

# UNAIDS EXECUTIVE DIRECTOR REMARKS

WINNIE BYANYIMA

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22 OCTOBER 2024, ANTANANARIVO, MADAGASCAR

OPENING OF THE 20TH INDIAN OCEAN COLLOQUIUM ON HIV/AIDS





Your Excellency, the First Lady of Madagascar Madame Mialy Rajoelina  
Your Excellency, the Minister of Health, Professor Randriamanantany  
Excellencies, heads of delegations

Those who have come from outside Madagascar, from the islands of  
the Indian Ocean

Distinguished Delegates, Excellencies, Ambassadors, members of the  
Diplomatic Corps

My colleagues from the United Nations family

Doctor Catherine Gaud, the godmother of this Colloquium

All of you distinguished Ladies and Gentlemen,

I bring you greetings from the Secretary- General of the United Nations,  
Antonio Guterres.

Thank you so much for inviting me to speak at this colloquium. It is my first  
time on this great Island of Madagascar and I honour you, the people of  
Madagascar. This country is an island of unique culture heritage, that blends  
Africa and Austro-Asian culture. This is an island of great leaders who united  
the people of Madagascar. This is the land of Queen Ranaivalona, I read about  
her and admired her. I am so delighted to be here.

I want to recognise all of you member states of the Indian Ocean Commission  
present here today, and thank you for your commitment to fight HIV/AIDS and  
end it. We have a target of 2030.

Ladies and gentlemen, the HIV epidemic across the Islands varies from island  
to island, from region to region, but there are also core similarities. The  
prevalence of HIV on these islands is relatively low and concentrated mostly  
within key vulnerable populations such as people who use drugs, prisoners,  
men who have sex with men, transgender people, sex workers, but now  
we see new infections growing in the broader population. It's a changing  
pandemic, and we must always stay ahead of it, or it stays ahead of us.

## Madagascar

Where the prevalence seems to be low here in Madagascar, for example, we  
are seeing enormous challenges.

For example, in this Eastern and Southern Region of Africa we have the  
highest concentration of the HIV pandemic in the whole world, yet we are  
achieving the fastest progress in these countries. In the last 13 years, in this  
region new infections have come down by almost 60%, AIDS-related deaths  
have decreased by 57%. But here where it is low, we are seeing a reverse  
trend. We are concerned that here in Madagascar, and perhaps in the islands,  
while it is low, the trend is rising. And this is of concern to us.

We are seeing a big variation across districts here in this country. The highest positivity rate is in Ambilobe (8.87%) in the North, followed by Mananara Avaratra (5.43%) in the NorthEast and Fenoarivo Atsinanana (4.07%) in the East. This data is troubling in itself.

**But more troubling is that we know we don't really have the full picture.**

Significant challenges we find here. 1) We need to secure an information system to ensure that we get accurate data. 2) We need to adopt policies that will increase access to HIV testing, prevention and treatment services for everyone.

There is a need for greater investment in the HIV response, but also in the broader health system. Availability of commodities, whether they are test kits or prevention tools like condoms, has to increase. We need a very ambitious HIV Prevention plan. More than ever, we need leadership from the highest levels, and we need donor support to remain and to increase.

The good news is this, that most of this is achievable. I've just had a meeting with your First Lady, I've had a meeting with the Prime Minister, and a meeting with the [Health] Minister. I see strong political commitment to fighting this disease to the end. So we have the leadership. We need now the resources to get the job done and the policies in place.

**We know how to reach the end.**

The HIV response here depends largely on donor support. There is a need to increase domestic revenues to it, but the economic challenges, the financial constraints are enormous. That is why I use every platform to ask the donor community to maintain support, while countries, such as Madagascar, do everything possible to raise the domestic resources to invest.

**Beyond resources, we must fight to end stigma and discrimination against people living with HIV and against people at risk.**

Human rights have to be at the centre of a successful response, and that is the work of everyone, inside and outside of government.

The global AIDS response has been successful in the last 20 years, bringing close to 31 million people on treatment out of 40 million globally. It has happened because of partnerships, such as those you have here, and because people living with HIV came together as a movement and fought for their rights.

So human rights are at the centre here. Challenging stigma and discrimination is key. Madagascar is a country where the laws are good. Recently—I want to congratulate you—a law on gender-based violence was enacted. There are no laws here that criminalise LGBTQ people.

But having good laws isn't enough. You also have to address the laws in people's hearts, that is, the beliefs, the traditions, those things that make people behave the way they do. Stigma and discrimination come from our cultures, our religions, our informal laws. We must deal with those too.





Here I call upon all those partners in the HIV response who have usually done this—the faith leaders who stand up and speak for the human rights of people living with HIV, for LGBTQ people, for all those at risk. I call upon the NGO community, civil society, to step up in this fight against stigma and discrimination. When we can roll that away, then everyone can come and get what they need, whether it is a condom, or PrEP, something to prevent, or whether they need to get tested and be on treatment.

They will come forward when we end stigma and discrimination.

**The last point I want to raise is about prevention.**

HIV is driven by huge inequalities in our societies, in our countries. And these drivers have to be addressed so that then treatment and prevention can also work. Without addressing the drivers, the prevention tools become like a bandage, they treat a symptom but don't deal with root causes. There are many things that are driving this, one of them is gender-based violence, sexual violence, violence against young girls drives their risk. There are issues like trafficking of drugs, when a country becomes a trafficking route, because some people grow the drugs somewhere, produce them, want to pass here, to sell them to other countries, that is a driver of HIV infection—through drug trafficking, through the sex trade, through many things like that. We have to address those issues as well, the drivers of the pandemic.

So prevention is key. It is biomedical, it is the PrEP, the condoms, but prevention is also about addressing the social and economic barriers that are driving the pandemic.

**Let me end on a good note: there is in the biomedical field a new opportunity—long-acting HIV prevention medicines.**

There is an injection that's close to what you can call a vaccine, because if you take that injection, for the next six months you will not get infected. But it wears away, you have to go back. So two injections in a year will keep someone safe.

I've called it a 'miracle drug' because if you could get it in a country like here, then it would mean that sex workers, that girls who are sometimes preyed upon and drugged into transactional sex, that gay men, that trans women who are hiding from stigma, can come forward just twice a year and get something in the clinic and walk away and not have to worry.

So this is coming, but it is still highly priced. It is a product owned by Gilead, it's called Lenacapavir. We are working with Gilead closely, to get them to license many companies so that it can come at a good price in our countries. We are working hard; it's not easy—companies want to make profits, but we are working with them, we are talking to them. We have a coalition of actors piling pressure from the side of the public.

I am happy to note that Gilead has now licensed six companies to transfer the technology to start to produce, for 120 countries in the world. And I am happy that Comoros, Madagascar, Mauritius, and Seychelles are included in the 120 countries.

We will continue to push Gilead on pricing. Today that same medicine is being sold in America for \$44,000 per person per year. That's out of reach for us here in Africa. But we know from experts that it can come down to \$40 per person per year. And so we are pushing them and pushing them, we expect to get there.

**So, I ask you today at this Colloquium, let this be a moment for renewed hope—and we must turn that hope into action.**

I am looking forward to hearing the outcomes of this Colloquium. I know many scientists in this region, excellent scientists, I know programmers, I know all of you have been working hard trying new innovations to fight this disease.

Share them here and share them with the determination to keep innovating until we reach the end.

Invest, invest, invest.

Countries of the region, invest in the services, invest in good data, protect people's rights, end stigma and discrimination, and put communities in the lead!

Cheers to you, the leaders of people living with HIV. Thank you for standing out and claiming rights. May you be empowered!

If we do those things, invest the resources, protect the rights of people, don't allow stigma and discrimination, put communities in the lead, we will get to the end of this pandemic.

I thank you so much.

