *legally binding obligations* to ensure that the lives of people in the Global South are never again sacrificed for profits in the Global North.

Obligations to share health technologies like vaccines, PPE, diagnostics, and treatments with low and middle-income countries, but also to share the knowledge and technology needed to produce them, and to remove the intellectual property barriers which stand in the way.

Mpox is a wakeup call. The next pandemic could come any day. To prepare for it, we need countries to share pathogens. And in return, they should have access to any vaccines, diagnostics, medicines, or financial benefit that come as a result.

When scientists in Botswana and South Africa first identified the COVID-19 Omicron variant, they did the right thing. They notified the global community. As a result, Moderna, Pfizer, and BioNTech were able to swiftly adapt their vaccines.

But did Botswana and South Africa get those vaccines? No—instead, they were punished with travel sanctions. That is an injustice—and the Pandemic Accord must make it right.

We at UNAIDS are ready to continue working with NGIC and support you to use your voice, your credibility, your leverage to push for a pandemic accord that addresses these issues.

We need another seminal moment. A moment in which we finally learn the lessons of AIDS, COVID-19, and other health crises—a moment in which we rebuild our global health system on a binding commitment to approach every health crisis with equity and solidarity, with communities leading the way, and shared decision-making power for all countries.

Thank you.



