

Uniting the world
against AIDS

A Game-Changing Moment

Michel Sidibé

28th Meeting of the
Programme Coordinating Board
21 June 2011



WELCOME



Welcome

Madam Chair, Vice Chair, honourable Ministers, delegates, ladies and gentlemen.

Good morning and welcome to the 28th meeting of the UNAIDS Programme Coordinating Board.

Let me begin by welcoming El Salvador to the important role as PCB Chair. Her Excellency Dr. Maria Rodriguez is recognized as one of the most respected and experienced Ministers of Health in Latin America. We are fortunate to have her as our Chair.

I would also like to acknowledge the presence of Yury Fedotov, Executive Director of UNODC since July of last year. Today, he is not only representing UNAIDS Cosponsors on behalf of Tony Lake, he is bringing new leadership to our goal of zero new HIV infections among drug users.

Since we last met in December, together we have:

- ▶ Launched a new investment approach for an effective response to HIV.
- ▶ Renewed the global commitment to universal access.
- ▶ Mobilized the contributions of key partners for their engagement in the High Level Meeting and beyond.
- ▶ Supported a highly successful 2011 UN General Assembly High Level Meeting on AIDS and a groundbreaking new Political Declaration.
- ▶ Continued progress on implementing internal reforms at UNAIDS.
- ▶ Finalized a visionary budget that will enable UNAIDS to deliver bold results.

Geopolitical Game-Change

In recent months, geopolitical game-change has swept the globe.

I am talking about the dramatic changes in the Middle East, North Africa and West Africa, where people on the streets—the youth of countries—are pushing for a meaningful voice, for transparency and for people-centred governance.

These people-powered social movements echo the first years of AIDS advocacy, when community activists refused to let government and society ignore them. They did not wait to be given control over their lives—they seized it.

We saw the continued impact of the global financial crisis magnified by the devastating earthquake and tsunami in Japan. I want to convey our solidarity with the people of Japan, and to express my gratitude that the Government of Japan has vowed to keep its international commitments to AIDS and global health.

In New York, a roadmap to zero

And so it is with the AIDS response today. Thanks to the leadership of this Board, the support of the UN system and the resilience of countries and communities, we are transforming these challenges into opportunities.

This transformational moment was shown to the world at the 2011 UN General Assembly High Level Meeting on AIDS in New York.

Exactly 30 years since the start of this epidemic, more than 3,000 people—Heads of State and Government, Ministers, scientists, civil society and donor partners—gathered to set an historic agenda for the future of the AIDS response—a roadmap for ending this epidemic and realizing our vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

Key Achievements

UN Security Council Resolution 1983

On the eve of the High Level Meeting, the UN Security Council unanimously adopted Resolution 1983,¹ which recognizes the deadly link between HIV and violence against women in conflict and post-conflict settings.

This historic Resolution was introduced to the UN Security Council by Gabon—the first time in the history of the Security Council that a Resolution bridging health and security was introduced by an African Member State.

Building on Security Council Resolution 1308, introduced by the late U.S. Ambassador Richard Holbrooke in 2000, this new Resolution was adopted in a meeting presided by Gabonese President Ali Bongo Ondimba and addressed by Secretary-General Ban Ki-moon, Nigerian President Goodluck Ebele Jonathan, Deputy President Kgalema Motlanthe of South Africa and French Foreign Minister Alain Juppé.

Security Council Members agreed to respect and protect human rights in conflict and post-conflict. They ruled that the rape of women and girls as a tactic of war will not be tolerated.

Coupled with the ongoing impact of UNAIDS' Agenda for Women, Girls, Gender Equality and HIV,² the implementation of Resolution 1983 brings us closer to a world where every woman has full sovereignty over her sexual and reproductive health—and the life she chooses to live. At this meeting, you will receive a score card on the Agenda, showing how countries are moving towards HIV responses tailored to women and girls.



Political Declaration on HIV/AIDS

The legacy of the High Level Meeting is the outcome document—an historic Declaration that brings together our Strategy with our vision of zero new HIV infections, zero discrimination, and zero AIDS-related deaths.³

For the first time in any such Declaration, Member States stepped away from vague pronouncements and committed to time-bound, specific programmatic and financial targets by 2015:

- ▶ 50% reduction in sexual transmission of HIV.
- ▶ 50% reduction in HIV transmission among people who inject drugs and in TB deaths among people living with HIV.
- ▶ Elimination of mother-to-child transmission and substantial reduction of AIDS-related maternal deaths.
- ▶ 15 million people on antiretroviral treatment.
- ▶ Close the global resource gap for AIDS and increase funding to between US\$22 and US\$24 billion per year.

This Declaration is the first in the history of the epidemic to recognize by name key populations disproportionately affected by this epidemic—men who have sex with men, people who inject drugs and sex workers.

This advance for the dignity of vulnerable groups was followed a week later by the adoption of an historic resolution in the Human Rights Council on human rights, sexual orientation and gender identity.⁴ It was the first UN resolution ever to have such a specific focus.

In the process of negotiating the Declaration, sometimes it looked like we were at risk of losing battles already won in the AIDS response, reopening language and commitments already agreed in 2006. But we should not measure the value of the Declaration only on the basis of what is written on the page. The process of negotiations created invaluable space among Member States for a frank and engaging discussion about the difficult issues still facing this epidemic. I consider this space—and the understanding it generated—just as important as the Declaration itself.

I want to thank the co-facilitators of the High Level Meeting, who led the negotiations towards this historic Declaration, His Excellency Mr. Gary Quinlan, Permanent Representative of Australia, and His Excellency Mr. Charles Ntwaagae, Permanent Representative of Botswana.

I also want to thank all of our Cosponsors and every member of this Board. With your support, UNAIDS' bold new Strategy and the United Nations Secretary-General's Report framed the negotiations leading up to the new Declaration. Your leadership and mobilization were fundamental to the success of the High Level Meeting.

You defined the paradigms for the outcome document. Your consensus positions on key issues encouraged Member States to tackle some of the most controversial issues and agree on bold targets.

Eliminating New HIV Infections among Children by 2015 and Keeping their Mothers Alive

The High Level Meeting crystallized the goal of eliminating new HIV infections among children by 2015. In a remarkable meeting co-hosted by Mrs. Ban Soon-taek, wife of the United Nations Secretary-General, and Mrs. Azeb Mesfin, First Lady of Ethiopia, 25 First Spouses joined forces to call for a generation born free of HIV.⁵

World leaders joined hands to launch “Countdown to Zero”—the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive.⁶

Speaking with Secretary-General Ban Ki-moon, President Bill Clinton asserted that “the time has finally come to end paediatric AIDS.”

At this Meeting, President Goodluck Jonathan of Nigeria announced that “African leaders and governments should start thinking of other means of sustaining the fight against AIDS.” I salute his commitment to lead African governments to find new sources of funding to reach the Millennium Development Goals by 2015, especially for the control of HIV.⁷

In answering the Global Plan’s call to act now, PEPFAR announced an additional US\$75 million towards ending vertical transmission—on top of the US\$300 million it already provides towards this goal. Foundations and the private sector made major commitments as well, with the Bill & Melinda Gates Foundation pledging US\$40 million, Chevron committing US\$20 million and Johnson & Johnson committing US\$15 million. The Children’s Investment Fund Foundation also pledged to increase their commitments to support elimination of new HIV infections among children. It is heartening to recognize that the Government of Japan, in spite of its difficult situation, has fully welcomed the Global Plan and offered its support. We urge other countries and philanthropic institutions to come forward and bridge the resource gap.

These resources will help to maintain the momentum we are seeing in low- and middle-income countries to reach zero new HIV infections among children. Botswana, Brazil, Ecuador, Jamaica, Malaysia, Namibia, Russian Federation, South Africa, Swaziland, Thailand and Ukraine have all made tremendous progress in reducing the number of children born with HIV.

This Plan continues our work to take AIDS out of isolation. It is an opportunity to build linkages between HIV and maternal health, child health, and health systems strengthening.

It has also helped highlight the unfortunate reality that sub-optimal drug regimens are still used in some countries for the prevention of mother-to-child transmission. We must provide pregnant women and their newborns access to optional treatment and prevention regimens.

I thank my co-chair, Ambassador Eric Goosby, U.S. Global AIDS Coordinator, and all the members of the Global Task Team who forged this Plan in just 60 days. We must urgently implement it.



Participation of Heads of State and Government

The participation of so many Heads of State and Government from low- and middle-income countries in the High Level Meeting on AIDS demonstrated how they are taking control of their own epidemics—creating a new wave of leadership in the global AIDS response.

Under the direction of His Excellency Mr. Joseph Deiss, President of the General Assembly, the High Level Meeting featured innovative panels and side events with Heads of State, Heads of UN Agencies, global thought leaders and activists. Just one event chaired by President Kagame of Rwanda was attended by more than 25 Heads of State and Government, and advanced the debate on shared responsibility for the future of the AIDS response.⁸

Reading between the lines of the Declaration, we see one other outcome of the High Level Meeting: AIDS is now recognized as the engine for integrating health responses to disease- and rights-oriented approaches to development. *The Lancet* called it a "strategic revolution in HIV and global health."⁹ I call it common sense.

Contributing Factors to the Success of the High Level Meeting *Universal Access*

I also want to highlight the contributions of the International Advisory Group on Universal Access. As the PCB requested last December, UNAIDS convened 32 top government and civil society leaders to review the progress towards universal access in 117 countries. We were fortunate that the Honourable Bathabile Dlamini, Minister of Social Development of South Africa, agreed to co-chair this eminent Group, along with UNAIDS Deputy Executive Director Paul De Lay. The findings of the eight ground-breaking regional consultations they convened are summarized in our latest report, "AIDS at 30: Nations at the Crossroads."¹⁰

In just a few weeks, the International Advisory Group synthesized the aggregate country and regional universal access reviews and the declarations and consensus statements they produced.

A key outcome of their work is the IAG Consensus Statement. The Statement highlights major concepts such as "human rights saves lives," "prevention and treatment are two sides of the same coin" and the need for shared responsibility and smart investments in moving forward in the response. This Statement was an important tool to help countries to position and advocate for the bold Declaration adopted at the High Level Meeting and to redouble

their efforts to reach universal access at country level. The IAG Statement reassures us that the universal access processes that we supported were inclusive, realistic, and balanced.

Minister Dlamini and Paul De Lay will co-host an informal lunch-time briefing tomorrow where you can learn more about the seminal work of the IAG.

Mobilization of Young People

The High Level Meeting would not have been successful without the engagement of young people, which started many months before the event.

At the Global Youth Summit on HIV in Mali, we united a new generation of young leaders from more than 70 countries.¹¹ Their Call to Action for better access to HIV prevention and treatment for young people spread quickly across the electronic universe on Facebook, Twitter and various blogs. In Liberia alone, one youth activist got 20,000 people to endorse the Call to Action.

Archbishop Desmond Tutu, co-chair of the UNAIDS High Level Commission on HIV Prevention, handed the baton to a new generation of young leaders focused on AIDS at a symbolic ceremony on Robben Island in South Africa.¹²

At the High Level Meeting, President Amadou Toumani Touré of Mali delivered their Call to Action to the General Assembly and other Heads of State. The event on young people in the AIDS response, featuring HRH the Crown Princess of Norway and moderated by our Goodwill Ambassador James Chau, was a highlight of the week.¹³ Young journalists from UNITY provided stellar daily coverage of the High Level Meeting.

With UNAIDS' support, young people will carry forward the future of the global AIDS response.

Media Coverage and Public Resonance

From the cover of *The Economist*¹⁴ to more than 5,000 news articles published in over 150 countries, the media attention and public resonance of the High Level Meeting has been astounding.

This High Level Meeting demonstrated to the world that after 30 years, AIDS remains high on the global political agenda.



But Now We Face a Dilemma

Even as public and private domestic resources account for 52% of total spending on HIV programmes in low- and middle-income countries, resources from the North are flattening.¹⁵

And still, in 56 countries, international donors supply 70% or more of HIV investments, which cannot be sustained.¹⁶ In 2009, among high-income countries, there was a 139-fold difference in the share of national resources they devote to HIV donor assistance between the most and least generous of them.¹⁷

Countries have an unmet need for better advice on policy development and strategic choices to complement the normative and technical guidance provided by WHO and other Cosponsors. Now, more than ever, countries and partners also need sound investment policy advice.

UNAIDS has been filling this gap, but in the aftermath of the High Level Meeting, our stakeholders are looking to us to serve as the global reference for combining our analytical work with advocacy, brokering and convening partners—the invisible work that made the High Level Meeting a success.

We must build on our achievements to become the go-to organization for matters of policy-making, investment, accountability and governance of the global response—and country-level action as well. Our mission gives us the mandate to be bold: to say and do what others cannot. This is also a call for the PCB to assume its full role as the forum for global governance of AIDS.

Leveraging a crystallizing moment

It is time to leverage the crystallizing moment of the High Level Meeting and the transformations we are seeing all around us.

Need for sustainable financing

If we are to sustain the AIDS response over the long term, we must change the rules of the game to usher in a new era of shared responsibility. This will require stronger efforts from both domestic and international sources working to ensure sustainable and innovative sources of financing.

Shared responsibility is not just about everyone putting money in the pot. It is a new type of partnership—a new deal based on each country assuming shared but differentiated responsibilities according to their differentiated capacities.

It is a new way to do business—a shift away from dependence and towards country-owned and country-led HIV responses.

In March, I had the honour of proposing this idea to African Ministers of Finance in Addis with my brother Dr. Babatunde Osotimehin, the new Executive Director of UNFPA.¹⁸ We discussed how countries could break their reliance on external support and develop their own innovative and sustainable funding sources.

In Dakar, UNAIDS, with WHO, united African Ministers of Health and Finance, civil society, and the private sector to discuss financing and sustaining the AIDS response in a resource-constrained environment.¹⁹ The meeting advanced strategies to mitigate the impact of the global financial crisis on programmes and to optimize the use of available resources.

Many countries—including the BRICS—are emerging as economic powers. They should play a larger role in innovation and financing and in governing both global health and the global AIDS response. In July, Dr. Margaret Chan and I will go to China for the first meeting of the five BRICS Ministers of Health to convey this message.

Our new Investment Framework is in line with this new funding approach. It is a more focused and smarter way to leverage our investments.

If we adopt this Framework as an urgent priority, by 2015 we will break the unsustainable trajectory of costs, which we expect to peak in 2015 at US\$22 to \$24 billion per year.²⁰

In light of the new Framework, countries and partners should review programmes, targets and priorities—and re-focus them to have the biggest impact.

We cannot falter at this stage. We must increase our investments in an environment of shared responsibility. The gap of USD\$6 to \$8 billion annually can be closed if we all step up.²¹ Low- and middle-income countries are already showing they can do this.

At the same time, I remain deeply concerned that for the first time in 15 years, international resources for the global AIDS response have decreased. As I said to the General Assembly, the question is not do we pay now or pay later. Either we pay now or we pay forever.

The Global Fund remains central to a new funding approach. The Fund has embarked on an ambitious reform agenda that will be overseen by its new Chair, Martin Dinham, and my friend, Michel Kazatchkine.

Following the meeting of Global Fund implementing partners, convened by UNAIDS in Dakar, many expect these reforms to deliver a new mechanism for mutual accountability between the Fund and partners at country level.

The Fund's new eligibility criteria provide a major step forward for work with middle-income countries. This helps to better serve populations still needing support in different countries where the HIV epidemic is concentrated.



New approaches to service delivery

Key partners will change the game by helping us open new channels to service delivery. This is why we are working with Jeffrey Sachs and the Earth Institute and Millennium Promise to mobilize more than 1 million community health workers in Africa by 2015.²²

Our engagement with the faith community is developing in new and exciting ways. In March, I met with the Archbishop of Canterbury and other church leaders to galvanize the global response of the Anglican Communion to sexual violence.²³ Country-level partnerships are moving forward in Burundi, the Democratic Republic of Congo, Liberia and Rwanda. Last month at the Vatican, I spoke with Catholic Church officials and health care workers on their role in care and support, which is more important than ever.²⁴

At the civil society hearing in the weeks before the General Assembly, networks of people living with HIV and key populations demonstrated again that they are critical agents for the prevention revolution—and for advancing the *AIDS plus MDGs* agenda. Without the commitment and advocacy of our partners from civil society, we may never have reached agreement on a Declaration that contained such ambitious goals for 2015.

In this new era, even the role of the private sector is changing. We are moving beyond AIDS in the workplace programmes to mobilize the core competencies of the private sector to help us end this epidemic.

UNAIDS is currently engaging pharmaceutical and diagnostic companies on the Treatment 2.0 agenda to obtain higher quality and more affordable drugs and technologies. Later this year, we will convene a meeting of CEOs of major companies to agree on access standards.

Leveraging science, technology and innovation

Sustaining the momentum of the AIDS response to “get to zero” will depend on seizing new opportunities in science and innovation.

More investment in innovation and high risk—high impact research, including PrEP and treatment for prevention, is going to bring us to the end of the game.

The results of HPTN 052 have demonstrated that putting people on treatment early can reduce their likelihood of transmitting the virus to a partner by 96%.²⁵ Treatment for prevention cuts through fear, despair, secrecy and stigma. It will change attitudes, connect communities and motivate millions of people to get tested and to talk openly with their partners about their status. It will end the false dichotomy between prevention and treatment. But only if we can put this science into practice as an urgent priority.

We also need to build innovative approaches to “know your epidemic.” We must use better scientific and prevention data and put it to work. We must hit the hot spots with combination prevention, scale-up voluntary male circumcision, address gender violence and put Treatment 2.0 into place.

If we can sustain our investments in research and development, in five years I am confident we will have simple and inexpensive diagnostics and medications that can be available to everyone, everywhere. I am grateful that under the leadership of Dr. Margaret Chan, the WHO's HIV Department is advancing this agenda as a focus of its new HIV strategy.²⁶

But let me be clear. Our enthusiasm for the latest scientific breakthroughs must not deter our commitment to what we know works. Primary prevention of HIV, though HIV awareness, behaviour change and the consistent and correct use condoms, is more important than ever.

Nor can it deter our commitment to getting technologies to the most vulnerable who need them. I was pleased that the international community reaffirmed its commitment to the continued use of TRIPS flexibilities in the Declaration.

Building on the momentum for human rights and gender equality

I want to congratulate India and Ukraine, who, since our last meeting, abandoned travel and residence restrictions against people living with HIV.^{27,28} We need to build on this momentum.

I appeal to the 49 countries, territories, and areas that still impose some form of restriction on the entry, stay and residence of people based on their HIV status—including some members of this Board.

UNAIDS is working with high-power CEOs, like Richard Branson from the Virgin Group, to remove travel restrictions for people living with HIV. The global, equal freedom of movement of people living with HIV is a human right that must be recognized around the world.

UNAIDS is systematically engaging with lawmakers and jurists on matters of human rights and human dignity. I met with Ministers of Justice in Dakar in January, and with parliamentarians at the High Level Meeting, some of whom were surprised to learn that laws in their countries sometimes acted as barriers for people to access lifesaving services.

I want to specially commend the work of the Global Commission on HIV and the Law, with whom I met in Bangkok. Launched by Helen Clark, the Commission's Regional Dialogues are generating a bold policy debate and giving voice to critical HIV-related human rights and legal issues.

The law must not stand between a person and his or her health. It must *protect* health—giving particular attention to the needs and rights of vulnerable and marginalized populations.

As we all know, women and girls are often the most vulnerable to HIV. UNAIDS is taking decisive action to ensure that women remain a central focus in the response.

In partnership with Michelle Bachelet, the Executive Director of UN Women, we are moving to welcome UN Women as a new UNAIDS Cosponsor. As we discussed at the Commission on the Status of Women in February, UN Women will be a valuable ally in our work to increase the involvement of women and girls living with HIV in the AIDS response—to invest in them as agents of change.



Game-changing budget approach

I am very appreciative of the high-level negotiations that produced such a bold consensus outcome document at the High Level Meeting. This process was unique and the outcome document profound.

I hope that this Declaration will serve as a reference for the implementation of the Unified Budget, Results and Accountability Framework (UBRAF) that is being considered at this meeting.

Cost-consciousness and internal efficiency

Since becoming Executive Director, I have made cost-consciousness and internal efficiency a personal priority. Today, UNAIDS reflects an organizational culture where scarce financial resources are deployed effectively to deliver results. We are committed to do more with less, in spite of increasing demands.

The U.K. Department for International Development's Multilateral Aid Review recognized UNAIDS' "significant contribution to facilitating progress on HIV/AIDS at the global level."²⁹ We have used this review to ensure UBRAF delivers greater accountability and transparency between the Secretariat and our Cosponsors globally and at the country level.

We continue to monitor our funding situation. As requested by the PCB, our fund balance has been reduced by US\$35 million. It now corresponds to 38% of the biennial budget at the end of last year, compared to 45% at the end of 2009. We are aiming to reduce it further, to 35% by the end of the biennium, and I am confident we will reach this goal.

Inspired by the Secretary-General's call to reign in the costs within the UN, our new UBRAF represents zero nominal growth and a decrease in real terms of 8% since 2009.

Within the Secretariat, our initiatives to improve cost-effectiveness and efficiency include:

- ▶ The reduction of costs last year for travel by 25% globally and telecommunications by 10% at Headquarters.
- ▶ The move to a single administrative system to improve internal efficiency and ensure equal treatment of UNAIDS staff in Headquarters and in the field.
- ▶ New rules for fiscal discipline, accountability and cost consciousness.

The Secretariat is also currently undertaking a functional review to develop a workforce strategy that aligns Secretariat staffing at global, regional and country levels with our strategic priorities. This will enable us to establish and monitor internal efficiency indicators aiming to optimize the ratio between core and activity staff and Headquarters and field staff.

The UBRAF operationalizes the UNAIDS 2011–2015 Strategy, and implements shared responsibility for results. It is our instrument for providing UNAIDS support to countries as they work to meet the commitments of the Declaration endorsed at the High Level Meeting.

Implementing internal reforms

At this transformative moment, our new budget will take us to the next level, as we move from an expensive, emergency-driven AIDS response to one that is sustainable, efficient and more effective. We are restructuring our operations for greater effectiveness.

The role of UNAIDS as an agent of UN reform remains a driving force for our work at country level. I am currently in close consultation with Helen Clark, in her capacity as chair of UNDP, to strengthen the leadership role of the Resident Coordinator and improve accountability for the AIDS response within the UN Country Team.

I am more convinced than ever that by re-profiling the role of the UNAIDS Country Coordinator, we will embed it fully within the Resident Coordinator system and the UN Country Team. This will transform the way we deliver on AIDS at country level for greater accountability and results.

We have just completed an extensive review of staffing within the Secretariat in over 115 countries. The recommendations will be taken forward in coordination with the current assessment of Headquarters and the Regional Support Teams.

By implementing these recommendations, we will effectively redeploy the Secretariat human resources at country level, based on the severity of the HIV epidemic and the response environment, and increase the ratio of national to international staff.

As requested by the PCB, resources in our new UBRAF are allocated according to clear criteria: epidemic priorities; the comparative advantages of the UN; the funds Cosponsors themselves raise; and the performance of the Secretariat and Cosponsors in delivering results. This is the end of historical entitlements and pro rata increases.

This new approach to resource allocation reflects UNAIDS' global agenda, as well as key roles and responsibilities at country and regional level, with a particular focus on 20+ countries where a major impact on the epidemic can be made. By focusing on 20+ countries, we will leverage the impact of UNAIDS resources.

In many countries, UNAIDS will not be increasing its funding, nor necessarily advocating for increased international funding specifically for these countries. Rather, we will build stronger national commitments, mobilize greater domestic resources and support efforts to increase the efficiency, effectiveness and sustainability of national HIV responses.



It is important to identify, as part and parcel of the UBRAF, budget lines for use in funding civil society with indicators to judge progress. The Secretariat is able to do so, and encourages all Cosponsors of UNAIDS to work for greater transparency on the use of funds allocated to civil society.

I want to thank Madame Mariame Sy, as the Chair of the PCB subcommittee, for her dedication and leadership to this innovative process.

Countries play to win

This Board has given UNAIDS a clear mandate to lead—and to set an example for the rest of the UN system. Ultimately, however, it is countries themselves that must deliver results to ensure that their targets for universal access are met.

We can inspire them with our transformative agenda. But as a global community, we must also change the game in how we support countries to enable them to lead, manage and establish accountability systems for their response.

We can do this by strengthening lasting local capacity and institutions. We can do this by creating spaces for more genuine dialogue on difficult issues. At the end of the day, enduring results will only come about through genuine and inclusive ownership.

That is how we will play this new game—and how countries will win.

Conclusion

In conclusion, I want to pay tribute to three very special people.

First, I would like to recognize the outstanding leadership of United Nations Secretary-General Ban Ki-moon. As he demonstrated again at the High Level Meeting, he is fully committed to continue his leadership and advocacy to end this epidemic.

Second, I want to extend my sincere thanks to Jimmy Kolker, UNICEF Global Coordinator, for his long service to the Board. He is retiring after this meeting. Prior to his role at UNICEF, he attended the PCB as a member of the US delegation. We will miss his contributions.

Third and finally, I also want to say a few words about my friend Robert Carr. I was deeply saddened by his death last month. Robert always impressed us with his soft-spoken, yet passionate call for social justice and an end to stigma and discrimination against people living with HIV. A powerful, effective voice has been silenced. But his open-heartedness and wisdom continue to inspire a movement for human rights in the Caribbean and across the globe.

Thank you.



Michel Sidibé
Executive Director

UNAIDS
20 AVENUE APPIA
CH-1211 GENEVA 27
SWITZERLAND

Tel.: (+41) 22 791 36 66
Fax: (+41) 22 791 48 35
e-mail: distribution@unaids.org

www.unaids.org

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