

Executive Director's report

Down to the details:
Fast-Tracking the
response to end
the AIDS epidemic
by 2030

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Geneva

Opening of the 35th meeting of the UNAIDS
Programme Coordinating Board

UNAIDS Executive Director Michel Sidibé and Chair of the 35th meeting of the Programme Coordinating Board, John Paton Quinn, Ambassador, Permanent Representative of Australia



Down to the details: Fast-Tracking the response to end the AIDS epidemic by 2030

Ladies and gentlemen, dear friends, members of the Programme Coordinating Board (PCB). Good morning and welcome to the 35th meeting of the PCB.

Before we begin, let us observe a moment of silence for our friend Joep Lange and others lost on their way to make history in Melbourne, Australia, last summer. I want to dedicate our work at this PCB to their passion, commitment and lasting memory.

I also want to acknowledge the critical work being done by civil society, the World Health Organization (WHO) and our other partners on Ebola in Africa. I am happy to say that they are turning things around and beginning to see some much needed results. There is much still to be done, and the situation reinforces the need to bolster the capacity of these organizations.

Let me begin by congratulating Burundi on its election as a PCB Member for Africa from January 2015 (replacing Congo) and my sincere thanks to Congo for the valuable work over the past three years, including as a member of the PCB Bureau. I would also like to thank Australia for its work as Chair and Zimbabwe for its role as Vice-Chair in the Bureau this past year and congratulate Zimbabwe as the incoming Chair for 2015. And I would like to recognize the important work done by our United Nations Office on Drugs and Crime (UNODC) colleague Yury Fedotov as the Chair of our Committee of Cosponsoring Organizations. I also take this opportunity to welcome all the new members of our global UNAIDS family, including our new UNAIDS Goodwill Ambassadors, Victoria Beckham, Vera Brezhneva, David Luiz and Mateus Solano.

Ladies and gentlemen, I spent World AIDS Day in Paris launching the Fast-Track initiative for cities, which will be a critical element of our efforts to accelerate the response where it is most needed. In Paris I was pleased to once again meet my friend Phil Wilson, who has been living with HIV for



the past 34 years and is an example for us all. Phil shared the following inspirational words with us:

“I personify what can happen when people with HIV have the love and support of family and friends and access to the care and treatment we need and deserve ... We’ve learned that HIV is a marathon, not a sprint. We can see the finish line ... We have the tools to end the AIDS epidemic. The question is will we use those tools effectively, expeditiously and compassionately. Will we make sure that no one is left behind?”

This is a clear demonstration that ending the AIDS epidemic is not just about pills—it is about restoring dignity and respecting the human rights of every single person. It is about ending exclusion. Now we must show the world our strategy to do this—through coordinated action from the global to the local levels. This is our pivotal moment to prove we have a solid plan to achieve the end of the AIDS epidemic.

Progress is proof of the possible

UNAIDS has just released two flagship reports—*Fast-Track: Ending the AIDS epidemic by 2030* and the *OUTLOOK: Cities report*—which show just how dramatically we have bent the trajectory of the epidemic.

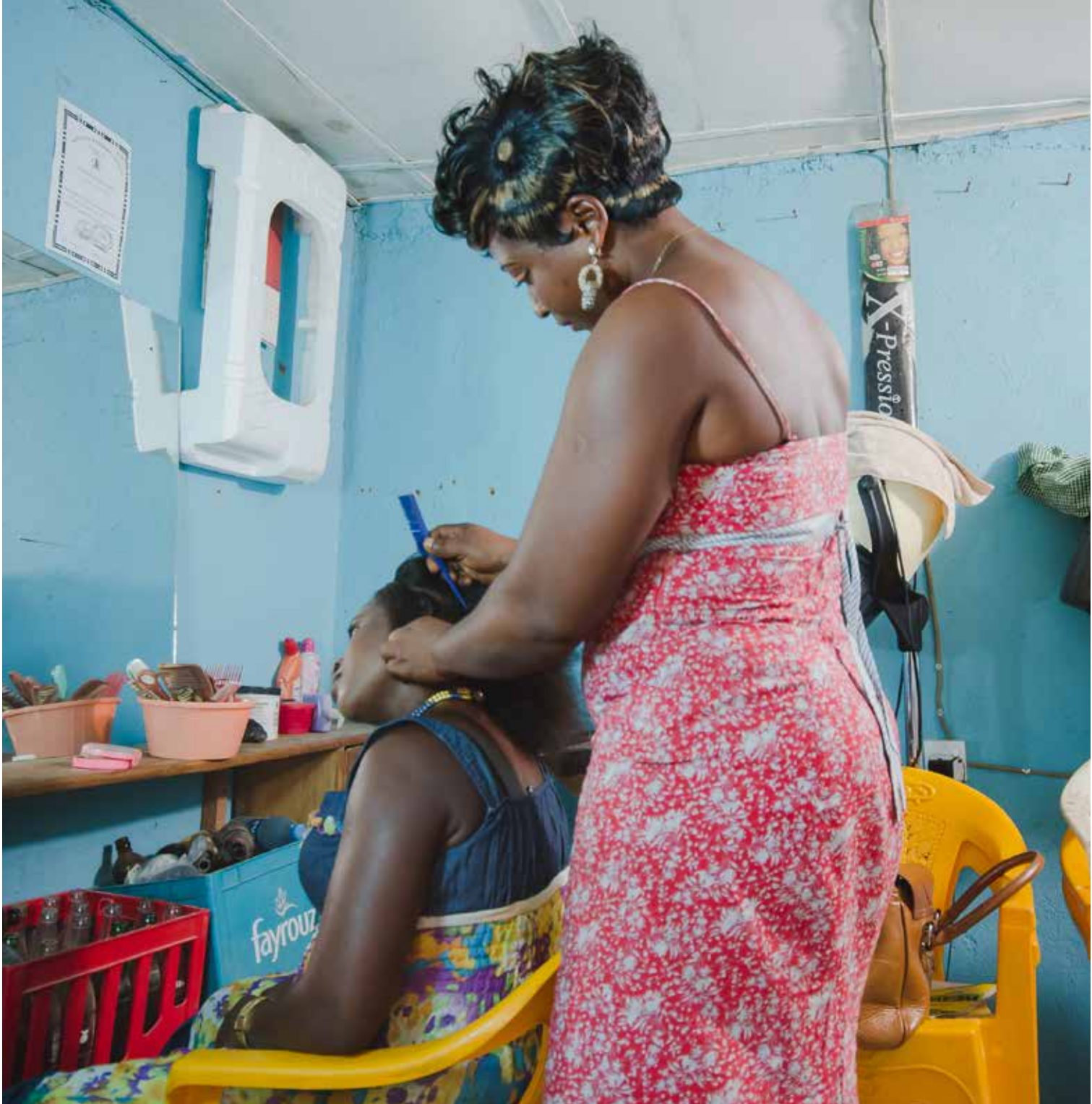
Since 2001, new HIV infections have fallen by 38%. Even better news is that new infections among children have fallen by 58%, dropping below 200 000 in the 21 most affected countries in Africa for the first time. This is a significant milestone on our journey to an AIDS-free generation.

The *Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive* (Global Plan) continues to expand. Since 2009, eight of the 21 Global Plan priority countries have achieved reductions of 50% or more in new HIV infections among children. This is due to the work of countries and stakeholders represented in this room.

South Africa has decided to offer HIV counselling and testing during every antenatal care visit in order to further reduce mother-to-child transmission of HIV. Zimbabwe has established what they call “B+Male,” a programme giving Option B+ to pregnant women and also offering treatment to their partners.

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Janet Aligba, hairstylist and mother of six, who is living with HIV



I was so pleased to see Yoo (Ban) Soon-taek and African First Ladies use the platform of the United Nations General Assembly in September to launch Zero Mothers Die, which will effectively complement the Secretary-General's Every Woman, Every Child initiative. The campaign supports the work and goals of the Global Plan by ensuring that all women and girls have universal access to information and services supporting maternal, newborn and child health. It will use state-of-the-art information and communications technologies, including mobile technology, to deliver timely health-care information to pregnant women and new mothers in need. I am also happy to announce that the Russian Federation has pledged to eliminate mother-to-child transmission of HIV by the end of 2015.

Countries are also starting to discuss self-testing as another tool to prevent HIV transmission. The French Minister of Health just announced this World AIDS Day in Paris that France would be "completing its arsenal" of tools to address HIV by allowing the sale of HIV self-tests in pharmacies throughout the country.

On the recent PCB field visit to Indonesia, you saw a great model for delivering services to key populations. The country's integrated, decentralized AIDS response has accelerated treatment, testing and HIV prevention services for key populations. Indonesia demonstrates how a multisectoral approach to HIV, combined with consistent leadership at all levels, is helping the country to stabilize the epidemic.

Countries are also making strides in the always controversial arena of harm reduction. Viet Nam is providing government sponsored methadone maintenance treatment, which I saw first hand on my recent visit to South Tu Liem district health centre. Pakistan is taking further steps to expand opioid substitution therapy and improve the legal environment. Our thematic segment on Thursday will showcase other harm reduction interventions in Kyrgyzstan and New York City to explore what is working. I want to thank UNODC for its leadership in moving this conversation forward, and we look forward to the public health approach playing an important role in the upcoming United Nations General Assembly Special Session on Drugs.

We continue to deliver on treatment. Record numbers of people (13.6 million) are accessing life-saving antiretroviral medicines because countries are turning

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targets into national policy. I was in Bangkok, Thailand, in October to congratulate the Government of Thailand on being the first country in Asia to offer life-saving treatment to everyone living with HIV, including documented and undocumented migrants. Prime Minister Prayut Chan-o-cha agrees that globalization and migrant labour is a reality, and governments must ensure that no one is left behind on our journey to end the AIDS epidemic.

Other countries are making progress on human rights. In the Caribbean, Trinidad and Tobago has survey results showing that attitudes are changing around men who have sex with men and sexual identity. In Africa, Uganda's Constitutional Court overturned the law that called for a 14-year jail term for a first conviction, and imprisonment for life for "aggravated homosexuality." In Namibia, the highest judicial body recognized that the state had violated the rights of three HIV-positive women who were forcibly sterilized. Comoros has strengthened protection for people living with HIV. At the International AIDS Conference in Melbourne, we saw tremendous leadership of men who have sex with men and transgender communities, as well as parliamentarians, who met to share progress on improving legal environments in their own countries and to acknowledge the importance of human rights to the HIV response.

The passion and energy of young people continue to inspire me. I see a generation demanding equitable access to sexual and reproductive health and rights. Our new generation of leaders made a powerful impression in Melbourne. They used the opportunity to mobilize on ACT! 2015—a global campaign for country-level action to advance sexual and reproductive health and rights and the HIV response with a unique political advocacy strategy that focuses on influencing opinion leaders.

In Melbourne, I also helped to launch, together with our United Nations Children's Fund colleagues, the All In initiative, aimed at protecting adolescents from HIV. Young people aged 10–19 are among the most neglected groups, yet AIDS is their second-highest cause of death globally. All In works to ensure that adolescents infected and affected by HIV are not left behind. We met in Geneva last week to strategize on how to leverage All In as a global movement to close the prevention and treatment gap—concentrating on 25 countries that represent 90% of AIDS-related deaths and 85% of new infections among adolescents.

On the science and technology fronts, we have new results on pre-exposure prophylaxis showing up to 90% effectiveness in preventing HIV infection among people who take it consistently. However, this therapy is only licensed in the United States of America so far.

Civil society, public and private organizations and UNAIDS are leveraging advances in mobile technology to empower communities through a new application called iMonitor+, which enables users to access HIV prevention and treatment services and provide feedback on the quality of such services.

In addition, UNAIDS is better harvesting the fruits of the data revolution by enabling the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the United States President's Emergency Plan for AIDS Relief (PEPFAR) and other partners and countries to use location–population approaches to invest funds where they are most needed and to monitor results in real time. Taking advantage of household-based surveys, we are able to map the locations of greatest burden and need, which in turn enables us to allocate resources most efficiently.

Smart money

Financing innovations and transformations encouraged and supported by this Board have led to new and successful approaches in the application of shared responsibility and global solidarity by many countries.

Propelled by the African Union's Roadmap on Shared Responsibility and Global Solidarity for AIDS, TB and Malaria Response in Africa, domestic resources have grown to make up more than 70% of the AIDS budget in Botswana, Mauritania, Mauritius, Namibia and South Africa.

What's more, countries are seeing tangible returns on these investments:

- Thailand is an excellent example of an upper-middle-income country that has generated great returns on its investments. Between 2005 and 2013, the country increased its domestic investment in AIDS by 1.5 times (from US\$ 117 million to US\$ 294.5 million), resulting in 45% fewer new infections (from 15 000 to 8200) and 57% fewer AIDS-related deaths (from 42 000 to 18 000).

These five years will determine the direction of the subsequent 10 years. That is why UNAIDS is calling for new Fast-Track Targets.



- Uganda is a low-income country that increased its domestic investment by 1.6-fold between 2011 and 2013 (US\$ 40 million to US\$ 105 million).
- Bangladesh and Peru increased their domestic financing by 60% between 2012 and 2013, while during the same period, low-income countries, such as Democratic Republic of the Congo and Ethiopia, increased their domestic investment by more than 80%, and low-income countries all together increased their domestic contributions by 25%.

These countries and others demonstrate that, more than financial capability, ending the AIDS epidemic is a societal choice that is within the grasp of every nation.

Ending the AIDS epidemic brings high returns on investment. As highlighted in the *Gap report*, for the period 2015–2030, economic returns will be 15 times higher than the investments required. The Secretariat is working with the World Bank and the Global Fund to increase the effectiveness of AIDS investments. In a recent example, we assisted the Sudan to reallocate almost 40% of its Global Fund application to avert 20 000 additional infections, or 36% of all new infections, for the same overall budget. Similar action studies are now under way in many other countries. We can get even greater impact for every AIDS dollar.

Prominent African leaders and stakeholders recently met in Marrakesh, Morocco, to discuss the importance of national funding for health during a high-level side event at the African Development Forum organized by the Global Fund, the African Union and the United Nations Economic Commission for Africa. Participants pushed for more countries to adopt programmes consistent with the African Union's Roadmap and partnerships rather than charity, and on increased domestic health spending that can be sustained over time to address health priorities in Africa. Several countries are now developing more robust, inclusive and results-focused national strategies and related investment cases that provide a solid framework for change.

And these efforts can have tangible governance benefits as well. In Zambia, AIDS responses have increased confidence in governance. A recent Afrobarometer survey showed that Zambians had more confidence in AIDS services than any other public service, whether in health, education, economic development, agriculture or governance. AIDS has strengthened confidence, and expectations in the quality of governance and public service.

Ending the AIDS epidemic brings high returns on investment.

PEPFAR continues to coordinate closely with UNAIDS to help countries implement the investment approach in national planning processes. Our investment approach closely aligns with PEPFAR's planning methodologies and is designed to use epidemiological and other relevant data to target resource allocation based on the type of intervention and geography. Ultimately, this will accelerate progress towards ending the AIDS epidemic.

In 2014, UNAIDS provided support to 45 countries that submitted HIV or HIV/tuberculosis (TB) concept notes for the Global Fund's New Funding Model, for a total value of more than US\$ 5 billion. UNAIDS continues to play a leadership role as a convener of national governments, civil society and other key stakeholders to support countries to apply a strategic investment approach to guide domestic and international spending.

On the Fast-Track

The Fast-Track report and the *OUTLOOK: Cities report* also show that we have just five years to break the trajectory of the AIDS epidemic. We must get ahead of the number of new HIV infections and ensure access to effective treatment for all of those in need once and for all, through the accelerated Fast-Track approaches that are outlined in the reports. If we do not, we risk a resurgence that will damage economies, demoralize communities and threaten human rights. These five years will determine the direction of the subsequent 10 years. That is why UNAIDS is calling for new Fast-Track Targets.

We launched these new targets at the United Nations General Assembly in September: By 2020, 90% of all people living with HIV will know their HIV status, 90% of all people diagnosed with HIV will receive treatment and 90% of people on treatment will achieve viral suppression.

Prevention targets include reducing the annual number of new HIV infections by more than 75%, to 500 000 by 2020, and to 200 000 by 2030. Achieving zero discrimination is a key target of the Fast-Track approach.

All targets are firmly based on an approach that is grounded in human rights and, if achieved, would significantly improve global health outcomes. If we reach these targets, and ensure combination prevention, we will be on track to end the AIDS epidemic by 2030, averting nearly 28 million new HIV infections and 21 million deaths.

The new paradigm of 90–90–90 is powerful and unlike anything before. From a single target to three cascading targets—achieving one leads to achieving the next. From preventing deaths to preventing deaths and transmission. From pursuing a treatment number to pursuing treatment equity, leaving no one behind. From incremental funding to front-loading investment for maximum impact.

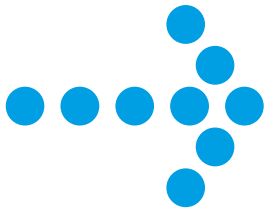
The cascade will work: the *Gap report* shows that as people learn their HIV-positive status, they will seek life-saving treatment. In sub-Saharan Africa, almost 90% of those who tested positive for HIV received treatment, and 76% of those achieved viral suppression, making them unlikely to transmit the virus to their sexual partners. New data also demonstrate that every 10% increase in treatment coverage corresponds to a 1% decline in the percentage of new infections.

The challenge now is to articulate widely a global strategy, using terms and actions that can be understood and tailored to every epidemic. I am grateful to the Presidents of Ghana, Switzerland and South Africa, and their representatives from Chad and the United States of America, and also to civil society, for the leadership they are exercising to get the messages out—the Fast-Track side event at the United Nations General Assembly was inspiring.

And other countries are listening. Viet Nam became the first Asian nation to commit to the new targets. And I can announce today that Luxembourg has made the first pledge of financial support in the amount of €500 000 for implementation of 90–90–90, as a supplement to Luxembourg’s current multi-year funding agreement with UNAIDS. This collaboration will include a number of thematic high-level meetings in Geneva in 2015 designed to generate political, technical and strategic recommendations for the global, regional and country levels. Luxembourg will further use its influence to promote the new targets at the highest political levels, with the Group of Seven and the European Union.

United States Secretary of State John Kerry announced at the United Nations General Assembly and again on World AIDS Day the United States Government’s support for achieving the new Fast-Track 90–90–90 targets globally, and substantively in the high-burden geographical areas where PEPFAR is working. On World AIDS Day, PEPFAR announced its latest

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TARGETS

By 2020

By 2030

90-90-90
HIV treatment

95-95-95
HIV treatment

500 000
New adult HIV infections

200 000
New adult HIV infections

ZERO
Discrimination

ZERO
Discrimination

results, including the fact that, as of September 2014, the United States was supporting, through either direct or indirect contributions, 7.7 million people on antiretroviral therapy. PEPFAR, under the leadership of Ambassador Birx, also released an updated strategy, PEPFAR 3.0, which is squarely aligned with our focus on results and with our new 90–90–90 targets.

Also on World AIDS Day, we launched the *OUTLOOK: Cities report*, which outlines the important role that urban areas will play in ending the AIDS epidemic by 2030. The 200 cities most affected by the epidemic account for more than a quarter of the 35 million people living with HIV around the world. In sub-Saharan Africa, 45% of people living with HIV reside in cities.

At the launch in Paris, mayors from around the world signed the 2014 Paris Declaration, committing to putting cities on the Fast-Track to ending the AIDS epidemic by achieving the 90–90–90 targets. A Fast-Track response in cities will encourage new, cutting-edge service delivery programmes that can pave the way to address other public health challenges, including TB, sexual and reproductive health and rights, maternal and child health, gender-based violence and noncommunicable diseases. The Paris Declaration includes commitments to focus on communities most affected by HIV, to mobilize resources for the better integration of public health and development, to build and accelerate urban HIV strategies and to use the AIDS response as a catalyst for positive social transformation.

I want to acknowledge the endorsement from the BRICS (Brazil, Russian Federation, India, China and South Africa) ministers of health of our 90–90–90 targets at their meeting last week and for also adopting 90–90–90 targets on TB.

Closing the gap

UNAIDS' *Gap report* reminded us that people are still being left behind, and it told us who they are. Analysis of our Fast-Track targets told us we can reach them and end the AIDS epidemic. This is about scaling up efforts to reach everyone and to close the gap between people in need and HIV prevention and treatment services. This is new, compelling evidence that we must not ignore. I urge all of you use the *Gap report* as you chart your path to ending the AIDS epidemic.

The challenge now is to articulate widely a global strategy, using terms and actions that can be understood and tailored to every epidemic.

UNAIDS Executive Director Michel Sidibé, Executive Director of UN-Habitat Joan Clos and Anne Hidalgo, the Mayor of Paris, at the World AIDS Day event in Paris, signing the Paris Declaration



The Paris Declaration reaffirms that we will not achieve any of our new targets without addressing the social and political drivers of ill health and poverty. Stigma, discrimination, punitive laws and policies and a lack of services continue to hamper the AIDS response.

Building on the work of the Global Commission on HIV and the Law and our previous very successful task force on travel restrictions, I am proposing to convene a task force in 2015 to address the different faces of discrimination—in health services, in employment and in the legal environment. I look forward to engaging with all of you towards ensuring that this task force will help us focus our efforts and amplify our collective voice. Our message is simple and it is clear—no one should be left behind.

One of the more hidden communities struggling with HIV is people with disabilities. Few programmes exist to enable their access to HIV prevention and treatment services. We plan to change that. UNAIDS is working closely with the International Disability and Development Consortium to ensure that people with disabilities are included in national AIDS responses as part of our Fast-Track strategy.

We also continue to fail people living with HIV and TB. In 2013, 360 000 HIV-positive people around the globe died of TB, a disease that is both preventable and curable. Greater commitment and resources are needed to mount an effective and more integrated response to TB. In October, I attended a high-level round-table event in Barcelona, Spain, that examined how this can be done through the Global Fund's New Funding Model and expressed the need to support civil society in social movements and community engagement for more sustainable and inclusive approaches. Certainly we need new funds for research and development on TB drug resistance.

The health and rights of women and girls must be supported and they must be empowered if we are to end the AIDS epidemic by 2030. I am glad that this will be the theme of the African Union summit in January.

Intimate partner violence affects one in three women globally and increases their risk of becoming infected with HIV. In some settings, young women who have experienced intimate partner violence are 50% more likely to acquire

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HIV than women who have not. Preventing such violence is shown to reduce HIV incidence by 12%. The joint efforts of the national police and armed services in Rwanda to address gender-based violence were recognized by the United Nations Secretary-General and the World Bank President at the creation of the AFSOCCA-VAWG (Africa's Centre for Security Organs Coordination of Action to End Violence against Women and Girls) Secretariat to address gender-based violence.

Women living with HIV also face institutional violence, including forced sterilization and forced abortion as well as denial of health services.

Gender-based violence and inequity must be faced head on as an HIV prevention issue and a central factor in ending the AIDS epidemic by 2030. I urge all of you to read our new publication, *Women living with HIV speak out against violence*, released two weeks ago on the International Day for the Elimination of Violence against Women. It is a collection of powerful essays written by women living with and affected by HIV, and you will be inspired by these brave voices.

I want to commend the First Lady of South Africa, Thobeka Madiba-Zuma, for her commitment to improve the health of young women and girls in her country. She has directly lobbied for price reductions for the human papillomavirus (HPV) vaccine and for better access to the vaccine in developing countries. She is setting the standard for tackling women's cancers and HIV in Africa, including prevention initiatives for young women and girls. With women living with HIV six times more likely to be infected with HPV, our efforts to integrate access to effective cervical cancer screening and treatment services for women into our collective efforts is and remains a critical element of our work.

The First Ladies of Africa, through their ongoing efforts under the auspices of the Organisation of African First Ladies against HIV/AIDS (OAFLA), continue to be powerful allies in the AIDS response. I also want to acknowledge the work of women leaders from the Middle East and North Africa. At a high-level meeting last month in Algiers, women leaders called for advancing gender equality, the HIV response and universal access to treatment and prevention in the region. Algeria itself has shown a strong political commitment to gender equality, with women holding 21% of ministerial positions and 31% of seats in parliament. The country's HIV response is also an example to follow in the region. Algeria's policy is to provide universal access to HIV prevention and treatment services, including free antiretroviral medicines to those in need, with up to 97% of funding coming from

domestic sources. Algeria has also succeeded in building strong partnerships with its dynamic civil society.

Shamefully, we are still leaving children behind. Global Plan implementation has identified the large treatment gaps between mothers and their children. It is a disgrace that three in four children living with HIV are not receiving treatment. We will not succeed in our quest to end the AIDS epidemic without addressing the paediatric crisis. But amplifying our efforts to close the diagnostic and treatment gap for children needs a better approach to the coordination of the many critical paediatric initiatives.

Fortunately, we are seeing more countries working to ensure that all diagnosed children under the age of five years receive treatment, in accordance with the 2013 WHO guidelines, and are strengthening the follow-up of mother–baby pairs—as a pair and not separately—in order to make sure children are not left behind.

Thanks to PEPFAR and the Children’s Investment Fund Foundation, the new Accelerating Children’s HIV/AIDS Treatment Initiative will provide 300 000 more children with access to paediatric antiretroviral medicines across 10 sub-Saharan countries—Cameroon, Côte d’Ivoire, Democratic Republic of the Congo, Kenya, Lesotho, Malawi, Mozambique, United Republic of Tanzania, Zambia and Zimbabwe.

Partners in prevention

Reaching 90–90–90 and closing the gap requires that we scale up prevention. Increasing efforts for combination prevention methods, such as condoms, male circumcision, sexual and reproductive health and rights for young people and prevention of mother-to-child-transmission, will give us the tools we need to end the AIDS epidemic as a public health threat.

We also want to propose not only prevention outcomes (such as reductions in new infections) but also make concrete suggestions about the scale, intensity and use of the combination prevention tools and methods needed to end the AIDS epidemic.

Gender-based violence and inequity must be faced head on as an HIV prevention issue and a central factor in ending the AIDS epidemic by 2030.

In the week leading up to the International Day against Homophobia and Transphobia, teams of volunteers chalked rainbows across schoolyards around Bangkok, Thailand



UNAIDS will continue to push the prevention agenda forward in several critical workstreams, including:

- Young women and girls.
- Social protection and cash transfers.
- Key populations.
- Condoms.
- Pre-exposure prophylaxis.
- Voluntary medical male circumcision.

UNAIDS has also signed a memorandum of understanding with the University of Witwatersrand Reproductive Health and HIV Institute (Wits RHI) in Johannesburg, South Africa, to combine efforts towards ending the AIDS epidemic in eastern and southern Africa. UNAIDS and Wits RHI will work with governments and partners to develop and implement a regional strategy on ending the AIDS epidemic, analyse programmatic gaps and increase access to treatment as a preventative measure for people at higher risk of exposure to HIV. We will also work closely on integrating HIV and TB services and on enhancing HIV awareness and prevention education, reducing legal barriers, strengthening social protection for young people and ending gender-based violence.

The private sector and academia are strong partners in prevention and expanding access to treatment. I want to commend the pharmaceutical company Roche for its Global Access Programme, which will sharply lower the price of HIV viral load tests in low- and middle-income countries. The move creates a ceiling price of US\$ 9.40 per test, and will reduce Roche's average price by more than 40% in low- and middle-income countries.

This initiative is a direct result of the UNAIDS sponsored Diagnostics Access Initiative, launched in Melbourne. With the leadership of South Africa, and in partnership with UNAIDS, the Clinton Health Access Initiative, the Global Fund, PEPFAR and UNITAID, suppliers were challenged to lower viral load test prices, and Roche was the first company to step forward. When fully implemented, it will save more than US\$ 150 million over the next five years.

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A post-ODA world

Insufficient funding for the AIDS response continues to stall progress. Modellers suggest that 87% of people living with HIV will live in middle-income countries in less than 10 years. This has massive implications. We must address both the volume and source of financing in a post-ODA world.

Civil society—critical actors in the response—currently receive only 1% of global AIDS funding, and we need to increase that to at least 3% if we are to close the gap effectively. We have received reports of reduced funding for the civil society response. Reversing that trend is critical to achieving our Fast-Track Targets, and UNAIDS commits to advocate for a tripling of the percentage of existing funds for HIV in the future. This will allow us to effectively leverage the role and contributions of civil society, including through increased investment in these organizations. They are our key allies in sustaining the AIDS response and global health more broadly.

It also means encouraging countries to develop financial sustainability transition plans—to make the leap from externally driven development to shared responsibility, while acknowledging the importance of global solidarity. It means ensuring that investments, such as those from the Global Fund, PEPFAR and other partners, are domestically mobilized and put to use for greatest impact in countries.

Finally, we need to continue to take AIDS out of isolation in financing as well as policy. Countries are starting to recognize that their investments in AIDS are investments in health, human rights, social justice and their own economies. This is why I joined World Bank President Jim Kim and United Nations Development Programme Administrator Helen Clark last January in calling for uniting the goals of ending extreme poverty and inequality with the goal of ending the epidemic by addressing the cross-cutting social drivers of both. The benefits to this joint commitment were well reflected in our last PCB thematic session as well as in the resulting report and decisions of our 34th meeting.

Local production of medicines is one of the most important investments that low- and middle-income countries can make. I am encouraged by moves being made to stimulate local production. At the World Investment Forum in October, we convened a panel with the United Nations Conference on Trade and Development

(UNCTAD) exploring how countries can improve access to high-quality low-cost medicines and develop their domestic production, particularly through renewed public–private partnership. I have already witnessed the momentum sparked by this debate, and the strong follow-up of concrete suggestions and proposals. I have since been in discussion with the Government of South Africa and am delighted to say that President Zuma has agreed to host a continental meeting on local production.

The African Union is also exercising leadership on this, and we will be working with key partners, including the New Partnership for Africa’s Development. Indeed, local production is a prime example of the need for enhanced interagency collaboration, with the United Nations Industrial Development Organization, WHO, UNCTAD and the United Nations Population Fund all working together.

Ebola lessons

It was striking to see the United Nations General Assembly juggling an unprecedented number of global crises, each one of them affected by, or affecting, our work to end the AIDS epidemic. Let us reflect now on the West Africa crisis. Ebola has been a powerful wake-up call that we need to build up early warning systems and increase our ability to fast-track global health security in partnership with the rest of the world.

Just over two weeks ago, I joined WHO Director-General Margaret Chan, Global Fund Executive Director Mark Dybul and Jean-François Delfraissy, French coordinator of the international and national Ebola response and Director of the French National Agency for Research on AIDS and Viral Hepatitis, on a mission to Mali, which was beginning to see its first few cases. We saw first hand how health systems there were applying lessons learned from their neighbours. But Mali is at a turning point now. We have pledged our sustained support.

The Ebola virus outbreak has also highlighted the continuing need for African countries to meet their Abuja Declaration commitments of allocating 15% of government expenditures towards health. Only 11 countries have reached this goal—it remains more essential than ever that they all do.

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Solidarity at a candlelight vigil at the 20th International AIDS Conference in Melbourne, Australia



The AIDS response has given us unique insight into what is happening beneath the media coverage of an emerging and frightening epidemic. We know that first we need to stop the panic. We have seen this in every country, where misinformation and rumour form the basis of communication. We can all do our part to take action informed by science and grounded in human rights and equity, which can be aided by mobilizing those trained to communicate about the AIDS response—journalists, community organizers, social media users—to address Ebola.

We know that the AIDS response has strengthened health systems and democratized service delivery and health by bringing capacity and voice to communities. But we will neither defeat Ebola nor end the AIDS epidemic without a serious rethink of how we deliver services to people. Ebola has shone a harsh light on many weaknesses in our systems and the interconnectedness of health and security challenges.

We can see clearly now how human security depends on the equal distribution of opportunity, shared economic progress and putting people at the centre. Only when we have human security can we have stability. But conflict can leave systems in shreds. In our increasingly interconnected world, viruses do not recognize or stop at international borders. We must continue to identify new and innovative ways of ensuring a people-centred approach to health that strengthens and reinforces human security and thus national security.

We can also see the need to bolster human resources for health, engage civil society and faith-based organizations, build bridges to communities and strengthen fragile community systems if we are to get information and services to those in need.

This requires genuine innovation, including in ensuring commodity security. It will be impossible to get medicines to billions of people in need in the future and to reach 90–90–90 without it. Innovation also means reaching for health systems in which integrated service delivery is the norm—where people living with HIV or other chronic diseases are no longer treated as a set of diagnoses but as a whole person.

I would also like to reinforce what Roland Göhde, Managing Director of Sysmex Partec in Germany, highlighted at the World Investment Forum: that the Ebola crisis gives impetus to the local production agenda. Only two laboratories in

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western and central Africa can diagnose Ebola. Research and development and innovation for diagnostics, not just treatments and cures, are often missing from this debate. We must do all we can to encourage these investments in Africa—for HIV, for emerging epidemics and for noncommunicable diseases.

The time for Fast-Track action is now

The vision and bold strategic direction of the existing UNAIDS Strategy and its three pillars, originally adopted by this Board in 2010, remain valid and sound. The vision sets the path towards ending the AIDS epidemic. It is still this solid foundation, accelerated through the Fast-Track goals and targets, which will help us to break the epidemic over the next five years.

Five years on from that historic moment, when we dared to dream what was considered an impossible dream, we must recognize we are living in a new reality. The past six months have been highly productive in giving us an entirely new understanding of how to move the global response forward:

- We have new data and analysis that demonstrates who is being left behind and what is possible to achieve.
- We have new and exciting innovations in science and service delivery.
- We have new partnerships and new and growing global commitments to end the AIDS epidemic.

We face a historic opportunity to turn our dream of the end of the AIDS epidemic into reality if we act now. Moving forward we need:

- Better regionalization to respond to the realities of the different epidemic dynamics throughout the world.
- A time frame that gives countries and partners adequate space and opportunity to develop transition plans for investment sustainability.
- Speed of action, to quicken the pace of the response and so maximize the returns on investments in a timely manner.

New Fast-Track Targets for 2020 require a strong framework that builds on the vision of the three zeros and the pillars of the UNAIDS Strategy. We need to mobilize political commitment, identify programmatic approaches that accelerate action and focus global efforts and local resources on doing the right and best thing in each setting.

At our 34th PCB meeting in July, you asked UNAIDS to hold a Financing Dialogue aimed at ensuring predictable and sustained funding, efficient management of funds and transparency for effective implementation of the UNAIDS Unified Budget, Results and Accountability Framework within the overall AIDS response. At that dialogue, which took place last month, stakeholders called on us to be bold. They pointed to ambitious calls in the past that delivered country-level impact, and they demanded that we maintain this vigour.

In order to respond to these realities and maintain momentum, I would like to propose that the PCB consider updating and extending the strategy through to 2021, as recommended by the executive heads of the cosponsoring organizations. This was the focus of discussion at the recent meeting of the Committee of Cosponsoring Organizations, where executive heads agreed that we have a sound vision and framework now and need a strong UNAIDS Strategy and Joint Programme to drive the Fast-Track. I agreed to propose to this PCB the need for a strategy that builds political momentum and front-loads investments to take us through this critical period, and is aligned with planning cycles of other funds and programmes, as mandated by the quadrennial comprehensive policy review (2016–2021).

This will also allow us to respond to another development since the last PCB, the decision of the United Nations General Assembly to convene a High-level Meeting on AIDS in 2016. We must ensure that we are able to inform and inspire this discussion.

Getting ready for a post-2015 world

My friends, we must continue to collectively reflect on how we can become more fit for purpose for the post-2015 transformative agenda—both at UNAIDS and in the United Nations system as a whole. We discussed this at the Chief Executives Board and agreed that a United Nations system that can deliver on the post-2015 agenda must effectively meet the challenges of the twenty-first century. These challenges are diverse and complex and demand the effective coordination of government, civil society, the private sector, academia and others. UNAIDS is uniquely placed to bring together all actors.

As the only cosponsored Joint Programme, we must continue to intensify what we do best—convening diverse partners, brokering difficult conversations,

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Zero Discrimination Day was celebrated for the first time on 1 March 2014



generating political advocacy for the most marginalized and focusing on evidence-based results. But we must also challenge ourselves to adapt and evolve to shifting contexts. This requires critical analysis, flexibility, innovation and openness to change.

Going forward, we are committed to continue leveraging HIV as an entry point for social transformation. This includes shared responsibility for inclusive, long-term and sustainable funding for broader vulnerabilities, promotion of the strategic investment approach for countries and a focus on priority areas, populations and interventions where cost-effective impact and value for money is best achieved and can have multiplier effects.

I am happy to see that over the past year, UNAIDS has sparked a debate around a new global health architecture for a post-2015 world. It is essential in the crowded post-2015 environment to reaffirm this Board's commitment to ending the AIDS epidemic by 2030 and ensure that this goal remains firm on the final post-2015 agenda.

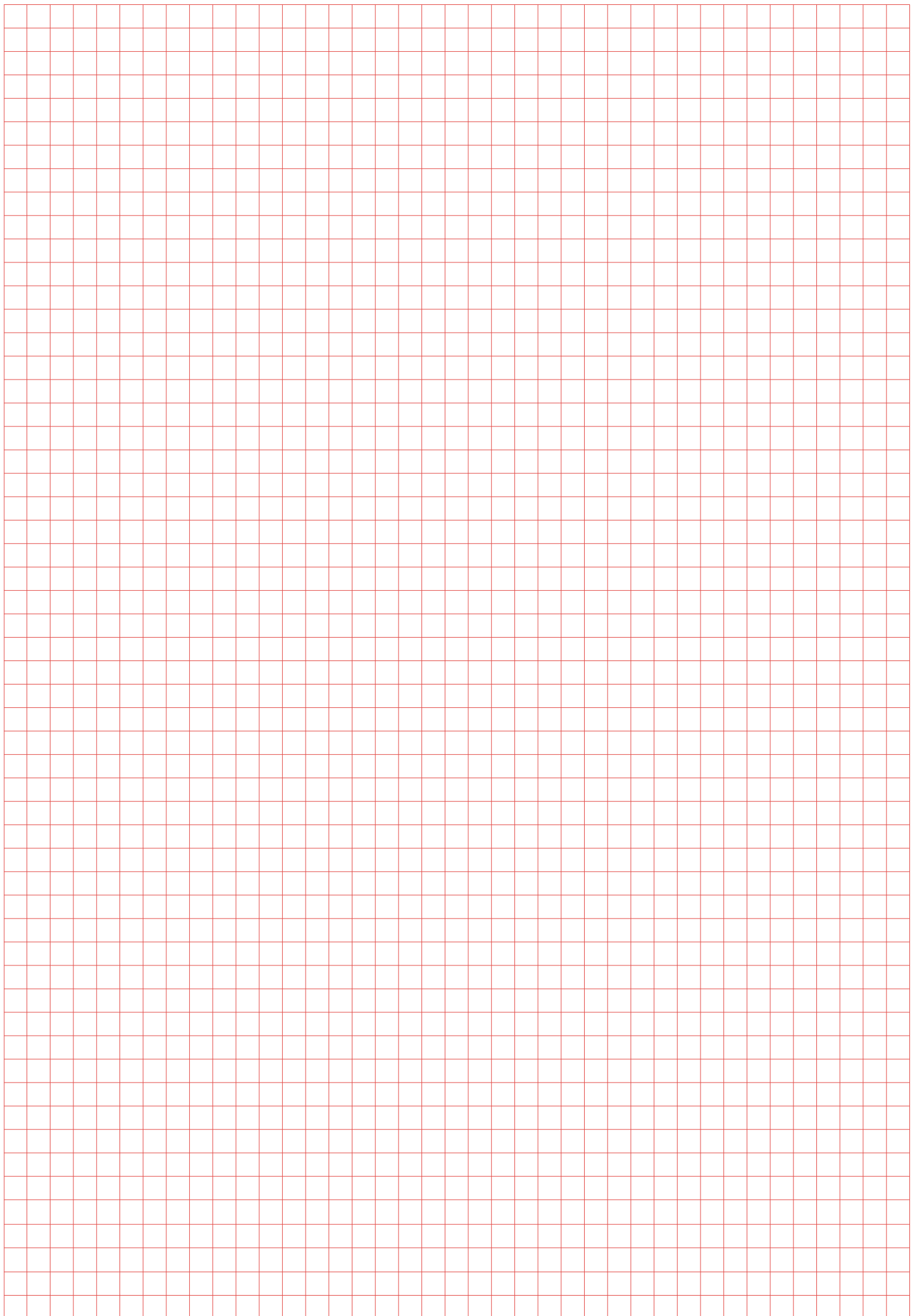
How do we recommit and prepare? By building bridges between movements so that together we can end AIDS, TB and malaria by 2030—leveraging investments in AIDS networks for further social transformation. Redoubling efforts to reduce inequity, confront stigma and discrimination and ensure the human rights of all people will be as important to ending the AIDS epidemic as any numeric target.

Let us join together in what may be our last opportunity to secure a post-2015 agenda that is inclusive and transformative and that delivers human dignity, gender equality and a future fit for young people. I count on your continued commitment.

For only US\$ 3 per person living with HIV per day, we can end the AIDS epidemic. Is this not one of the best investments we can possibly make for ourselves and our children?

Thank you.

For only US\$ 3 per person living with HIV per day, we can end the AIDS epidemic. Is this not one of the best investments we can possibly make for ourselves and our children?



2030 | ENDING THE AIDS EPIDEMIC



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