

UNAIDS Executive Director's report

Michel Sidibé,
Executive Director of UNAIDS
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"To live is to choose.

*But to choose well, you must know
who you are*

and what you stand for,

*where you want to go and why you
want to get there."*

Kofi Annan

Thank you, Chair, Anna Wechsberg, Director of Policy at the Department for International Development, United Kingdom of Great Britain and Northern Ireland.

Your excellencies, members of the Programme Coordinating Board (PCB), ladies and gentlemen: welcome to the 43rd meeting of the UNAIDS PCB.

We meet just a few days after the 30th anniversary of the first World AIDS Day, when we remember all the people we have lost to AIDS. It is also a moment to recognize how far we have come. Our Live Positively—Know Your Status campaign celebrated the millions of people living healthy lives thanks to HIV treatment. It resonated around the world.

I spent World AIDS Day in South Africa, where we celebrated the amazing journey of transformation that the country has taken: from denial, to acceptance, to ownership.

Just before I visited South Africa, I commemorated World AIDS Day at the White House with the Vice-President of the United States of America, Mike Pence, the United States Global AIDS Coordinator and Special Representative for Global Health Diplomacy, Deborah Birx, representatives of faith-based organizations, community members and other leaders.

At the recent Group of 20 (G20) summit in Buenos Aires, Argentina, G20 leaders committed to ending AIDS, tuberculosis (TB) and malaria and looked forward to a successful sixth replenishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). In September, leaders at the Forum on China–Africa Cooperation meeting in Beijing, China, committed to ending the AIDS epidemic and halting and reversing HIV, TB and malaria as part of China–Africa health cooperation.

Also on World AIDS Day, the Government of the Russian Federation approved a new three-year grant to UNAIDS for US\$ 17.8 million.

Forty years into the HIV epidemic, this ongoing commitment and engagement in the AIDS response around the world is impressive.

Paying tribute to a champion of the AIDS response

Since we last met, we all lost a true friend and champion of the global AIDS movement. Kofi Annan was a wise and compassionate man.

I have been reflecting a lot on his words:

To live is to choose.

But to choose well, you must know who you are

and what you stand for,

where you want to go and why you want to get there.

In the AIDS response, we have chosen well.

We know who we are, where we are going and why

We know who we are and what we stand for. We have chosen to uphold the right to health and dignity for all. We have chosen to put people first and for the response to be led by people living with HIV and communities.

And we know where we want to go and why. The world has embraced our ambitious vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths, because this is the right thing to do.

We are united to end the AIDS epidemic as a public health threat by 2030, because it is unacceptable that, 40 years into this epidemic, new HIV infections are still rising in 49 countries, while more than 15 million people living with HIV still cannot access treatment. We are united to end AIDS because it is unacceptable that human rights violations, prejudice, fear and stigma and discrimination persist, even in health-care settings—and because we know that such stigma and discrimination discourages people from accessing prevention, learning their HIV status, enrolling in care and adhering to treatment. We followed the recent events in Tanzania and Zanzibar closely and focused our efforts on the safety of the people who have been targeted and affected, as well as their families and the community.

We know that ending AIDS comes down to political choices and whether countries choose to prioritize the health, well-being and dignity of their populations.

Progress

We are making progress for individuals, families and communities. The three zeroes continue to serve as our framework for action.

We know that where prevention is implemented well and at scale, it works. The Global HIV Prevention Coalition is putting HIV primary prevention back on the agenda.

We welcome the United Nations Political Declaration on Tuberculosis and the 2022 targets, which can prevent people living with HIV from dying of TB. UNAIDS is working with India and the Harvard Medical School in the development of artificial intelligence-enabled technology for screening TB using chest X-rays. This technology could potentially be a game-changer in low-cost and rapid diagnosis of TB.

Globally, there are more people on treatment than not. AIDS-related deaths in 2017 dropped to below 1 million. I have just returned from Kigali, Rwanda. Rwanda's leadership and ownership of its AIDS response is a model for advancing the global agenda on ending the AIDS epidemic. In under 10 years, Rwanda has doubled the number of people on HIV treatment. Since 2010, AIDS-related deaths are down by almost 50% and Rwanda is very close to achieving the 90–90–90 targets. And it was with the utmost respect and gratitude that I named the First Lady, Jeannette Kagame, as Special Ambassador for Adolescent Health and Well-Being, in recognition of her steadfast engagement over many years.

At the city level, the Fast-Track cities initiative has provoked a global movement. What started as a campaign by 26 mayors who signed the Paris Declaration to end the AIDS epidemic in cities on World AIDS Day 2014 now encompasses about 300 cities in every region of the world, which are accelerating their local AIDS responses to achieve the 90–90–90 targets and eliminate stigma and discrimination.

I would like to highlight UNAIDS' partnership with the Government of Belarus in taking AIDS out of isolation. The recent Minsk 2 meeting and declaration gives 16 countries in eastern Europe and central Asia access to high-quality and affordable medicines and diagnostics for HIV, TB and hepatitis.

Yesterday, we launched the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination. Co-convened by UNAIDS, the United Nations Development Programme (UNDP), UN Women and the Global Network of People Living with HIV, the partnership will focus on the populations being left behind, including, but not limited to, people living with HIV, key populations, adolescent girls, young women and migrants.

But AIDS is not over and we cannot be complacent

AIDS is not over and we cannot be complacent. At the halfway point to our 2020 Fast-Track Targets, the pace of progress does not match the global ambition.

The *Miles to go* report, launched in Amsterdam, Netherlands, is a wake-up call. It shows us clearly that ending the AIDS epidemic by 2030 is not a foregone conclusion.

We must return the people who have been left behind to the forefront of the HIV agenda. Despite good progress on 90–90–90, huge disparities remain between different locations and populations. We are not paying enough attention to geographic locations and populations at higher risk of HIV infection. I saw this first-hand when I was in Ethiopia recently. The country has made amazing progress, and with national prevalence now below 1% the country looks to be on the way to epidemic control. But this national figure hides a differentiated epidemic and we need to pay attention so that no one is left behind.

Six areas for collective action

To stay on the path to end the AIDS epidemic by 2030, we must drive collective action in six areas.

First, we must strengthen our approach on prevention, including scaling up pre-exposure prophylaxis (PrEP).

We know that new HIV infections among adolescents and young women remain high. Oppression, violence and gender power imbalances must be reversed, and harmful masculinities must be consigned to the history books. Girls and young women deserve to live in a world with dignity, respect and freedom from violence and HIV.

Key populations—gay men and other men who have sex with men, sex workers, transgender people, people who use drugs, prisoners and other incarcerated people and migrants—make up 47% of all new HIV infections, and they are not being reached. We need to put those communities in the lead in order to change the trajectory of the epidemic.



The risk of acquiring HIV by key populations is:

- Twenty-eight times higher among gay men and other men who have sex with men.
- Twenty-two times higher among people who inject drugs.
- Thirteen times higher for female sex workers.
- Thirteen times higher for transgender women.

I travelled to Ecuador in October, where, with Coalition Plus, I helped to launch a new regional civil society network for the Americas and the Caribbean. It further democratizes the AIDS response and will be a catalyst for progressive action

In September, I met with representatives of the Latin American and Caribbean Network of Transgender People. Marcela and Venus shared the alarming levels of violence against transgender people and the lack of recognition of their rights. Transgender women in the region have a life expectancy of only 35 years. Stigma, discrimination and violence against sexual and gender minorities prevent them from accessing health services. Everyone has the right to health, no matter their gender or sexual orientation. For that, we need zero discrimination for everyone, everywhere.

I salute Chile's new gender identity law allowing transgender people to change their names and legally be addressed in accordance with their true gender.

In view of the alarming increase in new HIV infections in the Middle East and North Africa and the need for a sustainable and strategic response with a focus on combination prevention among key populations, a new regional plan has been developed. It emphasizes rights and evidence-informed approaches, promotes innovation, integration, partnership and accountability and is aligned to the global road map of the Global HIV Prevention Coalition.

Criminalization of drug use is still a challenge and we are still struggling to implement harm reduction in many countries.

I was pleased to be in Senegal for the launch of the model drug law for western Africa to guide policy-makers in the region on how to better frame their drug laws. The model drug law shows how countries can modify their laws in order protect the health and welfare of people.

We have endorsed a common United Nations position in preparation for the Commission on Narcotic Drugs ministerial-level meeting in Vienna, Austria, in March 2019.

There are pockets of fragility in the richest societies. I was extremely moved to see the work of Abrigado in Luxembourg, which is an island of hope for people who inject drugs.

We need a people-centred health and rights approach that restores dignity to people who use drugs and provides services that focus on their health and rights.

Where oral PrEP has been introduced as part of a package it has had a powerful impact and has been shown to be highly effective in preventing HIV when taken correctly. We do not see PrEP as a stand-alone tool, but as part of a package of prevention services and choices. It should be seen as a wellness intervention that people can control—and not just for key populations.

Thirteen countries in the Asia and Pacific region have been supported to create PrEP scale-up road maps and have committed to expand community-based or community-led HIV testing and introduce HIV self-testing in their testing programmes.

Second, we must accelerate towards 90–90–90 and think ahead. Our commitment to 90–90–90 is driving strong results: 75% of all people living with HIV globally know their status, 79% of whom are accessing treatment, and 81% of people accessing treatment have suppressed viral loads.

The United States President’s Emergency Plan for AIDS Relief (PEPFAR) has announced that 13 HIV high-burden countries are poised to achieve epidemic control within the next two years. As we celebrate the 15th anniversary of PEPFAR, we are grateful for the continued generosity and compassion of the American people. We also appreciate America’s continued bipartisan support for the programme, demonstrated by the recent reauthorization of PEPFAR.

Still, the global data hide lack of progress in many countries. We need greater clarity about where we’re failing and what we are doing to get back on track.

It is not just about getting to the third 90, but also about durable viral suppression, which is more difficult. This also means looking more closely at mortality rates. The number of AIDS-related deaths is falling too slowly to meet the target of less than 500 000 AIDS-related deaths by 2020.

In the 2016 United Nations Political Declaration on Ending AIDS we committed to investing 25% for prevention and 6% for social enabling activities and that 30% of all service delivery is community-led. Where are we on these investments? We need to reflect on gaps and I am calling for transparency on where we are.

Many of the programmatic targets that currently guide the global AIDS response, including those in the 2016 United Nations Political Declaration on Ending AIDS, expire in 2020. We owe it to the global response to look ahead to the response beyond 2020—and provide motivation and direction for an effective and efficient AIDS response.

Third, we cannot leave children and their mothers behind.

With the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive and the Start Free Stay Free AIDS Free framework, we have made great progress towards our goal of eliminating mother-to-child transmission of HIV and keeping mothers alive.

Globally, 1.4 million new HIV infections have been averted among children since 2010. The percentage of pregnant women living with HIV accessing prevention of mother-to-child transmission of HIV services has risen from 51% in 2010 to 80% in 2017. Recent gains have been particularly impressive in eastern and southern Africa, where an estimated 93% of women living with HIV were started on antiretroviral therapy or were already on treatment during their pregnancy in 2017.

And yet, in 2017, 180 000 children became infected with HIV. And large proportions of children living with HIV under two years of age start antiretroviral therapy with advanced immunodeficiency. Children who start treatment late are more likely to experience treatment failure, which underlines the need to identify and start children living with HIV on treatment as early as possible. Only half of infants who are exposed to HIV are tested before eight weeks of age. For newborns, we urgently need to scale up testing and focus on the first 90. Increased access to point-of-care diagnosis and HIV treatment must go hand in hand.

Only half of children under 15 years living with HIV were being treated last year—a massive injustice. The continental campaign Free to Shine, led by the Organisation of African First Ladies against HIV/AIDS and the African Union, is needed.

And just last week, a High-Level Dialogue to Assess Progress on and Intensify Commitment to Scaling Up Diagnosis and Treatment of Pediatric HIV was convened at the Vatican with the support of PEPFAR, UNAIDS and the AIDS Free Working Group. This brought together leaders of major diagnostic and pharmaceutical companies, multilateral organizations, governments, regulators and faith-based and other organizations directly engaged in services for children living with HIV.

Fourth, let's make the testing revolution we need real. This year's World AIDS Day report, *Knowledge is power*, was all about testing. We must do more to reach the 9.4 million people living with HIV who don't know they have the virus and who can't get treatment, whose virus is not suppressed and who can't protect their families and partners, simply because they don't know they have HIV.

We must also do more to reach the 19.4 million people who do not have suppressed viral loads. We need to do a better job of reaching men with testing or we will never make a real impact on the epidemic. Men are less likely to take an HIV test, less likely to access treatment and more likely to die of AIDS-related illnesses. In Malawi, for example, men living with HIV were 12% less likely than women to know their HIV status.

Fifth, we cannot leave behind people caught in crises. More than 2 billion people live in countries affected by fragility, conflict and violence. Their daily lives are marked by uncertainty and upheaval. Too often their right to health is denied.

We urgently need greater political visibility and international cooperation to eliminate sexual and gender-based violence and to protect everyone in humanitarian settings.

At the side event we organized with the African Union at the September session of the United Nations General Assembly, Riya William Yuyada, a young activist from South Sudan, urged us not to remain “loudly quiet.”

We must heed her call. And I join United Nations leaders in condemning the recent attacks on women and girls as they walked to a food distribution site near Bentiu, South Sudan.

In the Central African Republic, I signed a memorandum of understanding with key government partners to: reduce new HIV infections in the military and other uniformed services; reduce sexual violence and abuse by security and defence forces; and increase uptake of HIV treatment, care and support services. The memorandum of understanding is a first—translating Security Council resolution 1983 into concrete actions—and places prevention at the centre of our efforts to end gender-based violence as a cause and consequence of HIV.

UNAIDS has provided technical support and is working closely with the World Health Organization (WHO), the International Organization for Migration, UNDP, the World Food Programme and the Office of the United Nations High Commissioner for Refugees as a member of the Yemen HIV crisis group for monitoring the AIDS response in Yemen, including human rights violations against people living with HIV, key populations and AIDS programme workers. The sustained advocacy and collaboration among partners has led to the release of people living with HIV and programme workers who were detained in Yemen.

The number of migrants, representing 3.4% of the world’s population, is increasing faster than the global population, driven by economic prosperity, inequality, violence, conflict and climate change. The Global Compact for Safe, Orderly and Regular Migration adopted yesterday can be a common approach to international migration in all its dimensions. Let me take a moment to recognize Ecuador’s leadership with regard to migrants. Ecuador is taking a human rights-based approach to HIV services, not only for its citizens but also for migrants, including guaranteeing health care for refugees and migrants living with HIV.

Sixth and finally, we need a fully funded Global Fund with sustainable transition plans in every country. We are facing a 20% shortfall in the needed resources. Small donor cuts can have big consequences. A 20% cut by international donors will be catastrophic for the 44 countries that rely on international assistance for at least 75% of their national AIDS responses.

In Mozambique, for example, the HIV response accounted for 17% of its total domestic public health spending in 2017. If international donors cut their contributions to the HIV response by 20% and Mozambique replaced that funding with its own scarce public resources, 98% of the domestic public health budget would go to HIV. Such a large proportion of domestic public health spending for HIV is clearly unrealistic; Mozambique would not be able to absorb the cut.

Not fully funding the AIDS response will have drastic impacts—an estimated additional 2.1 million people will be infected with HIV and 1 million more people will die of AIDS-related illnesses if we miss our 2020 targets by five years.

We need more efficient use of existing resources and more effective programme implementation to reach the Fast-Track Targets.

Tomorrow's agenda item on sustainability is timely and needed.

Next year's sixth Global Fund replenishment is critical. I know the Joint Programme will do all it can to support a successful replenishment that matches our collective ambition. I look forward to hearing more from Peter Sands, the Executive Director of the Global Fund, tomorrow.

Align, accelerate and account for the health-related targets of the 2030 Agenda for Sustainable Development

UNAIDS is proud to be one of 12 organizations that are part of the Global Action Plan for Healthy Lives and Well-Being for All, coordinated by WHO. This represents a historic commitment to new ways of working together to accelerate progress towards meeting the health-related Sustainable Development Goals. What is key now is that we move from rhetoric to action.

Western and central Africa not catching up fast enough

I am very concerned that the western and central Africa (WCA) region is not catching up fast enough. AIDS-related deaths have only declined by 24% since 2010, while new HIV infections have dropped by just 8%.

I have highlighted these issues with our special ambassadors, the First Lady of Chad, Hinda Deby Into, and the First Lady of Côte d'Ivoire, Dominique Ouattara. I thank them for championing inclusive responses that uphold the health and well-being of women, children and adolescents.

There has been progress since the finalization of the western and central Africa catch-up plan. The number of people diagnosed with HIV between 2015 and 2017 increased by 27% and the number of people on treatment increased by 34%. In some countries, the trajectory is even more impressive: in the Democratic Republic of the Congo, the number of people living with HIV on treatment has risen by 82% since 2015, by 72% in Equatorial Guinea, by 67% in Sierra Leone and by 52% in Cameroon.

Knowledge of HIV status among people living with HIV exceeds 70% in five countries—Burkina Faso, Burundi, Cameroon, Gabon and Senegal.

At UNAIDS we are working to leverage and optimize these gains. We are prolonging and transforming the catch-up plan into an overall acceleration plan.

We continue to de-medicalize the response with support from civil society.

We continue to advocate for the elimination of user fees, which hinder access to life-saving services. These kinds of fees are prohibitive for families. And we know that when these fees are removed, health coverage goes up—as we have seen in Burundi and Nigeria, for example.

We are pleased to be working with PEPFAR and the Global Fund on this agenda. My thanks go to Luxembourg for renewing its commitment to accelerating the AIDS response in western and central Africa with an additional contribution of €1 million. The new regional coalition of civil society for western and central Africa is another key step forward.

A year of learning for UNAIDS

As you know, this has been a year of learning for UNAIDS. I am committed to ensuring that the UNAIDS Secretariat provides a healthy, safe, inclusive, equitable and enabling workplace for all staff.

But I know that not every one of our staff has experienced the inclusive work culture to which we aspire. We have been working with all staff and our partners, experts and leaders in the field.

I called for the Independent Expert Panel in February 2018 and this Board has ensured full independence of the Panel from the management of the UNAIDS Secretariat.

I look forward to the discussion this afternoon on the recommendations of the Panel and the management response. The management response proposes an agenda for change to transform the UNAIDS Secretariat into a model working environment for all staff, a place that ensures safety and inclusivity and that upholds the highest standards of accountability and integrity.

The next PCB in June 2019 will be my last. I therefore call upon you to take note and put in motion the necessary processes to ensure a smooth transition for this great organization. I look forward to your further action, for which I thank you and offer my absolute support.

As we reflect on where we have come from, where we are going and why, borrowing from President Nelson Mandela, Madiba, I ask this Board, our partners and everyone at UNAIDS to continue to:

Support courage where there is fear

Foster agreement where there is conflict

And inspire hope where there is despair.

We have promises to keep for the people we serve.

Thank you—*merci*.



UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org