

UNAIDS Executive Director, a.i., remarks

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Thank you, Chair.

Dear members of the Programme Coordinating Board, friends and colleagues, I am honoured to be entrusted by the United Nations Secretary-General to lead UNAIDS during this transition period and to present to you my report as the acting Executive Director. I have committed to staff and the people we serve that we will keep up the momentum of the AIDS response.

Michel Sidibé brought to the United Nations a passion for social justice and inclusion over many, many years, including his decade as the UNAIDS Executive Director. I am deeply grateful to him for his encouragement of me and many others in different walks of life. I enjoy and appreciate the richness of knowledge and experience that he brings to the global discussion on development, paired with a unique and bold attitude to courageously address challenges. I know that we can count on Mr Sidibé's continued solidarity and activism until we reach our shared goal of ending AIDS. Please join me in thanking him and congratulating him on his appointment as the Minister of Health and Social Affairs of Mali.

It is a decisive moment now for global development and for UNAIDS. I am leading the organization at a time when all of us are focused on achieving the 2020 targets and while the implementation of the reform of the United Nations development system is under way.

Remarkable progress has been made in some countries and in some regions. Thanks to collective commitment and improved capacity for monitoring and reporting, we have increasingly sophisticated knowledge about the ever-evolving and diverse nature of HIV epidemics in countries and regions, and about what is required to address those epidemics.

Member States have committed to eliminate new HIV infections among children, to reach the 90–90–90 targets and to eliminate gender inequalities and end all forms of violence and discrimination against women and girls, people living with HIV and key populations by the end of 2020.

I was in New York, United States of America, earlier this month for the AIDS review at the United Nations General Assembly, and I want to thank Member States for their continued commitment and their reaffirmation of support for the work of UNAIDS.

The Secretary-General's report, *Galvanizing global ambition to end the AIDS epidemic after a decade of progress*, provides a snapshot of both the successes to date and the challenges ahead.

We must continue to address the short-term needs to accelerate the implementation of the response to achieve the Fast-Track Targets—as a prerequisite for sustainability—while simultaneously establishing long-term solutions.

Recently in Namibia, at the meeting of Southern African Development Community (SADC) ministers of health and ministers responsible for HIV, I witnessed many inspiring

examples of leadership. Under the chairmanship of the President of Namibia, the regionally tailored SADC Road Map for Sustained Health, HIV and AIDS Response was developed to give impetus to and increase the accountability of Member States. Political leadership has a key role to play, including in prioritizing policy changes that accelerate implementation, address inequalities and reduce stigma. Political leadership also plays a key role in establishing sustainable solutions, linking the AIDS response to universal health coverage and other regional commitments. Moreover, regional institutions such as SADC are critical to reinforcing country-led solutions through stronger governance, accountability and transparency of a multisectorial response across the Sustainable Development Goals.

I was pleased to welcome the First Lady of Kenya for a meeting with all UNAIDS staff in Geneva, Switzerland. It was truly inspiring to hear her speak about the Beyond Zero initiative to improve maternal and child health, including HIV services, reaching communities with primary health care.

Changing the law to create enabling, protective legal environments can positively impact the AIDS response without the need for major financial resources. We must continue our efforts to eliminate the stigma and discrimination—both HIV-related and generally—that impedes our work to reach everyone who needs information, services and care.

UNAIDS welcomed the decision of the High Court of Botswana to declare unconstitutional key provisions of the Botswana Penal Code, which criminalized certain private sexual acts. The decision restored privacy, respect and dignity to the country's lesbian, gay, bisexual and transgender people. I was happy to visit Botswana just two days after that historic decision and hear first-hand how this outcome was being received by communities and stakeholders. I would like to congratulate the President of Botswana for his commitment to the health of his people through the launch of new strategies on HIV and noncommunicable diseases.

The AIDS epidemic has put a spotlight on fault lines in society. Where there are inequality, power imbalances, marginalization, taboos and discrimination, HIV takes hold. Around the world, civil society continues to mobilize to make the law work for the response to HIV, and judiciaries are exerting leadership and expanding human rights protections and an enabling environment for HIV prevention, treatment, care and support. These are challenges and barriers that are in our power to overcome.

In Belarus, I saw what effective outreach to people who use drugs can look like when visiting a community-based centre run by the Positive Movement nongovernmental organization, which is implementing a pilot project in partnership with the Ministry of Health to identify effective linkage-to-care strategies. The centre works as a one-stop shop, providing HIV and hepatitis testing, needle-syringe exchange and other HIV prevention services. It raises awareness and links people to treatment and opioid substitution therapy. People who use or used drugs are trained as peer counsellors.



Communities must be better supported to play their important role in the AIDS response. People living with and affected by HIV, key populations, women, adolescents and young people should be meaningfully included in the design, implementation and monitoring of health and social programmes so that resources reach the people and places in greatest need, and so that there is accountability for doing so.

Ending AIDS is a life-saving investment that pays for itself many times over, and in various different ways—financial and otherwise. Continued increases in donor and domestic resource allocations are needed to reach the levels of service coverage called for in the 2016 United Nations Political Declaration on Ending AIDS, together with ever-greater efficiencies and community-led responses.

I was recently in Washington, DC, United States of America, where I met key partners and learned more about the United States domestic AIDS response. I want to applaud the continued commitment of the United States Government through the President's Emergency Plan for AIDS Relief as we continue towards our shared goal of ending AIDS.

The reality is that many countries risk not meeting their targets for 2020. We must redouble our efforts. With only 18 months remaining, every day counts in pursuit of this critical milestone. For me, this is about people, the people who don't yet have access to prevention or treatment, the people who become infected with HIV even though we know how to prevent it and the people who still die from preventable causes. We have it in our hands to change this.

The scale of unmet need—for both prevention and treatment—is substantial. Progress is uneven across regions and countries and within countries. We must urgently act to reach everyone who is currently being left behind.

Regrettably, this is also a time in the global AIDS response when we risk losing the momentum for change. To make sure that we are on the right track to end AIDS by 2030, we need adequate and predictable financing for development. Only this will ensure that our next generation can thrive. I am particularly concerned that girls continue to face hardships that block their education, training and entry into the workforce. Those hardships make girls more vulnerable to HIV. We must learn from and invest in adolescent girls and young women to ensure that they can advance their knowledge, agency and freedom to make their own life-defining choices and reach their full potential—and all women and girls should be free from gender-based violence and have access to sexual and reproductive health and rights.

We cannot change HIV, but we can change behaviours. Behaviour change must be supported by strong collective efforts and starts with giving people access to knowledge, rights and power—power to change.

Reaching our goal of ending the AIDS epidemic as a public health threat by 2030 requires an urgent frontloading of investments and continued efforts to ensure that we focus on the locations and engage the populations most affected, wherever they are, making the most effective and efficient use of resources. We need greater global solidarity and shared responsibility—additional donor and domestic commitments

that help us to reach our investment targets. Exploring new well-regulated and well-monitored public–private partnerships will also be important for identifying catalytic funding, including for innovations that can help to accelerate progress and underpin the sustainability of country-led responses.

UNAIDS is continuing to strengthen our long-time partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in order to maximize the impact of the investments, contribute to strong and inclusive governance mechanisms at the country level and accelerate people-centred responses. Those core elements of our partnership are reflected in our new memorandum of understanding with the Global Fund, which will also help us to monitor and amplify the results of our collaboration.

The sixth replenishment conference of the Global Fund, to be held in October 2019, will be crucial for securing additional donor commitments for 2020–2022 and for spurring additional domestic investments. UNAIDS strongly endorses the Global Fund’s call for a commitment of US\$ 14 billion in the upcoming replenishment. This is an investment to help to save 16 million lives.

At the same time, I am also calling on you as Member States to restore full funding for the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF). This is crucial for leveraging the full potential of the Joint Programme. With this investment, we support countries to reach epidemic control, and I have just spoken about how far from the targets many countries are. So far this year, UNAIDS has received just US\$ 33 million, about one third of what we had received at the same time in the previous five years.

The low level of disbursed contributions is creating cash-flow management challenges and represents a significant risk to UNAIDS’ continuing operations. I nevertheless commend and would like to thank those governments with whom we have multiyear agreements, such as Belgium, Canada, Monaco and the United Kingdom of Great Britain and Northern Ireland, and those with whom we are starting or renewing such multiyear voluntary core contributions, including Flanders, Switzerland and the Netherlands.

Reliability and predictability are key to continuing the life-saving work of UNAIDS. A large percentage of the Joint Programme’s core funding currently depends on just five donors, while the epidemic is rising in more than 50 countries. We are undertaking efforts to broaden our donor base, yet I would like to appeal to and thank our long-standing partners for continuing to stand with UNAIDS.

A fully funded UBRF is one dimension of stability that will provide a solid platform for the incoming Executive Director to define and take forward his or her leadership priorities, maximizing the Joint Programme’s support for countries in line with our new business model, with an increased country focus well-aligned with the overall direction of the reform of the United Nations development system.

The world has moved on to the Sustainable Development Goals and is now looking at the whole of a system, rather than just some parts of it. However, HIV is one of the few remaining single issues from the Millennium Development Goal era. To finally close that chapter, we need to keep attention on HIV in order to avert new HIV infections, save

lives and reach epidemic control. And in the age of universal health coverage and health for all, we need to strategically position the response within a broader health agenda.

Reform of the United Nations development system is fundamentally shifting the way the United Nations works in countries and regions and globally. It is rightly moving us to a demand-driven model where the United Nations and UNAIDS value proposition will be based on country priorities and needs as articulated in the new United Nations Sustainable Development Cooperation Framework.

This implies that the capacity of agencies to deliver will necessarily become more agile, with accountability for delivery of results through a system-wide framework. UNAIDS is committed to delivering on efficiencies, including through common services.

Ladies and gentlemen, we have fully developed the Management Action Plan for a healthy, equitable and enabling workplace for all UNAIDS staff and are making the required changes. I have put on hold human resources-related decisions that concern members of the Senior Management Team and the structure of the Secretariat so as to create the maximum space possible for the new Executive Director to shape his or her vision.

I am, however, not delaying decisions essential for the functioning and continuity of our organization so that UNAIDS has maximum positive impact for people living with and affected by HIV around the world. We have an ambition to have continuity and change at the same time—a stable organization, but not a stagnant one.

Ladies and gentlemen, thank you for your commitment. That being said, I am increasingly worried that despite this commitment there is not a sense of urgency. We must end this epidemic. I would like to remind all of us that behind every statistic there is a person. Over the course of this three-day meeting, more than 14 000 people will become newly infected with HIV around the world, of whom about 2600 will be adolescent girls and young women. By the time we end our meeting, another 6500 people will have died of AIDS-related diseases.

In closing, I remain confident that your work during these three days will provide a strong, stable environment for the new Executive Director, setting the stage for an ever more impactful UNAIDS—accelerating country progress towards the 2020 targets, uniting partners to develop the next UNAIDS strategy and keeping up with the evolving HIV epidemics and the changing landscapes for global health, development cooperation and sustainable results.

The Programme Coordinating Board's leadership at this time is critical for the future of the Joint Programme and for attaining our shared goal of ending the AIDS epidemic by 2030.

Thank you.



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