Winnie Byanyima

10 December 2024,
Nairobi, Kenya

Opening of the 55th meeting of the
UNAIDS Programme Coordinating Board

UNAIDS EXECUTIVE DIRECTOR REPORT

LET US MAKE IT POSSIBLE FOR PEOPLE LIVING WITH HIV TODAY TO GET THE BEST SCIENCE THAT EXISTS WHEREVER THEY ARE IN THE WORLD. LET US DO THIS AS A MATTER OF SUSTAINABILITY AND ENDING THIS DISEASE, AS A MATTER OF SOCIAL JUSTICE, AS A MATTER OF HUMAN RIGHTS AND AS A MATTER OF PUBLIC HEALTH.

Thank you Chair
Your Excellency Cabinet Secretary
Members of the Board
Excellencies, Ambassadors
Friends and Colleagues,

Welcome to the 55th meeting of the UNAIDS Programme Coordinating Board.

Huge thanks to the government and people of Kenya for hosting us in this beautiful city, Nairobi.

Kenya, like other countries of this region, shows us what can be achieved through HIV programmes and policies that are based on the evidence and data and policies that reduce the barriers to access to services and policies that reduce the risk of infection. About 1.4 million people live with HIV in Kenya. It is a significant achievement that of those 1.4 million, 1.3 million are currently on lifesaving antiretroviral treatment. It is another significant achievement that since 2010, new HIV infections in Kenya have fallen by almost 80% and AIDS-deaths by nearly 70%.

I would like to thank very much Kenya for chairing the PCB this year, Brazil for serving as Vice-Chair and the Netherlands for serving as Rapporteur. Thank you for your leadership.

Thank you to my colleague Under-Secretary-General, Audrey Azoulay, the Director General of UNESCO, who has led the Committee of Cosponsoring Organizations (CCO) this year. And to all our Cosponsoring organisations for your critical engagement and contributions—together we demonstrate the impact of multilateralism in support of developing countries. I am looking forward to working with Gilbert Houngbo, the Director General of ILO, who will chair the CCO next year.

Welcome! A strong welcome to our incoming PCB NGO delegates—Jeremy—Tan Fok Jun, Keren Dunaway, Amanita Calderon-Cifuentes, Todd Theringer, and Ulrich Mvate Yemlet. Thank you also, a huge thank you to the PCB NGO delegates who are leaving us: Aleksei Lakhov, Cecilia Chung, Gastón Devisich, Midnight Poonkasetwattana, and Myles John Mwansa. Thank you for bringing your expertise and lived realities to the PCB.

Let me recognise my colleagues at UNAIDS—my two Deputies Angeli Achrekar and Christine Stegling and all our staff around the world. You are on the front lines, working in communities, standing with and for the people whom we serve. Your commitment, determination and courage are an inspiration.

We are meeting today on Human Rights Day. And I hope you will have seen our report for World AIDS Day, which we launched last wee,. We call on governments around the world to take the rights path—that is the theme of that report—to accelerate the end of AIDS by protecting human rights. I urge all governments to step up and protect everyone's right to health and civil society to hold us all accountable.

Today, my report will focus on 4 things:

1. The Mid-term review of the 2021–2026 Global AIDS Strategy
2. Updates on the planning processes that we are currently engaged in—the Global AIDS Strategy, the 2030 global HIV targets and the High-Level Panel on a resilient and fit for purpose Joint Programme
3. Our financial situation
4. I am also focused on the new technologies that present us a huge opportunity for disruptive innovation in the HIV response

THE MID-TERM REVIEW OF THE 2021–2026 GLOBAL AIDS STRATEGY

The Mid-term review that we will discuss in more detail tomorrow morning shows positive progress, but also the challenges and opportunities that lie ahead. It is part of the groundwork for the next Global AIDS Strategy and the 2027–2031 Unified Budget, Results and Accountability Framework (UBRAF).

In 2023, approximately 86% of people living with HIV worldwide knew their HIV status. 89% of those who knew their status were receiving antiretroviral treatment and 93% of those on treatment had a suppressed viral load.

Achieving the 95-95-95 targets by next year will be a significant challenge—but it is possible, with serious investment and commitment from member states.

The report shows clearly that the global HIV response is being held back by a widening funding gap that is now almost $9.5 billion.

International funding has declined, since 2010. Domestic investments, which constitute almost 60 % of HIV funding in developing countries, have also been on a downward trend for four consecutive years. The regions with the biggest resource gaps- eastern Europe and Central Asia and the Middle East and North Africa- are making the least headway against their HIV epidemics.

Next year's 8th replenishment of the Global Fund is a key moment and I call on all governments especially the donor governments to rally behind the Global Fund and secure the best possible outcome. We also need a five-year clean reauthorisation of PEPFAR and we stand ready to support our colleagues, our allies in the United States, to make the case for the reauthorisation to the new administration and new congress.

And, despite the encouraging progress made here in Africa, we are extremely unlikely to reach our global prevention target of ensuring 95% of people at risk of HIV infection have access to and use effective combination prevention options by 2025.

The Mid-term Review also points to the opportunities ahead including the game-changing potential of long-acting HIV medicines.

NEXT GLOBAL AIDS STRATEGY, 2030 HIV TARGETS AND HIGH-LEVEL PANEL

During this period, the UNAIDS Global Task Team on Targets for 2030 completed its work. Simultaneously we continued to support countries to develop their sustainability roadmaps and we also kicked off the work of the High-Level Panel.

The proposed 2030 targets are focused on reducing new infections and AIDS-related deaths by 2030 and on integrated responses that secure sustainable HIV services and systems after 2030.


BRAZIL
BOTSWANA


EXECUTIVE

In the development of our new sustainability framework, UNAIDS is collaborating closely with PEPFAR and the Global Fund, with governments and communities. More than 30 countries have completed the first phase of developing their sustainability roadmaps for the AIDS response.

The overarching focus for the next five years of the new Global AIDS Strategy will be i) a concerted push on HIV prevention-seizing new opportunities and spurring the science for more innovations, and ii) building towards the sustainability of the AIDS response to 2030 and beyond. We will also build on the inequalities framing of the current strategy- and embed greater accountability on human rights and girls and women's rights into our work and will emphasize the role of communities being empowered to lead. We will spotlight the cost of inaction in the context of climate shocks and humanitarian crises.

The next Strategy will be developed through a phased consultative and inclusive process, as we had last time, starting early in 2025. This will include regular briefings to you as our Board and opportunities for multi-stakeholder consultations. The PCB will receive an outline of the next Strategy at your 56th meeting in June next year and we envision the adoption of the next Strategy in December 2025 at the 57th meeting.

Last December, you asked me and the CCO to ensure that the Joint Programme remains sustainable, resilient and fit-for-purpose, by revisiting the operating model, and to report back to you with recommendations at the June 2025 meeting. You asked that we do this in a consultative way, with the support of external expert facilitation. To these ends, and as we discussed at June PCB, I have co-convened, together with the CCO, a High-level panel on a resilient and fit-for-purpose UNAIDS Joint Programme.

I am grateful for the tremendous dedication and expertise of this panel. It includes key stakeholders, most especially people living with and affected by HIV, and the countries most affected by the epidemic. It includes donor countries, the private sector and academia. Information about the Panel is available on the UNAIDS website.[1]

The High-Level panel has now convened twice, once virtually and once in a hybrid form with many panellists present in Malawi. I want to thank the important contributions of senior officials and civil society in Malawi, who helped the panel situate its work in country realities. There has been tremendous progress in Malawi's response, but this progress, like in many countries, is extremely fragile.

Three panel sub-groups have met more often and they are developing their thinking on programming, partnerships and resourcing. They have been discussing critical questions, such as:

- How do the contributions of the Joint Programme need to evolve?
- How can the Joint Programme be more agile, streamlined and flexible?
- How can the Joint Programme take a more integrated approach to its budgeting?

I am excited by these discussions, because they are the ones that will drive the change we need, ensuring that we are relevant to the countries where we work and driving success of their HIV responses. At the same time, these are not easy questions, these are not easy issues. We will face very tough trade-offs and you, our Board, when you receive the recommendations, will have tough decisions to make.

Let me thank here the panel Co-chairs, who are leading strong, putting countries and people at the centre of these discussions—true to the history of our AIDS movement.

[1] https://www.unaids.org/en/whoweare/fit-for-purpose-unaids

The panel is expected to present its report with recommendations by early March to us the Co-conveners and to the Board. Together with the CCO I will come to you in June 2025 with the report and its recommendations, and our opinions.

FINANCIAL OUTLOOK OF THE JOINT PROGRAMME

The financial outlook is concerning. The projected core contribution for 2024 remains at US$ 140 million. This is US $20 million less than the agreed core operating budget of US$ 160 million. In 2025, core contributions are expected to amount to US$ 125 million. It's a downward trend.

We are sincerely grateful to all governments who have continued their support for UNAIDS Joint Programme and provided or pledged amounts in 2024, despite the challenging global economic context. We count on your support in 2025.

For governments who have not yet made pledges for 2025 we urge you to do so and pay your contributions in full as soon as possible. This will enable us to deliver on the objectives planned for 2025.

We acknowledge that some of our long-standing partners have had to make tough decisions to reduce their level of support to UNAIDS. We appreciate that these partners remain active and committed to the mission of the Joint Programme. We appeal to them to facilitate non-core resources where their annual core contributions have been reduced.

We remain committed to accelerating our resource mobilization efforts by demonstrating the Joint Programme's unique value. We will continue to work with long-standing partners and reaching out to new ones.

Given this challenging financial outlook, we have revised further downwards our overall expenditure plans for next year, setting them at $150 million for 2025. Within the Secretariat we will reduce expenditure by a further $6 million by introducing a freeze on vacancies and placing tight ceilings and controls on travel. The freezing of vacancies of course leaves our staff overstretched, overburdened. We are watching this carefully as we do not wish to hurt the well-being of our staff. I have also asked the Cosponsors to collectively find savings of $4 million for next year.

TURNING LONG-ACTING ARVS INTO DISRUPTIVE INNOVATION

When we met in June, I talked about sustainability and the urgency of driving down new HIV infections. When we reduce new infections, we contribute towards the sustainability of our response.

But to get there, we need a disruption. Every day, more than 3 500 people are newly infected around the world. By the end of today 3 500 people will be newly infected and by the end of today 1 700 people will die of AIDS related illnesses. Progress is there but it's far too slow.

So today I turn to the remarkable scientific advances in HIV and consider how we can turn science into disruptive innovation—getting us off the current trajectory and onto one that ends the pandemic. The usual trajectory is new health technology arrives in the global North and then later arrives in Africa, Asia, and Latin America. These other regions wait years or decades before the sciences reaches them. In HIV we have worked together to make access global, but the truth is, it has not been fast enough.

In an article that we published today in the New England Journal of Medicine, there is a figure showing the timeline of ARVs. When ARVs were first proven effective, it was a decade before wide-scale access came to Africa. In that


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period of inequality 12 million people died unnecessarily. And since ARVs stop transmission, millions of others were newly infected during that time. That's why we struggle in this region with high burdens of AIDS.

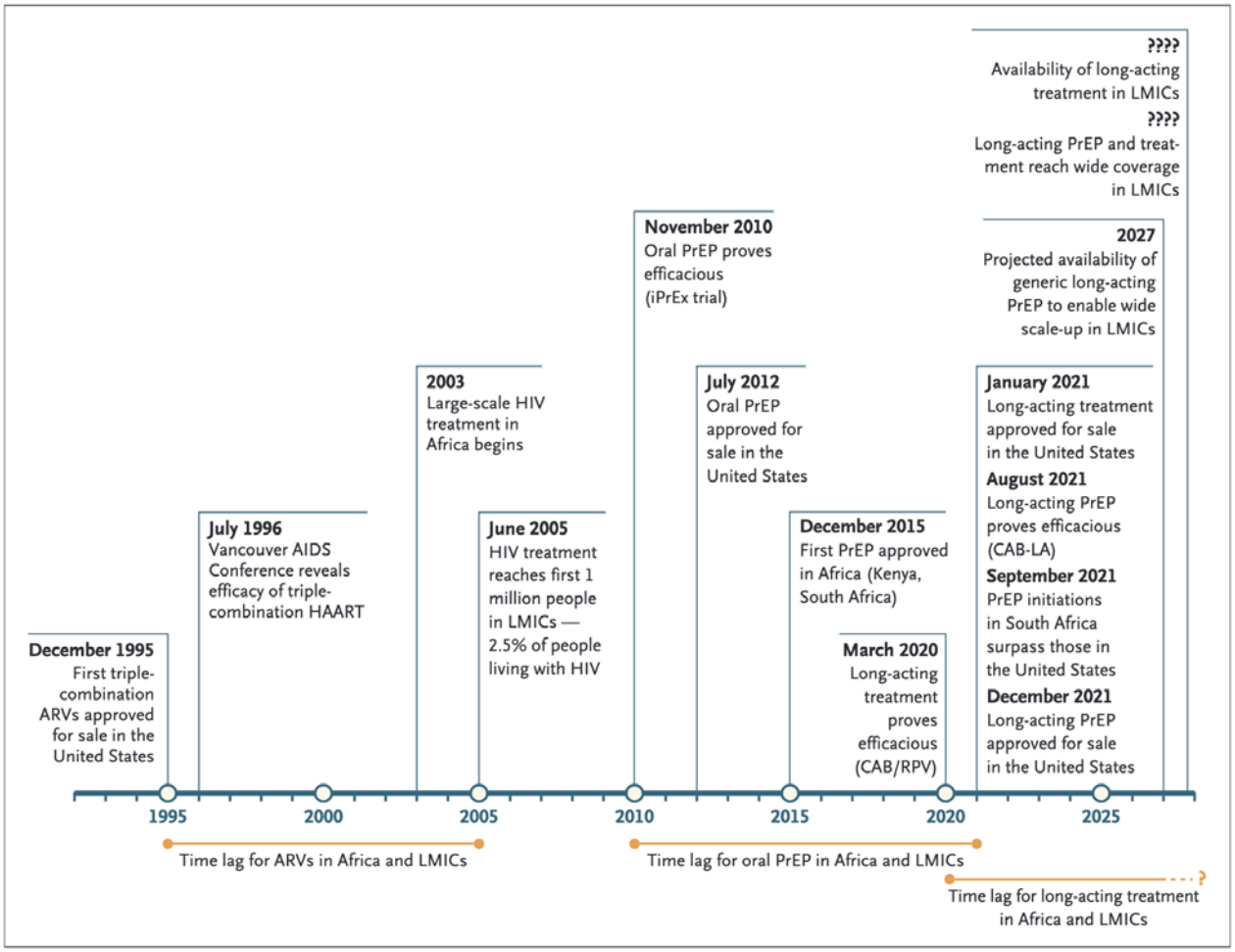

Figure 1. Time Lags in Access to HIV Treatment and Prevention Technology in Africa and LMICs.

From: Byanyima W, Bekker L-G, Kavanagh M. Long-Acting HIV Medicines and the Pandemic Inequality Cycle — Rethinking Access . NEJM. 2024.

The NEW ENGLAND JOURNAL of MEDICINE

From November 2010 when PrEP proved effective it was another decade before there were more people using PrEP in South Africa than in the United States even though South Africa has far more people in need. These inequalities in access to the technology have shaped and prolonged the pandemic we have today. It is already over seven years and these long acting technologies are available in the market in the north but not here in Africa and low and middle income countries. So that is the trajectory we want to disrupt.

It is these inequalities that we must disrupt by acting together on the new long-acting ARVs. I believe we can usher in a new era in HIV medicine. We can do it. One that makes life better for people living with and at risk of HIV, and one that makes HIV programmes more sustainable for governments, and one that could be a model for the world. We need to connect this with sustainability- dramatically reducing new HIV infections enables countries to have a handle on the fiscal burden of their epidemics.

Board members, I am glad to report that the new HIV science is truly extraordinary. Lenacapavir, the latest innovation, has shown that with just two injections per year, it can prevent transmission of HIV—with efficacy in one trial reaching 100%. And it is just one of several new technologies—we have injectable cabotegravir, a three-month dapivirine vaginal ring. A once-a-month pill may

move into phase 3 trials next year. Meanwhile, new long-acting ARVs also present a disruptive opportunity for treatment. Already, some high-income countries are using long-acting combinations with viral suppression rates equal or better than with daily pills.

People living with, and at risk of HIV are asking telling us they want these long-acting options. Women in southern Africa have described new prevention options as empowering, allowing them to "own their own destiny" for the first time. Adolescents living with HIV, many of whom have lived their lives dependent on daily pills, young people on daily pills, long to be free of that daily reminder. People from criminalized groups like gay men and people who inject drugs, are looking HIV options that they can leave at the clinic.

What if those who need the new HIV medicines most did not have to wait for years?

I'm talking about science being done as a global good,. As an African woman, I am so proud that when this new science of long actings was published in the Lancet and the New England Journal of Medicine, the first authors of several of the articles were African women. So let's be clear this science doesn't belong to the north. It belongs to all of us. Over 3 000 women in communities from Blantyre in Malawi to Gaborone in Botswana to Kisumu here in Kenya showed up to enable the Cabotegravir trial. That's participating in the science. And it was scientists in Brazil, in Thailand, and Peru who joined American, European, and African colleagues to lead these trials. The science belongs to all of us. These new medicines belong to the world.

Now it is time to ensure that this science reaches people as global public goods—to avoid another 10 year delay. And yes we can. During COVID-19, I want to remind you, within a year of the start of that pandemic, vaccines were developed and were being delivered to people, although not everywhere. But they were being delivered. That is the energy we need.

We in the Joint Programme are playing our role. We are bringing together governments, communities, NGOs, companies to move faster. We are supporting governments with data and analysis. Co-sponsors and the Secretariat are ready to support your governments to include these new technologies in national plans, develop required policies, and ensure that supply chains and health care workers are ready. And we will support communities to take the lead in the generation of demand.

So here is what I ask of you:

First, will you set high ambition?

When we plan small, when we ration access, we create a cycle of low ambition. That keeps prices high and undermines demand. Currently, long-acting PrEP is set to only reach a few hundred thousand people next year, when our PrEP target is 10 million. With oral PrEP, when we rationed it and made only some highest-risk groups eligible for oral PrEP, it actually stigmatized the drug. We have not yet recovered from that mistake.

Second, will you help to build regional manufacturing capacity?

These medicines could be crucial for helping drive down new infections and make the AIDS response sustainable for governments. We know that. But for that we need to make medicines in all regions. It's not possible to supply all regions from a few companies.

I applaud Brazil for the remarkable G20 consensus for a new Global Coalition for Local and Regional Production, Innovation and Equitable Access. And I thank very much Brazil Secretary Ethel Maciel who will be joining us later. This idea of this Coalition is an idea that meets this moment and I hope that all board members will support this effort. Long-Acting ARVs could be part of what this alliance

brings, alongside medicines for neglected diseases like Dengue. I want to thank also the governments of the G20 who supported the inclusion of HIV as part of this initiative for local and regional production. That was a bit of a battle too to convince all G20 members, but we were successful, because many countries saw this as the real opportunity to include HIV innovations in this package for regional production.

Third, will you help ensure that every low- and middle-income country can access affordable generics?

We need you as governments to put all the tools on the table for this special moment, including using TRIPS flexibilities where they are needed.

Fourth, will you support clinical trials for new combinations for treatment?

High-income countries are already using long-acting ARVs for treatment for some of their people. But this is not happening yet in the developing countries. We need these existing drugs to be made available in the developing countries, but we also need to go further and trial Lenacapavir and Cabotegravir together, because the scientists tell us that this could produce an even longer acting, high effective treatment. It won't be available easily, because the companies do not naturally collaborate, Cabotegravir belongs to ViiV, Lenacapavir belongs to Gilead, they compete. But where is the role of governments? It is governments that could encourage them, incentivise them to work together towards a new product that would take us closer to ending AIDS.

Finally, will you ensure that we have funding for this work?

It's so important. We play a critical role, the Joint Programme together with the Global Fund and PEPFAR on this question of spurring the science, ensuring equitable access and rolling out the new innovations.

THE PATH AHEAD IS NOT EASY

Distinguished board members, we have to both sustain the gains, and the gains are very fragile, and we are in a multi-crisis world. But innovations can help us move fast.

There are no silver bullets. New medicines do not remove the challenges of weak health systems or the urgency of tackling stigma and discrimination. We have to fight on these fronts too.

Let us take the opportunity of these new innovations to close inequalities, the traditional inequalities in access to medicines in Africa, let's disrupt that history of long delays. Let us make it possible for people living with HIV today to get the best science that exists wherever they are in the world. Let us do this as a matter of sustainability and ending this disease, as a matter of social justice, as a matter of human rights and as a matter of public health.

The scientists have done their work and they have done it brilliantly. And now distinguished board members, representing your governments, we have our work to do. Let's do it.

Thank you very much.