

Speech

21st meeting of the UNAIDS Programme Coordinating Board

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**Speech by
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Friends and colleagues, welcome to this 21st meeting of the UNAIDS Programme Coordinating Board.

As you know, last week the United Nations was the victim of a terrorist attack that killed more than 60 people. So before we start, I'd like to ask you to join me for a minute's silence, to commemorate the life of our driver Hakim Si Larbi and all the other UN colleagues and Algerian civilians who died so tragically in Algiers last week.

Mister President, first, I want to thank you for your active support to the Board over the past year, and to say how much I am looking forward to working with the current vice-chair, the United States. I would also like to thank UNHCR for its constructive and dynamic chairing of the Committee of Cosponsoring Organizations. And I want to thank donors for their generosity. I am in the enviable position of being able to say that the Unified Budget and Workplan was fully funded in 2006-7: thank you all.

I will start with a short review of the epidemic and the response over the past six months. I will then talk about a few institutional matters. I'll end with a look at some key events and issues coming up next year.

At the end of last month, we released the annual UNAIDS-WHO annual update on the AIDS epidemic. This year, as you all know, the estimates it contained were considerably lower than in previous years. This can only be good news.

The lower figures are mostly due to major improvements in the data available. The biggest shift has been in India. The government here has introduced wider surveillance and a population-based survey to produce a much better picture of the epidemic. I'd like to remind you that our methodology has been endorsed by an independent reference group, and we will continue to improve our epidemiological data.

The new estimates show that we can no longer describe the global epidemic in three simple global figures—prevalence, incidence, mortality. We can no longer speak of the natural history of this epidemic.

For me, the most important aspect of the report is the growing evidence that AIDS investments are paying off. In most countries in southern and eastern Africa, HIV prevalence is falling. We see similar trends in West Africa, the Caribbean, and southern India. If you haven't seen it already, I strongly recommend a look at Table 3 in the new Epidemic Update.

That said, we are seeing progress on access to HIV treatment. I went to Botswana recently with Dr Tachi Yamada of the Gates Foundation and Ms Ann Veneman of UNICEF, and was impressed by a lot of what I saw. There's great progress on treatment. There's universal access to services to prevent mother to child transmission of HIV. And for the first time, HIV prevalence is starting to decline. This all shows that progress is possible – and that it's happening.

But the report reaffirms dramatically that AIDS remains the leading cause of death in sub-Saharan Africa. Some 5,800 people die of AIDS every day, and another 6,800 become infected. The number of people living with HIV in Vietnam doubled between 2000 and 2005. In Eastern Europe, prevalence increased 150 per cent. And infection levels are rising again in Mozambique. This epidemic still poses an exceptional challenge!

And we're clearly a long way from universal access. Progress is being made, but it is uneven. Helping countries make the most of the opportunities available is our priority. For example, since June, ASAP, the AIDS Strategy and Action Plan—managed by the World Bank on UNAIDS' behalf—has given peer reviews and technical support to 31 national strategies. And UNAIDS Technical Support Facilities have now provided some 8,500 days of advice and capacity building.

Generally prevention remains our greatest challenge. One reason is that effective HIV prevention requires difficult conversations—about sex, about drug injecting, about values and about stigma.

Wherever I go, from Asia to the Americas, I am struck by how far HIV prevention is lagging. Last month's Global Partners Forum on Prevention of Mother to Child Transmission of HIV Infection in South Africa—convened by UNICEF and WHO—reported that just seven developing countries are now on track to achieving UNGASS targets for PMTCT. A few weeks later, the World Fit for Children Summit highlighted the need for better HIV prevention among adolescents.

So at UNAIDS we're focussing increasingly on filling the prevention gap. The first step is to help countries know their epidemic. The second is to help design a response that address new challenges as they emerge – such as the recent increase in HIV infections among men who have sex with men.

But to have real impact, work on HIV prevention must be much more grounded in people's needs and realities. We can have the best technical response imaginable: but it won't be effective if there's no demand for it. This is why UNAIDS is focusing increasingly on mobilizing a constituency that is ready and able to demand its prevention rights.

There are close links between this work and our broader focus on human rights. UNAIDS has set three central human rights goals. First to ensure that all AIDS planning follows human rights principles. Second to make sure programmes help realize the right of everyone who needs HIV services has access to them. Third to put in place specific programmes so people know their rights, can be protected against sexual violence, and are able to obtain legal and social support.

In this context, this year's CCO chair UNHCR works to reduce refugees' vulnerability to HIV. The Office has increased its focus on the complex task of supporting refugees in non-camp settings, and reports that more national HIV policies and programmes are including refugees and internally displaced people.

Realizing rights is also critical to our efforts to make the AIDS response work better for women. Early next year we will pilot our new package of gender guidance, and look forward to presenting this to you at the April meeting. We are also working closely with the Global Fund in its new effort to make AIDS money work better for women - as agreed at the recent Board Meeting in Kunming. And the Global Coalition on Women and AIDS, under its new Director, Kristan Schoultz, is accelerating action at field level.

I can't remember a PCB meeting when I haven't spoken about the importance of political leadership on AIDS. So it is good to be able to report that for the first time, parliamentarians from 147 countries came together in Manila last month to agree a series of actions—including fighting stigma and reducing vulnerability. And most heads of state and government leaders cited AIDS as a key issue at the recent EU/Africa Summit in Lisbon.

Other important issues to update you on are funding, relationships with some key partners, and the linking of AIDS strategies with wider health and development initiatives.

First, let's look at funding. There were some very positive trends at the Global Fund's replenishment meeting in October, hosted by Chancellor Merkel and we all hope US Congress will use the forthcoming reauthorization of PEPFAR to reaffirm its funding leadership. But problems remain. We still have to close a major financial gap: needs are increasing all the time. There is still work to do to make sure we channel

money to where the needs are greatest today and where they are likely to be greatest in future, and that there is adequate support for HIV programmes in middle-income countries heavily affected by the epidemic—which is often not the case at present.

Second, as I said in June, our relationship with the Global Fund is a particularly important one, and it is at an all-time high. That's why we have been so determined to prepare our new Memorandum of Understanding properly, in full consultation with the Fund and all co-sponsors. We will finalize this early next year, in good time for the next PCB meeting. In the meantime, our joint work goes on! UNAIDS Country Offices are devoting more of their time (in some cases up to 50 per cent) to country programmes supported by the Global Fund. So do many of our cosponsor offices. And, as one of the outcomes of the Board meeting in Kunming, we are collaborating on an International Task Team on Travel Restrictions for people living with HIV.

Third, I want to focus on links with other health and development issues. Twenty-five countries are now mainstreaming AIDS priorities into poverty reduction and national development planning processes under the UNAIDS/UNDP/World Bank Poverty Reduction Strategy Programme. These links are particularly critical in terms of ensuring an effective long-term response to AIDS.

We have also been developing closer collaboration between HIV and tuberculosis and reproductive health programmes. And, following the October Women Deliver conference in London, we've been working to

increase the focus on links between maternal and child health and HIV programmes—particularly to prevent mother to child transmission.

Over the summer, UNAIDS joined the International Health Partnership and the Global Campaign for the Health Millennium Goals. We have three aims here. First, to ensure that these initiatives maximize opportunities to advance progress on AIDS and the health MDGs. Second to feed in some of the valuable lessons we've learnt from our own experience at country level—particularly about involving civil society and third to focus on outcomes. We are also full a member of the “H8” - a new forum where the heads of eight organizations engage in substantive discussions about health policy.

At this point, I'd like to share some thoughts about health system strengthening. We all know that AIDS has exposed serious gaps in developing country health systems. AIDS fills hospital beds and kills health workers. It highlights weaknesses at community level and emphasizes the damage caused by the health worker brain drain. As a result, some major donors – including the Global Fund and PEPFAR - have made investment in health systems part of their AIDS funding strategy. This, in my view, is a win-win scenario: a win for the AIDS response and a win for health in general. This is backed up by evidence from a country like Rwanda that AIDS programmes have actually significantly improved a number of health outcomes. Wider access to antiretroviral therapy should free up hospital beds and staff time to deal with other diseases. However, there may be instances where synergies don't work, and we need to address these as a matter of urgency.

However, if we have learnt one thing in the past 26 years, it is that we can't respond to AIDS through health systems alone. The best organized health systems won't help injecting drug users or young men who have sex with men. They are vital for providing HIV treatment, but prevention, care and support can only be effective if they involve more than the health sector. Tackling AIDS means tackling a host of social, justice, and development issues—including education, drugs, homophobia, food security, economic empowerment and workplace practices.

The AIDS response involves an ever-expanding range of stakeholders, and has evolved into one of the most horizontal approaches in development today. Nevertheless, the old—and in fact obsolete—paradigm of “vertical” versus “horizontal” in public health has once more become a matter of debate.

AIDS provides an opportunity to create a 21st century paradigm for both health and development. We must take care not to miss this opportunity.

I would now like to turn to some institutional matters—starting with the main reason why we're all here today: to discuss the second independent evaluation of UNAIDS. First, as you know, I believe the evaluation should assess the effectiveness of all components of UNAIDS, including the Secretariat and all ten Cosponsors, and review our effectiveness in implementing the UNAIDS mandate. Second, it should assess our strengths and weaknesses, and propose ways in which we can become more effective. Third, it should reflect on our

place in the world today (the context is very different from that in which the last evaluation took place) – and review our value-added relationships with key partners. Lastly, the evaluation process must be independent, transparent, and swift.

I want to thank everyone who has been involved in preparing the 2008-2009 UBW Performance Monitoring and Evaluation Framework. The result may be over-ambitious, but it's a good start and I look forward to discussing it as an agenda item tomorrow. We are also following up on the Board's request to present the case for moving to a four-year Unified Budget and Workplan: we will come to the next board meeting with a proposal.

Moving on from processes to people, UN+, the UN system-wide group of staff living with HIV, is working to overcome HIV-related stigma and discrimination within the UN system. I hope you will all take home next year's UN+ calendar out of solidarity with this brave and committed group of colleagues.

Still on the subject of the UN, let me give a quick overview of our involvement in the UN reform process. Since our last meeting, we are participating fully in the implementation of various aspects of reform in the Chief Executives' Board and the UN Development Group. And we remain 100% engaged in the One UN pilot country process, playing an active role in the ongoing stocktaking exercise.

The recommendations of the Global Task Team on improving AIDS coordination remain some of the most advanced attempts to maximize the effectiveness of the multilateral system in relation to AIDS. The Committee of Cosponsoring Organizations has now approved the management response to the assessment of the Global Task Team report, some four months after it was produced. We are collectively committed to implement those recommendations, but can only do this successfully with the full cooperation of all actors—

including bilateral development agencies. We'll hear a progress report on the Global Implementation Support Team tomorrow.

And now let's look to the future.

Next year is going to be a busy one. First of all, there is a series of high-profile AIDS and development meetings – including the High Level Meeting on HIV/AIDS in the UN General Assembly, the International AIDS Conference in Mexico, and major development meetings in Accra and Doha. These are all important events. But we must make sure we leave some time for other work! I want to end this report by highlighting five particular areas where we aim to achieve concrete results in 2008.

The first of these is to scale up our collective support to countries, building on the work we've already put in place around the Three Ones, the Global Task Team and the Technical Support Facilities, and focusing on improved management and governance.

The second is to finalise and implement practical, country-level guidance on HIV prevention and gender, increase constituency building for prevention, whilst continuing the further roll-out of HIV treatment.

The third is to further refine reporting on the epidemic and the response, to continue to strengthen data collection, and to increase our focus on analysis. For example, we will issue a major country by country report with information based on information from countries themselves, and from civil society.

The fourth is to increase our contribution to wider development, through the MDG review and other international processes, but also by forging closer working relations with other actors and programmes at country level including, in this 60th anniversary year, with human rights organizations.

The fifth is to sharpen the focus on the longer term, so that we answer the question of how to deliver secure and sustained AIDS responses, from financing to leadership. One key element here will be to strengthen the capacity of all those involved—from government departments to communities.

In many ways 2007 has been consolidation year. Let's aim to make 2008 a year of intensification and - above all – results. Many of the key elements are now in place: our job now is to build on what we've started, harvest the fruits of the past 20 years, and take every opportunity we

can to do more. We've started out along the road toward universal access: there can be no slowing down now—just full steam ahead.

Thank you.