Thank you very much indeed, Honorable Minister of Health of eSwatini, Senator Lizzy Nkosi, Honorable ministers, national AIDS committee directors, civil society partners, Dear sister Winnie, Dear Peter, Colleagues and friends,

Today we come together at an important moment to applaud progress in HIV prevention and to reflect on where we have fallen short. We are here to learn from one another and to commit to continuing to amplify HIV prevention within national responses.

The Global Prevention Coalition annual report does show great progress. Most countries now have national road maps, targets and defined service packages. Financial analysis and monitoring are stronger, and scorecards are there to keep us accountable.

Yet, there remain gaps in legislation and data. Gaps in accessible services for key populations. Gaps in capacity building and technical support. And financial shortfalls have negatively impacted social contracting, which continues to be a weak performance area.
Last year 2019, 1.7 million people acquired HIV, more than three times the 2020 target. The Coalition’s contribution, however, shows promise.

Eswatini dramatically reduced new HIV infections among adults between the years 2010 and 2019, coming close to the 2020 target of a 68% reduction. Another 10 focus countries achieved at least half the required reduction.

As we now advance into the Sustainable Development Goals’ Decade of Action, I believe it’s time to accelerate our efforts.

Too many countries, including several focus countries, are not taking full advantage of proven methods for preventing HIV, ignoring the social relations, politics, laws and inequalities that heighten people’s risk of infection. To take just one example, both the demand for condoms and distribution appear to be diminishing in focus countries.

Prevention acceleration requires closing major gaps in coverage and addressing the excessive risk faced by adolescent girls and young women in Africa.

To bend the incidence curve sharply downward, we have to dismantle the barriers, including discrimination, harassment and social exclusion, that many members of key populations face.

To add political will to this equation, to add the resources that are adequate to the task and certainly community leadership, that is what will spell the difference. It’s central to turning the tide.
Now the COVID-19 pandemic has severely disrupted health systems and essential services everywhere, certainly that’s been hitting HIV programmes, particularly prevention, very hard. And deteriorating economic conditions and widening socioeconomic inequalities aggravate HIV-related vulnerability.

We see gender-based violence skyrocketing, and hard-won progress for women and girls at risk. With the situation of school closures, the undermining of the empowering efforts that so many of us have tried to effect for the secondary school education of girls, this is now coming into question.

And at the same time, many countries have quickly adapted to minimize disruptions. Some of the essential prevention services are ongoing. About two thirds of focus countries reported taking steps to continue the outreach services for young women, for key populations, and about half of countries provided online counselling.

We are using systems and lessons learned from the HIV response to respond to COVID-19. Youth and key populations networks are delivering services. Digital technology innovations are reaching people during lockdown. And hotlines are providing lifelines. We ask for your commitment to overcome disruptions and get prevention back on track.

The independent external review of the Coalition has found that, together, we have restored attention to HIV prevention globally, including among international donors, and in national HIV responses.

I commend the National AIDS Council community of practice and thank the Government of Kenya, in particular the National AIDS Control Commission, for hosting the secretariat.
Moving forward into the next 5 years of the Coalition, let us continue our call:

- To strengthen political commitment and management capacities,
- To close the funding gap,
- To improve data collection,
- To harness the strengths of community-led organizations and networks,
- To remove legal and policy barriers and eliminate stigma and discrimination,
- To take to scale the combination prevention programmes that work, and lastly
- To strengthen our links with other health and development programmes.

Let us make sure that the elements and lessons we discuss today are enabled in the next UNAIDS Global AIDS Strategy (2021-2026) and result in renewed commitment to HIV response in countries, in communities and at the United Nations General Assembly High-Level Meeting on Ending AIDS in 2021.

Thank you very much.