

UNAIDS Executive Director's report

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27 June 2017 | Geneva, Switzerland
Opening of the 40th meeting of the
UNAIDS Programme Coordinating Board



“Our very survival depends on our ability to stay awake, to adjust to new ideas, to remain vigilant and to face the challenge of change.”

Martin Luther King, Jr

Opportunities in the challenge of change

Thank you, Mr Chair, Kwaku Agyeman-Manu, Minister of Health for Ghana.

Your excellencies; honourable ministers; members of the Programme Coordinating Board (PCB); ladies and gentlemen: welcome to the 40th meeting of the UNAIDS PCB.

Let me begin by welcoming our special guest, Lorena Castillo de Varela, First Lady of Panama. I am happy that she will be sharing her experiences with us about her work to bring the notion of zero discrimination to life.

This week we also honour the leadership of Margaret Chan, who is retiring after serving as Director-General of the World Health Organization (WHO) for more than 10 years. She has been a friend, a champion of the Joint Programme and a true leader in global health. I am grateful to her for everything she has accomplished.

I welcome and congratulate Tedros Adhanom Ghebreyesus, who has been elected to the WHO leadership role. This is a significant appointment in the United Nations system. We are proud that Tedros will be the first African Director-General of WHO, where he will be a strong and experienced leader for global health.

I also want to thank my friend and brother Mark Dybul for his tireless efforts. He has been a key partner to us, and he has helped us to make a difference in the lives of millions of people.

Let me also congratulate the new leaders within our Joint Programme: David Beasley, Executive Director of the World Food Programme, and Achim Steiner, Administrator of the United Nations Development Programme (UNDP).

I am also proud to announce that one of our own, Deputy Executive Director Jan Beagle, has been appointed by the Secretary-General as the new United Nations Under-Secretary-General for Management—a great honour. She will be moving into one of the most important and most difficult positions in the United Nations system. She has done so much to bring change to UNAIDS, and this decision by the Secretary-General demonstrates the trust that he has in our organization. Let us congratulate her; I know she will do a wonderful job.

I want to express my gratitude to other members of the UNAIDS family who are retiring this year: Steve Kraus, our Director of the Regional Support Team in Asia and the Pacific, and Sheila Tlou, our Director of the Regional Support Team in Eastern and Southern Africa. They have helped us to make the vision of Zero–Zero–Zero a reality in the field.

I would also like to welcome John Edward Greene and J.V.R. Prasada Rao, two of the United Nations Secretary-General’s Special Envoys, who are completing their terms. They will continue to serve as special advisers. I want to congratulate them and thank them for all they have been able to do for us.

Let me turn to a subject that has been very painful for all of us: the great and sudden loss we all suffered just weeks ago. I want to honour my brother, my colleague and my friend Babatunde Osotimehin. He was a true leader. In the most difficult moments, he never turned away from his mission of fighting for young people, bringing comprehensive sexuality education, sexual and reproductive health and rights, and other difficult issues before governments, donors and communities. Every day I miss his wise advice, his humility and his humanity. My sincerest condolences go to his family, friends and loyal colleagues at the United Nations Population Fund (UNFPA).

Finally, I am deeply thankful to each of you for your messages and support when we lost Maman. It was very touching, and I felt close to all of you. As someone reminded me, she was Maman to everyone I know.

A world in flux

Mr Chair, let me turn to an important reality we must face today. In this rapidly changing world, it will be very difficult to address any global health issues, including ending AIDS. We are truly in an unpredictable world, and if we want to implement our vision, we need to understand the megatrends and internalize these issues to help us better frame our actions.

In fact, we are experiencing seismic change everywhere. It could be in the South; it could be in the North; it could be in Europe or the United States of America. In different places, we are seeing what I would even call a tectonic shift.

Today’s megatrends are geopolitical, environmental, technological, socioeconomic and demographic. We also face a renewed debate on climate change and the impact it could have on emerging epidemics and health.

Today’s most serious and complex issues are related to lack of economic opportunity. In Africa today, more than 60% of the population is aged below 25 years. UNFPA was talking about harnessing the “youth dividend”. But it is difficult for society when there are not





enough jobs for them and they have few other options. Their lack of opportunity is also mixed with “democratic fatigue” and political disenfranchisement. We must understand this perspective to see clearly how the threats the world faces are all linked to growing inequality and exclusion.

These threats are undermining good governance and social cohesion and giving rise to violence and conflicts. In many places, migration becomes the only option; and when people are on the move, organized crime follows, and the trafficking of people and drugs. People on the move have a right to health. I commend countries such as Thailand and Portugal, which have opened access to health services, including for HIV, to migrants regardless of their legal status.

If we don’t address the underlying causes of migration, we will have fragmented societies, and more and more migrants. Before coming here this morning, I was listening to France Inter, and I heard that in Niger, more than 20 people were found dead yesterday after trying to cross the desert. This wasn’t the first time, or the last.

This is just one example in a growing number of fragile communities. And we can find them everywhere, from the Bolivarian Republic of Venezuela to the Central African Republic; in Europe and even North America. Fragility is a serious issue, because it leads to fragmentation of health services, and it hurts our capacity to reach people who rely on our efforts the most.

Let me highlight in particular the instability caused by famine in South Sudan and Nigeria. Services are utterly destroyed—total fragmentation. People living with HIV have no access to treatment, and the epidemic is growing. In Ezo we are seeing 14% prevalence. In Yambio it is 8.4%, and in Juba 4.7%. These combined factors make it impossible to achieve our goal of ending AIDS if we do not integrate our efforts with the causes of instability. In Nigeria, it is the same: in the famine-affected areas of northern Nigeria, HIV prevalence is 5.3% in Yobe, 2.4% in Borno and 1.9% in Adamawa. In such disrupted societies, people are unable to access life-saving medicines.

I want to congratulate Germany for bringing such issues of global health security into the Group of 20 discussion. While in Germany, I had the privilege of participating in the preparatory meetings, and I saw how critical the issues of stability will be if we are to make progress and achieve sustainable results. If we want to reach Sustainable Development Goal (SDG) 3—universal health coverage and ending AIDS—vulnerability must be our central focus.

Connecting the dots

Because of these complex, interconnected crises, we cannot work in isolation. The Joint Programme binds agencies together in an innovative way to work horizontally across the problems that cause fragmentation and instability. We are obliged to connect the dots across issues, mandates and organizations in brand new ways.

But one year ago, the Joint Programme was in deep crisis. We were not sure how we would be able to continue. We were questioning the way forward and our capacity to recover and respond to the issues that matter to all of us. Out of a US\$ 240 million budget approved by the PCB, there was just US\$ 90 million available. We were beginning to give up hope.

But your advice, your support and your commitment to this Joint Programme gave us courage. We were not scared of the future, and we embraced the opportunity to shape it.

Seizing the opportunities of change to deliver results

As Martin Luther King, Jr, said, “Our very survival depends on our ability to stay awake, to adjust to new ideas, to remain vigilant and to face the challenge of change.”

That is exactly what we did with you. You asked us for a Global Review Panel on the Future of the UNAIDS Joint Programme Model (Global Review Panel), and we put this in place with Co-Chairs Awa Coll-Seck, Minister of Health of Senegal, and Lennarth Hjelmacher, Special Ambassador for Global Health of Sweden, and Helen Clark as my Co-Convenor. I want to acknowledge and thank Ms Clark for all she contributed in her role as UNDP Administrator. The Joint Programme has accomplished a great deal in the past six months towards refining its model, as requested by the PCB.

The Global Review Panel produced a thoughtful and provocative report. *Refining and reinforcing the UNAIDS Joint Programme model* promotes a UNAIDS fit for the 21st century, grounded in the principles of transparency, innovation, high levels of accountability, a broad set of stakeholders and quick responses to an evolving epidemic.

UNAIDS welcomes the Global Review Panel’s specific, actionable recommendations on financing and accountability, joint working and governance.

The Global Review Panel worked in a completely modern way. It took less than five months to deliver strong recommendations to promote the Joint Programme and to redefine it within a framework for meeting the SDGs. The recommendations validate the fundamental elements of this unique partnership of United Nations agencies. They reinforce its critical role within the global health architecture and its unique multisectoral and partnership approach, and redefine the ways we work jointly to deliver results efficiently and effectively.

I am encouraged to see the recommendations place so much emphasis on reinvigorating country-level joint work and collaborative action. The new model will focus on a tailored country presence, smarter investments at the country level, greater prominence and attention to the drivers and incentives for joint work and prioritization of Fast-Track countries. The report also focuses attention on accountability and the mechanisms we use for reporting on results for people.

Finally, the discussions of the Global Review Panel show that the Joint Programme is much more than simply a joint budget. It is a joint vision. The panel concluded that the multisectoral and inclusive partnership approach of the Joint Programme is more relevant than ever. What we bring around this table is not how to divide problems among ourselves, but how we can be an instrument to implement the SDGs and improve our way of producing results together. In this year’s report on AIDS to the United Nations



General Assembly, the Secretary-General confirmed that the Joint Programme remains a “bellwether” for both sustainable development and United Nations reform.

At the multistakeholder consultation, we heard strong support for a strengthened and refined Joint Programme model that would emphasize prioritization and differentiation, given the challenging financing environment. After presenting the Global Review Panel’s report to the heads of agencies, the Committee of Cosponsoring Organizations agreed that we should use these recommendations to develop an action plan and to better frame the Unified Budget, Results and Accountability Framework.

Action plan and budget for change

The action plan, developed with Cosponsor involvement throughout, is an urgent step to immediately stabilize the Joint Programme in this resource-constrained environment. It aims to strengthen the coherence and effectiveness of the Joint Programme’s support to countries and will guide the refinement of UNAIDS over the coming months. Critically, it builds on the UNAIDS 2016–2021 Strategy, which sets the global AIDS agenda.

The action plan places strong emphasis on flexibility, differentiation, prioritization and inclusiveness. It is guided by three overarching objectives:

- To deploy human and financial resources where they are needed most.
- To reinvigorate country-level joint work and collaborative action.
- To reinforce accountability and results for people.

As part of the action plan, the Joint Programme is introducing a differentiated and dynamic process for allocating resources to ensure they are directed where they are needed most—for example, in Fast-Track countries and for populations in greatest need in other countries.

Because there are no one-size-fits-all solutions in the AIDS response, the action plan emphasizes individual approaches custom-built for each unique country context and led by diverse teams. This tailoring is crucial to our ability to innovate and solve problems quickly as they arise in the field, as each country context and epidemic is unique.

But let me be clear. The action plan is just one milestone on the journey of refining the Joint Programme.

With the Global Review Panel, the action plan and the subsequent efforts to implement it, UNAIDS is certain to remain at the forefront of policy-making and innovation. It is our collective responsibility to deliver on the 2030 Agenda for Sustainable Development, and this action plan designs the pathway to get there.

Secretariat repositioning exercise

Since 2016, the UNAIDS Secretariat has implemented a repositioning exercise, with three aims:

- To realign the Secretariat to a new political and financial environment.
- To continue supporting the Joint Programme and the AIDS response with maximum value added.
- To ensure a transparent process that includes a series of cross-organizational consultations with staff.

The results of the repositioning exercise to date include a reduction in the number of Secretariat staff by 13% since the beginning of 2016. One hundred and twenty staff members have been reassigned to new positions and have been taking up their new functions during the first half of 2017. The field/headquarters ratio has remained at 70/30.

Throughout the repositioning exercise, we focused on gender through mainstreaming gender expertise in job descriptions and increasing the number of women in leadership positions. Currently, 48% of UNAIDS country directors are female, up from 27% in 2013.

We froze D2 positions and did not replace any retirees. We offered separation packages for people wanting to leave. In addition, the Secretariat is focusing on young people by preserving P2 and P3 positions within the organization, and we are protecting General Service staff from further uncertainty.

This has allowed us to carry out reform with a human face, but also to take into account the centrality of our strategy implementation. We will not lose our capacity to be relevant and able to move forward on issues that are key for us: human rights, supporting civil society and ensuring continuity of work with partners, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the United States President's Emergency Plan for AIDS Relief (PEPFAR), to reinforce the interface with countries. We will continue to leverage the capacity of Cosponsors and other partners to bring policy change, support communities and quicken the pace of action where it is needed.

I am calling upon the PCB to also consider the gender equality of the PCB itself by encouraging the equal representation of women and men in PCB delegations. The PCB has always been a champion in pushing for inclusion and non-discrimination and for leaving no one behind.



Beyond 90–90–90

At this transformative moment, we must enhance our partnerships with donors, other global health entities, countries, communities, nongovernmental organizations and the private sector.

The results of the independent evaluation of the Global Fund–UNAIDS partnership are demonstrating the transformative force of our partnership and joint work at the country level. I would like to thank the United Kingdom Department for International Development for being part of the steering committee.

The Multilateral Aid Review, Multilateral Organization Performance Assessment Network review and Australian review have highlighted what we are doing well and suggested areas for improvement.

The Global Fund and PEPFAR remain critical instruments for ending AIDS. PEPFAR continues to make major contributions and is demonstrating clearly that we can end the epidemic. PEPFAR studies coming out of Malawi, Zambia and Zimbabwe are encouraging, showing us the way forward.

In true partnership with civil society, moving communities to the centre of our response, we can quicken the pace of action. We can change the dynamic of the response. But it is essential that strong United States investments continue.

On the whole, we are on the right track. We are on the Fast-Track, and it's working. We must not let the changes happening around us bend our trajectory or slow us down. We must work together to demonstrate that our investments are making a difference for people.

And we are making great progress, thanks to the PCB. A few years back, no one would have said we could put 18.2 million people on treatment; that we would see a 60% reduction in new HIV infections among children in the 21 priority countries of the Global Plan. And today we are talking about Start Free, Stay Free, AIDS Free. And those are goals we couldn't have imagined just a few years ago.

The majority of AIDS investments—57%—now come from domestic sources. That is an incredible achievement in a short time. But we are at a defining moment. We need sustained international investment to maintain these gains.

As more countries embrace the 90–90–90 targets we are showing that we can suppress viral loads. I was just in Uganda, where we convinced the President, Yoweri Museveni, to reprise his leadership role by launching the first presidential Fast-Track initiative.

By following the science and WHO recommendations, we can control this epidemic and reduce new infections. With Salim Abdool Karim, we are convening an expert consultation on defining "epidemic control".



But as I always must point out, we will not treat our way out of this epidemic. Combination prevention is an essential component in closing the gaps. That is why the Global HIV Prevention Coalition is coming together with UNAIDS for a key meeting in October in Nairobi, Kenya. We need a movement around the “right to prevention”.

The AIDS journey has been characterized by partnership, innovation and activism. Our alliances are the mechanism for taking AIDS out of isolation, binding together different actors and sectors to create stronger responses. We have created a new partnership with Gavi, the Vaccine Alliance, on human papillomavirus (HPV). I was also honoured to travel to Namibia recently with President George W. Bush and the Pink Ribbon Red Ribbon global partnership. Bringing HIV and HPV services together is saving lives.

I am glad that the Chair of the UNITAID Board will address the PCB. Our alliance helps get diagnostics and commodities out to the people who need them as fast as we can and pursue our collective effort to get price structures right.

Next week, I will travel to the African Union for the AIDS Watch Africa Heads of State meeting. We will discuss the catch-up plan for western and central Africa. We are seeing fast transformation in eastern and southern Africa, but in western and central Africa three out of four people living with HIV have no access to treatment; 1.4 million people have been diagnosed but are not accessing life-saving treatment. We must fill the gap.

We will also discuss how to advance the initiative for 2 million community health workers for Africa, to reinforce the 90–90–90 targets and bolster efforts towards universal health coverage. This will help bring resilience and jobs as well as strengthen community interfaces for health.

Finally, we will never give up on a vaccine and a cure for HIV. At the Foundation for AIDS Research (amfAR) event in Washington, DC, United States of America, earlier this month, we spoke about democratizing innovation to reach everyone. My friend Tony Fauci reminded us that to end AIDS, we must follow the science.

Conclusion

As Martin Luther King, Jr, reminded us, we must “stay vigilant” and break what I call the “conspiracy of complacency”.

We should be outraged that today there are 18 million people waiting for treatment. We are failing young women: there are 6000 new HIV infections every week among young women in sub-Saharan Africa. Men are not accessing testing and services. Key populations are still marginalized and forced into the shadows.

Now let’s think for a moment about the particular strengths of our movement—the ones that have always driven us forward in the AIDS response.

They are, and have always been, audacious thinking, courage and commitment. This helped us bring forth our vision of the three zeros and of ending AIDS by 2030.

Let us use these strengths to face the “challenge of change” together. To confront obstacles with innovation and transformation. To Fast-Track our efforts to reach everyone in need. To leave no one behind, anywhere. To reinforce the centrality of community engagement. To reach our shared commitment and goal of ending AIDS by 2030.

I want to thank you for your attention, and now I will ask my friend and sister, the First Lady of Panama, to make remarks. She is a passionate defender of zero discrimination and is incredibly active in her support of the work of UNAIDS.

Thank you.



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