

Executive Director's report

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Geneva

Opening of the 34th UNAIDS Programme Coordinating Board

Zero new HIV infections.
Zero discrimination.
Zero AIDS-related deaths.



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Ending the AIDS epidemic by 2030—and leaving no one behind

Ladies and gentleman, dear friends, members of the Programme Coordinating Board (PCB).

Good morning and welcome to the 34th meeting of the PCB.

Let me begin by welcoming Australia as our new Chair and Zimbabwe as our Vice-Chair.

Ambassador Woolcott, we are honoured to have you chairing this meeting of the PCB. You are advancing Australia's legacy of strong leadership in the AIDS response, domestically, in the region and here in the United Nations. I look forward to joining you, your government and the international AIDS community later this month in Melbourne, Australia, to open the 20th International AIDS Conference. This will be a trailblazing global event none of us can afford to miss as we define the global AIDS agenda for the post-2015 era.

Allow me also to welcome some new members of our PCB family. First, Deputy Prime Minister Oleksandr Sych, who is leading Ukraine's delegation as our new PCB member from eastern Europe. Sir, I congratulate your country, in which we are seeing evidence of progress against HIV, and for making this PCB a priority for the new Government of Ukraine. Your presence confirms that Ukraine will be deeply engaged in our efforts to reach the three zeros.

I am pleased to welcome Ambassador Bix as the new United States of America Global AIDS Coordinator, leading the United States Government's international HIV efforts. President Barack Obama remains committed to reach an AIDS-free

generation, and Ambassador Birx will help us implement the blueprint to get there. Allow me to also welcome Ambassador Pamela Hamamoto, the new Permanent Representative of the United States of America to the United Nations and other International Organizations in Geneva.

It is my honour to recognize my friend and brother Yury Fedotov, Executive Director of the United Nations Office on Drugs and Crime, who is also representing all the UNAIDS Cosponsor Heads of Agencies and will deliver a statement on behalf of the UNAIDS Committee of Cosponsoring Organizations.

The world is waiting

I am proud to see that global progress towards zero is continuing to keep pace. But this is no time for complacency. At this PCB, and in Melbourne, we must bring all of our passion and energy to a new vision: ending the AIDS epidemic by 2030.

For the first time in the history of AIDS, world leaders are expressing their conviction and support for ending the AIDS epidemic, and are calling on us to make it happen by the end of the next decade. Civil society has also called for ending AIDS as an outcome for the post-2015 era.¹

Last week at the African Union Summit in Malabo, Equatorial Guinea, Mark Dybul, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), and I met with African Heads of State, who recommitted to the African Common Position for ending AIDS in the post-2015 era.² In our bilateral meetings, African Heads of State emphasized their commitment to position AIDS as a priority in the post-2015 development agenda. The President of Mauritania and Chairperson of the African Union, Mohamed Ould Abdel Aziz, made a bold speech calling for ending AIDS in Africa by 2030. When I met President Abdel Aziz in Nouakchott, Mauritania, he pledged to convene a meeting to review the implementation of United Nations Security Council resolution 1983, on HIV and sexual violence in conflict and post-conflict settings.

In Washington, DC, I was honoured to join Kenneth Cole, Jim Yong Kim, Anthony Fauci and Ambassador Birx at the AmFAR Capitol Hill Conference, Making AIDS History: from Science to Solutions.³ In the United States, the Affordable Care Act has been a significant step forward, helping millions of

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previously uninsured Americans to secure health coverage for themselves and their families. This includes many living with or at risk of HIV.⁴ American leadership in the global HIV response has been reaffirmed by the United States Congress with the unanimous and bipartisan authorization of the United States President's Emergency Plan for AIDS Relief (PEPFAR) for a further five years.⁵ I also want to congratulate New York Governor Andrew Cuomo, who just announced a visionary plan for ending AIDS as an epidemic in New York State.⁶ I am confident the United States will be a key partner for ending the AIDS epidemic in the United States and around the world.

I want to thank the 181 United Nations Member States who submitted global AIDS response progress reports to UNAIDS this year.⁷ The evidence of progress is bold and inspiring. For example, scaled up efforts to prevent new HIV infections among children are showing remarkable results, with new HIV infections among children continuing to decline. However, we need to ramp up efforts to reach the goals set out in UNAIDS and partners' *Global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive* by fully integrating HIV into maternal and child health services.

Progress is galvanizing new believers

The latest progress on AIDS is turning sceptics into believers all over the world. We have broken the trajectory of new HIV infections, and the numbers continue to decrease. The scale-up of HIV treatment is having a significant impact on the reduction of AIDS-related morbidity and mortality. The majority of global AIDS resources—almost US\$ 19 billion in 2012—are now coming from domestic sources in low- and middle-income countries.⁸ AIDS investments are strengthening health systems, promoting scientific innovation, promoting community development, fuelling the integration of services and advancing the push for universal health coverage. The AIDS response has been inspirational for the Millennium Development Goal (MDG) era, both for MDG 6 and for other MDGs.

Let me share with you some inspiring progress from our regional and country offices since our last PCB.

The implementation of the African Union's Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa has been strong and positive. In eastern and southern Africa alone, 21 countries committed to end AIDS by 2030, and 16 countries have

developed their own road maps to take this work forward through national ownership of their AIDS responses.

Caribbean countries have begun developing their own road map, following UNAIDS' regional dialogue on shared responsibility and global solidarity. A new UNAIDS initiative to promote South–South collaboration between the African Union and the Caribbean Community is working to facilitate the Caribbean HIV Roadmap, which will go to Caribbean Heads of Government in early 2015.⁹ I am very pleased that every country in the Caribbean has begun developing HIV investment cases.

I want to commend the League of Arab States for endorsing a new, ground-breaking Arab AIDS Strategy (2014–2020) to address the growing HIV epidemic in the region.¹⁰ Algeria, as the new President of the Non-Aligned Movement, is convening a common position to call for the post-2015 agenda to include a commitment to ending AIDS by 2030. I am very grateful to Morocco, a new member of our PCB, for providing key support to implement the Arab AIDS Strategy. Morocco dramatically increased the number of people voluntarily tested for HIV from 60 000 to 600 000 between 2011 and 2013, and is also supporting a strong position for AIDS in the post-2015 development agenda.

In June, members of the Organization of American States announced they will develop a joint report on HIV and vulnerabilities and declared 2015 as the Inter-American Year to Promote the Human Rights of People Vulnerable to, Living With or Affected by HIV/AIDS.¹¹

Progress on HIV treatment continues to build momentum. New regional HIV treatment targets for 2020 were endorsed by 26 countries from Latin America and the Caribbean. In eastern and southern Africa, all countries have either adopted or are in the process of adopting the 2013 World Health Organization treatment guidelines. Beyond HIV treatment coverage, we also need to ensure that people living with HIV of all ages are receiving quality HIV treatment with the safest and most effective medications.

I want to acknowledge the generous contributions from the MAC AIDS Fund and the Government of Japan to establish and expand the new UNAIDS Treatment Situation Room. This initiative shows how public–private partnerships can really spark innovation and the use of data in real time. We will give you a glimpse of the Treatment Situation Room during this PCB, and I look forward to officially launching it at AIDS 2014 in Melbourne.

I cannot underestimate the importance of technology innovation in accelerating progress in simple and cost-effective ways. For example, iMonitor, used in Asia, is a simple mobile application that enables communities to report in real time on treatment disruption, stock-outs, quality of services and stigma. This tool recently helped sex workers in Thailand prevent harassment by police and report abuse, helping programme managers respond rapidly.¹² In Rwanda, the TRACnet system is providing real-time access to HIV patient information and treatment scale-up; 90% of users access it via mobile phones.¹³

HIV prevention remains critical

HIV prevention remains a critical element in ending the AIDS epidemic. Several African countries are actively advancing the HIV prevention revolution. Kenya has developed an HIV prevention map to 2030, while Mozambique convened a high-level political consultation on sexual transmission prevention. Malawi is organizing a national symposium to review the HIV prevention agenda for better investments and results. In high-prevalence regions of the world, voluntary medical male circumcision is being rapidly scaled up to reduce the risk of men acquiring HIV through heterosexual sex by up to 60%.¹⁴ In the Indian Ocean islands of Madagascar, Mauritius and Seychelles, I saw first-hand exemplary HIV prevention and support programmes for key populations.

Protect the goal—a global social movement

Our Protect the Goal campaign has inspired millions—from world leaders to young people who dream of playing for their country one day.¹⁵ Protect the Goal promotes HIV testing, awareness and condom distribution at all the World Cup stadiums in Brazil. In recent months, Protect the Goal has become a global social movement for using the power of sport to promote the three zeros, end violence against women, promote social justice and protect human rights.

I want to thank all of our partners, advocates and Goodwill Ambassadors for making Protect the Goal a global success. This is the only global campaign of any kind this year that has been endorsed by over 20 Heads of State from five continents, including many whose teams are not playing in the World Cup. I am deeply grateful to Brazil's President Dilma Rousseff, who welcomed the campaign and signed the ball on the eve of the opening of the 2014

FIFA World Cup. United Nations Secretary-General Ban Ki-moon signed the Protect the Goal football, as have the heads of UNAIDS Cosponsors as well as former United Nations Secretary-General Kofi Annan.

We cannot stumble now

AIDS is not over. We are poised to take the next great leap towards ending the AIDS epidemic, and we cannot stumble now. We still face key challenges that will require renewed focus, determination and unity of purpose.

First, we must close the implementation gap by using the data at our disposal. We must implement a data revolution to conduct gap analysis in real time. We must enhance investments in community systems and increasing resources and accountability, because civil society is our only interface between community and service providers.

Second, we need a new global push to encourage people to come forward and be tested. We must ensure at least 90% of people living with HIV know their status, otherwise people with HIV cannot access life-saving treatment and reach undetectable viral loads. We must leverage the full potential of civil society and low-cost technologies to make HIV testing routinely available to everyone, everywhere.

Third, we must ensure that adolescents are no longer left behind. HIV is the second largest contributor of adolescent mortality—and the first in Africa. In 2012, two thirds of the 300 000 new HIV infections among adolescents aged 15–19 were among adolescent girls.¹⁶ This is why Anthony Lake and UNICEF reached out to partner with UNAIDS in the timely global initiative, All In! Towards Ending the Adolescent AIDS Epidemic. This will be a strategic push in 25 countries that represent 90% of AIDS-related deaths and 85% of new infections among adolescents.

Fourth, we need to end the crisis in paediatric AIDS. We need fresh momentum for paediatric treatment, including low-cost diagnostics and paediatric formulations. I welcome the new leadership of UNITAID, and I call on all partners—UNITAID, the Clinton Health Access Initiative, PEPFAR, the Global Fund, UNAIDS and our Cosponsors and the pharmaceutical sector—to ensure that no child is without HIV treatment that is safe, effective and appropriate for children. No child with HIV should ever die of an AIDS-related illness.

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Fifth, governments need to step up to address the social, political and economic drivers of HIV. This is why we are dedicating a full day to the critical issue of social protection and HIV in our thematic segment. This is why the AIDS response is joining forces with the movements for gender equality, education, human rights and health—including universal health care and progressive chronic diseases. By uniting with these other movements, we can dramatically strengthen and promote a structure of accountability for implementing and monitoring the post-2015 development framework.

Sixth, we need to be ready to manage more frequent and complex crises. Building on recent lessons learned in places such as the Central African Republic, Crimea and South Sudan, UNAIDS must be prepared to mobilize all partners with a fast mechanism for sharing information, advocacy and providing practical support to ensure the continuity of life-saving HIV services.

If we do not continue to innovate and integrate our full arsenal of tools, urgently and strategically, to address these challenges and make an all-out push for ending the AIDS epidemic, we will squander one of the great public health victories of the twenty-first century. And we will have ourselves to blame for our defeat.

What ending the AIDS epidemic can look like

In Vancouver, Canada, I saw what ending the AIDS epidemic could look like. Julio Montaner, UNAIDS' new Global Adviser for HIV Treatment, showed me how HIV treatment has been used strategically to make AIDS-related deaths in British Columbia rare, and bring HIV almost completely under control. I was privileged to be part of the "repurposing" ceremony of Ward 10C—the "AIDS ward"—at Saint Paul's Hospital in Vancouver. A ward in which an average of one AIDS-related death occurred every day during its darkest days will now provide cutting-edge care and treatment for people living with HIV, as well as treatment related to other infections, like hepatitis B and C.

Let me be clear about what I mean when I call for ending the AIDS epidemic. Building on the groundbreaking work by Salim Abdool Karim and other experts, we aim to bring the HIV epidemic under control so that it no longer represents a public health threat to any population or country.¹⁷

That means reducing new infections, discrimination and deaths by 90% from 2010 levels. This will get us very close to zero.

Of course it won't be easy. We need to redouble efforts in innovation and science, to integrate and demedicalize service provision and to address human rights, particularly the rights of women, young people and other groups we continue to leave behind without services. There is no possibility of ending the AIDS epidemic without progress against zero discrimination. And critically, we must mobilize new, innovative sources of finance, including a financial transaction tax, remittances and national AIDS trust funds.

Ending the AIDS epidemic in the sustainable development goals

Ending the AIDS epidemic should not be seen as a feel-good ambition, but as a significant investment goal that is realistic and measurable. The MDGs showed us that what inspires investors is concrete results. And we can produce them.

Thanks to your commitment and support, the United Nations General Assembly adopted a unanimous decision to convene the next high-level meeting on AIDS in 2016.

Ending the AIDS epidemic will empower women and girls. It will deliver social justice and legal equity. It will deliver the financing to provide universal access to quality health services. It will deliver solutions to deep structural development challenges. It will contribute significantly to the overarching sustainable development goal of reducing extreme poverty. And it can serve as a catalyst for delivering a "grand convergence" for global health.

We should not be afraid to demand global commitment to end AIDS by 2030. The African Union and other regional bodies have agreed. The United Nations Secretary-General is fully behind this priority, and we now can plan for the United Nations General Assembly High-Level Meeting on AIDS in 2016.

Setting new milestones

At the last PCB meeting in December, you asked UNAIDS to support countries in defining new milestones and targets for the AIDS response beyond 2015. We have already taken action.

First, UNAIDS convened the world's leading modellers and experts and held consultations in countries to determine what the targets should be. Second, the process of target-setting among countries is under way, building momentum for ending the AIDS epidemic by 2030. We are encouraging the adoption of specific country targets, across the AIDS response, for HIV treatment, prevention and discrimination. Several countries are now target-setting at the same time they develop Global Fund country concept notes, new national strategic plans and investment cases.

In partnership with the Global Fund, we are working to support 66 countries and eight regional proposals with the New Funding Model, for a total allocation of up to US\$ 5.5 billion.

UNAIDS is prepared for the post-2015 era

UNAIDS continues to demonstrate value for money and gather knowledge for the future. Our vision of the three zeros is guiding the response to AIDS across the world. And the findings of UNAIDS' mid-term review of the Unified Budget, Results and Accountability Framework (UBRAF) confirm that our approach is working—a strategic focus on high-impact countries and key populations and more targeted allocation of resources with strengthened accountability.

The review verifies that a multisectoral approach and the model of a joint and cosponsored programme is more relevant than ever to support the goal of ending the AIDS epidemic by 2030. Coordination on the global AIDS response has become more systematic and duplication has been significantly reduced.

The Joint Programme has matured considerably through the development and implementation of the UBRAF. I know that challenges for UNAIDS remain. I am committed to further strengthening joint work and accountability at all levels, through improved results-based planning, management and reporting,

drawing on a refined UBRAF indicator set. I will continue to insist on a more integrated approach to programming across different sectors and government entities, for example related to health, gender, sexual and reproductive health, social protection and other areas.

UNAIDS must persist in improving effectiveness and efficiency. This is done through strategic collaboration with all major funders of the AIDS response and by better leveraging the role and contributions of civil society.

UNAIDS' current strategy and the UBRAF come to an end next year. It is time to begin a consultative process to guide the global response to AIDS and the work of the Joint Programme in 2016–2021. This will also align UNAIDS' planning cycles with those of the United Nations funds and programmes, in line with the recommendations of the quadrennial comprehensive policy review.

With your support, UNAIDS will:

- Support the establishment of global and country-specific targets that are ambitious, yet practical, to achieve the ultimate goal of ending the AIDS epidemic by 2030.
- Improve the quality and utilization of data, evidence and analyses to deliver more effectively at the country level in different contexts, at subnational levels and in cities. I will soon request reporting for key programmes on a bi-annual basis and for subnational entities, thereby promoting a focused programming approach.
- Direct resources to support interventions directed by evidence and the need to ensure we leave no one behind
- Invest in adolescents—particularly young girls—and other vulnerable groups to enhance effectiveness and engagement in the response.
- Take shared responsibility and global solidarity to the next level, but ensure sustainable financing of the AIDS response in all middle- and low-income countries.

Conclusion

Let me conclude by saying how very moved I have been by Kofi Annan's continued strong commitment to the AIDS response. Last month, he launched his new collection of speeches, *We the Peoples: a UN for the 21st Century*.¹⁸ I was grateful that so many of you could join us for our conversation about this important book at the Palais des Nations. I encourage you all to read this inspiring work. I also want to thank Mr Annan for generously donating the proceeds of his book to UNAIDS to support our work in responding to HIV.

Much of what I called for today requires new thinking and new approaches. In some instances, even ones that challenge conventional wisdom. To take up this challenge will require bold leadership—in our governments, our parliaments, in our places of worship, in our health services, in our research efforts to find a vaccine and a cure, in our organizations and communities and in this PCB.

This PCB has a historic role to play in bringing a future that will end the AIDS epidemic and begin a new era of inclusion. This is a singular opportunity to set an ambitious course that will ensure that we have the political space and resources to get the job done.

I also want us all to remember that in the 1950s, there were still about 50 million cases of smallpox in the world each year. In 1958, it was proposed to the World Health Assembly to eradicate smallpox within 10 years. This led to one of the greatest global health victories of the twentieth century.¹⁹ We are challenged to shape our own legacy, with many more difficult obstacles.

The PCB first brought to life a bold vision of three zeros, capturing the imagination of the world. Ending the AIDS epidemic by 2030 is the next. We cannot go backwards now and lower our ambition.

I ask you to make a commitment today. To join together to end the AIDS epidemic by 2030. And to leave no one behind.

Thank you.

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Endnotes

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