

Unprecedented progress, but AIDS is not over

Maintaining commitment for the
next 1000 days and opportunities
for the Post-2015 era

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Honourable Chair, Vice Chair, Honourable Ministers, Delegates, Ladies and Gentlemen. Good morning and welcome to the 31st meeting of the UNAIDS Programme Coordinating Board.

Let me begin by offering my condolences to the people of Ethiopia for the passing of Prime Minister Meles Zenawi on 21 August 2012. I recall his wise words that “There is no possibility of us keeping our promise to our people unless we do more and better to take charge of our destiny and depend on our own resources.”¹

Prime Minister Meles will be remembered as one of Africa’s most visionary leaders. He always gave the AIDS response his priority attention and delivered exceptional results for AIDS, health and development. I will forever miss his counsel, support and friendship.

I want to congratulate Mark Dybul for his election as the new Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria.² His bold vision for the Global Fund and his commitment to partnership will usher in a new era of cooperation between the Global Fund and UNAIDS.

I would like to thank Tamar Atinc and her team from the World Bank for their outstanding work as Chair of the Committee of Cosponsoring Organizations. Under the leadership of President Jim Kim, the commitment of the World Bank to HIV and UNAIDS is stronger than ever.

I look forward to working with Irina Bokova, Director-General of UNESCO, the incoming CCO Chair, to advance the work of the Cosponsors in 2013.

It is my special pleasure to welcome Ms Michelle Bachelet, the Executive Director of UN Women, to the PCB. Your presence today shows how urgently and seriously UN Women has taken up its role as UNAIDS’ newest Cosponsor agency.

Sustained progress, unprecedented pace

Dear colleagues and friends, the AIDS response has had an unprecedented year in 2012. Our latest report, launched just before World AIDS Day, shows that the pace of progress to prevent and treat HIV is quickening.³ What used to take us a decade we are now achieving in just 24 months.

In the last two years, we have seen a 60% increase in the number of people on HIV treatment, with a corresponding drop in mortality. For the first time, the majority of people in low- and middle-income countries who are eligible for HIV treatment are now accessing it—a record 8 million people. New infection rates have fallen by 50% in 25 countries—13 of them are high-burden countries in sub-Saharan Africa.⁴

Half of the reductions in new HIV infections are among children.⁵ We are making resolute progress towards the goal of the Global Plan. With the support of Aishwarya Rai Bachchan and Annie Lennox as UNAIDS' Goodwill Ambassadors, the message that we can stop HIV infections among children is being heard around the world. More than ever, I am convinced that an AIDS-free generation is not only possible, but imminent.

These latest, most encouraging results are based on country reports UNAIDS received from 186 UN Member States.⁶ I am proud to say that this is the highest response rate for any international health and development mechanism. It demonstrates that the global commitment to the AIDS response is stronger than ever.

I have seen this with my own eyes in Haiti, where I recently observed World AIDS Day with President Martelly, the First Lady and people from affected communities.⁷ This amazing country is recovering from a series of disasters in recent years, but despite its challenges, Haiti has reduced new infections, lowered the number of babies born with HIV and increased treatment coverage. Haiti's progress should inspire every country to keep pushing ahead until we reach zero.

Shared responsibility and global solidarity

The headway we have made on our agenda for shared responsibility and global solidarity has also been remarkable. For the first time ever, domestic investments in AIDS have surpassed international resources, tipping the aid dependency balance. Domestic investments rose from US\$ 3.9 billion in 2005 to almost US\$ 8.6 billion in 2011.⁸

Between 2006 and 2011, 81 countries increased their domestic investments for AIDS by more than 50%.⁹ Countries as diverse as Benin, Brazil, China, Congo, Equatorial Guinea, Kenya, India and South Africa—to name just a few—are demonstrating bold national ownership for their AIDS response.

Many countries of Africa are generating their own sustainable solutions—from innovative financing to enhanced governance. This is creating new opportunities for breakthroughs in local production of medicines and new platforms for knowledge-based economies.

Shared responsibility is taking hold not only in Africa. Seven countries of Central America and the Dominican Republic have developed a new sustainability strategy to reduce dependence on external resources.

I was inspired by the Minister of Health of Indonesia, who is facing a growing HIV epidemic. Thanks to her tireless advocacy, the Government of Indonesia will establish universal health coverage in 2014.¹⁰ This will pay for the cost of HIV treatment from the national budget, just as external funding becomes even more scarce.



These are just a few examples. Country after country is moving from dependency to shared responsibility. This is a strong foundation for a new paradigm for the future of global health and development.

In partnership with the African Union, we hosted a groundbreaking side event on AIDS and Shared Responsibility at the UN General Assembly.¹¹ Chaired by President Boni Yayi of Benin, the event featured several African Heads of State, who demonstrated their personal commitment to the AIDS response. The meeting also featured senior development partners, including the US Secretary of State; Ministers of Development Cooperation from Sweden, France and the European Commission; and the World Bank.

The new Chair of the African Union Commission, Dr Dlamini Zuma, started her term with strong support for the AIDS response.¹² I look forward to continuing our work with the African Union to oversee the implementation of its Roadmap on Shared Responsibility and Global Solidarity.¹³ And in partnership with the CEO of NEPAD, Ibrahim Mayaki, we are developing the next AU/NEPAD G8 Accountability Report—the first on AIDS.

At the Francophonie Summit in Kinshasa, UNAIDS launched a new report highlighting progress and gaps in the AIDS response in Francophone countries.¹⁴ In their Summit declaration, Francophone leaders committed to promote more effective and equitable governance, develop models of sustainable funding and facilitate better access to medicines and care.¹⁵

I want to emphasize that the sustained investments in AIDS are paying unparalleled dividends. But I also want to stress that in the context of shared responsibility and global solidarity, international investments remain indispensable.

To quote Nelson Mandela, when the water starts boiling, it is foolish to turn off the heat.¹⁶

In many countries, global solidarity is essential to maintain results. I call on international donors to remain engaged and close the resource gap for countries in need.

AIDS epidemic is not over

Dear friends, we are seeing sustained progress. We are quickening the pace of action.

But we must make no mistake—this epidemic is not over.

AIDS remains the leading cause of death among young women globally, and the second-leading cause of mortality for young men.^{16b}

We have succeeded in the easiest part of our work. We have scaled up services to millions of people who were willing and able to come forward for testing and treatment. But nearly half of

all people eligible for treatment—6.8 million people in 2011—still lack access to HIV treatment. If they don't start treatment within 24 months, up to half of them could die.¹⁷

It will be much harder to reach this second half of those in need—the marginalized and even criminalized. Reaching them will require an even greater commitment to human rights and to the inclusion of all members of society in fighting stigma and discrimination. We must address these equity gaps with unprecedented urgency.

It will also be a major challenge to keep people on life-long treatment. People must have the best drugs at the right time. In partnership with the International Labour Organization, we will explore how to enhance government investments in the social protection floor for vulnerable populations.

We also need to open a new debate on how to dramatically reduce the costs and availability of second-line drugs.

And even as the Global Plan is making unprecedented progress towards eliminating new infections among children, many pregnant women with HIV are still underserved. Children with HIV are lagging behind adults in accessing HIV treatment and pediatric formulations.¹⁸ This is not acceptable. One-third of those untreated will die by their first birthday, 50% by the age of 2, and 80% by 5 years.¹⁹ This is a tragic outcome we must avoid.

Applying the lessons of progress

Clearly we are doing the right things, and are doing them faster, smarter and better.

First, strategic investment approaches are helping countries to move their investment dialogue towards fully optimized AIDS responses. I want to thank Ambassador Tom Mboya of Kenya, who led a broad process of consultations on this issue. Today, 29 countries are moving forward with an investment approach with the support of UNAIDS. The outcome will be more focused, effective national responses that accelerate progress towards meeting the targets of the 2011 Political Declaration on AIDS.

Second, the greatest progress is being achieved at the country level, where we are focused for better results.

In Latin America, treatment coverage is close to reaching universal access.²⁰ In Bolivia, the Ministry of Health has increased its allocation of domestic resources for HIV treatment by nearly 140%. Chile now prohibits discrimination on the basis of sexual orientation and gender identity.

In Argentina and Brazil, national authorities have revised eligibility criteria to initiate HIV treatment at a CD4 of 500. Together with its recent testing campaign, Brazil is treating more people, earlier, and with greater impact.



Since 2001, the number of people with HIV in the Middle East and North Africa has increased by more than 35%.²¹ Yet the region is seeing some positive developments, especially in the area of protecting affected communities. Djibouti enacted a law protecting the rights of PLWHA and vulnerable populations, including visitors and migrants. In Algeria, the Ministry of Religious Affairs is leading the debate on HIV, culture and Islam with a goal to end stigma and discrimination. UNAIDS also welcomes the launch of the Arab AIDS Initiative—the first-ever regional strategy on HIV being developed by the Arab Ministers of Health.

In the Asia-Pacific region, many countries are reducing new HIV infections and AIDS-related deaths. However, we need to remain vigilant. In Bangladesh, Indonesia, the Philippines and Sri Lanka, new infections increased by more than 25% in the last 10 years.²²

In China, although the political leadership may be in transition, the country's commitment to the AIDS response remains strong. On World AIDS Day, Vice-Premier Li Keqiang visited a methadone clinic and spoke openly about the need for society to tackle HIV-related discrimination.²³ I want to recognize the personal commitment of Premier Wen Jiabao, who has demonstrated outstanding leadership on AIDS over the past 10 years.

During the last decade, India has recorded a 57% reduction in the number of new HIV infections.²⁴ India is also the leading supplier of more than 70% of the world's low-cost, quality-assured HIV medication. The government is keeping its commitment to use TRIPS flexibilities to make life-saving generic drugs affordable and accessible to people living with HIV.

The ongoing rise in new infections in Eastern Europe and Central Asia remains a serious concern. This is why this PCB organized its first, high-level field visit to Ukraine in October.²⁵ Ukraine is showing that when the government works in partnership with civil society, the HIV epidemic can be slowed, even among most-at-risk populations.

With the support of the Secretary General's new Special Envoy for HIV/AIDS in Eastern Europe and Central Asia, Professor Michel Kazatchkine, I am committed to launching a renewed effort to halt the growing epidemic in this region. I look forward to working with the leadership of the Russian Federation to address this issue as a priority.

Partnerships paying dividends

Our engagement with new voices and partners are leveraging synergies and strengthening impact.

I was pleased to work with Gordon Brown, the Secretary-General's new Special Envoy for Education, on the Launch of Education First.²⁶ This is a massive opportunity to ensure that every child has access to school and HIV education.

On the eve of World AIDS Day, I was honoured to join US Secretary of State Hillary Clinton for the launch of the new PEPFAR Blueprint.²⁷ The Blueprint demonstrates the continued commitment of the US Government to reach an AIDS-free generation.

This convergence of global political engagement and programmatic progress is creating a new "Era of Alignment." Just a few years ago, the audacious dream of an AIDS-free generation was something we could not dare to speak of. Today the international community has never been so aligned around country leadership, smarter spending and results.

I am grateful to Crown Princess Mette-Marit, UNAIDS Special Representative, for challenging UNAIDS to explore different ways to engage with various stakeholders, especially young people. Just last week, young people united at the ICPD Global Youth Forum in Bali.²⁸ They made a bold call for comprehensive sexual and reproductive health and HIV prevention, care, treatment and counseling for all young people. They are showing that where traditional leaders can be divided, young people are unified.

Their call from Bali reinforces the recommendations from CrowdOutAIDS.²⁹ Now is the time to follow their lead. We will build on these recommendations as we engage on the Post-2015 consultations. I will establish a youth reference group for UNAIDS that will advance the recommendations they put forward. This process will start later this month at the Third Pan-African Youth Leadership Summit in Ouagadougou.

On World AIDS Day, the next generation of young fashion designers—including Versace, Gucci and Cavalli—joined forces against AIDS.³⁰ Their new collection of designs are engaging young people on HIV prevention and raising funds for UNAIDS. Next year they will reach out to young designers in Africa to join the AIDS response started by their parents.



Women and Girls

UNAIDS is leveraging all opportunities to empower women and girls. UN Women is already making an impact as UNAIDS' newest cosponsor. This PCB will receive an important mid-term review of the Agenda for Women and Girls.³¹ UNAIDS is also supporting a new platform for women living with HIV to share experiences and challenge accepted ways of doing business.

In partnership with the UN Department for Peacekeeping Operations, we are using HIV and security to protect women and children in conflict and post-conflict settings.³² Before we report back to the UN Security Council next year, President Bongo will convene partners in Libreville to review global progress in this area.

I also want to recognize the exciting progress of the Together for Girls Partnership to End Sexual Violence Against Girls.³³ And I want to thank the Archbishop of Canterbury for joining with us to demand an end to gender-based violence.³⁴ These efforts are enhancing our support for women and girls, who continue to bear the disproportionate burden of the epidemic.

UNAIDS Partnership with Sport

Our partners in sport are also making an impact. During football matches on World AIDS Day, Italian teams supported the work of UNAIDS. World famous players spread the message of Getting to Zero through social and traditional media. UNAIDS plans to carry this momentum forward to the Africa Cup of Nations in January 2013, and from there, to the World Cup in 2014.

Our partnership with the International Cricket Council is giving HIV unprecedented visibility in cricket-playing nations.³⁵ At the recent World Cup in Sri Lanka, the "Thinkwise" campaign reached millions of young people with messages on Getting to Zero.

Need to accelerate progress on Zero Discrimination

Let me say this: We need to accelerate progress on Zero Discrimination. This remains one of our most difficult Zeros.

I was recently in Myanmar with Aung San Suu Kyi, who has kindly agreed to be UNAIDS Global Advocate and lead the world on the road to Zero Discrimination.³⁶ I was inspired when she told me that "The level of respect for human rights in any country must be judged on how the most vulnerable are treated...He who discriminates narrows the world of others, as well as his own world."

The discrimination and criminalization of vulnerable people is why the findings and recommendations of the Global Commission on HIV and the Law deserve special attention.³⁷ The Commission urges governments to stop discrimination in the context of HIV and to use protective, not punitive, legal approaches.

We need to move beyond the debate over “naming key populations.” With the leadership of UNDP, we need to develop indicators to monitor progress on the implementation of the Commission’s recommendations.

The Thematic Session on Non-Discrimination at this PCB is a key opportunity for open, frank dialogue on this critical issue. But let me be clear. I consider that our Thematic Sessions are not the right fora to make policy or normative decisions.

Leveraging exceptional future opportunities for Post-2015

Now let us think aloud. Where we want to be in five years?

Today we have an unprecedented opportunity to simplify the complex architecture for AIDS, global health and development.

Based on the lessons we have learned from HIV, the architecture for global health demands a rethink.³⁸ We need to reconsider which institutions can be best positioned to set norms and standards, provide health financing and advance advocacy and accountability. We will never have a better opportunity to shape the structures and leadership the world needs to serve global health in the coming decades.

I want to highlight a few areas where I feel our time and our energy is best applied to leverage the opportunities at hand.

First, we must completely rethink our approach to service delivery. This means that in addition to the current focus on coverage, we must increase attention to quality and impact.

UNAIDS is already doing this in 38 high-impact countries, which account for 85% of new adult and 93% of child HIV infections, and 90% of AIDS deaths.³⁹ UN Joint Teams have programmed an additional US\$10 million to support intensified action and mobilize additional staff in these countries. In particular, Nigeria and the Democratic Republic of the Congo are getting priority support.

We can achieve breakthroughs through community-based and task-shifting approaches, tapping into non-conventional capacities and alternative delivery mechanisms. We must make community health workers an integral part of the health system.



Second, we must step up our use of innovation and technology. There is massive potential here, and I feel we have only scratched the surface. We must explore new ways to direct information technology for education and delivery, tap emerging markets and generate low-cost solutions to deliver services differently and more creatively.

We need to leverage the potential of innovation to radically expand access for millions in need. Let us look to the example of South Africa, which has just secured some of the lowest prices for fixed dose combinations of antiretroviral drugs in the world. I am so pleased Princess Stephanie of Monaco, UNAIDS Goodwill Ambassador, was able to see this progress first-hand when she visited South Africa just last week.⁴⁰

Third, we must continue to put people at the center of the response and ensure that the rights and dignity of all are protected and promoted. We must advance the next generation of engagement with—and support for—civil society through global and regional networks. The Robert Carr Civil Society Networks Fund is an excellent new mechanism to support programmes for hard to reach populations.⁴¹

We need to support civil society with more than funding. If we want people living with and affected by HIV to engage fully in meeting the targets of the Political Declaration, we also need to leverage their commitment and expertise.

Finally, we need to build on what arguably is global health's most robust reporting and accountability mechanism, which I referred to earlier. I am requesting all countries to conduct a national mid-term review in early 2013. This will enable us to take stock of national progress towards the 10 targets and ensure timely corrective action to stay on-track.

AIDS and the Post-2015 Agenda

The success of our efforts creates a collective responsibility. We must apply the lessons of the AIDS response to the Post-2015 agenda.

The AIDS response can be a triumph of the Post-2015 era. We have heard to the calls from country partners and civil society to contribute to the debate on the future of AIDS, health and global development Post-2015. We have heard the demand to leverage the success of the AIDS response to promote a new era of progress, sustainability and social justice.

So I am pleased to announce that UNAIDS is committed to launching a new Commission. Beginning in early 2013, the UNAIDS/Lancet Post-2015 Commission on the End of AIDS will contribute to the debate for AIDS, health and global development Post-2015. I am very pleased that my friend Richard Horton, who has agreed to facilitate this process, will address why and how in the next session.

Donor confidence in UNAIDS

I want to offer special thanks to donors that increased their contributions to UNAIDS in 2012: Australia, Israel, Japan, Poland, the United States and OPEC Fund for International Development. I also welcome new donors such as the MAC AIDS Fund and the Czech Republic.

However, overall contributions are slightly lower than in the last two years. While 90% of the target for resource mobilization has been achieved, this year we lost core funding from some key donors, particularly in Europe, who have been with us for years. We hope to have them back next year.

I want to ask all PCB members to continue to invest in our joint mission. Additional contributions of approximately US \$25 million are needed to reach our resource mobilization target for the year.

Recent external assessments of UNAIDS concluded we are making substantial progress in meeting international aid objectives, playing a key role in global advocacy and showing a strong commitment to organizational change. UNAIDS' effectiveness in building partnerships is recognized by stakeholders as one of our key strengths. UNAIDS' consultative approach is crucial to the achievement of its mandate and our Getting to Zero strategy.

The 2012 MOPAN assessment concluded that UNAIDS is performing well and is a "sure value" to invest in.

We take these outcomes seriously and appreciate the opportunity to be held accountable for the delivery of results.

Progress in implementation of internal change

Since the last PCB, the UNAIDS Secretariat made considerable progress in implementing our strategic realignment. Human and financial resources and systems are aligned with UNAIDS' vision, strategy and the targets of the 2011 Political Declaration. Functions have been reprofiled, focusing on human rights and gender equality, community mobilization and networking, youth engagement, strategic information and investment and efficiency. In close collaboration with the UNAIDS Staff Association, the strategic realignment is being implemented with a human face.

UNAIDS' new business processes are maximizing value for money. Our new Information and Technology Strategy realigns IT with changing business needs and unleashes transformative ways



of working together. A new web-based tool will track results and highlight performance at country level. It will enhance UNAIDS' ability to make adjustments based on performance information and country snapshots to make faster progress towards the global AIDS targets by 2015.

Financial policies, procedures and systems are also being revised. This brings us into compliance with the International Public Sector Accounting Standards (IPSAS), improving quality of UNAIDS financial reports and harmonizing with reports of other UN agencies. A full report on UNAIDS' financial situation, together with an audited financial report will be provided, as per usual practice, at the next PCB in June 2013.

Special Recognition

I want to thank Poland for its role as an exceptional Chair of the PCB. Earlier this year, I visited Warsaw and saw firsthand how Poland has been a model to control the epidemic. Poland has also been pushing UNAIDS and our partners to use the same pragmatic approach to respond with urgency and courage to the many challenges that remain.

I also want to take a moment to recognize the outstanding contributions of some of our most dedicated leaders. Jeff O'Malley, the Director of the HIV Group at UNDP, has moved to a new role at UNICEF. This is the last PCB for my friend Christian Kroll, who is retiring from UNODC as their Global Coordinator for HIV.

Finally, as many of you are aware, Dr Paul DeLay, our Deputy Executive Director for Programme, is retiring.

I have met with the Office of the Secretary-General about the candidates short-listed to succeed Paul. I expect a decision from the Secretary-General regarding our next Deputy Executive Director in the immediate future.

Paul - you have dedicated 30 years to the global AIDS response, including almost a decade with UNAIDS. You will be dearly missed by the entire UNAIDS family, the global AIDS community and this PCB. We can try and find someone to fill your shoes, but your exceptional humour, dedication and humility will always remain unique.

Conclusion

In closing, I want to recall that we have an agenda to complete. A little more than a year ago, the 2011 Political Declaration on HIV/AIDS set 10 achievable targets. Over the next 1000 days, we have a very real chance to eliminate mother-to-child transmission of HIV, keep mothers alive and deliver an AIDS-free generation. If we scale up treatment to 15 million people and reach the other targets, we will save millions of lives by 2015.

We have already demonstrated that we can meet the Millennium Development Goal for HIV. Now we must continue our efforts and not lose our momentum as we prepare for the Post-2015 era.

Let us embrace this opportunity—not only to achieve an AIDS-free generation, but also to rewrite the future of global health and development.

Thank you.



Michel Sidibé
Executive Director
Under-Secretary-General of
the United Nations

Endnotes

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