

Speech

Speech to the 19th Meeting of UNAIDS Programme Coordinating Board

Lusaka, 6 December 2006

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UNAIDS Executive Director**

Dear colleagues and friends,

There are no ordinary years in the fight against AIDS. For 25 years now this has been the case!! But even so, 2006 was an uncommon year, both in good and in bad ways.

One of the tragic things that 2006 will be remembered for is the murder of our close friend, ally and PCB member Omololu Falobi. His example should inspire us to do more on AIDS, and do it boldly. (One minute silence)

This year was marked by evidence that the global epidemic is increasing, rather than diminishing. The UNAIDS Epidemic Update shows that more people were newly infected in 2006 than in any previous year. There were a staggering 4.3 million new infections. In South Africa alone, 1400 people - half of them young people aged between 15 and 24 - are infected each day with HIV.

I'm greatly worried by two things behind these numbers. Firstly, a 50% increase in the number of new infections in Eastern Europe and Central Asia between 2004 and 2006. And secondly, a resurgence of epidemics in countries that had earlier made headway, such as Uganda. Nearly all wealthy countries are facing resurgence as well.

There were also more deaths from AIDS than ever before, despite the good progress in access to treatment on every continent. But more people than ever before need treatment and rollout is simply not keeping up with the need. The true potential of an extensively drug resistant TB also revealed itself this year. The emergence of an untreatable TB among people living with HIV is a major challenge for health care providers and communities alike. This is yet another reason for urgently integrating efforts to control tuberculosis and AIDS, including in our efforts to provide universal access to HIV prevention and treatment.

But, on the positive side, this year was also a year of real progress in the fight against AIDS. There is no doubt that the momentum of the past few years has been maintained and intensified.

This was the year in which governments agreed on a strong Political Declaration that did not just renew their commitment but also deepened it.

2006 saw a continuing sharp increase in funding for the global AIDS response. We estimate that \$8.9 billion was spent on fighting AIDS in low- and middle-income countries in 2006, that's up from \$8.3 billion in 2005, with about one third of this money coming from the countries themselves.

Most importantly, we saw conclusive evidence that the greater investments being made in the response are paying off in terms of the prevented HIV infections and the lives saved. HIV prevalence has declined among young people in a number of countries with generalized epidemics, particularly in this part of the world, including Zambia. I want to stress though that these declines come as a result of a sustained effort over several years – there are no quick fixes or silver bullets.

And access to treatment is now approaching 2 million people, saving several hundred thousand lives. But the huge gap in access to treatment must be closed urgently – 2.9 million people still died this year.

Progress Report

Before I discuss the agenda for this PCB meeting, I would like to provide a very brief report on UNAIDS' key achievements in the last six months.

UNAIDS had three main goals for the second half of this year:

First, to begin translating the Political Declaration from the June-2006 High Level Meeting on AIDS into action.

Second, to highlight the key issues of prevention and women.

Third, to strengthen the consistency and unity of the United Nations system at the country level, as requested by the Global Task Team.

Progress on Universal Access target setting has been a clear priority for the UNAIDS family. There has been impressive progress made by countries on target setting and follow-up. About 84 countries have already set targets which provide for doubling or trebling the coverage of antiretroviral treatment by 2010. The UN system, through UNAIDS country offices, has provided significant support to countries on target setting, as well as to engaging civil society and other partners.

For the first time we are publicizing the progress made, country by country, on our website, allowing better public monitoring and accountability. However, much more needs to be done to improve the process as well as the quality and comprehensiveness of the target setting.

Primo, Prevention needs to be given much greater attention in the targets. The majority of countries have set a target for scaling up treatment, but often there is only one target for prevention. Target setting for the prevention interventions has been uneven. For example, countries have often set targets for mother-to-child transmission of HIV, condom distribution and appropriate knowledge among young people, while few have set targets for behaviour change, gender issues and HIV testing.

We are also committed to strengthen civil society engagement, particularly of people living with HIV as equal partners in the entire scaling up process - from planning to implementation. UNAIDS encourages all governments engaged in Universal Access scale up to designate a focal point to liaise more closely with civil society.

It is clear that the target setting and planning process will continue during 2007. Those countries which have not yet done so need to update cost and resource their national AIDS action plans and ensure that they are incorporated in their national development or poverty reduction strategy plans. They also need to guide the international community on the resource requirements. As always, we must ensure that not too much energy is taken up by planning and too little is channelled into action - something with which the United Nations is too familiar.

Prevention finally found its voice in 2006 and the most significant news coming out of the International Conference on AIDS in Toronto was the "return of prevention". To support this process we have undertaken a number of activities, as the Board requested several times:

First, we have launched Uniting for HIV Prevention -- a partnership among a wide range of actors to build vocal constituencies for HIV prevention, especially to bring in those who are not 'the usual suspects'. This is a direct result of a 1st planning meeting we co-hosted with our chair Sweden in May in Stockholm. I expect this group to really gain momentum through 2007.

We have also developed and disseminated a number of practical guidelines for intensifying HIV prevention in diverse epidemiological scenarios. These guidelines are now available at this meeting. The two main reasons why it has taken so long to issue these crucial guidelines are the lack of a consensus on what should be done and over consultation by the UNAIDS Secretariat.

WHO and the Secretariat released HIV testing guidelines at the end of November for consultation.

The United Nations General Assembly adopted on Monday by consensus a decision on an "International Voluntary HIV Counseling and Testing Day". I welcome this decision as it will expand the possibilities for increased voluntary testing and counseling and enable more people to know their status. We stand ready to work together with governments and civil society should you wish to implement an international testing day in your country.

UNODC is now increasingly active on harm reduction among injecting drug users. With USAID, we hosted a meeting on behaviour change, as key element to reduce sexual transmission of HIV. WHO is leading our work to prepare for male circumcision programmes, in case the ongoing trials in East Africa show a conclusive protective effect.

We are also intensifying our work on men who have sex with men – as evidenced by our support for the Regional Consultation on male sexual health and HIV in Asia and the Pacific. Several of our regional support teams are now working with the regional offices of nearly all cosponsors to expand HIV prevention efforts led by UN Country Teams.

Since we are in the region, let me highlight the work on HIV prevention as led by our regional team in Johannesburg:

The Southern Africa Development Community (SADC) and the Economic Commission for Africa (ECA) have been spearheading efforts in support of the Year of the Accelerating Access to HIV Prevention declared by the African Union. The UN has been fully behind them guided by a jointly agreed workplan by 6 agencies – a major UN coherence effort in practice. Together we supported SADC to convene a think tank of southern Africa's own experts to consider what needs to be done or done differently to halt and reverse the epidemic in the high prevalence countries of southern Africa. This meeting highlighted the need for a strengthened focus on reducing longer-term multiple concurrent partnerships, reinforce consistent and correct condom use, consider what countries can do to act on the increasing evidence of the protective effect of male circumcision for HIV prevention, and the mobilization of greater attention to the gender based drivers of the epidemics.

SADC, with UN support, followed up this meeting by mobilizing journalists and social change communication practitioners to integrate and ensure consistency of messaging. Next weeks, SADC is bringing together national AIDS control programmes' Directors to review prevention progress and what needs to be done to carry this work forward in 2007. The UN will adjust its support strategies based on decisions of this meeting.

Monitoring and evaluation remain a top concern for the Programme, with now monitoring and evaluation advisors providing capacity strengthening in this vital area in over 40

countries.

In addition, we are conducting further analyses of the data collected for the Global Report 2006. These thematic studies will address key issues such as, the reasons for low knowledge and awareness about AIDS among youth, even in countries with severe AIDS epidemics. Also establish plausible correlations between a strong policy environment, sufficient resources, and adequate coverage of services, with achieving measurable impact on new infections and mortality.

The last PCB requested us to enhance our work on resource needs and tracking. We have started a review of the methods to produce a new round of Global Resource Needs for AIDS. At the same time, activities are under way at the global and country levels to update resource projections and to document the use of the money in countries. National Spending Assessments for AIDS have been initiated in more than 60 countries.

We are also reviewing NGO participation in the PCB to strengthen civil society engagement in our governance processes and broader operations. We are pioneers on this, as on other aspects of UN reform. The report of this review will be brought to the PCB in June 2007. But you will have noted that there are already more civil society participants at this PCB than ever before. This builds on the unprecedented level of civil society engagement in the High Level Meeting earlier this year and a growing engagement of civil society in governance processes at international and national levels. I extend a warm welcome to our civil society participants.

Strengthening management of the Secretariat

Let me now turn to a very different matter: management of the UNAIDS Secretariat. We have grown quite significantly over the past 5 years, with staff in 85 countries – with a diversity of contracts with UNDP and WHO. Accenture advised us on an overhaul of our resource management services, which will be implemented as of next year. The management decentralization is nearly finalized, with the imminent move of the regional support team for Eastern Europe and Central Asia to Moscow.

The staff mobility policy is strictly enforced. We have, as the first UN organization, gone through the first phase of the pay for performance pilot, in collaboration with the International Civil Society Commission.

Finally, two weeks ago, Secretary-General Kofi Annan and our Chair, Mrs Gunilla Carlsson inaugurated our new headquarters, that we share with the AIDS, TB and Malaria cluster of WHO. It is my firm intention to make our building available as a center for dialogue on AIDS –not just an office building.

Implementing the AIDS response

The focus of this thematic PCB is implementing the AIDS response at the country level. It is a reality check to ask: How well are the PCB's decisions being implemented by the UNAIDS Secretariat and Cosponsors? Indeed, how relevant are the PCB decisions to realities on the ground? This is really our daily bread in UNAIDS.

In our days here, I very much want to ensure a focus on action on the ground, and I know that all of us would particularly like to hear the voices of our colleagues in the field: What are the challenges and barriers you face? What does the international community need to do better to help you move forward with the AIDS response, and scale up towards universal access?

Making the money work

With greatly increased resources available for AIDS, we need more than ever to really make

this money work. For me, this is the biggest challenge we face. This is because we owe this to the poor and vulnerable, but also because demonstrating results is the first and non-negotiable requirement to sustain and increase funding for AIDS.

We will hear our assessment of progress in implementation of AIDS programmes in countries, as well as on the multilateral response.

Let me share a few thoughts in advance of the debates:

A vital issue for us, in the UNAIDS family, when it comes to making the money work is making our relationship with the Global Fund work on the ground.

Except for the World Bank which is also primarily a funding mechanism, there is total complementarity between UNAIDS and the Global Fund. This complementarity has not yet been turned into synergy at the service of our partner countries.

For example, I am seriously concerned about a request for proposals for organizing technical assistance issued by the Global Fund's Secretariat last week, despite the strong reservations we had expressed. This is clearly an example of duplication of work.

At the last meeting with the Executive Heads of the UNAIDS cosponsors, we decided that as soon as the new Executive Director of the Fund is elected, I will sit down with him or her, and propose a far reaching operational agreement that would maximize multilateral AIDS action. To create this synergy, we will need your help and your views. Some of you are board members of the Global Fund, some of you are receiving funding, and some of you are donors. I would like to hear you express the same concerns and propose the same solutions in both boards. It is also clear that we need to solve the continuing situation whereby some-but not all! - donors provide massive funding to the Global Fund, but hardly any or none to technical agencies to make the money work.

A second issue is the UN system response on AIDS and UN reform. Again, we will hear some real progress in the implementation of the Global Task Team recommendations, but it is all going far too slowly in the face of the epidemic.

It is striking to see that the best progress in terms of joint UN programmes and teams on AIDS is mostly in those countries where there has been already a well functioning country team with a dedicated and creative UN Resident Coordinator and a competent UNAIDS Country Coordinator, such as here in Zambia or in neighboring Malawi.

We must now go beyond this "low hanging fruit" and ensure that all country teams implement the Secretary-General's directive on joint programmes and teams.

This is the sobering reality of UN reform, partly reflecting the absence of institutional and personal incentives and coherence. I actually find it remarkable that the report of the High-Level Panel on system-wide coherence is silent on incentives for reform.

In addition, our mandate to lead and coordinate AIDS activities is not always recognized by UN country representatives and UN Resident Coordinators.

We continue to work with the cosponsor executives to develop joint programmes on AIDS in every country. For example, Kemal Dervis, the UNDP Administrator, and I addressed a joint letter to all UNDP staff stressing these points. I also appeal to donors to only fund AIDS activities by UN agencies in countries if these are part of a joint programme and if they correspond to the division of labour among agencies as approved by the PCB. From our side, we will grant Programme Acceleration Funds only to those Country Teams that are

working in a joint programme, and that are providing serious accountability.

Thirdly, making the money work goes obviously beyond the UN system!! It also involves greater inclusion of civil society and a more harmonized donor response. The civil society guidelines on 'Three Ones' which we have developed aim to strengthen the involvement of civil society in national AIDS responses – to ensure greater effectiveness in how civil society is engaged as beneficiaries, as service deliverers, and in guiding and shaping policies and strategies that determine the national response.

Lastly, we must always be careful not to sacrifice substantive action to the time consuming processes of coordination and reform!

A sustained AIDS response

Now that we have some initial but real results, we are entering a new phase in the response to AIDS.

We must not only meet today's needs on an emergency footing, but take on additional responsibility for sustaining the response at increasingly high levels for another generation or more. In other words, we must begin to integrate planning and action for the future into the response from today. Otherwise, as I put it in The Financial Times last week, we risk winning some battles but losing the war.

First and foremost, we need to find ways from now to ensure that AIDS remains a top political priority at global and national levels, year in and year out. What a challenge this is, when the half life of political commitment is so short! And we are already witnessing a new form of AIDS 'denialism', which maintains that AIDS must be treated as simply one of many public health crises.

We also should not mix up "normalization of medical treatment" – which is needed- with "normalizing the response to AIDS" in societies in full denial and stigmatization, or with stopping specific AIDS funding.

AIDS is exceptional – it is a make-or-break challenge, like global warming – and its exceptionality must be maintained. So, what are the processes by which we can ensure that AIDS remains a permanent priority for governments, industry, and political and civil society? How will we keep AIDS as a permanent fixture on the national, regional and global political agenda and other fora? We will need to build a brilliant coalition to meet this challenge.

In this context, I am very pleased that on Monday, I will address the Heads of States and Governments at the Association for South-East Asian Nations (ASEAN) Summit in Cebu in the Philippines.

A second need is to ensure full and predictable financing into the future. The AIDS response will need each year into the future more than the amounts being invested today. The response to AIDS cannot continue to be handled one fiscal year at a time – this is a recipe for failure.

So what do we do today to ensure full financing into the future? This will clearly require demonstrating results, sustaining leadership and creating innovative financing mechanisms. It will also mean driving down further unit costs of what we can do and of the products we need. For example, last week in Washington, a meeting convened by the World Bank, WHO and UNAIDS Secretariat started to address the question of how to pay for second and third line antiretroviral treatments.

Third, we need to resolutely scale up universal access to HIV prevention and treatment, and

ensure that funds are having the desired impact. This will require also paying far more attention to human resources in the health and social sectors.

Fourth, it is patently clear that we need to make real headway against the fundamental drivers of this epidemic, especially gender inequality, stigma and discrimination around homosexuality and deprivation. This challenge is perhaps the greatest of all those facing the AIDS response. And there can never be a technological fix for these social issues. We need positive social change – and all of us in the AIDS effort must be willing to back this. Given the imperative need to make much more progress on tackling the feminization of AIDS, especially through practical operational action, I have decided to make gender a cross-cutting corporate priority besides human rights and the involvement of people living with HIV.

A final aspect of the long-term agenda is the need for much greater and sustained investments in developing effective new technologies, particularly microbicides and other female-controlled prevention methods, new generations of AIDS drugs, and vaccines. At the same time, we need to go huge steps further towards putting in place the international agreements and mechanisms that can assure wide and fair access to these lifesaving essentials.

These long-term challenges may seem daunting but they are solvable. Remember what many thought impossible a few years ago in terms of AIDS funding on access to antiretroviral therapy or harm reduction.

Setting this long-term agenda, identifying options for solutions, generating public debate, and mobilizing a wide range of constituencies is what the world expects from UNAIDS. I am committed to personally lead such a process which will look into the next twenty-five years of the AIDS epidemic, in order to strategically inform our work today and tomorrow.

In order to start up this process in 2007 and support our new Strategy Unit, I am requesting the Board to allocate US\$1 million from the available fund balance under the 2006-07 Unified Budget and Workplan. This one time investment for a new and urgent activity will still allow for a substantial fund balance to enable a smooth transition and rapid disbursement at the beginning of 2008. This activity will obviously figure in the Unified Budget and Workplan for 2008-2009, which we will submit to the PCB in June.

I will be updating you at the next PCB, and frequently thereafter, on the progress made by the Secretariat and others on this long-term agenda.

This brings me to the Unified Budget and Workplan.

First, let me thank all donors for your continuing and growing financial support. I also welcome direct commitments to cosponsors such as, Canada's CAN\$50 million for WHO's work on access to treatment.

In June, we will discuss the budget for the next biennium. We have been meeting in a constructive spirit with all the cosponsor's global coordinators, and I will request an increase in the Unified Budget and Workplan's to enable us to support countries in their AIDS efforts in a context of greatly increased global resources for AIDS.

I want to finish by talking about two things: leadership and Southern Africa.

Concluding remarks

This has been a year of extensive change in terms of global leadership on AIDS. Neither the response to AIDS nor UNAIDS itself would be anywhere as strong as they are today without

the personal leadership provided by Secretary-General Annan – and I'm confident that I speak for all of us in saying that our debt to him is immense. He has assured us that he will continue to help lead the response even in retirement. Last Thursday, I met with Secretary-General elect Ban Ki-Moon, who confirmed that fighting AIDS will be a priority for his tenure.

We are losing another leader of the AIDS response with the departure of Jim Morris from the World Food Programme, our current Chair of the Committee of Cosponsoring Organizations. He has made tremendous contributions to action on AIDS, food security and nutrition, particularly in this region.

I am looking forward to work as closely with Josette Sheeran, the incoming Executive Director of WFP.

And we have lost a visionary leader in the passing of Dr J. W. Lee at WHO. I have already had very productive discussions with Dr Margaret Chan on how to continue collaboration with WHO.

I am also eagerly waiting for a new leader of the Global Fund, a most vital partner for UNAIDS, as I mentioned earlier.

An exceptional effort for Southern Africa

Friends, I will move to my final point now.

It would be wrong to end this PCB meeting in Lusaka without a serious reflection on the need for an exceptional effort in the region that is the worst-hit by the AIDS epidemic.

Those of you who have participated in the field visits will probably be as shaken as I am when I see the society-wide devastation that AIDS is causing in the region. And we should remind ourselves that there are countries south of here that are much worse off. In several countries, the AIDS epidemic comes on top of cyclical or chronic humanitarian crisis such as food insecurity or massive poverty.

I am increasingly convinced that just expanding programmes, doing more, even much more, of the same, is not going to stop this epidemic. In addition to real universal access to HIV prevention and treatment in this region, we will need to pay far more attention to the drivers of this epidemic, particularly gender inequality and to pay more attention to the social, economic and cultural environment and norms within which HIV flourishes. It is a vicious circle, as AIDS does to society what HIV does to the human body. It undermines the very fabric of society and community resilience.

This will not only require exceptional national leadership, which I see growing, but also that all development partners put AIDS and the drivers promoting this epidemic as their top concern.

It also means that every country in the sub-region, including the very heavily affected middle income countries benefit again from the most favorable conditions for international grants and loans.

And it means that exceptional measures are needed to restore human capacity – just as what would be done and would be acceptable to restore physical infrastructure after a natural disaster or a war...

It means that for whatever we do, we should ask ourselves: does it pass the AIDS test? And if not, modify our plans and actions so that they pass the test.

I am looking forward to your deliberations and your guidance to the Programme.

Thank you.