Agenda item 1.4

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REPORT OF THE CHAIR OF THE COMMITTEE OF COSPONSORING ORGANIZATIONS (CCO)

UNAIDS

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Additional documents for this item: *none*

Action required at this meeting – the Programme Coordinating Board is invited to:

Take note of the report of the Committee of Cosponsoring Organizations.

Cost implications for decisions: none

REPORT OF THE CHAIR OF THE UNAIDS COMMITTEE OF COSPONSORING ORGANIZATIONS, FILIPPO GRANDI, UNITED NATIONS HIGH COMMISSIONER FOR REFUGEES

Delivered by Filippo Grandi,
United Nations High Commissioner for Refugees

42nd Programme Coordinating Board
26 June 2018

Madam Chair,
Executive Director,
Distinguished Delegates,

I am honoured to speak on behalf of the Cosponsors as Chair of the Committee of Cosponsoring Organizations (CCO). At the outset, I wish to thank Michel Sidibé for his continued vision and commitment in leading UNAIDS, as well as colleagues from all Joint Programme organizations for their ongoing dedication and contributions towards ending AIDS as a public health threat by 2030.

I would like to warmly thank the United Kingdom for its role as PCB Chair, China as Vice Chair, and Algeria as Rapporteur.

Let me start with the important topic of harassment. On behalf of the Executive Heads of the CCO, who met on 2 May 2018 in London, we welcome the discussion on harassment, in particular the need for urgent action to prevent and address harassment, including sexual harassment.

To this end we must invest our best efforts towards ending cultures where inequalities of power are permitted to perpetuate gender or other forms of discrimination. All our efforts must be towards building zero tolerance and maximum accountability.

We also take note of the leadership of the UNAIDS Programme Coordinating Board (PCB) and are looking forward to the recommendations of the "Independent Expert Panel on prevention of and response to harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat".

In line with the Chief Executives Board statement of 4 May 2018, we stress that "The United Nations must be a place where staff are valued and empowered to speak up and where sexual harassment is never tolerated."[1]

Since the last CCO address at the PCB on 27 June 2017, I would like to acknowledge and thank Anthony Lake of UNICEF and Irina Bokova of UNESCO as outgoing members of the CCO. I warmly welcome Henrietta H. Fore of UNICEF, Natalia Kanem of UNFPA and Audrey Azoulay of UNESCO.

[1] https://www.un.org/sg/en/content/sg/note-correspondents/2018-05-04/note-correspondents-recent-chief-executives-boards-session

The members of the UN Joint Programme on HIV/AIDS continue to operate collectively and individually in the response to the HIV epidemic, as demonstrated in detail in the two parts of the Performance Monitoring Report. Last year, Cosponsor highlights by organization were provided in the CCO Report, but the Cosponsor highlights have now been included in the Performance Monitoring Report in order to reduce duplication and emphasize our joint work.

Turning to how the Joint Programme has been addressing HIV, progress has been mixed. We are moving fast—but not fast enough—to meet the 2020 Fast-Track targets and end AIDS as a public health threat by 2030.

And while we are fully committed to the 2030 Agenda for Sustainable Development, and to ensuring no one is left behind, we also recognize how far we still have to go to truly make this vision a reality.

Responding effectively to the HIV epidemic means prioritizing people with the greatest needs, including key populations in all regions. It means continuing a multisectoral response, but a response that increasingly takes HIV out of isolation and mainstreams and integrates efforts to address HIV across all aspects of our work.

In 2017, for the first time, more than half of all those living with HIV were accessing treatment. However, this is not sufficient. Progress towards testing, treatment and adherence targets across regions, populations and settings is extremely uneven. In eastern and southern Africa, the region most affected by the epidemic, gains across the “three 90s” have been particularly strong, yet other regions, including western and central Africa and eastern Europe and central Asia, lag far behind.

Furthermore, progress on prevention has been much slower. The rate of new infections, especially in key populations in all regions and in adolescent girls in southern Africa, show that current efforts are not stemming the tide. If we continue at the current rate, we will fall far short of the 2030 target of reducing new infections by 90%. The Prevention Coalition and the 2020 HIV Prevention Roadmap provide a real opportunity. But continued high-level political engagement is needed to tackle those areas where progress is slowest, especially in relation to creating supportive legal environments, particularly for key populations.

With equal ambition we need to advance HIV-related legal and policy reforms, access to justice, gender equality, and women’s empowerment. We need to step up our efforts to reach zero stigma and discrimination and achieve gender equality and the empowerment of all women and girls, with stronger and more consistent implementation accompanied by increased funding, greater accountability and follow-up. UN Women, UNDP, the Secretariat, the NGO Delegation and the Global Network of People Living with HIV (GNP+) are currently co-convening the Global Compact to Eliminate All Forms of HIV-related Stigma and Discrimination. This will create a real opportunity to advance towards the target of zero discrimination.

Cosponsors support the ongoing process of UN reform, which will, among other things, strengthen the Resident Coordinator’s role to promote greater coherence in UN development activities, and create stronger linkages between humanitarian and development action.

We also support revitalized, strategic and results-oriented UN Development Assistance Frameworks (UNDAFs) as the key instrument for planning UN activities in each country, aligned with national priorities.

We support investment in both Fast-Track and non-Fast-Track countries, prioritizing populations in greatest need, an approach that reflects the recommendations of the Global

Review Panel on the UNAIDS Joint Programme Model with the support for country priorities, differentiated responses and joint working.

In this context, the revised UNAIDS Division of Labour helps to bring the Joint Programme up to date. The Division of Labour is now in line with the Secretary General's vision for a repositioned UN development system and the 2030 Agenda. It is aimed at leveraging the comparative advantages of Joint Programme organizations to bring the added value, capacities and skill sets that can address country needs. The Cosponsors welcome the opportunity this presents to better align ourselves to achieve results, and we look forward to continuing to work together on this towards the 2030 goals.

We thank all UNAIDS donors and are encouraged that some countries have recently increased their contributions. Continuing support to the Joint Programme is vital to ensure that the UN's contributions to national HIV responses are sustained. We encourage all donors to maintain or increase their contributions for a fully-funded UBRAF to ensure predictability and continuity of action.

We are pleased to continue our dialogue with PCB members as we move forward in improving accountability. The second annual UBRAF Implementation Review, held in May, provided an opportunity to share preliminary results and reflections on 2016–2017, following an internal peer review with Cosponsors and the Secretariat.

There are many challenges. Yet we as Cosponsors are confident that our work with the Secretariat in the Joint Programme is making a difference, including through people-centred approaches. Allow me to provide some examples.

The UN can complement government responsibility and accountability to accelerate progress. Through the Prevention Coalition and the Prevention 2020 Road Map, for example, we are supporting governments to reinvigorate prevention; we are helping galvanize and sustain political commitment; we are setting a common agenda; and we are providing communities with greater means to achieve and sustain change.

We look forward to continuing to support the western and central Africa "Catch-Up Plan", which includes addressing regional gaps to fast-track effective delivery of antiretroviral therapy.

We will continue to strive to integrate gender equality and human rights commitments in our work, and look forward to launching the Global Compact to end all forms of HIV-related stigma and discrimination.

While proactively and constantly working to optimize drugs and diagnostics, we continue to respond swiftly to emerging situations. For example, rapid action was taken to communicate and engage with States and other stakeholders following the recent release of study data suggesting a link between a preferred antiretroviral drug and birth defects.

We also continue to push for better integration, efficiency and innovation through universal health coverage and inclusion of sexual and reproductive health and rights in our work. We need to address separate financing and service silos, and increase advocacy and technical support to integrate HIV into broader domestic plans and budgets. We have included a new area in the UNAIDS Division of Labour to help us better coordinate our work in this area, in order to better integrate HIV, sexual and reproductive health, viral hepatitis and TB within the context of Universal Health Coverage.

With this in mind, we need to continue to leverage the good practices and lessons learnt from the global HIV response to address other global health issues in ways that promote sustainability and address multiple SDGs.

Allow me to turn to our work with people affected by humanitarian crises.

In humanitarian emergencies, the rights, wellbeing and dignity of refugees, the internally displaced and others affected by conflict and displacement, are at the centre of our response. UNHCR and the World Food Programme co-convene HIV services in humanitarian emergencies, as set out in the Division of Labour.

People affected by conflict and displacement need access to life-saving and essential healthcare. The breakdown in community cohesion, disruption of social norms, exposure to violence and separation from family members make people more vulnerable to HIV. In particular, key populations and other marginalized groups are less able to cope with emergency-related shocks.

South Sudan is a tragic example. Over a third of the country is now displaced, including some 2.4 million refugees, and 1.7 million internally displaced people. In 2015, it was estimated that only 12% of eligible adults and 5% of children in the country had access to life saving antiretroviral therapy, with no viral load testing available. Only 40% of people in South Sudan are within reach of health facilities or have consistent access to primary health-care services, including antenatal care.

The 2015 data suggested that only half of women aged 15-49 years had ever heard of HIV or AIDS, and less than one in five knew of a place to get tested. In areas that were chronically food insecure, many people living with HIV had stopped taking their medication due to hunger.

If anything, the situation is now even worse. Currently, famine is threatening some 1.2 million South Sudanese while 7.1 million of them – some 58% of the total population – are facing severe food insecurity. Food insecurity can pressure households and individuals into deeply harmful coping strategies such as sex work, which increases risk of both acquiring and transmitting HIV. And women and girls in humanitarian crises are at increased risk of sexual and gender based violence, including sexual exploitation, which increase HIV risks.

Allow me to elaborate a few specific examples of Joint Programme work in the country.

In response to the alarming rates of violence against women, UNDP is working in partnership with the Government of South Sudan, the Global Fund and other partners to address gender-based violence with mental health and psychosocial support programmes, particularly for women displaced by the conflict. These services are being provided across Protection of Civilian Sites in Wau, Malakal, and Bentiu, and are going a long way to addressing a critical need.

UN Women collaborated with the South Sudan AIDS Commission on the development of the Agenda for Accelerated Country Action for Women and Girls, Gender Equality and HIV/AIDS to support the implementation of the National HIV and AIDS Strategic Plan.

UNHCR, UNFPA, UNICEF, WFP, WHO and the UNAIDS Secretariat have been working with national stakeholders and other partners to establish and support comprehensive HIV prevention, treatment, care and support for the 283,000 refugees from other countries who are hosted in South Sudan. This is integrated into reproductive health services, with a strong emphasis on capacity building. The activities include working with the national HIV and TB

programmes in Juba, supporting supply chain management and using national guidelines to manage TB and HIV programmes and integrate them into primary health care.

UNDP is the Global Fund Principal Recipient in South Sudan and is working closely with the Government of South Sudan, UNAIDS Cosponsors and other partners to strengthen responses for all three diseases. As a result, the number of adults and children living with HIV and who are receiving antiretroviral therapy increased by 16% to 23,300 in December 2017. This is a remarkable achievement in such a fragile context.

Working with the Ministry of Health, the UNAIDS Secretariat and WHO, UNHCR has also established cross-border mechanisms to trace people with chronic illnesses who require continuity of treatment, particularly for antiretroviral therapy and TB. This facilitates a comprehensive response from prevention to care and treatment.

Refugees and internally displaced persons are also included in WFP's HIV and Nutrition Strategy, and those living with HIV and/or TB receive targeted supplementary feeding, making it much easier for them to adhere to their treatment.

In this context of deep crises such as this one, it is essential that organizations work together and bring their comparative advantages to provide normative and operational support to address HIV, reproductive health and TB in an integrated way. The Joint Programme provides an indispensable framework to facilitate this and it helps make a tangible difference in people's lives in fragile situations.

In concluding, I wish to underscore the importance of the Joint Programme as a model to coordinate and amplify the efforts of its 11 Cosponsors and Secretariat, together with other stakeholders, in order to address and mainstream HIV responses. At a time when new crises continue to emerge, and others drag on for decades, I commend the Joint Programme's continued efforts to reach those who would otherwise be left behind and to support their inclusion in national programmes.

Under the umbrella of the 2030 Agenda for Sustainable Development, and as part of UN reform, UNAIDS remains a powerful example of a partnership that catalyzes the translation of political commitments into action.

Thank you.