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Organización
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Организация
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منظمة الأمم المتحدة
للتربية والعلم والثقافة

联合国教育、
科学及文化组织

**Address by Irina Bokova,
Director-General of UNESCO**

**on the occasion of UNAIDS Programme Coordinating
Board**

Geneva, 25 June 2013

Excellency Mr Ghulam Nabi Azad, Minister of Health and Family Welfare of India, Chair of the *UNAIDS Programme Coordinating Board*,

Excellencies Ministers,

Excellency Mr Michel Sidibé, Executive Director of UNAIDS and Under-Secretary General of the United Nations,

Excellency Ms Amina Mohammed, Special Advisor to the UN Secretary-General on Post-2015 Development Planning,

Ladies and Gentlemen,

As Chair of the Committee of Cosponsoring Organizations, I wish thank you for this opportunity to report to the 32nd meeting of the UNAIDS Programme Coordinating Board.

This is an opportunity to see where we stand, what we have achieved, and the challenges that remain to be overcome.

Achievements in responding to the HIV epidemic are there for all to see.

Since 2001, there has been a 50 percent reduction in the rate of new HIV infections in 25 low- and middle- income countries, and more than half of these countries are in sub-Saharan Africa¹.

The number of people acquiring HIV infection is 20 percent lower, and HIV prevalence in young people aged 15-24 has fallen by 27 percent.

In the past year, an additional 1 million people received antiretroviral treatment in Africa -- bringing the total up to 7.1 million in 2012 from less than 1 million in 2005.²

These numbers mean better, healthier, more productive lives for individual women and men, for families, for their communities.

This progress reflects the strength of the global AIDS response, one of the most important social movements of our time and a standard-setter for coordinated, multisectoral action.

The power of this movement lies in its broad-based engagement – with civil society, including associations of people living with HIV and AIDS, joining governments, international organizations and the private sector to meet the challenge.

¹ Unless otherwise indicated, all statistics are based on information from the UNAIDS 2012 report on the global AIDS epidemic.

² Update, UNAIDS special report 2013

http://www.unaids.org/en/media/unaids/contentassets/documents/document/2013/05/20130521_Update_Africa.pdf

UNAIDS has itself become a new mode for collective action.

Starting with 6 cosponsors in 1996, the Joint Programme has acted at the vanguard of interagency collaboration, working to “deliver as one” long before this became a rallying call.

Today, UNAIDS counts 11 cosponsoring organizations, following the entry of UN Women in June 2012.

By recognizing from the outset that HIV is more than a health issue, UNAIDS has trailblazed multisectoral work.

We have shown that prevention and treatment are more successful when integrated with other issues, such as human rights, poverty, gender equality, nutrition, employment or education.

This holistic approach is the unique strength of UNAIDS.

The *Unified Budget, Results and Accountability Framework* (UBRAF) reflects the multifaceted nature of the Joint Programme.

In its first year since adoption as a successor to the *Unified Budget and Workplan*, UBRAF has helped to enhance the sense of common purpose among cosponsors.

Contributing to the UNAIDS Strategy ‘Getting to Zero’ and the targets of the 2011 Political Declaration, and aligned with an updated UNAIDS Division of Labour, the UBRAF clarifies each organization’s comparative advantage and accountability – thereby, increasing efficiency – and it provides a framework to

identify opportunities for collective action and report on joint progress.

I think all cosponsors and the Secretariat consider the new framework a successful improvement, and would welcome further efforts to enhance monitoring and the reporting of joint progress.

With just over 900 days until 2015, it is not too late to achieve the Millennium Development Goals.

Available data shows, for instance, it may be possible to reach goals for preventing mother-to-child transmission and reducing AIDS-related maternal deaths.

New HIV infections in children dropped by 43 percent between 2003 and 2011, and saw the steepest decline in the last 24-months of that period, with a 23 percent drop.

This advance reflects initiatives like the *Global Plan* and the *Global Task Team on the Elimination of New HIV Infections among Children and Keeping Their Mothers Alive*, as well as the work of the *UNAIDS Interagency Task Team on Prevention of Mother-to-Child Transmission of HIV*.

If we build on this work and accelerate the rate of decline, the elimination of mother-to-child transmission by 2015 may lie within our grasp.

However, even with intensified efforts, we are not likely to achieve all of the HIV targets by 2015.

If 50 percent of people living with HIV know their status, this means that 50 percent still do not.

If just over half of those eligible for anti-retroviral therapy (ART) currently have access (an estimated 8 million people), then nearly half still do not.

So, while acknowledging remarkable progress since the millennium, the UNAIDS cosponsors and Secretariat are united today in the conviction we must push forward, beyond the 2015 deadline, on the goals still to be achieved.

Their importance has in no way diminished.

In April, the *UNAIDS Committee of Cosponsoring Organizations* called for a post-2015 framework that tackles all unfinished business.

For this, we must build on lessons learned -- namely, that HIV must be addressed not only from a health perspective but include also education, gender and other inequalities, food security and nutrition, as well as population dynamics.

These issues must be tackled in an integrated manner, through joint efforts, for higher-impact and cost-effective results.

Getting to zero will require tailored action to respond to country needs, to strengthen human rights for all, to improve gender inequalities, to reach the hardest-to-reach, to reduce inequities, and to meet the needs of children, adolescents and youth.

The Joint Programme focuses on 38 high-impact countries, which receive more than half of all core and non-core funds (over USD \$2.2 billion).

Future efforts will concentrate on countries with a high potential for impact, but should go further in targeting specific needs.

This calls for people-centred, human-rights based and outcome-oriented approaches -- to improve value-for-money by investing in critical enablers and to identify ways to reduce costs by taking advantage of synergies and linkages across sectors.

Country-level action should focus also on diagnosing and addressing bottlenecks in the delivery of HIV programmes -- some of these were identified in 2012 UBRAF reporting, including the procurement of ART, the supply chain management, human resources capacity and demand generation.

We need to sharpen our grasp also on sub-national trends -- through work in cities and municipalities, by understanding how migration patterns influence the epidemic within and between countries.

We need also greater efforts to reach key populations disproportionately impacted by HIV -- including sex workers and their clients, men who have sex with men, people who inject drugs and transgender people.

Persistent stigma, discrimination and punitive laws and policies mean these populations can experience increased vulnerability,

may be hard to reach, and often lack access to testing, prevention services and commodities, and treatment and other services.

Currently, programmes to reach these key populations account for only around 4 percent of global HIV expenditure -- the vast majority of which comes from international sources.

As the AIDS response is increasingly funded through domestic investment, UNAIDS must support countries in scaling-up combined behavioural, biomedical and structural strategies for these key populations, and enhance advocacy to end stigma, discrimination, and punitive laws and policies.

We must also focus more sharply on children, adolescents and youth.

Today, young people account for 40 percent of all new adult HIV infections – every day, more than 2400 young people become infected with HIV.

Globally, young women aged 15-24 are most vulnerable, with infection rates twice as high as in young men, accounting for 22 percent of all new HIV infections.

Young women and men must be empowered to take ownership of the issue -- they have the greatest potential to effect change and craft a future without AIDS.

To support them, the global community must listen to them.

In the post-2015 consultations, youth associations and leaders have made a resounding call for increased access to sexual and reproductive health services and comprehensive sexuality education.

Currently, far too few young people receive adequate sexual and reproductive health education and services – leaving them vulnerable to HIV as well as coercion, abuse, exploitation, unintended pregnancy, and other sexually transmitted infections.

We must enhance support to such initiatives as the *UNAIDS Eastern and Southern Africa Commitment* process, which seeks high-level support for scaled-up, good quality, age-appropriate, comprehensive sexuality education, and sexual and reproductive health services in 21 countries in the region.

So, Ladies and Gentlemen, despite impressive progress, hard work remains ahead to get to zero.

For this, the cooperation and support of the donor community is more important than ever -- for the next 900 days and for beyond 2015.

Financial contributions to UNAIDS are not an *end* but a *means*, to catalyse significant additional resources.

Based on current estimates, in 2014-2015, cosponsors expect to raise more than USD \$20 for every USD \$1 dollar of core UBRAF funding.

This represents not just new resources but also new commitment -- each additional dollar is a sign that HIV continues to be seen as a global priority, despite the current financial climate.

But this is far from enough.

Closing the resource gap means intensifying efforts to reach the global target of USD \$24 billion by 2015, for which an additional USD \$7 billion is still needed.

In this sense, I believe the global AIDS response stands at a tipping point.

For the first time, it seems possible to slow the trajectory of the epidemic and achieve the virtual elimination of AIDS -- but this will only be possible through greater collective efforts to maintain and accelerate our momentum at all levels -- socially, politically, and financially.

Thank you for your continuing engagement.

I look forward to this opportunity to discuss all these issues.