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# UNAIDS Executive Director's report

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Opening of the 37th meeting of
the UNAIDS Programme Coordinating Board

# Ending the AIDS epidemic by 2030

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

Good morning and welcome to the 37th meeting of the PCB. I offer my thanks to our Chair, David Parirenyatwa of Zimbabwe, our Vice-Chair, Alexandre Fasel of Switzerland, and our Member State, nongovernmental organization and Cosponsor partners for your hard work as we embrace a new era of sustainable development and inaugurate a new strategy for UNAIDS that will guide all routes to the end of the AIDS epidemic.

I want to especially recognize our Chair and Vice-Chair who, over the past 12 months, have created space for debate and exchange. AIDS is about every constituency, not just one part of the world or one group. We cannot leave anyone behind.

Allow me to take a moment to remember our fallen heroes. Let us salute Joel Nana, a former member of the PCB nongovernmental organization delegation and founder of African Men for Sexual Health and Rights. Joel always challenged us to leave no one behind. He eloquently championed the rights of people who have been discriminated against because of who they are, how they live or who they love.

I also want to remember Mirka Negroni. She joined UNAIDS in 2014 as Country Director for Honduras and Nicaragua and quickly became a valued member of the country and regional team. Her commitment to human rights—especially sexual and reproductive health and rights related to HIV-positive people and migrants—was well recognized in Latin America and by the Latino community in the United States of America. These two powerful activists will be missed by all of us.

I would also like to recognize Craig McClure, well known to us as Chief of the HIV/AIDS Section of the United Nations Children's Fund. He will be stepping down from his position in the new year, but will continue his strong engagement in the AIDS movement.

This 37th meeting of the PCB comes at a critical moment in our history—and for our future. It is timely that we are meeting so soon after the world adopted the 2030 Agenda for Sustainable Development and has collectively committed to end the AIDS epidemic as a public health threat by 2030. When we proposed this deadline, people thought it was a dream. But thanks to your passion and leadership, the world has embraced it as an achievable goal.

The UNAIDS 2011–2015 Strategy launched the concept of the three zeros, which captured the world's imagination with its audacious vision. I want to share now what five years of getting to zero has taught us.

The aspiration that we could achieve zero new HIV infections, zero discrimination and zero AIDS-related deaths—backed up by targets and evidence-informed actions—inspired the world and offered a model for a people-centred, rights-based approach to global health and social transformation. Our strategy was a pathfinder for the 2030 Agenda for Sustainable Development. Our will to leave no one behind has centred the debate around people who are excluded. Our *Gap report* clearly demonstrated that in health and development, we cannot afford to exclude even one person.

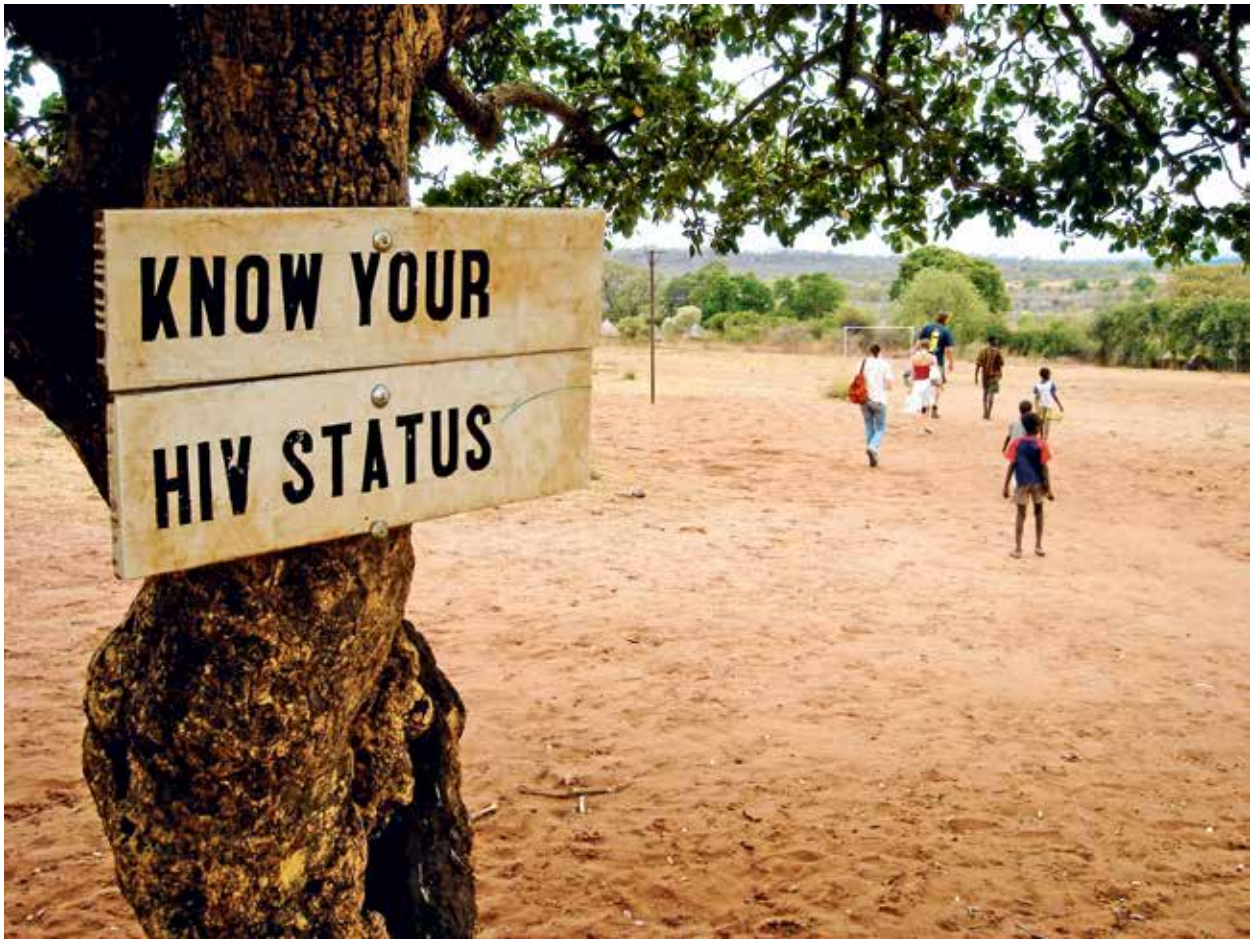
## The legacy of zero

More than a vision, the three zeros movement had substance and brought measurable progress. We have quickened the pace of action. It now takes five years to deliver what otherwise would have taken 20. We have halted and reversed the trajectory of the epidemic. We achieved the AIDS targets of Millennium Development Goal 6. We have moved from no treatment access in 1996 to 15 million people on treatment by 2015, nine months ahead of the 15 x 15 deadline—the first time in United Nations history such a goal was achieved early. Our success is due to the execution of the UNAIDS 2011–2015 Strategy and our collective mobilization around its goals. And none of it would have been possible without the world's commitment to global solidarity and shared responsibility.

Countries are allocating more domestic funds to HIV—an essential element of our new strategy. However, it is essential that international donors hold firm in their funding commitments as low-income countries transition to increasing their investments and sharing more responsibility.

We have made significant progress in eliminating mother-to-child transmission of HIV and keeping mothers alive, with amazing success stories along the way. Just a few months ago, Cuba met the rigorous World Health Organization (WHO) standards for eliminating mother-to-child transmission of HIV, and is inspiring other countries to do the same. Today, 85 other countries are within reach of elimination, each now having fewer than 50 newborn HIV infections each year.

Globally, we almost halved the number of children becoming infected with HIV in the past five years. This is incredible progress in a short time, achieved in some of the highest-burden countries: South Africa has reduced new infections in children by 76% in just four years, and Uganda and Mozambique have seen 69% reductions. These are huge achievements.


KNOW YOUR
HIV STATUS

HIV linked to drug injection has been virtually eliminated as a public health problem in countries that have ensured sustained access to harm reduction and HIV services and that do not criminalize or imprison people for drug use and minor possession or sale. I want to commend the United Nations Office on Drugs and Crime for its new, forward-looking HIV strategy, which aligns closely with our Fast-Track approach. It calls for evidence-informed, people-centric, health and human rights-sensitive drug policies and programmes, and confirmed that alternatives to incarcerating drug users are possible in the framework of relevant United Nations conventions.

Scientific breakthroughs are coming fast, most notably the continual improvement of treatment. This has allowed people living with HIV to live healthy, full, productive and long lives. Medicine costs are at their lowest ever, with generic first-line regimens costing US$ 95–158 per patient per year—a 60–70% reduction between 2007 and 2014. Effective new treatments have been developed for coinfections such as hepatitis C. Medicines are less toxic and more effective, with fewer pills, increasing the quality of treatment and the quality of life for patients.

In the field of tuberculosis—where progress on medicines and diagnostics has stagnated since World War II—we not only have the Xpert test now, but whole new classes of medicines that are better tolerated. We are seeing multidrug-resistant tuberculosis clearance rates rise from below 50% to almost 80%.

Diagnostic tests are cheaper and costs continue to fall. With UNAIDS leadership, global partners of the Diagnostics Access Initiative—the Clinton Health Access Initiative, the United States President's Emergency Plan for AIDS Relief, the Global Fund to Fight AIDS, Tuberculosis and Malaria and UNITAID—have lowered the price of early infant HIV diagnosis for low- and middle-income countries by 35%.

We know treatment and prevention go hand in hand. Their combined impact is enormous and is changing lives for the better. But life-saving medicines are still not reaching a large segment of the world's people. We need to expand capacities to manufacture, export and import quality generic medicines and to lower the price of second- and third-line treatment.

Millions of patients in poor regions rely on sometimes shaky access to affordable generic medicines. Let me take this opportunity to urge the Council for TRIPS (Agreement on Trade-Related Aspects of Intellectual Property Rights) to accept the request of the least developed countries (LDCs) to extend TRIPS waivers on pharmaceutical products as long as these countries remain rated as LDCs, giving them space to secure and expand their capacities in manufacturing, exporting and importing assured-quality generic products.

# Trailblazing leadership

Change is under way, and we are witnessing fantastic country leadership and partnerships across the globe. The new global targets announced by United States President Barack Obama are an exciting manifestation of this. Over the next two years, United States programmes will grow to support nearly 13 million people with life-saving treatment. This US$ 300 million investment will help achieve a 40% reduction in new HIV infections among young women and adolescent girls in the hardest-hit areas of sub-Saharan Africa, catalysing action and helping us to Fast-Track the response.

On the subject of young people, I want to particularly thank our Vice-Chair, Switzerland, for its inspiring support to youth-led accountability through the ACT 2015 initiative.

I attended the Forum on China–Africa Cooperation meeting in Cape Town, South Africa, earlier this month and was inspired by those leaders' commitment to health as an intrinsic part of development. I also welcome the leadership of Prime Minister Dmitry Medvedev of the Russian Federation, who convened a high-level meeting last week in Moscow to focus on the growing HIV epidemic in his country. And later this week I will travel to India for the India–Africa Summit at the invitation of the Government of India. A side event will focus on commodity security, generics and access to medicines in the future—a critical step as we seek to ensure access to affordable treatment for all.

In August, following the Second Latin America and Caribbean Forum on the HIV Continuum of Care, governments, civil society, donors and other stakeholders endorsed regional prevention and zero discrimination targets for 2020, aligned with the 90–90–90 treatment target. These countries aim to reduce the number of new HIV infections among adults and young people by 75% and increase by 90% the number of gay men and other men who have sex with men, sex workers and transgender people who have access to HIV prevention services. Together, these countries have developed the first complete regional road map for Fast-Tracking the end of the AIDS epidemic.

I would like to acknowledge the recent ground-breaking guidance from WHO on test and treat, an essential component of our work to provide treatment for all. This Friday, the Russian Minister of Health has invited UNAIDS to address all of the BRICS (Brazil, Russian Federation, India, China and South Africa) ministers of health in Moscow and we will encourage them to be the first group of countries to implement test and treat and pre-exposure prophylaxis. I also invite all eastern Europe and central Asia countries and partners to join us for the important Eastern Europe and Central Asia AIDS Conference, to be held in March in Moscow, for an open and evidence-informed forum to advance the AIDS response.

At a regional consultation in Cairo, Egypt, last month, Middle Eastern and North African countries mobilized political leadership and partnerships for a resilient regional HIV response in the context of humanitarian emergencies. Participants outlined linkages, entry points and priority actions for HIV integration in humanitarian responses as well as the technical support needs for countries in emergency situations. The protection of people affected by humanitarian emergencies—including refugees, asylum seekers and internally displaced people—is emerging as a key priority in the Middle East and North Africa.

Finally, I would like to recognize the governments of Belarus and Lithuania for their success in lifting HIV-related travel restrictions. I encourage the remaining 35 countries with such restrictions to remove them as soon as possible, consistent with their commitments at the 2011 High-Level Meeting to do so before the end of 2015.

I want to thank the PCB for its vision and courage to transform the AIDS response and help us reflect on difficult and sometimes sensitive issues. It has spoken out against HIV discrimination. It has made bold and progressive calls for the right to health and access to treatment and prevention for all. It has highlighted the human rights of women and girls and the need to protect them from the violence and inequality that makes them vulnerable to HIV. It has stood up for the most marginalized people on our planet—people who have been left behind in rich and poor countries.

Its efforts reinforce that AIDS is not just about a disease or a pill—it is about dignity, social justice and human rights. I ask you to please continue to ensure that no one is left behind through the execution of our updated and extended UNAIDS 2016–2021 Strategy.

## Accelerate … or crash

From San Francisco to Soweto, the AIDS response has shown that when people stand up and demand their rights, denial and inaction are shattered.

But HIV continues to shine a harsh light on the inequalities of this world. AIDS is unfinished business. AIDS is not over.

Since the beginning of the epidemic, 76 million people have become HIV-positive, and 36.9 million people are living with HIV today. Almost 20 million people living with HIV are women—double the entire population of Sweden. Last year, 1.2 million people died of AIDS-related causes, and 2 million people were newly infected with HIV. Among young people aged 15–24 years old living with HIV, 58% are girls. AIDS-related causes remain the largest cause of death of women and girls of reproductive age worldwide.

Only 32% of the world's children in need of HIV treatment are receiving it.

It is outrageous that in 2015, when we have all the tools to end this epidemic, we still have to fight prejudice, discrimination, exclusion and criminalization, not only in homes, but in streets, hospitals, police stations and courtrooms.

This is happening at the very moment when modelling has shown that if we make the right moves, the end of the AIDS epidemic is within our grasp. But this moment is fleeting. We have a fragile window of opportunity—measured in months—in which to scale up.

If we do not accelerate investment and action in the next five years, we risk having HIV infections and AIDS-related deaths rebound by 2020. Without immediate Fast-Tracking of our response, the costs of the epidemic—to national finances and to human lives—will grow into a debt we can never repay.

We will fail to reach the Sustainable Development Goal target of ending the epidemic as a public health threat. AIDS will resurge. We will have squandered the global political capital we have worked so hard to win, and the AIDS response will have lost its unique power to transform global health and save millions of lives.

## A new strategy for a new development era

The UNAIDS 2016–2021 Strategy focuses on our unfinished agenda—drastically reducing new HIV infections to bend the trajectory of the epidemic. It is a bold call for action to get on the Fast-Track and reach the people being left behind. Critically, the strategy must be implemented taking into account the key principles of regional and country priorities, evidence and context.

Allow me to thank our Chair and Vice-Chair for their tireless efforts in shepherding the complex strategy development process. I am proud that UNAIDS has presented the United Nations's first Member State-adopted strategy following the adoption of the 2030 Agenda for Sustainable Development and the global goals.

I am also proud of the highly inclusive process we used to develop the strategy. We received thousands of inputs, many of them calling for us to deliver our boldest, most ambitious strategy yet. Over 10 months of consultation, we had many tough and open discussions and debates. The process reflected the seriousness of our current situation and a common understanding that we are at a defining moment in the epidemic. We cannot wait on business as usual. Our new strategy conveys the sense of urgency we need.

I have been in the United Nations system for many years, and have seen many lengthy debates on specific wording. I don't want to minimize these discussions, but let's not get diverted from the key issues. I recognize that we will always have debate and may be divided around some critical issues. This is an updated and extended strategy, and we should continue with language from the UNAIDS 2011–2015 Strategy that has worked well for us.

I recognize the tensions in this room around certain issues, but let us remember the people who need our support—the people who are not in this room and whose lives are hanging in the balance. I would strongly recommend that the best option is to maintain the language of "sexual and reproductive health and rights" just as we have for the past five years. The beauty of our updated strategy is that it is innovative, creative and based on three principles of evidence, regional and country priorities, and context. There should be no reason to debate words when we need to accelerate implementation. This strategy will help to move us forward.

## A strategy for prevention

The strategy is an urgent call to front-load investments. It is a call to reach the 90–90–90 treatment target, to close the testing gap and to protect the health of the 22 million people living with HIV who are still not accessing treatment. It is a call to redress the deplorably low treatment coverage for children living with HIV. It is a call to spare this generation of young people from what their parents and grandparents suffered at the hands of AIDS.

The future of the AIDS response will depend on whether we catalyse action to significantly reduce the number of new infections. Unfortunately, investments in effective HIV prevention have stagnated. We need to instil new energy into HIV prevention. Therefore, I am calling today for a "quarter for prevention." This means one quarter of a fully funded HIV response should be spent on effective combination prevention to help bring new HIV infections down much faster. I sincerely hope that this new campaign will accelerate the pace. In addition, I am committing UNAIDS to redouble our prevention advocacy efforts everywhere.

We also need to close the testing gap. The strategy champions a new global agenda to simplify and expand HIV testing through scaling up rapid, robust HIV tests—including for HIV self-testing—enhancing service delivery, with immediate access to treatment for people who test positive, and making larger, smarter investments in communications and demand-creation activities.

I am proud to report that 119 municipalities in western and central Africa have committed to leverage their comparative strengths in community mobilization to increase coverage rates for testing, treatment and viral suppression. Ten of them have developed action

plans, and four major cities have mapped hotspots to reach sex workers with these services. In addition, AIDS programme managers from more than 10 countries in Asia and the Pacific have agreed to scale up community-based HIV testing as well as health facility-based testing.

We must protect this generation and future generations by eliminating once and for all new HIV infections among children and by ensuring that young people can access the HIV-related and sexual and reproductive health services they desperately need. We want our young people to know a life without AIDS and to embody the first AIDS-free generation in the history of the epidemic. Empowering young people, particularly young women, is of the utmost importance, including by ending gender-based violence and promoting healthy gender norms.

As we strive to reach the 90–90–90 targets and achieve the Sustainable Development Goal target of ending the AIDS epidemic by 2030, we need to know what works. Our strategy challenges us to use our resources extremely carefully for maximum results, so UNAIDS' Monitoring and Evaluation Reference Group (MERG) is working to establish priorities that will prevent overlaps and duplication in implementation. It will be essential to coordinate efforts between countries, partners and funding agencies to address the most critical issues first, so careful monitoring and evaluation is essential. On top of that, findings from evaluations need to inform efficient programming, mid-course corrections and service delivery approaches. MERG is developing a monitoring framework for the UNAIDS strategy and our goal to end the AIDS epidemic, and has strongly recommended implementing high-quality evaluations that are time-bound, grounded in countries' specific circumstances and owned by local stakeholders.

## Human rights literacy is "demand creation"

Our transformative strategy pushes us to cover more ground than ever before. It obliges us to address the critical linkages between health, injustice, inequality, poverty and conflict.

The strategy will be an instrument for social justice and restoring dignity. It addresses inequalities between rich and poor. It addresses punitive approaches to and exclusion of the most marginalized and people left behind. They are our brothers, sisters, children and friends. They too have human rights.

I cannot emphasize enough what we all know: human rights drive development. Development without human rights leads to the kind of deadly social explosions and emergence of fragile communities we have seen recently across the world. An HIV

response without human rights is nonsense. We need to protect and ensure access to services everywhere. Indeed, the hard human rights work will make every difference in our ability to end this epidemic—to reach all people in need of HIV prevention, treatment, care and support.

The UNAIDS 2016–2021 Strategy reinforces our conviction that people should no longer be subjects of development, but active agents of change, achieving social justice from within the societies in which they live. This means civil society needs serious, ongoing funding support as well as the political space and freedom to act. It means that people should be supported to know their rights and mobilize around them. Human rights literacy is "demand creation." And demanded rights are delivered rights.

## UBRAF: a catalytic framework

I cannot talk about the strategy without talking about the Joint Programme's Unified Budget, Results and Accountability Framework (UBRAF), which is presented for approval by the PCB at this meeting. The UBRAF has a core budget of US$ 485 million for 2016–2017, representing approximately 1% of total global funding for AIDS. This vividly highlights the catalytic role of the UBRAF.

The UBRAF also has a zero-growth budget, reflecting the need and potential to do more with our current level of resources. We agreed at the last PCB that the results and accountability matrix will be refined and completed ahead of the PCB in June next year. The PCB Working Group on the UBRAF will play a key role in ensuring a robust accountability framework as a basis for reporting.

It is important that we do not get lost in too much detail. The UBRAF should help us better respond to the key policy and governance questions that are being asked. It is absolutely critical that we agree and approve the overall budget and the results we intend to achieve. I have asked senior management to put in place strengthened capacity for independent evaluation as part of our commitment to greater transparency and accountability.

Resource mobilization for the UBRAF will need to be intensified, and a second financing dialogue will be organized next year to maintain and broaden UNAIDS' donor base.

The countdown to 2030 has begun, and it requires us to work in new ways as we head towards the International Congress on AIDS in Asia and the Pacific and the International Conference on AIDS and STIs in Africa, the United Nations General

Assembly Special Session on Drugs, the High-Level Meeting on Ending AIDS, the Global Fund replenishment and the 2016 International AIDS Conference. This means engaging with all of our stakeholders, Member States, civil society, academia, scientists and activists, in innovative and inclusive ways and making use of the integrative power of the global goals.

The 2030 Agenda for Sustainable Development commits the global community to leaving no one behind and opens space to scale up what we know works for AIDS: redistributing opportunity, collaborating across sectors and investing at the intersections of AIDS and other development challenges.

Let me close by thanking our Member States and the thousands of people and organizations who collaborated with us to develop this game-changing strategy. Let me assure you—it is achievable. Together we can bring health, dignity and justice to all.

Geography and society should not dictate who lives or dies, who prospers and who is left behind. Ending the AIDS epidemic is our human rights legacy—delivered by and for all of us. It is our bequest to this generation and to all future generations.

Thank you.

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