



# Opening Plenary: Keynote Statement

Winnie Byanyima, Executive Director, UNAIDS

Hello my friends,

My name is Winnie Byanyima. I lead the UN's global response to AIDS. I am delighted to join you today for the opening session of HIV2020.

I want to start by paying tribute to the courage and leadership of communities from the very earliest days of AIDS to the present day.

Let me start by telling you about Juliana Atieno, a young woman I met in Nairobi who inspired me. You can see her and her beautiful boys in the photo.

Juliana volunteers in her local health facility as a mentor mother and supports pregnant women who test HIV positive. Juliana was herself diagnosed with HIV as a teenager and she was already very ill. Today, she is healthy and the mother of those two lovely boys.

She spoke to me passionately and with great expertise about her work.

Like so many leaders in the HIV response, Juliana has overcome discrimination and violence to become a critical link for her whole community with the local health facility. She is the first person to accompany people for testing, supporting them, following them through complex health system. Juliana is an AIDS counsellor and a community mobiliser.

For this critical role, Juliana receives a small stipend of 20 dollars a month. That's not just.

Juliana is one of thousands of volunteers making up the HIV social capital, our unique and extensive HIV infrastructure which fosters resilience in communities and strengthens health systems around the world.

From the early days in New York and San Francisco, in Johannesburg and Kampala, in Bangkok and Mumbai, it is activists in the communities who have led.

People living with HIV, women, gay men, sex workers, transgender people, people who use drugs – they organised their communities and claimed their rights.

This courageous community activism led to some of the most important breakthroughs in the HIV response.

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Initially, these groups focused on prevention – leading powerful behaviour change and testing campaigns and speaking out on youth empowerment and living positively with HIV. And they fought tooth and nail for treatments to be developed with some of the most creative civil disobedience campaigns this world had ever seen.

When treatment became available, treatment access campaigns led by communities catalysed treatment expansion around the world; and peer-led treatment literacy campaigns kept people on their life-saving drugs.

And now we have service delivery for prevention, testing for treatment led by and for communities.

Thanks to local and global activists, organized in networks such as The Treatment Action Campaign in South Africa and Act Up, life-saving medications were developed more quickly, and prices brought down. Innovation and science were made available to all people.

Today, we have 25.4 million people on HIV treatment.

But our journey is not finished.

12.6 million people continue to wait and every year more people acquire HIV - there were 1.7 million new infections in 2019.

We must fight on with passion and we must keep human rights at the centre of our societies and of our health systems, or we will not end the HIV epidemic.

For millions of people, it is human rights violations, stigma, discrimination, and criminalization that stand in the way to their right to health.

In the last six months, COVID19 has devastated our world. It has taken lives, destroyed livelihoods and crushed economies.

In developing countries with a high burden of HIV, governments are struggling to respond to two colliding epidemics-HIV and COVID.

Where we see successful COVID responses, governments are leveraging the HIV infrastructure and networks that so many of you have contributed to. We should be proud of that.

From Cambodia to South Africa to Kazakhstan to Mexico, HIV activists, health volunteers and communities have mobilised to help the people around them survive Coronavirus.

They are finding the people who need to test, connecting them with testing, doing the contact tracing and following up with them for treatment and care.

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Once again, we see communities showing their value, their courage, their leadership and their resilience.

To build back better from COVID we must strengthen prevention and epidemic preparedness-what we've learnt from HIV is that this comes from empowered communities.

Resilient health systems of the future must invest adequately in communities, in Juliana and the thousands of activists like her.

This is how we will beat HIV and COVID 19 and be prepared for the next health crisis.

We need you – just like the motto of your conference says – to “reclaim the global response”.

I wish everyone a very successful and productive conference.

Thank you.

