

# Speech

## **Speech to the 18th Meeting of the UNAIDS Programme Coordinating Board**

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These are exciting times for the global response to AIDS – finally, 25 years into the epidemic. It is certainly too early to speak about ‘success stories’ but 2005 was probably the least bad year in the history of AIDS, and I believe we have made more progress against AIDS in the past 5 years than in the previous 20 years.

However, I also strongly feel that progress is fragile and that the slightest complacency or hesitation could result in major setbacks of our modest gains. So now is the time to accelerate implementation and to capitalize on the gains made, not to slow down.

Last month we launched our now traditional report on the global AIDS epidemic – the most complete up to now and also the heaviest! It is based on 126 country reports and for the first time 30 separate country reports from civil society.

Very briefly, the two key results emphasized in the Global Report. First, declining HIV prevalence rates in a growing number of countries on nearly all continents – it is no longer just Thailand and Uganda. HIV incidence peaked in most African countries – though not in all. Second, around 1.5 million people are on antiretroviral treatment in low- and middle-income countries, with 21 countries that met or exceeded targets under ‘3 X 5’ – it is no longer just in Brazil.

Harder to measure but equally real: in many communities sexuality, AIDS and living with HIV are becoming discussable – I saw it in Rwanda, Tanzania and Malawi this year – and even in the UN!

Of the targets set in the 2001 Declaration of Commitment on HIV/AIDS, one was fully met: the financial target of \$7 to \$10 billion by 2005. It is rare that any international financial commitment is met. And it shows that we should not refrain from being ambitious.

However, what’s equally clear from the Global Report and from what you see on the ground, the response to the Epidemic is still far from adequate. With over 11 000 new infections a day, with 8 000 deaths every day, with the continuing feminization of the epidemic and with our failure to reach the most vulnerable populations with HIV prevention and treatment programmes, the epidemic continues to outstrip the response.

It is in this context that four weeks ago, the UN General Assembly hosted its High Level Meeting on AIDS. Many of you were there, and I’d like to thank you all for your active role. Thanks to the tireless leadership of President Jan Eliasson and Ambassadors Laxanachantorn Laohaphan and Christopher Hackett we have a strong result. I’m also proud that, in contrast to the 2001 United Nations General Assembly Special Session on AIDS, the UN system presented a united front.

In giving you a frank assessment of the High Level Meeting, my view is that it has greatly strengthened the global response to AIDS but not as much as needed. The meeting has left me worried about the sustainability of political commitment to fighting AIDS and I look to PCB representatives and Ambassador Paranhos to personally help address this.

But there is also no doubt that the High Level Meeting has moved the response to another league altogether. Let me quote the wise words of my friend GA President Jan Eliasson at the closing session: 'Is all this enough? When we are dealing with a human disaster as great as AIDS, those who say more is needed can never be wrong. But I believe we can be proud of what we have achieved ... and we have put this issue once again at the top of the global agenda.'

Above all the declaration pledges countries to act on key recommendations of the report 'Towards Universal Access: assessment by the Joint United Nations Programme on HIV/AIDS on scaling up HIV prevention, treatment, care and support' – a result of consultations in over 100 countries. The declaration for the first time confirms the definition of universal access to include access to comprehensive HIV prevention programmes, treatment, care and support – not just to HIV treatment. Member states committed to setting ambitious national targets by the end of 2006. Member states recognized the need to fund all credible national AIDS plans. And the imperative was recognized to mobilize \$20-\$23 billion annually by 2010 for a sufficiently scaled up AIDS response, from both domestic and international sources in a way that is predictable and sustainable.

All these developments present huge new opportunities and challenges in the global AIDS response. In meeting these challenges, the world – through the Political Declaration – is looking to the Joint Programme to play a leadership role, reinforcing our global mandate. Thus, the Political Declaration specifically calls on UNAIDS to use thematic sessions of the Programme Coordinating Board as a platform for global AIDS coordination – a task we still have to define more clearly, and I am looking forward to your guidance. We will discuss further implications under the next agenda item, but I'd like to flag that we are now ready to build on the national consultations on universal access to support the setting of ambitious but realistic targets by the end of the year.

Let me now turn to progress in the Joint Programme. You have the report in front of you and I won't repeat it in a speech. Suffice it to say that we followed up on all the decisions you made at last year's board meeting. (A matrix with specific follow-up on each decision is available). Let me just raise a few points:

First, there has been real progress in the UN response to AIDS at country level – and increasingly along the recommendations of the Global Task Team. Michel Sidibe will brief you in detail. Since the Secretary-General's letter to all UN country teams, joint programmes on AIDS, including joint teams, have been developed in 25 countries. I saw one at work in Malawi 2 weeks ago during a visit with Sir Suma Chakrabarti from DFID. This is cutting-edge reform – even though it is clearly work in progress as reform doesn't happen overnight. For example pooling resources and staff accountability remain controversial in the UN system, and there is sometimes unclear formal or informal guidance by individual agencies.

There is also steady progress in our working relationship with the Global Fund to Fight AIDS, TB and Malaria. Following a joint letter from Richard Feacham and myself, Global Fund staff are now increasingly relying on the UNAIDS country offices for their work. However, we should strive to develop much greater synergies

between us, particularly on technical support and monitoring and evaluation, as the greater the synergy the better the impact will be of the financial and technical resources.

Second, we're moving along with implementing the division of labour agreed among the 10 Cosponsors last year. Again our approach is cutting-edge reform. Whereas there is now much more focus on action and on resources in each agency at the global level, such clarification is much slower at country level – partly because of the unequal country presence of agencies, and partly because of inconsistent global or regional guidance and accountability.

It also remains more difficult to shed off existing areas of work, even if others are doing the same thing, but as a gardener I know that pruning is essential to harvesting good fruit! For example there is an urgent need to clarify agency roles on youth and HIV. One global activity we have terminated is the work on the UN System Strategic Framework on AIDS, as requested by you, and I hope we can also soon abolish the Inter-agency Working Group on HIV/AIDS. A major handicap has been the mixed messages from individual governing boards as well as from funders. Both sometimes ignore that it is the sum of the work of all cosponsoring organizations that makes up UNAIDS and the UN response to AIDS, not just the UNAIDS Secretariat or any individual cosponsoring agency. I am also keen that each cosponsoring agency further strengthens its capacity to address AIDS, as not including AIDS in its core business would be unthinkable for any development agency today.

Third, and as a critical component of our efforts “to make the money work for people on the ground”, we have been further developing our collective technical support and capacity strengthening to scale up the response to AIDS. The Technical Support Division of labour requested by the Global Task Team provides the framework for this area.

We have established regional Technical Support Facilities in the last 12 months, covering sub-Saharan Africa, Southeast Asia and the Pacific. These four facilities are all hosted by local institutions and they join the Brazil-UNAIDS International Center for Technical Cooperation in Latin America and the Caribbean as a key component to meet the growing need for high-quality assistance to make the money work and move toward universal access.

The Technical Support Facility for Southern Africa has been operational since September 2005, and has so far received contracts for nearly 600 consultancy days from a broad range of clients, including national AIDS authorities and civil society. This work has included strategic planning, programme design, mobilization of Global Fund resources, project evaluation and resource tracking.

Feedback from clients has been positive, and the TSF's strategy to employ country and regional consultants has saved on costs and supported the development of local expertise. The TSFs in the other regions are expected to be fully operational from mid 2006. Again, I believe that such innovative South-South cooperation is cutting-edge reform.

Fourth, we have made considerable progress on monitoring and evaluation, always mentioned by boards, but too often under-funded and under-valued. If we could put the Global Report together, in many cases it is because of monitoring and evaluation.

Over 90 countries are now using UNAIDS Country Response Information Systems to report their relevant indicators. We will now be conducting further analyses of the data presented in our Global Report, focusing on specific thematic issues, particularly on how a strong policy environment and more strategic use of resources can lead to more effective programmes.

The Evaluation Department of UNAIDS continues its efforts to simplify and standardize country monitoring and evaluation through the use of a newly created global indicator registry developed in conjunction with the Global Fund, World Bank, US PEPFAR, and Cosponsoring agencies.

As part of the effort to better define the concept of universal access, we are providing technical support to countries so that they can better establish realistic targets for coverage of HIV prevention and treatment services – work done by the World Bank, WHO and the Secretariat.

A fifth area I'd like to report is our work on HIV prevention, the main issue the PCB discussed at our last meeting. Initially progress has been slow, but we are now moving much faster in countries and regionally, using the division of labour on HIV prevention spelled out in the 'UNAIDS Action Plan on Intensifying HIV Prevention' that you received in March. Let me stress again that we see HIV prevention as an integral part of our work towards universal access along with HIV treatment, care and support – not as a separate activity. But as our global report shows, every country must do much more on HIV prevention to get ahead of the epidemic.

We clearly need a stronger, vocal constituency on HIV prevention, one that calls for both HIV prevention and treatment. We discussed this at a meeting hosted by the Swedish government last month, and I am encouraged how some treatment activists, such as TAC in South Africa, are now also including HIV prevention in their advocacy. The 1<sup>st</sup> International Conference on AIDS in Eastern Europe and Central Asia also put HIV prevention firmly on the map in a region with a young and expanding epidemic.

A prime example was the WHO Regional Committee for Africa's declaration of 2006 as the year for accelerating HIV prevention in Africa, which was reaffirmed at the Abuja Summit and the Think Tank on HIV Prevention organized by SADEC. We have supported the development of new or revised national AIDS plans in 13 countries, and a draft practical guidance document for policy makers on HIV prevention, tailored to the nature of the epidemic is available at the back of the room.

Because of the growing evidence on male circumcision as offering protection from HIV infection, WHO is leading UNAIDS on this issue. A decision will be taken later this week at the US National Institute of Health on whether the randomized controlled trials going on in Kenya and Uganda will continue, at which point it will be important for UNAIDS to review our position. It will be essential in any case that male

circumcision, like any other HIV prevention intervention, is viewed as one component of a comprehensive prevention package. We cannot afford to undermine existing HIV prevention strategies.

Finally, we are also working hard to improve our management performance. As you will hear tomorrow from Paul Delay, the new Performance Monitoring Framework represents an important step forward in the way the UNAIDS family does business. It will enhance our accountability across all agencies, to the PCB and others.

The UNAIDS Secretariat is now consistently enforcing staff mobility and we are in the middle of a pilot project of broad-banding/pay-for-performance, under the aegis of the International Civil Service Commission. We are learning while we are sailing and we will report back to the PCB on this 'premiere' in the multilateral system.

Under the leadership of ILO as our chair of the Committee of Cosponsoring Organizations, we have devoted much attention to HIV in our UN workforce. A major development over the last 12 months was the creation of UN+, a network of colleagues living with HIV throughout now 11 multilateral organizations. The UN Secretary-General participated in its first meeting here in Geneva, and I attended the launch of the first country chapter, "UN+ in Malawi". It sends a strong signal that as a work place we take non-discrimination and Greater Involvement of People living with AIDS (GIPA) seriously - an essential feature.

Finally, the Secretariat will move to a new headquarters in September, together with our colleagues of the WHO cluster of AIDS, TB and Malaria, which should facilitate our collaboration. I intend to make our new workplace also aesthetically pleasing and welcome donations of artwork from any of you!

However, all new development and progress does not come for free. Whereas we all make every effort possible to rationalize our work, and to use existing resources in the Unified Budget and Workplan through the revised UBW, it is not reasonable to ask to deliver with the current resources on our mandate and collective expectations set by the Global Task team, the call towards universal access, and the High Level Meeting on AIDS – all developments since the PCB approved the current Unified Budget and Workplan a year ago.

That is why I am requesting the Board to approve a new supplementary budget line in the interagency part of the Unified Budget and Workplan in the amount of \$40 million, dedicated exclusively to country-level support. Taking into account the current fund balance and anticipated income, I am also requesting the PCB to allocate \$20 million from the fund balance of the last biennium for a number of priority investments. These include implementation of large grants through the Global Joint Problem Solving Team for further scaling up UNAIDS Technical Support Facilities, follow-up to the country consultations on scaling up towards universal access, and country support called for in the declaration of the High Level Meeting. Finally, to bring UNAIDS fully in to the 21<sup>st</sup> century and provide a needed boost to the efficiency of our global operations, I am requesting PCB to allocate \$3 million for exceptional investments in a Joint Situation Room and Information Centre on AIDS in the new building, and \$4 million for investments in information technology infrastructure and up-grades.

In general UNAIDS is a living example why multilateral reform is necessary also in the funding and financial area. Let me give two examples:

First on funding. Whereas the Global Fund replenishment conference clearly opted for a comprehensive funding policy for the multilateral response to AIDS, in practice that mechanism has not worked to support the UN System technical support work as detailed in the 2006-2007 consolidated UN Technical Support Plan for AIDS, titled 'Making the Money Work Through Greater UN Support for AIDS Response.' I trust that the meeting on the mid term review of the Global Fund next week in Durban will redress the situation.

Secondly, the lack of harmonization of financial practices in the system is a major obstacle for joint programmes on AIDS in country. So, more than enough reasons for us to have a stake in the current debates on UN reform! Whereas our experience is certainly not a panacea for addressing all issues, I believe the UNAIDS model is worth considering for other cross-cutting themes in the system, for example gender and human rights. Our experience with joint country programmes, the unified budget and work plan and the engagement with civil society should also be useful to inform the debates in the High Level Panel on UN System-Wide Coherence. However, I am concerned that this Panel may not consider AIDS as a cross-cutting issue in the system.

Let me conclude with a few reflections on where the response to AIDS should head to. As I stated in the UN General Assembly earlier this month, now is the time to add a long-term, sustainable response to the current crisis management of the epidemic. This will require a combination of conditions and actions, in all of which UNAIDS has a key role to play. Let me mention just a few:

1. Sustaining the political momentum.
2. Maintaining AIDS exceptionalism, while linking the response far more with overall development policies and practice.
3. Ensuring full funding on the road towards universal access to HIV prevention, treatment, care and support.
4. Making the money work along the lines of the Global Task Team, and the road map towards universal access.
5. Addressing the drivers of this epidemic, such as gender inequality, and AIDS-related stigma and discrimination - without such profound social change no quantum leaps will be made with money alone.
6. Accelerating research and development for HIV vaccines and microbicides.

We will need a truly unprecedented undertaking to stop this epidemic. For UNAIDS to deliver, we will also need unprecedented guidance and leadership of the PCB.

Friends,

I suspect that this PCB will finish even the most difficult agenda items on time, not just because of our able Chair, Sweden, but also because some of you would much rather spend their evenings watching the World Cup. But seriously, I was moved by

the Secretary-General's recent editorial in the *International Herald Tribune*, where he noted that the spirit and passion of the World Cup far exceeded that of the United Nations, and I quote: 'The World Cup is an event in which we actually see goals being reached.'

That is something to think about as we spend the next two days discussing how UNAIDS can support countries fulfill their commitment to move towards the goal of universal access. Can we harness the spirit and passion and diversity in this room – and the constituencies that we represent – to go beyond and meet this goal?

Thank you for your attention, and I look forward to your comments and questions.