

Uniting the world against AIDS

Delivering Results in Transformative Times

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26th Meeting of the
Programme Coordinating Board
22 June 2010





Welcome. It has been a productive six months for all of us. I deeply appreciate your time and many contributions since we last met.

Thank you, my sister Thoraya Obaid, for our joint mission to the Democratic Republic of Congo and for bringing together UNAIDS and Women Deliver. Your leadership in the AIDS response has made our collaboration at the global and country level exemplary. I look forward to hearing you speak on behalf of all the Cosponsors today.

Thanks also to my friend Ambassador Eric Goosby—together we engaged the new President of Nigeria. UNAIDS is fully committed to supporting the Obama Administration to enable the Global Health Initiative to be the engine for reaching universal access in so many countries.

And my special thanks to Prof. Michel Kazatchkine for our joint missions to Mali, South Africa and Malawi and for our collaboration to virtually eliminate mother-to-child transmission.

I am sad that Sigrun Møgedal and Lennarth Hjelmåker are retiring as AIDS Ambassadors. Both have blazed many trails and leave a great legacy. Please join me in wishing them well and asking for their continued support in the global response. We will also miss Marie-Louise Overvad. She has provided model engagement with UNAIDS and represented her constituency in the PCB with distinction.

Please welcome our new PCB members. For the first time, Botswana has joined us—a country that has demonstrated that universal access and the virtual elimination of mother-to-child transmission of HIV can be achieved in Africa. Your achievement will lead others to follow.

This is also the first participation of Togo on the Board—we are glad you are here at last.

Poland joins us again, 10 years after their first appointment. On behalf of UNAIDS, I want to convey our sincere condolences on the tragic loss of President Kaczynski in April.

I welcome our seasoned veterans as well. The experience represented on this Board is helping to move our Joint Programme, and indeed the global AIDS response, in the right direction.

AIDS in motion

Conditions are in flux around the world and the context of AIDS is changing. The global economic crisis has not abated.

Countries in the North and the South that were once financially secure have moved from relative abundance to forced austerity, dealing a direct blow to AIDS funding. Struggling economies are starkly exposed to the risk of ARV stockouts and the spectre of turning new patients away.

More subtly, the crisis is seen where people living with HIV go without enough food to take their antiretroviral drugs, or without enough cash to reach the clinic. This week we are seeing refugees fleeing from the ethnic violence in Kyrgyzstan and lacking access to food and health services—just as a few months ago in Haiti, we saw a different kind of tragedy unfold.

The epidemic itself is shifting under our feet. Infection is spreading unchecked among serodiscordant couples and among adults with multiple concurrent heterosexual partnerships. In Swaziland, where I visited in February, more than 60% of new infections occur among so-called “low-risk” heterosexual people. Our research in West Africa shows that 20 to 30% of new infections occur among people who are in stable relationships, but who have partners with high-risk behaviours. In Eastern Europe and parts of Asia, an epidemic once characterized by injecting drug use and sex work is now increasingly affecting heterosexual couples. In Peru, heterosexual people are becoming infected at a pace that is outstripping most-at-risk groups.

The context of AIDS is changing as it affects mothers and children. Even as maternal mortality has dropped across the globe, AIDS continues to ravage families. One out of every five maternal deaths worldwide in 2008 was linked to HIV—in South Africa it was nearly one out of two. This is a sobering reminder that progress in maternal health is directly dependent on progress in the AIDS response in countries with the most severe HIV epidemics. I am very pleased that UN Secretary-General Ban Ki-moon’s Joint Action Plan for Maternal and Child Health reflects the intrinsic links between MDGs 4, 5 and 6.

Gaining ground on shifting sands

I want to acknowledge our partners, Cosponsors and others who in recent months have boldly raised the bar in the AIDS response, challenging their counterparts to do the same.

Together, the UN family has mobilized bilateral and multilateral partners like the Global Fund to step up prevention efforts with a view to achieving my call for zero new infections among people who use drugs by 2015. Decriminalization is essential to this goal, so I am pleased at how UNODC has led the push to close drug detention centres, to protect the human rights of people who use drugs and to apply science-based drug dependence treatment instead of incarceration and punishment.



I want to commend the World Food Programme's new HIV policy, which focuses on nutritional recovery for people living with HIV and on sustainable safety nets for individuals and families.

Our friends at UNESCO have commissioned an important study on sexuality education programmes in six countries. With these results, we can better make the case to expand this investment to cover 1.2 billion adolescents with comprehensive sexuality education. These programmes reinforce the role of parents and further build the skills and values that bolster human rights and gender equality.

Just last week, at the ILO's international conference, governments, employers and workers adopted a landmark labour standard on HIV and the world of work—the first internationally sanctioned instrument specifically addressing HIV in the workplace. It reaffirms the right to continued employment regardless of HIV status and asserts that no worker should be screened for HIV for employment purposes. With this new standard, we envision that prevention and treatment programmes in workplaces globally will blossom.

I am so pleased that on behalf of UNAIDS, UNDP will be launching the Global Commission on HIV and the Law later this week. This commission will be critical to identifying and promoting the kinds of laws and policies that will reduce people's vulnerability to HIV.

In March, UNAIDS was joined by the Asha-Rose Migiro, Deputy UN Secretary-General; Helen Clark, UNDP Administrator; Melanne Verweir, US Ambassador-at-Large for Global Women's Issues; and our new Goodwill Ambassador Annie Lennox to launch the Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV. We have already started to operationalize the plan in 10 strategically important countries in close cooperation with women living with HIV and women's movements. By the end of this year, these results will be used to expand the implementation of the action plan in at least 30 countries.

In March of this year, Thoraya and I had the honour to participate in the first Summit of Religious Leaders on HIV. I would like to thank our Board Chair, the Netherlands, for hosting this important meeting in The Hague. The summit united some 40 high-level religious leaders from the major faith traditions for frank discussions that built stronger leadership and action on HIV. The meeting's statement called for increased action to end mother-to-child transmission of HIV and to challenge the power structures that fuel violence and injustice.

I want to salute UNICEF and Tony Lake, its new Executive Director, for the urgent and clear commitment to HIV, specifically on elimination of mother-to-child transmission. Earlier this month, we co-hosted a high-level meeting on how to advance this goal with the participation of principals from UNFPA, WHO, the Global Fund, Children's Investment Fund Foundation, Elizabeth Glaser Paediatric AIDS Foundation, PEPFAR and Columbia University. We agreed that, even in the current climate, this is an ambitious goal that the world can reach by 2015, and it is up to us to make this a reality.

I also want to recognize the work of the Global Fund in advancing the elimination of mother-to-child transmission. Their reprogramming exercise in the 20 highest burden countries is pivotal to this success. If you have not already done so, I urge you to see the "Born HIV Free" video with Carla Bruni-Sarkozy on AIDSspace.

And, in the midst of World Cup fever, I am pleased to report that a UNAIDS campaign is receiving tremendous support from some of the greatest football players in the world. So far, the captains of 21 World Cup teams have joined forces to support the UNAIDS "Red Card" Campaign to eliminate mother-to-child transmission.

A new universal access mandate

Now I want to turn to a critical issue for all of us. Where are we with universal access, and how we should frame this in 2010 and strategize on the way forward?

At the 2006 UN High-Level Meeting, countries committed to achieve universal access by 2010. We have made significant strides.

By the end of 2008, we had scaled up PMTCT to cover 45% of pregnant women—saving more than 200,000 babies from HIV infection. In Eastern Europe and Central Asia, more than 90% of HIV-positive pregnant women now have access to PMTCT services.

Thanks to the support of the Global Fund and PEPFAR, by the end of 2009 we reached an estimated 5 million people in low- and middle-income countries with antiretroviral treatment. This kind of scale-up is unprecedented in the global history of public health.

This year, UNAIDS is supporting 117 countries to review progress toward their universal



access targets. These reviews will take stock of steps towards national targets, identify obstacles and decide collectively about what needs to be done now in order to redouble progress.

Universal access is our shared passion and the beacon of hope—not only to protect millions of people at risk of HIV and in need of treatment today, but also to foster more just and healthy societies tomorrow. I know that there are some pessimists, but we cannot allow them to deflect us from this goal.

I am proud to inform you that this year we received 179 UNGASS reports—one of the highest response rates in the history of reporting by UN member states. But we are concerned that current analysis suggests that by the end of 2010, only one third of countries will have reached the universal access targets they set.

This is why I am calling for the renewal of the Political Declaration of Commitment made by the UN General Assembly in 2006. A renewal which extends the global commitment and mandate to achieve universal access to 2015—bringing it in line with the MDG deadline. This way we can ensure that one of the MDG targets—to achieve universal access for all—is linked to and reinforced by the other MDGs. This will enable countries to maintain their momentum in reaching and reporting on universal access through 2015.

This vision was recently captured by the Economic and Social Commission for Asia and the Pacific that called for a high-level intergovernmental review progress on HIV and the MDGs to ensure universal access.

UNAIDS will use all avenues to generate political support for this renewed mandate at the 2011 High-Level Meeting of the UN General Assembly—including in our role as Chair of H8. But we must build a cohesive strategic alliance to take this agenda forward—beginning at this week's G8 and G20 summits, followed by the Vienna International AIDS Conference, the African Union Summit, the UN MDG Summit, the Global Fund Replenishment meeting and other international forums.

Universal access may seem like a dream, but as Dom Helder Camara said, “When we are dreaming alone it is only a dream. When we are dreaming with others, it is the beginning of reality.”

A new vision, a reinvigorated mission

I have become increasingly convinced that we must fundamentally refocus the AIDS response—and UNAIDS—if we are to achieve universal access.

That is why I am requesting this Board to adopt a bold and uncompromising statement of UNAIDS’ vision for the future: Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths.

Achieving this vision has implications for the way the Joint Programme works. Building on the ECOSOC mandate, we have defined our renewed mission as “To lead and inspire the world in achieving universal access to HIV prevention, treatment, care and support.”

Our new vision and mission reflect a dynamic and more agile approach to an epidemic in transition—delivering solid results in a world of swaying circumstances and competing priorities.

Five challenges for today and tomorrow

Last year I laid out a number of issues that UNAIDS must address, including the need to focus on a limited set of priorities, improve efficiency and improve accountability.

I was pleased when the Second Independent Evaluation confirmed our thinking, praising UNAIDS’ efforts overall, while affirming that we must continue to build on our achievements and solidify the new ways in which we have been working.

The evaluation set five important challenges for the Joint Programme, which line up with our mission and strategic planning efforts—to be more focused, more strategic, more flexible and responsive, more accountable and more efficient.

I want to talk about our response to these five challenges one at a time.

First, UNAIDS is now more focused. The Outcome Framework is an excellent tool for keeping our “eyes on the prize.” It has prioritized where we work. It has helped us ensure we reach the right people with the right interventions. It has changed how we work.

We are targeting interventions where they will have most impact on the epidemic. For example, we have focused the elimination of mother-to-child transmission of HIV on the 20 high-



burden countries that account for over 85% of pregnant women living with HIV. In May, we brought together countries and partners in a landmark workshop to discuss how to roll out action plans in each of these countries. Our approach to TB/HIV co-infection also targets 21 countries that contribute to 85% of the global burden of TB cases among people living with HIV.

The Outcome Framework is also guiding countries to focus on the right prevention strategies for the right populations. We are focusing our harm reduction efforts on 20 countries where we have the potential to prevent as many as 850,000 new cases of HIV among people who use drugs between 2010 and 2015.

The Outcome Framework has brought more focus to how the Joint Programme works at the country level. The Joint UN Teams and national partners in every country have narrowed down—with a budgeted workplan—three to five priority areas for accelerated action. This approach was reinforced by the joint letter from Helen Clark and myself to Resident Coordinators which aims to spur implementation of the Outcome Framework. When I travelled to Mali with Helen we witnessed how HIV has mobilized the UN Country Team to “Deliver as One.”

More countries are also achieving high-impact results by focusing political and social movements around specific interventions. I saw this approach playing out visibly in South Africa two months ago when President Zuma invited me to the launch of a national HIV campaign to test 15 million people by 2011. It is the biggest national mobilization around any single issue since the end of apartheid and the largest HIV counselling, testing and treatment scale-up in the history of the HIV epidemic. Moreover, South Africa increased its HIV budget by 33%, allocating \$1.1 billion this year. Moreover, President Zuma publicly announced that he had been circumcised and had encouraged others to undergo the procedure. This is the kind of leadership needed to link scientific evidence to social change. I would like to applaud the UNAIDS family for the tireless advocacy, policy dialogue and procurement of technical support that is making this possible.

Second, we are acting more strategically. The 10 priorities of the Outcome Framework are supported by four breakthrough strategies that will have multiplier effects across the epidemic: prevention; treatment; human rights; and integration.

Prevention: The evaluation noted that prevention remains weak, and that UNAIDS has not always exercised its leadership potential in this area. This is why I am committed to ensuring that UNAIDS delivers on what I call a “prevention revolution”—one that has as its ultimate goal zero new infections.

This revolution will be driven by communities, for communities. It must fully engage affected people, promoting human rights and gender equality.

Three key ideas underpin the strategy of the prevention revolution. First, having the political courage to face up to where new infections are happening. Second, focusing on the “game changers” that will reshape the epidemic, like ending mother-to-child as a mode of HIV transmission. Third, creating the movement that energizes the revolution from the bottom up and the top down. HIV prevention messages on every Facebook page can have as much impact as HIV in a G8 communiqué.

If we are going to break the trajectory of this epidemic, we must acknowledge that the real barriers have never been technical. They are political and cultural. This is why we have established the UN High-Level Prevention Commission to galvanize a global political campaign to support the prevention revolution. Together with a scientific advisory committee, it will establish a new scientific consensus around what works for prevention. But more importantly, it will enable the high levels of members of the Commission, led by the Nobel Laureates Professor Barré-Sinoussi and Archbishop Desmond Tutu, to carry messages to audiences that we never had access to before.

Treatment: The “treatment mortgage” has been portrayed as a financial debt. But we know that treatment is a smart global health investment. It reduces HIV transmission, TB infection and maternal and child mortality, and improves work productivity. The most recent evidence presented by Julio Montaner and other visionaries supports these facts and tells us that we need to introduce treatment earlier.

We now know that treatment not only saves lives, it is one of the most potent prevention tools we have. Now is the time to think outside the box on the future of HIV treatment. A more effective, affordable and sustainable approach to treatment is within our grasp. To this end, we have started a dialogue on what we are calling Treatment 2.0—the next generation of



HIV treatment. Through this approach, we can rapidly scale up access by radically simplifying treatment. We can save lives, save resources and dramatically reduce new infections.

With 10 million people still awaiting access to treatment, nothing other than a quantum leap forward will enable us to bridge the treatment gap.

The success of this new treatment paradigm will be determined by how well we engage people living with HIV and mobilize communities to demand care and implement task-shifting approaches. The Secretariat is working closely with WHO and other Cosponsors to advance this agenda with some of the world's leading scientists and academics, people living with HIV, clinicians, and community-based organizations. Working together, I am confident that the International AIDS Conference in Vienna will provide a forum to take Treatment 2.0 boldly forward.

Human rights and laws: Punitive laws that criminalize men who have sex with men, sex workers and their clients and people who inject drugs remain wide-spread—and in many countries are on the rise. And travel and residence restrictions in 52 countries are still barriers for millions of people living with HIV.

We cannot reach men who have sex with men with life-saving public health services if their behaviour is against the law. We cannot ensure people who inject drugs and sex workers have access to harm reduction and HIV prevention services if they are in fear of being arrested.

This is why the recent case of the two gay men in Malawi is so important. We were pleased that a few days after Michel Kazatchkine and I led a joint advocacy mission, the UN Secretary-General was able to request and announce their release by the President of Malawi.

During the last year, UNAIDS also received invaluable support from the UN Secretary-General in a major push to end travel restrictions against people living with HIV. In January, President Obama lifted travel restrictions on people living with HIV that had been in place in the USA for 22 years. On the eve of the Shanghai World Expo, the Government of China also removed HIV travel restrictions. Several other countries, including Namibia and Ukraine, have pledged to take similar steps. I am especially pleased that our push was reinforced by Parliamentarians at the 122nd Assembly of the Inter-Parliamentary Union in Bangkok who called on all governments to remove travel restrictions for people living with HIV.

We must continue to press for the lifting of similar restrictions and other punitive laws everywhere we work. I want to welcome the recent progress in El Salvador, Fiji and elsewhere

to promote non-discrimination on the basis of sexual orientation.

I also want to welcome the recent resolution of the Africa Union's Commission on Human and Peoples' Rights to establish a committee on the protection of the rights of people living with HIV and those most at risk, vulnerable and affected by HIV. This committee will have the mandate to give special attention to persons belonging to vulnerable groups, including women, children, sex workers, migrants, men having sex with men, intravenous drug users and prisoners.

These are vivid examples of how UNAIDS is able to advance the AIDS response by promoting action on punitive laws and human rights. We will continue to work closely with our partners to counter all HIV-related stigma and discrimination.

Integration: We cannot achieve a prevention revolution or implement Treatment 2.0 without promoting an integrated health and development agenda. I have been advocating that we take the AIDS response out of isolation so that every dollar invested in AIDS is a dollar that strengthens national health systems.

This month I spoke at the Women Deliver conference on the integration of MDGs 4, 5 and 6. I stressed that we must move past the false and dangerous dichotomy being created and position the AIDS response with our allies in the movements for maternal, newborn, child and sexual health and even in the fight against women's cancer.

United Nations Secretary-General Ban Ki-moon could not have been clearer when he wrote, "Universal access to HIV prevention, treatment, care and support represents an essential bridge towards achieving the full range of Millennium Development Goals."

The international community agrees that the MDGs will not be achieved without also ensuring universal access to sexual and reproductive health and rights. So, why has it been so difficult to put an integrated approach into practice? At yesterday's thematic session, we deliberated on the best ways to do this. UNAIDS will work with all stakeholders to implement the practical steps we identified.

These breakthrough strategies cannot be achieved without more people-centred and results-based strategic partnerships.

With our people-centered partnership, we will work with communities to strengthen approaches to end stigma and discrimination and promote "positive health, dignity, and



prevention.” We will put people living with HIV, affected communities and vulnerable populations at the centre of our response.

Now back to our five challenges.

The third challenge for UNAIDS is to increase flexibility and responsiveness. Resources must be deployed to foster national ownership so that countries can make evidence-informed decisions, invest funds where they are most needed and achieve better outcomes.

Fortunately, we are finally moving on a dialogue with donors, civil society and country partners on how to enhance national ownership of a sustainable response supported with predictable and long-term financing.

UNAIDS is receiving more requests for technical assistance from countries around Global Fund, PEPFAR and other programmes, but additional financial support will be needed to effectively respond to country needs in accessing and managing this support. Our new Technical Support Strategy covers the modalities of all Cosponsors and aims to build capacity in regions among academic institutions, civil society organizations and regional networks. Above all UNAIDS support must promote South-South cooperation and strengthen capacities and systems for effective national ownership of sustainable AIDS responses.

The role of the Secretariat in this is to identify the technical support needs of national partners, define quality standards, broker support from various partners to respond to country needs, build capacity of providers and monitor and hold partners to account.

Earlier this year, I was present when Kenya launched its third-generation national strategic plan, built on one of the best evidence bases that I have ever seen in Africa. Scientific analyses, such as a robust modes of transmission studies, are being put to work to understand and react to shifts in dynamic epidemics. This is a major boost for an evidence-driven approach to tackling transmission.

Strategic information is only useful if it leads to better resource allocation. This will require countries to make difficult choices and trade-offs, and UNAIDS will support countries to make these choices based on scientific evidence and technical criteria for prioritization.

Our current approach to supporting countries with their Global Fund proposals reflects this better prioritization. Responding the expressed needs of countries, together with WHO and other Cosponsors we have identified 20 countries for intensive support for Global Fund Round 10.

UNAIDS also has an important role in addressing bottlenecks and getting resources to flow. We have recently undertaken joint missions with the Global Fund have helped to unblock funding in Chad, Mauritania and Uganda. In the case of Uganda, we took the lead in brokering the release of \$102 million of funds that were blocked for over a year.

Fourth, I am working to make the UNAIDS Secretariat more efficient. This begins with our systems to recruit and manage people and our organizational structure. Our staff is our greatest asset, and we deliver through our people.

In June, we defined a new organizational structure here in Geneva. The new organigramme has limited the number of divisions per department, reduced the number of teams from 56 to 30, and has simplified reporting lines in most cases from four or five layers to three. This reinforces horizontal communication and collaboration and enhances staff accountability.

In consultation with our staff association, we are developing a comprehensive human resources strategy, based on our new competency framework. This robust strategy will ensure we can recruit, develop and maintain the staff of the highest calibre.

Gaining efficiencies also means reducing costs. The evaluation highlighted the inefficiencies of two administrative systems—this dual system is more costly and leads to confused lines of accountability.

We are in the midst of conducting a detailed assessment of the systems. We will make a recommendation for a single administrative system to the 27th PCB meeting and we will be prepared to implement it in 2011.

We have renegotiated the costs of some of core administrative services, saving \$2 million. Costs for shipping and distribution of publications will be reduced 40% compared to last biennium. The procurement of more competitive translation services, training and printing services is saving us 20% against the lowest prices we paid in the past.

I committed the Secretariat to achieving a 25% reduction in travel and meeting costs in this biennium. By encouraging greater use of video and teleconferencing, and by being more strategic about travel and meetings costs, we are on track to meet this target and have achieved 10% savings already this year.

I welcome and look forward to being part of United Kingdom's Department for International Development's multilateral aid review to demonstrate our value-for money in aid spending.



This will help us to discover ways to further improve our efficiencies and effectiveness.

Finally, UNAIDS is becoming more accountable. Being more accountable starts with financial and human resources accountability in the Secretariat. I am pleased to announce that UNAIDS achieved a very positive—indeed “unqualified”—audit opinion. I am committed to introducing a substantially improved UBW from 2012 onwards as requested by the evaluation and the PCB.

To increase country-focused results, UNAIDS must be more precise in its country-level resources and staffing. We will have a plan by the end of the year for the optimal configuration of Secretariat staff in the field based on the needs of the epidemic.

With the Cosponsors, we are also conducting a capacity needs assessment that includes a review of all Joint Programme staff at the country, regional and global levels so that we can best design what the joint teams on AIDS should look like in each country and region. This is an unprecedented opportunity to be at the forefront of UN reform by showing that we can be transparent, accountable and flexible while adapting to country needs.

The fruits of Bangkok

As directed by the Board, we convened a multi-stakeholder consultation on implementation of the recommendations of the Second Independent Evaluation in Bangkok. Participants gave voice to the voiceless and I found it immensely valuable. Now we have enough substance to build one overarching strategic plan for the future of UNAIDS.

A plan which incorporates the bold results of the Outcome Framework, rationalizes our approach to partnership, resource mobilisation, and the division of labour—and responds to the key issues concerning PCB governance. This will simplify and enrich the work of the Joint Programme and will allow us to focus on serving the people, not serving the bureaucracy.

So that we can focus on developing an overarching strategic plan, I would ask the Board to carefully consider the introduction of additional decision-points. Already we have a number of processes to respond to the many recommendations to make UNAIDS more effective and efficient. I ask that we do not debate the details of each of these processes in a piecemeal manner. For UNAIDS, these processes represent essential parts of a coherent strategic plan that will be presented to the 27th PCB meeting in December. One document that shows clearly how all these elements fit together. Let us work together to create a clear path which avoids dead-ends and time-consuming detours

Rest assured that you will all have ample opportunities to provide your feedback on the strategic plan before it is presented for your consideration and approval. Anything less would not provide UNAIDS with a strategic document that will be owned and supported by all.

Finally, the report of the PCB task force on governance represents a welcome package of reform. I would welcome the continuation of the group to complete its work, especially on the issue of PCB decision-making.

Conclusion

My friends, we must draw on the collective insights and experience of our Board to transform UNAIDS into the 21st Century organization our constituencies deserve. The evaluation provides a huge opportunity to usher in changes appropriate to the times and circumstances in which we live.

It is in this vein that I urge this Board to embrace the reframing of the AIDS response that I have described to you today as we move to Vienna and beyond. The men, women, and children at risk or living with HIV do not have time to lose.

Let us work together to bring about a world with zero new infections, zero discrimination and zero AIDS-related deaths.

Please allow me to conclude with a quote from Shakespeare.

*There is a tide in the affairs of men,
Which, taken at the flood, leads on to fortune;
On such a full sea are we now afloat,
And we must take the current when it serves,
Or lose our ventures.*

Thank you



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