



PROGRAMME COORDINATING BOARD

UNAIDS/PCB (32)/13.2

Issue date: 21 June 2013

THIRTY-FIRST MEETING

DATE: 25-27 June 2013

VENUE: Executive Board Room, WHO, Geneva

Agenda item 1.3

Outline of the Report of the Executive Director

1. INTRODUCTION

The international community has demonstrated unprecedented progress towards the targets of the 2011 Political Declaration on HIV and AIDS.

If we are going to build on this momentum in the post-2015 era, we must begin a debate about a new vision for the future.

- A new narrative from AIDS to Sustainable Health must be bolder than preventing new HIV infections or simply keeping people alive and on treatment.
- We have invested so much in getting people access to HIV treatment
 - It will be a tragedy if they are allowed to die of other preventable causes because they could not access a holistic continuum of health
 - We must articulate a new, holistic agenda to ensure people living with HIV can live long, productive and fulfilled lives.
- We must redesign the future of the global AIDS response to reflect new paradigms:
 - Beyond focus on access to HIV treatment and coverage of services to quality of life.
 - Towards sustainable models of health care delivery that can support people living with HIV throughout their lifetime.
 - From community AIDS literacy to health literacy so systems can address the co-morbidities facing people living with HIV: ageing, chronic illnesses like NCDs, hepatitis B&C, inequity, poverty, drug use, domestic/sexual violence.
 - From diseases-specific to people-centered approaches.
- Quality of life should be our ultimate goal:
 - Instead of looking at HIV treatment coverage as an indicator, suggest a new indicator of percentage of people living with HIV with undetectable viral loads.
 - Instead of just keeping people alive, we must create community-based demand to keep people healthy for life.
- This requires that we develop new leadership and new strategies to advance the future AIDS response post-2015:
 - Requires a new bridge with all health constituencies.
 - New role for civil society beyond HIV.
 - Vast untapped potential for new partners and partnerships.
- Profound implications for a new agenda for primary health care
 - Moving from high-cost health services provided from doctors and hospitals to sustainable, efficient models provided by communities and non-traditional care teams.

- Opportunity to forge a strategic partnership with the initiative to establish 1 million community health workers to reach poor people and rural areas who live beyond the reach of traditional health care systems.
- This should become a new integral sub-system of our health systems, and not just an add-on.

The goal of an end of AIDS should be integrated with the imperative to sustain health and ensure quality of life for billions of people.

- This must begin with convincing skeptics that we can and will end AIDS.
 - If we look at the amazing progress since UNGASS in 2011.
 - Today AIDS wards in hospitals are closing all over the world
 - South Africa is one of many countries experiencing the benefits of getting ahead of the epidemic, with profound benefits for reduced morbidity, mortality, and improved life expectancy.
 - Convinced that we can and must agree on a bold target to end AIDS by 2030.

This demands we leverage the full potential of science and innovation

- The scientific developments in the last year are transforming our hope for an end of AIDS.
- “Mississippi Miracle” is exciting, but we must explore how to extend it to all children still born with HIV, irrespective of where they are born.
 - Recent Bangkok Tenofovir Study provides first evidence that PrEP can reduce HIV risk among people who inject drugs.
 - Must explore opportunities how to ensure these results can address the HIV epidemics among drug users in Eastern Europe and Central Asia.
- Forthcoming WHO treatment guidelines will change the treatment threshold to CD4 of 500.
 - Will bring new challenge and urgency to initiative HIV treatment earlier for millions more people living with HIV.
 - An end to AIDS needs massive scale up of testing and treatment, and in particular quality treatment.
- Now we need to quicken the translation of science to evidence and access for people.
 - New UNAIDS international scientific expert panel, chaired by Professor Abdool Karim.
 - Treatment 2.0 is ready for its next major leap-ahead.
 - Partners like the Clinton Foundation, UNITAID and MSF revolutionized the cost and access to HIV treatment; now we need a similar revolution to simplify and democratize laboratory diagnostics and monitoring.
 - This is the defining moment—to harness innovation to change human quality of life across the world.

The UNAIDS/Lancet Commission creates a new platform for political and health leaders to explore these issues

- From the Programme Coordinating Board, I am going to participate in the first meeting later this week.
- I want to thank co-chairs President Joyce Banda, Chairperson Dlamini Zuma and Peter Piot.
- Commission provides unprecedented opportunity to think 'out of the box' on what it will take to:
 - Reach an end to AIDS;
 - How the AIDS response can serve as a transformative force in our approach to global health; and
 - How to modernize the global AIDS architecture for a more equitable, effective and sustainable future for global health.

2. BUILDING ON UNPRECEDENTED PROGRESS

Secretary-General's report to the General Assembly, 'Accelerating the AIDS response', highlights progress.

- Numbers of new HIV infections and of AIDS-related deaths continue to decline;
- Life-saving prevention and treatment services are reaching more people than ever;
- Half of the global reductions in new HIV infections in the past two years among newborns, paving the way for an AIDS-free generation;
- In 24 months to December 2011, number of people with access to HIV treatment increased by 63 per cent globally;
- More than half a million fewer AIDS-related deaths in 2011 than in 2005.

The world has reached MDG6 for HIV/AIDS.

- Cannot let up pressure now, or we will not reach the targets of the 2011 Political Declaration by end of 2015;
- With UNAIDS Support, over 90 countries have conducted medium-term reviews and have revised their national HIV strategies and incorporated the targets of the 2011 Political Declaration.

Nowhere more than Africa: continent inspiring the world.

- Evidence attributes African success to strong leadership and shared responsibility in Africa and among the global community.
- Other regions and countries are also demonstrating impressive progress.
- How do we build on the progress to 2015?
- Global Solidarity:
 - Priority to continue to engage countries to understand that AIDS is far from over;
 - Many are stepping up with confidence that an AIDS-free generation is a critical investment;
 - Nordics continue to set the pace.
 - US continues to be the leading international donor to the global AIDS response;

- Recognize UK as the first G8 country to meet the target of 0.7% of GDP for international development;
- Highlight increase of domestic investments for HIV, which now exceed international investments;
- Recognize Ray Chambers as UNSG Special Envoy for Financing the Health-related MDGs. He will promote increased investment by the public and private sectors across the health-related MDGs;
- Critical importance of ensuring success of the Global Fund's Replenishment.
- Partnerships:
 - New regional partnerships can have pivotal impact
 - League of Arab States and UNAIDS signed new MOU with UNAIDS, with the goal of an Arab AIDS Strategy – essential to respond to one of the fastest-growing HIV epidemics in the world.
 - New partnership with Russian Government to implement a three-year programme focusing on HIV surveillance and prevention among key populations in Armenia, Kyrgyzstan, Tajikistan and Uzbekistan.
- Smart investments:
 - Countries are pursuing new, innovative investment plans and strategies
 - We have encouraging investment cases from many countries, including Indonesia, Nigeria, Thailand and Jamaica.
 - UNAIDS Global AIDS Report in 2013 will focus on hot-spots.
- Integration:
 - Countries and partners are actively promoting integration and fighting duplication.
 - Call for Zero parallel systems for HIV and TB;
 - Every person living with HIV must be tested for TB, every person with TB should be offered an HIV test and people with TB who are HIV- positive should start treatment immediately;
 - ILO's new workplace Voluntary Counselling and Testing initiative will make a major impact on HIV in the workplace.
 - We are advancing the next wave of links between HIV and sexual and reproductive health and rights.
 - 75 countries have initiated programmatic links between HIV and SRH.
- Inclusion:
 - Our work to promote more inclusive societies is becoming urgent; essential to reach an end to AIDS.
 - We need to mobilize civil society support for human rights in public health.
 - End the use of mandatory detention centers for drug users and sex workers.
 - Despite increased domestic funding, almost none of it is earmarked for programmes for injecting drug users, or other key populations.
 - LGBT people are too often left out of national responses, or worse.

- Recognize unprecedented G20 Civil Society Summit in Russia.
- OAS new resolution to promote and protect the rights of PLWHA and vulnerable groups.
- Joint letter with Helen Clark to all UN Resident Coordinators as follow-up on the recommendations of the Global Commission on HIV and the Law.
- Congratulate Mongolia for having lifted HIV-related travel restrictions.
 - 44 more countries to go.

3. UNAIDS AND HIV IN A CHANGING WORLD

UNAIDS strives towards coherence, results and accountability

- At the CCO meeting in Madrid, there was unprecedented support for UNAIDS as a Joint Programme.
- We agreed strongly on the need for multi-sectoral approaches to other complex challenges such as HIV.
- This is where UNAIDS has the advantage of experience—a history of working across Joint Programmes and diverse partnerships to deliver results for people.

We are changing UNAIDS operationally to address what countries need now and in the future:

- Providing strategic support to countries, as we did with Zimbabwe's successful application to the Global Fund's new funding model.
- Prioritizing human rights and shining light on inequities.
- Focusing on 30+ countries where we can have a significant impact.
- Working with Cosponsors to be more accountable, linking funding to results.

UBRAF is new way for Cosponsors and the Secretariat to work together:

- Reports and case studies show great progress against the goals and targets of the UBRAF.
- We have a zero-growth budget for 2014-2015, for the fourth consecutive biennium.

UNAIDS Secretariat is pursuing a proactive change agenda:

- Positioning resources closer to the epidemic means results are delivered effectively, efficiently and creatively.
- Functions were re-profiled and staff re-deployed to regions and countries to create a staffing ratio of 70:30 field/HQ.
- Realignment has reduced Secretariat staff by 10% in the last two years.
- Streamlined HQ and efficiency measures reduced Secretariat operating costs 13% in 2012.
- Adopted a structured approach in line with the Secretariat Human Resources Strategy, the "human face" and the constructive working relationship with the UNAIDS Staff Association.
- These efforts will continue in 2013 and beyond:
 - Strengthening accountability for staff performance
 - Implementing the Secretariat Gender Action Plan

- Establishing a global IT support and innovation centre in Nairobi, and
- Further consolidating our new business model.

4. POST-2015

Highlight Report of the Secretary-General's High-Level Panel of Eminent Persons on the Post-2015 Development Agenda.

- They agreed the “unfinished business” of the MDGs cannot be swept aside
 - But the MDG goals set 13 years ago are ripe for changes and additions that should be identified now.
- The HLP report reflects many issues that preoccupy the AIDS response
 - We need a clear strategy to promote an end to AIDS in the post-2015 development framework.
 - It is essential that we leverage the potential of the AIDS response to advance other goals and targets for health, development, human rights and global governance.
- This is an issue we will explore in depth this afternoon.

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