

# Big pharma must value African lives above profits, warns head of UNAids

Monday 13 March 2023, by [KIMEU Caroline](#) (Date first published: 16 February 2023).

## **'Racist' inequalities leave sub-Saharan region bearing burden of more than half world's new HIV infections, says Winnie Byanyima**

The head of UNAids, Winnie Byanyima, has strongly criticised pharmaceutical giants for prioritising profits over saving lives, and warned that “racist” inequalities are undermining progress towards ending Aids, especially in [Africa](#).

Sub-Saharan Africa accounts for [more than half](#) of all new infections, with women and marginalised groups facing higher new infection rates. Aids-related illnesses were the [leading cause](#) of mortality among African women, and adolescent girls and young women were three [times more likely](#) than men to get HIV.

“Many times, they don't come forward for fear of society's sanctions against them,” said Byanyima, stressing that girls and women should be able to access sexual and reproductive services privately.

She knows well about the impact of the stigma of HIV. At a recent speech at the University of Nairobi Byanyima told a personal story about how her brother, who had HIV, stopped using antiretroviral (ARV) drugs when they returned home to Uganda, while he would use them with few issues when he lived in Europe. “He didn't die of HIV. He was killed by stigma,” she told the conference.

Marginalised groups on the continent, including sex workers, gay men and transgender people, accounted for a large proportion of new infections in 2021. [Thirty-two](#) African countries have laws criminalising same-sex relations, and this often stops LGBTQ+ people accessing sexual and reproductive health services.

“Where there are various factors of inequality, that's where you see the highest [HIV] cases,” said Byanyima. “They combine to crush people”.

Africa suffers disproportionately from Aids, and its response is still largely dependent on international funding, with most countries on the continent in debt distress or at risk of it. The debt crisis is fuelling mass cuts in health and development spending, and UN leaders have warned that the “[vicious debt cycle](#)” is pushing countries in the global south into making “impossible-trade offs” – a situation Byanyima says is playing out “across the continent”.

Kenya spends up to [five times more](#) on debt servicing than it does on health, and [Ghana](#) and [Zambia](#) have defaulted on their external debt in the last few years, prompting concerns that the debt crisis may spiral further, with devastating impacts for health and education spending. Studies cited by UNAids suggest that girls who completed secondary school were 50% less likely to become infected with HIV as they were less vulnerable to patriarchal power dynamics and poverty than their counterparts.

Barriers to health technology access the global south have also worsened health inequalities. The injectable drug [cabotegravir](#), for instance – administered every two months and considered the most effective form of prevention – is only available in high-income countries like the UK and the US, and even there remains largely unaffordable. Last year, Zimbabwe became the [first African country to approve the drug](#) for use, but with the country in economic crisis the drug remains effectively unavailable.

Last year, after [months of pressure from UNAids](#) and other health organisations, UK pharmaceutical company ViiV – which owns a patent for the drug – approved certain manufacturers in [90 low and middle-income countries](#) to develop generic versions.

“The injectable [treatment] would be a gamechanger,” said Byanyima, “particularly for people in countries where there’s stigma and where there are criminal laws against certain groups.”

Gay men in countries with the most severe anti-LGBTQ+ laws were more than three times less likely to know their HIV status than their counterparts in countries with the least restrictive laws, according to the [UNAids 2022 report](#).

Incentives are lacking for innovation, said Byanyima, and the profits companies can make from lifesaving medications need to be regulated. She pointed to the pharmaceutical entrepreneur Martin Shkreli, who became a symbol of “[pharma greed](#)” after his [controversial decision](#) to hike the price of lifesaving drug Daraprim, used in the treatment of Aids patients, by 5,000% in 2015.

“The World Trade Organization rules allow lifesaving medications to be traded in the same way we could trade luxury goods. They allow pharmaceutical companies to set the price wherever they want, hoard their technologies and reap billions at the cost of lives,” she said.

Such policies expose [racial inequalities and discrimination](#) in health, she said. “To me, that’s racism, even though people don’t want to call it out: valuing the profit of a few people, who happen to be white, over the lives of black and brown people around the world.”

She pointed to the [disproportionate impacts](#) of the Covid pandemic on racial groups across the globe, and added: “For Africa, the lesson was: you must have the capacity to produce yourself.”

Byanyima urged African governments to set aside funds for research and development and explore equitable south-south partnerships.

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**P.S.**

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