UNAIDS Executive Director's report

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Executive Director of UNAIDS
6 December 2016 | Geneva, Switzerland
Opening of the 39th meeting of the
UNAIDS Programme Coordinating Board

Ending the AIDS epidemic by 2030

Honourable Ministers, members of the Programme Coordinating Board (PCB), ladies and gentlemen: good morning and welcome to the 39th meeting of the PCB.

Let me begin by recognizing Pavlo Rozenko, the Deputy Prime Minister of Ukraine and chair of the Global Fund Country Coordinating Mechanism. Mr Deputy Prime Minister, this may be Ukraine's last meeting as a member of the PCB, but I encourage you to continue the progress on HIV in Ukraine. You can count on continued support from UNAIDS.

I also want to acknowledge the many ministers present who met with us yesterday on the Start Free, Stay Free, AIDS Free initiative.

And I want to thank Switzerland—our outgoing PCB chair—and especially my friend Ambassador Valentin Zellweger. It has been a pleasure working with you and the professional team at the Mission of Switzerland to the United Nations in Geneva. Thank you for the great work you have carried out to navigate us through this tough period and help us in reaching consensus. You chaired us professionally and with so much commitment.

Last week in New York, I paid tribute to United Nations Secretary-General Ban Ki-moon and the exceptional achievements made in the AIDS response during his tenure. He has been a true champion for people living with HIV and has consistently demonstrated that people's dignity is central to his agenda. António Guterres is taking the helm at a critical time for the United Nations and the world. I am convinced that he will lead us in bringing people-focused solutions to the many complex and linked challenges of the 21st century. And, of course, he is a good friend of UNAIDS and knows the Joint Programme well.

I am happy to have Gao Feng, the Vice Governor of Yunnan Province, China, with us today. I have invited him to say a few words after I present my report, because he has a great success story to tell about the HIV response in a very challenging province of China.

Finally, I want to pay tribute to Catherine Kirk, who left us much too early and tragically. She was a rising young star working for UNDP, and her vibrant energy and contributions will be terribly missed. I offer my condolences to her family, friends and colleagues.

The best of times and the opportunities they bring

This meeting of the PCB is happening in a moment when we are experiencing both the best of times and the worst of times—for the world, and for the Joint Programme.

I call these the best of times for many reasons.

First, our new global report shows clearly that countries are getting on the Fast-Track to reach more people, faster. We now have 18.2 million people receiving treatment—1 million added in just the last six months. This was unimaginable 10 years ago, when just 3 million people worldwide had access to life-saving medicines.

We have changed the face of the epidemic. We no longer solely focus on pills but on restoring dignity. The AIDS response has brought about social transformation.

Second, we are saving the lives and health of many more mothers and children. Globally, in 2015, 80% of the pregnant women living with HIV in the priority countries for the *Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive* (Global Plan) received antiretroviral therapy to prevent transmission.

Treatment for children has also doubled in the past five years, reaching more than 900 000 children. We have reduced the number of children newly infected with HIV by 60% in the 22 Global Plan countries. Six countries reduced the number of children acquiring HIV by more than 75% between 2009 and 2015. In total, 1.2 million children have been prevented from acquiring HIV since 2009, and 51% of the children living with HIV now have access to life-saving antiretroviral therapy, up from 15% in 2009.

Third, we are seeing 90–90–90 everywhere. We are getting results and meeting targets. Sweden's achievement on 90–90–90 is a great model—all other countries can and should achieve the same result. And they are getting there.

Our data from 2015 show that 60% of the people living with HIV know their HIV status, 46% of the people living with HIV are accessing treatment and 38% of the people receiving treatment have suppressed viral loads. Could South Africa reach the 90–90–90 target by 2020? They currently stand at 76%, 65% and 84% for the respective subtargets. This is impressive, and we know what needs to be done now.

There are major opportunities here: to get 90% of the people living with HIV tested for HIV, we need to identify the people most likely to be living with HIV and test them. This includes testing all pregnant women seen in public health facilities and their partners. To get treatment access for 90% of the people living with HIV, we must test and treat. But not everyone who tests positive would necessarily accept immediate treatment, so we need


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The life-cycle approach to HIV
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to improve our counselling services and public health campaigns. This will help people understand why testing and treating is important—to stay healthy and reduce the risk of transmission.

To get suppressed viral loads for 90% of the people receiving treatment—in other words, to reduce the amount of HIV in their bodies to an extent that they become unlikely to infect others—requires removing barriers to adherence. This includes reducing waiting times in clinics, providing help through adherence clubs and making staying on treatment easier by transporting medication to the people who need it.

Self-testing will play a large role in meeting the 90–90–90 target worldwide, and this is another huge opportunity for the AIDS response. Right now, 40% of the people living with HIV do not know that they are HIV positive. That is 14.7 million people. Although this number is down from 18.3 million two years ago, this is not fast enough. HIV self-testing is private and convenient and enables more people to know their HIV status. Study after study has found that self-testing technologies are broadly acceptable, usually preferred to other testing methods and cause little harm. So we urgently need to overcome regulatory hurdles and take steps to rapidly make self-testing available and accessible. We welcome the WHO self-testing guidelines, which will significantly expand access to testing.

I also want to highlight the growing attention and progress on 90–90–90 by the Russian Federation. Under the leadership of the Minister of Health, the government recently adopted a timely new HIV strategy towards 2020. I want to thank President Vladimir Putin and all the BRICS Heads of State and Government for highlighting their commitment by signing the BRICS Goa Declaration to reach 90–90–90 by 2020. In addition, the new HIV prevention campaign led by Svetlana Medvedeva is unprecedented and has my strong support. We will continue to pay special attention to the HIV epidemic in the Russian Federation, which is the only epidemic in the BRICS countries that continues to grow. I am also grateful that the Russian Federation maintains its political and financial support for UNAIDS' work in Commonwealth of Independent States countries despite the challenging budget situation facing the government.

Third, treatment as prevention is working. Just last week, the United States President's Emergency Plan for AIDS Relief (PEPFAR) reported population-based assessments that prove that we are beginning to control the epidemic among older adults and babies in Malawi, Zambia and Zimbabwe. These countries are approaching the 90–90–90 treatment target and have achieved an average of 65% viral load suppression among all adults living with HIV. The number of people acquiring HIV has likewise fallen significantly, with declines ranging from 51% to 76% across the three countries.

Ladies and gentlemen, we have here clear proof from population-based assessments—not from estimates—that treatment as prevention is working in reality. This has resulted in no small part from the US$ 70 billion PEPFAR has efficiently and effectively invested in the HIV response since 2004.

I want to say how incredibly proud I am of UNAIDS' continued partnership with PEPFAR under the leadership of Deborah Birx. I want to commend her leadership in the global response. We are delivering together, saving lives and keeping people healthy.

Prevention and treatment are mutually reinforcing. Next year, UNAIDS will establish a grand prevention coalition across different initiatives and among different leaders, implementers and community representatives committed to closing the prevention gap. We will build synergy between them all and lay the path for reducing the global number of people newly infected with HIV to fewer than 500 000 in 2020. I am calling on all of you to engage in this process.

In recent weeks, we have been running a successful social media prevention campaign: Hands Up for #HIVPrevention. The hashtag has been posted continually in social media, including more than 250 000 times in Russian. This movement must be enhanced with practical prevention programmes every day until we reach our target to reduce the number of people acquiring HIV by 75%.

Representatives of Bogotá and Medellín, the two largest and most HIV-affected cities in Colombia, joined the campaign during the World Summit of Local and Regional Leaders in October 2016. In a side event on HIV and cities, they also discussed approaches to strengthen HIV prevention in urban settings and identified innovative strategies to address the social and urban determinants of the HIV epidemic through community-based services in cities. These are the types of synergy we need to cultivate.

On the subject of cities, New Urban Agenda: the Quito Declaration on Sustainable Cities and Human Settlements for All was adopted at the end of the United Nations Conference on Housing and Sustainable Urban Development (Habitat III) in Quito, Ecuador in October 2016. UNAIDS contributed to the Declaration specifically mentioning ending AIDS, tuberculosis and malaria by 2030 and addressing multiple forms of discrimination, with special attention to people living with HIV.

One hundred mayors from countries in western and central Africa committed to strongly responding to HIV in their cities, and about 20 cities have already developed action plans.

A partnership between UNAIDS and Brazil's Ministry of Health created the #EuAbraço campaign, with additional support from UNFPA and UNESCO. The campaign rolled out during the 2016 Summer Olympics and Paralympic Games in Rio de Janeiro and aims to spread messages of respect towards people living with and affected by HIV and to promote HIV prevention. During the Games, a team of 88 volunteers mobilized visitors and residents by simply asking for a hug as a symbol of respect, tolerance and solidarity.

In the Middle East and North Africa, HIV is being placed higher on political agendas. The endorsement in 2014 of the first Arab AIDS Strategy for 2014–2020 was a milestone for the regional response, and in March 2016, the Council of Arab Ministers of Health

reaffirmed its commitment through a resolution urging countries to accelerate implementation of the Arab AIDS Strategy and to Fast-Track national responses to end AIDS by 2030. Joint regional action is being given priority. We welcome the resolution the Arab Summit endorsed in July 2016, which calls for establishing a regional Arab centre of excellence for cooperation and research on HIV and AIDS and health, to be based in Algeria.

Last year, following a meeting with the China Africa Business Coalition in Beijing, I was invited to visit the headquarters of StarTimes, the leading digital TV operator in Africa, serving nearly 10 million subscribers and reaching millions more. Since then, we began a new partnership in the run-up to World AIDS Day: they have been showing our HIV prevention videos for free six to eight times daily during prime time across their francophone and anglophone networks and will do this until the end of 2016. They will also translate them into Portuguese to distribute to their lusophone broadcasting partners.

In eastern and southern Africa, a high-level political advocacy platform on prevention was established under the leadership of the Government of Zimbabwe in collaboration with UNAIDS, UNFPA, the World Bank and the Ford Foundation to scale up combination prevention in the region. As part of the platform, a high-level ministerial meeting was held during the 21st International AIDS Conference in Durban, South Africa. Thirteen ministers from eastern and southern Africa adopted a regional roadmap and committed, along with civil society, for revitalizing prevention in the region.

Following the launch of UNAIDS' Platform for Action for Men and Boys, we initiated a campaign on male engagement in the AIDS response to promote gender equality and the uptake of HIV services among men.

UNAIDS is Fast-Tracking HIV prevention in Asia and the Pacific, working with a range of partners to implement the next generation of innovative HIV programmes. We are supporting the initiation of pre-exposure prophylaxis (PrEP) in six countries in the region, including demonstration sites in Malaysia and the Philippines. We are also promoting South–South sharing among community groups from key populations through a learning site programme. The skills transfer encourages innovative approaches in case-finding, community-based HIV testing and one-stop services. In exit interviews, many participants discussed plans to implement the new strategies when returning to their countries.

We are successfully using HIV as an entry point to train millions more community health workers. If we do not have a strong interface to reach communities, we will not succeed. This is our opportunity to transform health systems and delivery systems to create jobs and effectively deliver services. This transformation will help to address global health security issues in the future.


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A life-cycle approach

We are driven by our better understanding of data to urgently address the underlying causes of HIV. This is another opportunity. Our new global report was developed using innovations in data collection to understand how HIV risks and challenges change as people go through life. As the shocking statistics on adolescent girls show, people are especially vulnerable to HIV at very precise moments in their lives.

This past July in Durban, I sounded the alarm on HIV prevention. We cannot just treat our way to ending AIDS. We need to do such things as motivating young girls to stay in school and give them the life skills to manage their sexuality. In southern Africa, around 80% of infections among people aged 15–19 are among young girls. But every year of schooling reduces a girl's risk of becoming infected by 7%.

This is why we have taken a life-cycle approach—addressing HIV in different ways at different ages. That is why we launched our Start Free, Stay Free, AIDS Free initiative.

The Political Declaration on Ending AIDS adopted at the United Nations General Assembly High-Level Meeting in 2016 set ambitious new targets to end the AIDS epidemic among children, adolescents and young women. Every child should be born HIV free, every adolescent and young woman should grow up staying HIV free and every child and adolescent living with HIV should receive lifelong, life-saving treatment to stay AIDS free and realize their full potential.

Health ministers from nine countries have committed to take action on the Start Free, Stay Free, AIDS Free framework, building on the success of the Global Plan. Cameroon and Zimbabwe have already launched Start Free, Stay Free, AIDS Free, and other countries are accelerating this critical work. This is the time for bold leadership, carrying out concrete plans and embracing innovation and new partnerships that will ensure that we reach these goals.

In September, I gave the keynote address at an event at the United States Senate co-hosted by UNAIDS and the Elizabeth Glaser Pediatric AIDS Foundation. There we launched Start Free, Stay Free, AIDS Free and highlighted for the United States Congress the importance of a lifetime of care for children living with HIV, and also for those born HIV-free. Key Senate committee leaders pledged greater support for babies, children, adolescents and young adults at risk for HIV. I was joined by Monica Geingos, First Lady of Namibia and UNAIDS Special Advocate for Young Women and Adolescent Girls, who spoke passionately and candidly about the challenges facing adolescent girls and the need for strong leadership to ensure that babies born HIV-free remain so for the whole of their lives.

Following Thailand's inspiring example of becoming the first country in Asia to eliminate mother-to-child HIV transmission, UNAIDS is supporting the next wave of countries striving

to reach this milestone by helping them develop their own national roadmaps. Malaysia will soon launch a plan to eliminate the transmission of HIV, hepatitis B and syphilis by 2020, and we are supporting China in moving forward on validating the elimination of mother-to-child transmission of HIV at the provincial level.

In almost all countries in western and central Africa, coverage for pregnant women living with HIV has increased. Seven countries have achieved more than 80%: Burkina Faso, Burundi, Cameroon, Cabo Verde, Guinea, Sierra Leone and Togo.

But each day, 350 children and adolescents (0–19 years old) die from AIDS-related causes. In 2015, 110 000 children 0–14 years old and 21 000 adolescents 15–19 years old lost their lives to AIDS. That same year, 150 000 children and 250 000 adolescents were newly infected with HIV—160 000 of these were girls, with 77% living in sub-Saharan Africa.

Prevention and treatment are mutually reinforcing.

To address sexual and reproductive health services for young women and adolescent girls in eastern and southern Africa, the UNAIDS Secretariat, together with Cosponsors UN Women, UNESCO, UNFPA and UNICEF, were instrumental in developing a resolution, sponsored by the Southern African Development Community, for the Commission on the Status of Women. Resolution 60/2 on women, the girl child and HIV passed by consensus in March 2016—the first time since 2010. In July, Southern African Development Community Ministers of Gender and Women's Affairs aligned the revised Southern African Development Community Gender Protocol with Resolution 60/2 and embarked on developing the regional implementation plan of action that will be finalized by the end of 2016.

Enabling environments

The life-cycle approach also shows the critical need to reach key populations with HIV prevention and treatment programmes that meet their specific needs throughout their lives. Globally, an estimated 45% of the people acquiring HIV infection are members of key populations. Stigma and discrimination remain a major issue.

I want to personally congratulate our Canadian colleagues for the World AIDS Day announcement by Jody Wilson-Raybould, Minister of Justice and Attorney General of Canada, that the Government of Canada plans to work with provincial and territorial government counterparts, affected communities and health professionals to examine the response of the criminal justice system to non-disclosure of HIV status. Such a far-reaching effort could include reviewing existing charging and prosecution practices, as well as the possible development of prosecutorial guidelines. The Minister underlined that we should all share the commitment to reduce stigma and discrimination against people living with HIV.


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ENDING AIDS:
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Countries in Asia and the Pacific are leading on Fast-Tracking the elimination of HIV-related stigma. UNAIDS is actively supporting countries' efforts to create a more enabling legal environment. Significant progress includes India's landmark HIV legislation protecting people living with and affected by HIV, approved by the Cabinet in India and expected to be passed by Parliament into law. Thailand is scaling up its HIV-related stigma reduction programme among health-care workers, and participating facilities have reported changes in practices and policies as a result. The Lao People's Democratic Republic and Viet Nam are now adapting the tools for use in their own countries.

Comorbidity

Taking a life-cycle approach to HIV enables us to see how closely other preventable, treatable diseases are linked with HIV. In 2015, 400 000 of the 1.1 million people dying from AIDS-related causes died from tuberculosis (TB), including 40 000 children.

UNAIDS is working across the public and private sectors to convene senior thought leaders on antimicrobial resistance with a focus on infection prevention and control, diagnostics and surveillance. Through work groups across collaborating organizations, we continue to help to lead collaborative work on antimicrobial resistance and continue to identify its importance for tackling multidrug-resistant and extensively drug-resistant TB and resistance to antiretroviral medicines.

Cervical cancer is another challenging comorbidity. Women living with HIV have a risk of developing this cancer that is four to five times greater. For the first time, I was invited to address the opening of the World Cancer Congress this year, where I spoke about integrating the responses to HIV, human papillomavirus and cervical cancer. We also need greater connections with hepatitis C programmes. This is our opportunity to work on human papillomavirus and cervical cancer in partnership with others.

I want to say one more thing regarding the life cycle of HIV risk. We are seeing the epidemic growing among people older than 50 years. We cannot ignore them. This community also faces a higher risk of noncommunicable diseases, including dementia, heart disease and other illnesses that increase the costs of health care and make treating HIV more difficult.

Turning the 2016 Political Declaration into action

This is the best of times because we are seeing the 2016 Political Declaration on Ending AIDS translated into action. We reached 18 million people on treatment largely because we reduced the cost of antiretroviral medicines. At the old price of US$ 10 000 per person per year, this would have cost us US$ 180 billion. Because UNAIDS challenged the status quo

on intellectual property and supported the use of the flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS agreement), we broke through the price barrier and gave millions more treatment—an achievement that assures accessibility and affordability. We must do the same for other commodities, to speed up testing for HIV and viral loads.

I want to highlight how UNAIDS is working with regions, countries and partners to transform the Political Declaration into an engine for concrete actions.

Last month, health ministers from 12 countries in eastern Europe and central Asia met in Minsk, Belarus, and adopted a new commitment to expand access to HIV and TB treatment for all. In partnership with the Global Fund to Fight AIDS, Tuberculosis and Malaria, Stop TB and UNAIDS Cosponsors, this innovative agreement enables these countries to shift immediately to international and pooled procurement for affordable and quality-assured antiretroviral and anti-TB medicines.

Such mechanisms are already being used successfully in Georgia and Ukraine. And in January, the Ministry of Health of Kazakhstan will purchase first-line HIV medication from UNICEF, enabling the country to at least double the coverage of antiretroviral therapy using the same government funds.

I want to thank the Government of Belarus for working to make the Minsk meeting such a success. It sets the groundwork for even more progress from Belarus when it joins the PCB in 2017. And I want to encourage other countries and regions to follow up on this innovative and urgent approach that will save lives and money.

Another positive development in eastern Europe and central Asia is growing country ownership by Ukraine. In addition to scaling up its support for HIV treatment, the government announced that, next year, it will take on the full cost of its successful national programme sustaining 8000 people on opioid substitution therapy.

In eastern and southern Africa, a high-level policy dialogue with health ministers, the World Bank, HEARD (Health Economics and HIV and AIDS Research Division, University of KwaZulu-Natal, Durban, South Africa) and other partners built on the UNAIDS investment scenarios to create the new High Level Policy Group for an Effective and Sustainable HIV Response. The group, initially composed of the Ministers of Health of Botswana, Lesotho, Namibia and Zimbabwe, held an open dialogue with civil society, the Global Fund and the International AIDS Society, with the support of UNAIDS, HEARD and the International AIDS Economic Network. It will support country-level policy dialogue with finance ministers and other policy-makers toward a sustainable AIDS response.

Latin America and the Caribbean are deepening their discussions on transitioning out of donor support and sustaining gains in the regional AIDS response. UNAIDS, together with the Pan American Health Organization, the Global Fund and the Pan Caribbean

Partnership against HIV and AIDS (PANCAP), convened more than 60 representatives from government, civil society and donors in key affected countries. Participants zeroed in on many of the issues that endanger a sustained HIV response and are preparing a call to action similar to the one in 2014 that helped countries define 90–90–90 as a benchmark for ending AIDS.

UNAIDS has also supported countries in Asia and the Pacific to transition their funding towards self-reliance. In a time of shrinking resources, I want to recognize two standouts. The Philippines has doubled funding for the HIV response from last year to US$ 13.3 million in 2016, and Cambodia has increased funding for treatment from US$ 1 million in 2015 to US$ 1.2 million in 2016.

Global Fund replenishment

I want to congratulate Mark Dybul and the host country Canada for a successful fifth replenishment of the Global Fund. We must ensure that these funds are invested optimally and deliver the greatest impact. This requires a fully functional AIDS ecosystem, including a robust Joint Programme. It also relies on sustained funding for civil society—the backbone of the AIDS response—so it can play its vital role.

In the context of the Global Fund, the Executive Heads of Joint Programme Cosponsors have reiterated the importance of funding partners and supporting the work of the Joint Programme as a key technical and political partner and enabler of effective Global Fund resource allocation and use. They underlined the reality that total core funding for the Joint Programme for 2017 represents slightly more than 1.3% of the US$ 12.9 billion pledged to the Global Fund replenishment in September 2016 and less than 1% of the US$ 19 billion invested in the AIDS response in low- and middle-income countries last year.

The Executive Heads emphasized the importance of funding partners channelling resources into the Joint Programme, since this is an investment worth making to ensure that the Global Fund money is used to deliver the best possible impact and results.

UNAIDS has helped more than 100 countries mobilize and effectively use the US$ 16 billion disbursed by the Global Fund for the HIV response since 2002.

Together, the Secretariat and the Global Fund have commissioned an independent evaluation of our partnership that will focus on our efforts to design, deliver and monitor country programmes. The Global Fund will finance the evaluation under the new funding model. The outcomes will identify areas of strength and weakness in the partnership and make recommendations, including identifying areas for further collaboration. We are confident that the evaluation will deliver a robust set of findings to guide the partnership into the future.


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The worst of times—and even more opportunities

These times are defined by uncertainty and seismic change. The world is undergoing rapid shifts and unprecedented events. Climate change is closing in on poor countries—and affluent ones too—changing economies and how people live. New political winds of nationalism and isolationism are blowing steadily across the world.

Humanity is experiencing unprecedented mobility. Migrants are on the move in every country: one in seven people globally is now a migrant. In global health, we are fighting emerging epidemics like Ebola and Zika—and whatever may be next. Exclusion and inequality remain daunting challenges everywhere we look.

This past week, on World AIDS Day, we celebrated the tremendous progress that has been made in the long struggle against HIV. In many countries with strong health systems, HIV is no longer a death sentence but a chronic condition. Africa has reached a critical milestone: more Africans are starting HIV treatment than are becoming infected each year. Nevertheless, even as we celebrate, we must also mourn the 1.1 million people who lost their lives to the disease this year. HIV still infects 6000 people every day, and AIDS remains a leading cause of death among children, adolescents and women in Africa. The prevention dividend from HIV treatment is starting to be realized in every country. Having 2 million people acquire HIV annually is therefore unacceptable. Key populations, adolescents and women are being left behind.

These are serious issues, and they need a lot of attention. They require resources—limited resources. And the pressure on these resources is getting more intense.

The AIDS response has never faced this much competition. Until very recently, funding for HIV was increasing every year. Global solidarity is motivating countries to tap into domestic resources to address local epidemics. This is a great development, but it is not enough.

A united Joint Programme

We all understand that UNAIDS faces a very challenging financial situation. But the Joint Programme remains united and productive as we seek the solutions that will leave no one behind.

At our recent meeting of the Committee of Cosponsoring Organizations, all Heads of Agencies were fully engaged. The discussion enabled us, for example, to have a shared understanding of the chief concerns members of the PCB have raised—such as the need for greater transparency of the Joint Programme. It also enabled us to reach an agreement

on the question of short-term funding allocations to the Secretariat and the Joint Programme, based on the reforms that the Secretariat and the Cosponsors have been able to implement in recent months.

In response to several issues raised, we further agreed on the following key points for our collective action moving forward:

- We need to better capture and report clearly on the added value of the Joint Programme—collectively and for each Cosponsor—in the global AIDS response.
- We will strengthen the accountability of the Joint Programme as well as the accountability of each of the Cosponsors to the Joint Programme, including continued work to enhance our systems to deliver greater programmatic impact in cost-effective ways and strengthen our approaches to identifying and managing risks—particularly uncertainties in funding.
- We will continue to refine our global, regional and country programmatic efforts to ensure that we pursue a differentiated approach suitable to the specific epidemic contexts at the regional and country levels, with particular attention to addressing gender and other socioeconomic or legal inequalities wherever they exist.
- We will continue to work closely together and in partnership with other key actors, including PEPFAR and the Global Fund, to effectively mobilize, plan and implement resources in response to HIV in these differentiated epidemic contexts. This will also include enhanced efforts to work with countries to enable them to effectively and seamlessly transition away from Global Fund financing.

The Joint Programme has a unique place in the global health architecture and the AIDS response, playing multiple roles in supporting countries and other partners. UNAIDS engages with civil society at all levels, leveraging the international AIDS response to promote equality, dignity and human rights around the world. As such, UNAIDS works to expand the political space for—and investment in—civil society.

Nevertheless, at the time of the Financing Dialogue and last June's PCB, contributions amounting to just US$ 100 million had been confirmed versus the approved budget of US$ 242 million. The projected funding shortfall for 2017 was even greater.

I am pleased to note that the resource outlook has since improved—a direct result of intensified resource mobilization efforts. I have engaged with more than 40 donors and now expect US$ 175 million to be raised this year. I was happy to hear from the United Kingdom Department for International Development that their funding will be maintained at the current levels during the next five years. And the United States of America is expected to maintain its current level of support.


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Several other countries will be providing additional funds for 2016: Côte d'Ivoire (US$ 1 million), Kenya (US$ 500,000), Sweden (US$ 5.8 million) and Switzerland (US$ 1.5 million). China, Denmark and Norway have also indicated possible increases in their contribution to the Core Budget.

Despite our difficulties, the Joint Programme is united and confidence in its critical mission is strong, as evidenced by the recent financial pledges. Meanwhile, the UNAIDS Secretariat and Cosponsors will intensify our efforts to mobilize resources from new and non-traditional donors.

As a key technical and political partner and enabler of effective Global Fund resource allocation and use, UNAIDS must be fully funded. Member States need to match their words of support for the Joint Programme with financial contributions.

UNAIDS maintains a close partnership with the Global Fund. We have a presence in more than 80 countries, and our regional support teams provide technical support and strategic information that helps the Global Fund direct its grants to the right programmes, locations and populations at sufficient scale. Moreover, our work helps to create the social, legal and political conditions for people to use health services—especially by promoting gender equality and ensuring that populations at higher risk of acquiring HIV do not face adverse discrimination.

Nevertheless, projected budget shortfalls have potentially serious implications for the Joint Programme's partnership with the Global Fund. As a financing mechanism, the Global Fund draws on the contributions of UNAIDS to ensure that the programmes it finances are effectively developed and delivered. With reduced UNAIDS presence in the field, the Global Fund will lose a neutral broker and a key partner in ensuring strategic, effective and efficient use of resources.

Resources Cosponsors raise for HIV complement the available Unified Budget, Results and Accountability Framework funds but cannot replace these. Maintaining 2016 levels of core resources to Cosponsors in 2017 (US$ 44 million) will enable more joint work, greater integration of HIV under the Sustainable Development Goals and effective utilization of Global Fund resources. It will make a critical difference in the Joint Programme's capacity to maintain country presence, programmes and partnerships.

The UNAIDS 2016–2021 Strategy and results are in jeopardy

The significant and unprecedented reductions in funding and budget shortfalls comprise a crisis that is severely affecting the capacity of Cosponsors and the Secretariat to deliver on the UNAIDS 2016–2021 Strategy across all result areas and regions. This cannot be underestimated.

The places and programmes most severely affected by budget reductions are the ones lagging the furthest behind. We are very concerned that investment in HIV prevention especially will decrease if budget shortfalls persist.

Funding gaps are already reducing our presence in eastern Europe and central Asia, Latin America, the Middle East and North Africa and parts of Asia and the Pacific. We had 233 fewer HIV-dedicated staff members across all Cosponsors in 2016 and 100 fewer staff members for the Secretariat. We have tried to carry out these reductions with a human face.

We have felt the shock, and it has moved us to transform the Secretariat and the Joint Programme. Across UNAIDS, we have been implementing a range of cost-saving and efficiency measures:

- Focusing on Fast-Track countries and greater impact.
- Adopting differentiated approaches based on specific epidemic contexts.
- Decreasing numbers and redeploying staff members optimally, focusing on staff members in the field by maintaining a 70:30 ratio to headquarters.
- Scaling back programming and reducing funding to partners.
- Lowering operating costs and enhancing efficiency.

Cuts in activities and operational budgets, combined with reductions in staff, resulted in overall savings of US$ 15 million, or a 10% decrease in these budgets.

Those are the challenges, but there are also opportunities. The Joint Programme remains the recognized model of United Nations reform—representing the future of coordinated solutions to global problems. We were the first, and we are still the pathfinder.

The Joint Programme has never been needed more than now. Our model reduces duplication and increases cooperation, lowers costs and increases results. The system works.

Ongoing reviews by the Multilateral Organization Performance Assessment Network show that our partners value UNAIDS highly. The Multilateral Development Review of the United Kingdom Department for International Development ranks UNAIDS as a trusted development partner.


Mr Mark R. DYBUL
Executive Director
The Global Fund
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Making the money work harder

The outlook for 2017 is still uncertain, but the Joint Programme is committed to raising the same amount of money against the core Unified Budget, Results and Accountability Framework in 2017 as in 2016. Here is how we will make the money work harder.

Resource allocation and efficiency

- Allocate US$ 44 million to Cosponsors for a transitional period in 2017 to ensure that a bare minimum of the ambitious programme of work is implemented.
- Continue to pursue cost savings and efficiency to adapt to the new funding environment and strengthen the identification and management of risks.
- Strengthen the accountability of the Joint Programme as well as the accountability of each Cosponsor.

Resource mobilization

- Revitalize resource mobilization efforts, broaden the donor base and encourage current donors to review and increase their existing financial commitments.
- Enhance efforts by Cosponsors to mobilize more resources for AIDS while continuing to mainstream and integrate AIDS into their country, regional and global programmes.
- Explore the relationship between UNAIDS and the Global Fund further as a way to deal with UNAIDS' funding shortfall and ensure that Global Fund resources are used effectively.

Stronger business model

The longer-term viability of the Joint Programme requires strengthening the UNAIDS business model—from its joint working to its funding and accountability and governance mechanisms. We must now do this urgently.

I propose a time-bound process that will start immediately after we conclude our discussions here—one that will enable us to adopt a new business model and budget when we meet in June 2017. I will convene a Global Review Panel, together with the Administrator of UNDP, as the chair of the United Nations Development Group. I have invited Awa Coll Seck, Minister of Health of Senegal, and Lennarth Hjelmåker, Swedish Ambassador for Global Health, to co-chair a very small but representative group.

I have strong backing from the Cosponsors for the panel and their engagement throughout this critical process. The Panel will provide important input into the Joint Programme's deliberations on the reform of the business model. I will ensure that this work is conducted

in a transparent and consultative manner. Building on the experience we have as a board in developing the Strategy and budgets, I envision a global multistakeholder consultation (or if needed, two) before presenting a new business model to the PCB in June.

One outcome of the process should be recommendations for a revised budget framework. To enable the Secretariat to develop the 2018–2019 budget in parallel with the business model and taking advantage of the review, we need to carry out this reform work with great urgency. I foresee that the Committee of Cosponsoring Organizations will discuss the revised business model at the end of March 2017.

As I have shared with PCB Member States on several occasions, including in meetings organized by the Chair of the PCB, I share the view of many people that the Global Fund looks like more of a "quick fix" than it actually is. Indeed, a variety of important considerations must be taken into account in this equation.

As discussed informally with many of you, I would advise that we ask the Global Review Panel to consider this point. We all know how crucial the relationship with the Global Fund is and how we mutually benefit from each other's complementary mandates. By giving the Global Review Panel the mandate to further explore options, I feel we are giving ourselves the required expertise and experience to give the full attention this important issue deserves, carefully studying all options.

I am excited by the work of this Global Review Panel. It will enable us to be a stronger and fitter Joint Programme that serves as a model for the new Sustainable Development Goals agenda. This is a new architecture for the Joint Programme in this time of great change. It is time to be courageous.

Conclusion

The UNAIDS Strategy is integrated, and we need to implement all its aspects. Through collaborative initiatives, innovations and strategies like the ones described in this report, the Joint Programme continues to deliver, and our transformation will help us to do even more in the future. Delivering on the UNAIDS Strategy requires the mutually reinforcing performance of the Secretariat—in core leadership, advocacy, information, convening, partnerships and accountability functions—and Cosponsors in the strategic result areas.

Now is the time to embody and demonstrate the value of the Joint Programme. We are the ones who can ensure that the epidemic does not rebound.

We are the ones who lead and coordinate a global response to AIDS that addresses the social, structural, economic and political drivers of the epidemic—especially human rights and gender equality.

We are the ones who can leverage the AIDS response to address broader global health challenges and to ensure that no one, anywhere, is left behind.

In conclusion, I am reminded of the Chinese expression, "May you live in interesting times."

Our times have certainly been interesting—for the AIDS response and for the Joint Programme. We have taken the hit and recovered well.

Thanks to all of you for contributing to this recovery and our future success.

I am honoured and pleased to introduce my friend, Gao Feng, Vice Governor of Yunnan Province in China. I was very impressed when visiting communities in this region, on the border with Myanmar, where I saw the level of support for migrant populations. I saw how they are responding to AIDS and promoting 90–90–90. I know he has a fantastic story to tell.

Allow me to give Gao Feng the floor.

Thank you.

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