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13 December 2022,
Chiang Mai, Thailand

51st meeting of the UNAIDS Programme
Coordinating Board

UNAIDS EXECUTIVE DIRECTOR REPORT



I WOULD LIKE TO RECOGNIZE
OUR STAFF WORLDWIDE FOR
THEIR COMMITMENT, CREATIVITY,
RESILIENCE—AND EXCELLENCE IN
OUR SUPPORT TO PEOPLE LIVING
WITH HIV AND THOSE AT RISK
AROUND THE WORLD.

INTRODUCTION

Your Excellency Deputy Prime Minister and Minister of Public Health of Thailand and Chair of the PCB,
Members of the Board,
Excellencies, Ambassadors,
Friends and Colleagues.

Welcome to the 51st meeting of the PCB.

We are delighted that so many of us are gathered here in Chiang Mai and thank the government of Thailand for hosting us. I'm also pleased that many stakeholders can also participate online.

At the outset, I would like to pay my respects and offer my sincere condolences to the Central African Republic on the passing of Ambassador Leopold Samba. Ambassador Samba was a pillar of the Africa Group in Geneva and a great friend and supporter of UNAIDS. I am grateful to him for always being so generous with his wisdom and guidance.

I would like us to remember our colleague Michel de Groulard who passed away suddenly in October. Michel had most recently worked as interim UCD for Guyana and Suriname, he had a long career with UNAIDS in the former Regional Support Team for the Caribbean, in Trinidad and Tobago, and in the Global Centre. In his work on HIV/AIDS over the years, he continuously championed the role of the civil society at all levels of the response. We will miss him.

We were saddened to learn of the passing of Eva Rodrigues, who retired from UNAIDS in 2012. Eva was part of the field support team for many years. In the words of her sister, Ayesha, Eva lived a good life, loved her job and UNAIDS colleagues. She took early retirement in 2012 and travelled extensively as planned. In Goa, she worked with an NGO and was an active member, helping unprivileged single mothers with children who were HIV positive. She sponsored many of their programmes.

I pay tribute to Adel Zeddami who passed away last week. Adel was our Country Director in Algeria. Adel worked on HIV for over 25 years and throughout his 13 years with UNAIDS, Adel was always a thoughtful, brave and dedicated colleague, who championed the rights of people living with HIV and key populations. The AIDS response has lost a great champion and we have lost a close friend. Our thoughts and deepest condolences are with his wife and children and his wider family at this very sad time.

May they rest in peace.

I would like to welcome our incoming PCB NGO delegates Erika Castellanos, Martha Nakato and Xavier Biggs. I would also like to thank the PCB NGO delegates who are leaving: Jumoke Patrick, Joyce Adewole, Dina Bons and Charan Sharma. Thank you for your contributions and bringing the lived realities into the Board room.

I will start my report by reflecting on our current context facing the global AIDS response. I will then provide an update on the work of the Joint Programme to implement the Global AIDS Strategy and close the inequality gaps before turning to internal issues including the Secretariat's ongoing transformation and financial outlook.

HUMANITY IS FACING MULTIPLE CRISES

I deliver this report to you in a moment in which humanity is facing multiple crises. Even as the negative impacts of COVID-19 were slowing, war in Ukraine and other economic and social shocks have hit the world. The AIDS response is not immune to these shocks. And so as we look ahead, this moment calls for clear-eyed acknowledgement of our challenges and bold action to overcome them.

In this context I draw the Board's attention to four specific trends that require our attention.

First, the HIV pandemic: Since we last met, UNAIDS released our 2022 Global AIDS Update, which I previewed for you in June. It shows new HIV infections rising in Latin America, the Middle East and North Africa, Eastern Europe and Central Asia and this Asia Pacific Region where they had previously been falling. Progress in East and Southern Africa has slowed significantly.

There were bright spots. Here in Thailand, for example, government and communities worked together to achieve a 58% decline in new HIV infections since 2010 and that progress is not slowing. There is much we can learn. We also saw robust declines in HIV infections in the Caribbean and Western and Central Africa.

But overall, AIDS remains a pandemic killing one person every minute. This trend signals we must attend to regions, populations, and contexts of continued or resurgent HIV outbreaks and to the fragility of progress against this virus.

Second, the macroeconomic context: Data from the IMF and World Bank show developing countries in a powerful fiscal crisis with fuel and food prices rising and limited capacity for public investment amplified by extreme climate episodes. As of October this year, 60% of low-income countries are in, or at risk of, debt distress. The UNAIDS Pandemic Triad report shows that in 2019 countries with high HIV and debt burdens spending 4 times more on debt than on health. The World Bank now projects that per capita health spending will stay below or stagnant at 2019 levels until 2027 in two thirds of the countries in the world. Remembering that the majority of HIV funding in developing countries comes from countries themselves, these have serious implications for our 2025 and 2030 targets. Increasing available resources and their effective use is therefore a key priority.

Third is our multi-pandemic world. Since we last met, the AIDS response has also had to contend with a new Mpox global public emergency, Ebola in Uganda, Cholera in Haiti, and beyond. Going forward we must assume and plan for HIV in a context of other outbreaks.

Fourth is instability. According to UNHCR there are now over 100 million people forcibly displaced, with many of the new displacements in countries with high rates of HIV. Global social unrest is rising by many measures. This is not only disrupting the response, but putting increased pressure on budgets that might otherwise support the AIDS response.

These are worrying trends, but of course the AIDS response is no stranger to building opportunity from crisis. The recent replenishment of the Global Fund, while not yet achieving our goal, gives a strong sign that the world remains committed to the fight against global AIDS. We are resilient. Even as I speak of crisis, I can also report that 28.7 million people living with HIV are accessing HIV treatment. New access to PrEP is actually accelerating in communities who need it most in this crisis moment.

These trends also suggest that the framework member states set for us—to focus on inequalities driving HIV—is the right one. I am convinced. Faced with limited resources, we must focus on concrete ways to use science and human rights to close gaps between those for whom the AIDS response is working and those for whom it is not. If we do that, then the rest will follow.

And so I want to tell you some of how we, in the Joint Programme, are making this happen.

WE ARE EQUALIZING FOR WOMEN AND GIRLS

In sub-Saharan Africa, adolescent girls and young women are three times more likely to acquire HIV than adolescent boys and young men. Education is a powerful equalizer and it can help us right this injustice. Enabling girls to stay in school until they complete secondary education reduces their vulnerability to HIV infection by up to 50%. It also leverages secondary school as a critical entry point for a multisectoral rights-based response. Advancing the rights of adolescent girls and young women also drives social and economic outcomes across multiple Sustainable Development Goals (SDGs). This is why the CCO adopted Education Plus as one of the Global Strategic Initiatives.

In the first year of implementing the Education+ Global Strategic Initiative, transformational changes are already taking place under the leadership of the 13 African Heads of State in their respective countries. I want to thank and commend the Heads of State of Benin, Cameroon, Eswatini, Gabon, Gambia, Lesotho, Malawi, Senegal, Sierra Leone, South Africa, Tanzania, Uganda and Zambia for their respective commitments and efforts to implement the goals of the Education Plus initiative.

At the Africa regional level, the African Union is driving the policy and investment commitments to keep adolescent girls in school, since the continental launch of Education Plus by African leaders meeting at the July 2022 Africa Union summit in Lusaka, Zambia. The President of Senegal and current chair of the African Union, H.E. Macky Sall, launched the Initiative flanked by three other presidents; H.E. Hakainde Hichilema, President of Zambia, H.E. Félix Tshisekedi, President of the Democratic Republic of Congo (DRC), H.E. Mahamat Idriss Deby, Interim President of Chad; and the Chairperson of the African Union Commission H.E. Moussa Faki Mahamat. The launch was held in partnership with the Organisation of African First Ladies for Development (OAFLAD), convened by the First Lady of Zambia, H.E. Mutinta Hichilema.

Working jointly with my sister Executive Directors of UNESCO, UNICEF, UNFPA and UN Women, we are leveraging our respective mandates and the Joint Programme's coordination, advocacy and convening role. With the support of diverse coalitions, African governments are putting in place the right policies and working to step up investments to guarantee free secondary education for all children. They are creating violence-free school environments, providing sexuality education that is appropriate, enabling access to sexual and reproductive health and rights, and introducing effective school-to-work transitions for adolescent girls.

Here are some examples of the policy changes that are already being made by Education Plus champion countries.

In Malawi, the government and donors together invested heavily in ensuring adolescent girls and young women in key districts could finish secondary school and receive robust HIV-prevention and sexuality education. There was a serious effort to address the violence experienced by adolescent girls and young women in and around schools. In the Machinga district new HIV diagnoses among adolescent girls and young women fell by over 30% in just 2 years. This kind of programme needs to be scaled up in every country to reach every girl.

In Zambia, Education Plus multisectoral objectives have been integrated into sectoral plans of the 8th National Development Plan (2022-2026), particularly in the strategic development area on human and social development (education, health and social protection pillars) and strategic development area on economic transformation and job creation.

In South Africa, support was provided to help revive the Adolescent and Youth Advisory Panels (AYAP), at the Department of Health to help ensure that diverse health issues impacting on adolescent girls are addressed swiftly.

Similarly, the National Action Committee for Sexual and Gender-Based Violence (SGBV) has been re-established in Sierra Leone, to provide oversight in the coordination, prevention and response to SGBV, particularly as it relates to adolescent girls and young women

Adolescent girls and young women have been actively engaged in co-creating the initiative as lead protagonists and activists in the HIV movement, especially in sub-Saharan Africa. At the country level, more than eleven thousand (11 000) adolescent girls and young women from Uganda, Sierra Leone and South Africa have been actively engaged in shaping and implementing the initiative.

Globally, Education Plus and its objectives was identified as a good practice to showcase at the Transforming Education Summit (TES) convened by the UN Secretary-General António Guterres as part of Our Common Agenda in September 2022 at the United Nations Headquarters in New York. I was pleased to speak during the Summit about Education Plus during the opening ceremony of the Leaders Day on 19th September in the General Assembly Hall and during the Spotlight session on Gender and education that afternoon. The objectives of Education Plus were included in significant result documents such as the TES Youth Declaration and the Call to Action on Gender Equality. We will continue to leverage Education Plus to support countries to implement the recommendations of the Transforming Education Summit.

As the promise of Education Plus is beginning to be realized, I also want to thank our donors, including Luxembourg, that are joining together with governments, civil society, girls' movements to advocate together for legal, policy, and social norm change and make the investment case for Education Plus. I look forward to additional donors joining to also champion and invest in this important initiative.

We know that important work is ongoing to advance sexual and reproductive health and rights, including of adolescent girls and young women in sub-Saharan Africa, and also for young key populations everywhere, as a critical aspect of the HIV response.

I want to also take the opportunity to thank SIDA for its support to our Regional SRHR programme 2gether4 SRHR implemented by UNAIDS, UNICEF, WHO and UNFPA. It continues to produce strong results. Over the past few months, these include tools for strengthened youth engagement, male engagement, and the prevention of SGBV for adolescent girls and young women through integrated approaches. Let me share an interesting finding that can now be taken forward:

The UNAIDS Regional Support Team in Eastern and Southern Africa undertook a study to calculate the cost of inaction on the sexual and reproductive health and rights of adolescent girls and young women in South Africa and Zimbabwe. This study illustrates that not acting effectively to curb the triple threat of teenage pregnancies, gender-based violence, and HIV transmission among 15–24-year-olds has grave financial consequences.

In South Africa, the cost of inaction is estimated at USD 33 billion for the lifetime of the current cohort of 15–24-year-olds, which is equivalent to 10.1% of annual GDP (and larger than the annual budgets for health, education and social development). In Zimbabwe, the cost of inaction for the lifetime of the current cohort of 15–24-year-olds is (USD 3.6 billion) totals 91.7% of the total Zimbabwean government budget for 2021. The method can be replicated to other countries in the region and offers a new way of advocating for meeting the SRHR needs of young people in the region.

We need to address the intersecting inequalities women face. In areas of high HIV burden, women subjected to intimate partner violence face up to a 50% higher chance of acquiring HIV. Across 33 countries from 2015–2021 on average only 41% of married women aged 15–24 could make their own decisions on sexual health.



Research prior to the COVID-19 pandemic found that violence against women cost the global economy around 2% of GDP every year. It must have no place in our societies, in our homes. We must work harder to end patriarchy, toxic masculinities, and harmful social-cultural norms.

To get the global AIDS response back on track, we have to bring services together for girls and women: sexual and reproductive health services, services for preventing and addressing sexual and gender-based violence and services for preventing and treating HIV. A girl is a girl! She is not three parts! Next year the Secretariat is planning to convene consultations on how we can consolidate and scale up our support to ensure the integration of HIV, SRHR and GBV to ensure more consistent and systematic approaches and support.

Equalizing for women and girls requires active male engagement. I am looking forward to the thematic segment where we will explore why we need to focus on men and boys, in all their diversity, to get the HIV response back on track.

WE ARE EQUALIZING FOR CHILDREN

1.7 million children are living with HIV worldwide. Only half of them are receiving treatment, compared with 76% of adults. And despite prevention methods being available, 160 000 children acquired HIV last year. Around the world in 2021, children made up 15% of all AIDS-related deaths although they are only 4% of the total of people living with HIV. We will not allow this shameful and avoidable injustice to continue. That is why the UNAIDS Secretariat, UNICEF and WHO, have come together with networks of people living with HIV, PEPFAR, the Global Fund and governments from the 12 countries with the highest burden to form the Global Alliance to end AIDS in Children. We can eliminate vertical transmission and end AIDS in children once and for all. Tanzania will host the launch early next year.

This is another of our Global Strategic Initiatives. The aim of the Alliance is to end AIDS in children through a strong, strategic, and action-oriented coalition of multi-stakeholder partners at national, regional and global levels. We are engaging support from the Vatican, EGPAF and other diverse partners and welcome all countries to join the Alliance.

The work will centre on four pillars across:

1. Early testing and optimal treatment and care for infants, children, and adolescents,
2. Closing the treatment gap for pregnant and breastfeeding women living with HIV, to eliminate vertical transmission;
3. Preventing new HIV infections among pregnant and breastfeeding adolescent girls and women; and
4. Addressing rights, gender equality and the social and structural barriers that hinder access.

15 countries and territories have already been certified for eliminating mother-to-child HIV transmission. Earlier this year, we celebrated Botswana that led the way for high HIV burden country certification on the path to eliminate vertical HIV transmission. Today, I would like to congratulate the Sultanate of Oman for achieving global validation of elimination of mother to child transmission of HIV and congenital syphilis. Oman is the first country in Middle East and North Africa region, to have reached this milestone.

Through the Joint UNAIDS-IAPAC Fast-Track Cities project, supported by PEPFAR through USAID, and other urban-focused activities across 5 regions, cities have been at the forefront. When I visited Lusaka in Zambia in June, I spent time with mothers and their children at the Lusapila community group. Lusapila means “we are still alive” in Lozi. I saw first-hand how communities have been mobilized and supported through the city initiative on the elimination of vertical transmission.

WE ARE EQUALIZING FOR KEY POPULATIONS

While some countries have made big strides in reducing inequalities experienced by key populations, they are growing rather than shrinking in many contexts. For example, our newest report shows that while HIV infections among all men in East and Southern Africa and West and Central Africa were reduced by more than half since 2010, new infections among gay men and other men who have sex with men saw no significant decline at all through 2020.

Globally the risk of acquiring HIV is:

- 35 times higher among people who inject drugs than among adults who do not inject drugs
- 30 times higher for female sex workers than among adult women (15-49) in the general population
- 28 times higher among gay men and other men than among adult men (15-49) in the general population
- 14 times higher for transgender women than among adult women (15-49) in the general population

Discrimination, stigmatization and criminalization are driving these inequalities. The HIV response and health approaches more generally are powerful entry points to support marginalised groups to organise, register, build capacity to claim rights and to shape and deliver HIV services. Across regions and countries, the Joint Programme works to defend human rights and empower key populations. I am very proud of this work.

In countries where LGBTQI+ people are criminalized, we continue to provide support for networks of gay men and transgender people, and work with broader civil society groups to provide safe havens, safe passage, and legal support for people in danger because of who they are and who they love—and call for the repeal of all anti-LGBTQI+ laws.

Criminal laws keep people away from services. There is a growing momentum from Asia to Africa to the Caribbean, for decriminalizing. In recent years, Angola, Bhutan, and Botswana. In the past few months alone, St. Kitts and Nevis, Singapore, Antigua and Barbuda. And Barbados just yesterday.

The Joint Programme is responding on four fronts:

1. Advancing better HIV services for Key Populations;
2. Responding to human rights emergencies;
3. Supporting law reform to achieve the 10–10–10 targets set by member states;
4. Supporting key populations organizations to be at the decision-making table on policy and funding.

Advancing better HIV services for key populations

WHO, for example, published cutting-edge guidelines on implementing the newest evidence for key populations services. Co-sponsors and the Secretariat are supporting governments and service providers to make them a reality.

Here are some examples:

In Côte d'Ivoire, UNAIDS is supporting Médecins du Monde to conduct a harm reduction initiative for people living with HIV positive through a differentiated service delivery and community-led and -based approach in 3 cities in Côte d'Ivoire, working with (Espace Confiance, ASAPSU, APROSAM, and ENDA Santé). The funds support procurement of medication and other commodities to provide basic health and testing services. In total this will support an estimated total of 3773 facility-based consultations and outreach test and care sessions.

In Kazakhstan, UNAIDS supported community-led studies by people who use drugs supplementing the available data on the use of needle and syringe exchanges in the country to provide the full picture. They also provided information to national civil society organizations to enhance programmes with a focus on the needs of users of new psychoactive substances.

Responding to human rights emergencies

In many countries, given our key partnerships and relationships with communities, UNAIDS is often the first port of call when potential human rights crises threaten or hit key populations. We take our role as human rights defender seriously. As the UN lead on HIV issues, UNAIDS works with the Resident Coordinator and the UN country team, to ensure the UN system responds swiftly and strategically.

Since 2021, examples of this work included helping resolve human rights crises for key populations in Angola, Belarus, Cameroon, Chile, China, Ghana, Indonesia, Lesotho Madagascar, Malawi, Nigeria, Panama, Tanzania and Uganda.

Supporting law reform to achieve the 10–10–10 targets set by member states

Here are some examples:

In the Caribbean, UNAIDS has been working closely with LGBTI organizations to strengthen their advocacy capacities for the promotion of LGBTI rights and to defeat criminalizing laws.

On my visit to Jamaica in November and Tanzania earlier this month, I called upon these governments to consign their colonial anti-gay laws—still present in Jamaica and Tanzania and 65 other countries—to history.

In Pakistan, UNAIDS, together with the UN Resident Coordinator Office and with communities advocated with parliamentarians to pass the Transgender Protection of Rights Act. This was the first legislation of its kind in Pakistan. This legislation helps protect and promote the right of identity for trans people and their access to social services.

UNAIDS partnered with the International Network of People Who Use Drugs (INPUD) to support national networks of people who use drugs and women who use drugs to engage in drug policy reform and planning of harm reduction services in Indonesia, Kazakhstan, Kyrgyzstan, Nigeria, South Africa, and Tajikistan.

UNDP, the lead on human rights issues for the Joint Programme, with support of the Secretariat, has secured US government funding for a new initiative to help scale key population led approaches to counter discriminatory laws and HIV-related criminalisation in order to drive progress on the 10–10–10 targets for and with key populations in PEPFAR countries by 2026. This initiative will leverage and complement the work of other existing mechanisms such as the Global Partnership for ending all forms of HIV related stigma and discrimination, the Global Fund Breaking Down Barriers Initiative, and key population led initiatives. UNODC, UNFPA, the secretariat, other co-sponsors, as well as the Global Fund, and key population networks and groups will work together on this initiative which will contribute to the decriminalization GSI.

Supporting key populations organizations to be at the decision-making table on policy and funding

For example, with support from USAID, UNAIDS is partnering with Global Action for Trans Equality (GATE) to strengthening Trans community engagement in the Global Fund's New Funding Mechanism 4 (NFM4). With UNAIDS support, a training session was organized in Nairobi for trans advocates from Kenya, Tanzania, Uganda, and Zambia. Participants were trained in Global Fund processes for community engagement and worked together to develop a

work plan for engagement in upcoming country dialogues, funding request development, and grant making activities to ensure inclusion of the HIV health and well-being needs of transgender people in these processes.

I recently visited the Mukikute Harm Reduction Programme in Dar-es-Salaam. I went with the outreach workers as they went out to meet and provide life-saving services to people who inject drugs. Many of the staff were themselves former beneficiaries of the services. I met with groups of people who benefitted from the integrated set of programmes provided. I was especially moved to meet with the group of women who gather at the centre in a peer support network. Women who inject drugs face a further set of challenges and risks. We need to see more integrated programmes like this which give access to harm reduction services and also services for TB, and HIV testing and prevention and SRHR.

WE ARE EQUALIZING FOR PEOPLE IN HUMANITARIAN SETTINGS

In many crisis contexts, UNAIDS is working collaboratively with Cosponsors to mitigate the impact on HIV services.

Here are a few examples:

- In South Africa's Kwa Zulu Natal, in response to the devastating floods and destruction of essential infrastructure, UNAIDS generated strategic information on status of health facilities and HIV services supporting provincial and national government efforts working with the Joint Team on appropriate disbursement of funds through the country envelope.
- With the advent of peace, UNAIDS provides technical support to the Federal HIV/AIDS Prevention and Control Office (HAPCO) and the Ministry of Health in Ethiopia collaborating with the UN Resident Coordinator, so that HIV commodities are delivered to crisis hot spots in Tigray and northern provinces within the humanitarian response and logistics plan.
- In Haiti, UNAIDS supports the community-led organization SEROvie Foundation to ensure that the needs of key population communities are addressed during disaster responses. This intervention ensures people living with HIV continue to receive HIV treatment and have timely access to aid. Beyond the emergency phase, beneficiaries get support to resume generating incomes and reintegrate into their homes. They also receive psychosocial support to cope with grief and trauma. Based on a community-led services approach, SEROvie runs a health clinic that offers a range of free-to-user services addressing gender-based violence, stigma and discrimination, family planning and HIV prevention, including PrEP. It also provides HIV, STI and TB treatment and care.
- In West and Central Africa, the epicentre of much population displacement, we are supporting community-led organizations to deliver cross-border access to essential services.
- In Myanmar, with support from the US Centres for Disease Control and Prevention (CDC) and the Access to Health Fund, UNAIDS has built institutional and technical capacity in community networks, to intensify and expand community-led HIV service delivery to reduce and respond to service gaps. UNAIDS in Myanmar has also trained service providers on a range of harm reduction services, to make sure that people using drugs are included in non-specialized health care settings.
- The Joint Programme advocates with partners and respective governments for the inclusion into national HIV strategic plans of Venezuelan migrants in Andean countries, Syrian refugees crossing the Middle East and North Africa and Rohingya communities seeking to integrate in Bangladesh.

Turning to Ukraine, I would like to thank Red Cross Monaco (27K USD), the US (reprogrammed CDC funds-170K USD, Germany (2.5 million USD) who have provided us with resources in support of UNAIDS emergency programme in Ukraine and neighbouring countries and to support UNODC's programme for HIV prevention, treatment, care and support for people who use drugs and people in prison settings in Ukraine in time of war related crisis.

With the recent funding from Germany, UNAIDS in Ukraine is supporting civil society organizations and communities of key populations in the 7 cities with the highest epidemic burden (Kyiv, Kharkiv, Dnipro, Kryvyi Rig, Odesa, Zaporizhya and Mykolayiv)—to increase capacity of HIV community service providers to continue HIV services to PLHIV and key populations including:

- ensuring adherence of people living with HIV and key populations on HIV treatment;
- ensuring TB treatment and HIV prevention services;
- providing supplementary feeding to maintain care for vulnerable people living with HIV, TB patients and key populations linking HIV service providers with available humanitarian assistance programs maintaining portable heat and power supply for CSO partners.

UNAIDS in Moldova mainstreams the funding from Germany to support three civil society organization projects reaching up to 5 000 key affected populations with essential services.

Further with the funding from Germany, the Regional Support Team for Eastern Europe and Central Asia mobilized 9 civil society organizations in Poland to unite efforts to improve access to services for Ukrainian refugees living with HIV and key populations in Poland.

The UNAIDS Joint Programme continues to support monitoring of ARV access and needs. UNAIDS is mapping organizations and their capacity to provide ARV and related services for Ukrainian refugees in 32 hosting countries by Health Advocacy Coalition. UNAIDS has supported the regional networks of key populations to conduct community led monitoring and develop a digital platform to monitor and respond to issues with access to services for Ukrainian refugees and disruption of services in host countries.

WE ARE EQUALIZING FOR COMMUNITIES

In the AIDS pandemic, and across different pandemics, we fail when there are major gaps in trust, in reaching marginalised groups, and in providing services that work for those most affected. Here we know community responses are crucial. This includes a partnership with response in communities led by the state and responses led by community organizations themselves. Nowhere is this more evident than here in Thailand, where the government has invested heavily in deploying community health workers and engaging communities. And also where PCB members have visited some of the most vibrant and effective community-led AIDS organizations in the world, that are addressing HIV related stigma and discrimination and are providing world class HIV services that reach excluded communities and provide accountability for the AIDS response.

Where this community response is strong, we see the most equal AIDS responses and deaths and new infections are falling. And in many places, that same community response has been mobilized for other pandemics: to fight COVID-19 in Nigeria, mpox in Peru, and Ebola in Uganda. But this community response needs to be expanded worldwide.

In the Political Declaration, Member States set new 30–80–60 targets for ensuring we increase the portion of HIV services led by communities. And we in the Joint Programme have stepped up our work to support them.



- In the last twelve months the Joint Programme has provided support in more than 52 countries to expand community-led responses—including support to policy reform, helping get community organizations registered, and inserting community response into strategic plans.
- We have supported community-led monitoring for accountability with intensive technical support in 17 countries and helped bring 500 organizations around the world together for learning across nations.
- We advanced normative work on evidence-based community-led response, like the WHO guidelines on differentiated services and key populations.
- In West and Central Africa, UNAIDS has helped set up the Civil Society Institute for HIV and Health, which is now supporting over 140 local organizations in 21 countries. Following last year's regional summit in Dakar hosted by President Macky Sall, the Institute has built the missing infrastructure that is now capacitating community groups to act as principle recipients for the Global Fund, PEPFAR, and government-funded HIV programmes.

Tomorrow, the PCB will discuss the Final Report on Community-led AIDS responses based on the recommendations of the multistakeholder Task Team. Working over two years, the MTT explored rich examples that will inform how we track progress, how we reach the targets, and how we get the AIDS response back on track.

WE ARE EQUALIZING ACCESS TO SCIENTIFIC ADVANCES

The science we have to fight AIDS and other pandemics has never been better, but getting access to those technologies remains a barrier. No one in this room needs a reminder about the painful period when millions died because they could not access affordable HIV treatment. Out of tragedy, the AIDS response built a model for access based on sharing technology, generic production, and a proper role for governments in ensuring access for their populations. But that model is challenged.

Faced with the devastating COVID-19 pandemic, I brought together HIV, health and social justice activists to form the People's Vaccine Alliance. Created before a COVID-19 vaccine was developed, the Alliance sought to bring the hard-fought principles and the concrete mechanisms we put together for HIV treatment to COVID-19, to overcome pharmaceutical monopolies. We echoed the voices and insights of many member states. UNAIDS played a catalytic role for what has grown to be a 100-member coalition that continues to grow and advocate for access for all the COVID-19 vaccines, diagnostics, and treatments.

Access issues also remain all-too-present in HIV. For example, our new report shows this is true on pre-exposure prophylaxis. From its first approval in 2012 until 2020 there were many more people accessing PrEP in Europe and North America than in all of Africa, where many more need it. Gaps have widened as the global North stopped many new infections while the South could not. Now, the good news is we have even more effective long-acting PrEP. We could do things differently. WHO has published guidelines on using CAB-LA and key populations and young women in Africa, Asia, and Latin America should not have to wait.

Together with UNITAID, the Global Fund, and PEPFAR, the Secretariat and WHO are anchoring a coalition to make long-acting cabotegravir available around the world—engaging on price, manufacturing, demand, and financing. I am glad to report ViiV has now signed an agreement to share CAB-LA technology through the Medicines Patent Pool. Meanwhile, we are continuing to push for an affordable price immediately for all low—and middle-income countries to enable

roll out now, even as we wait for generic producers. UNAIDS co-sponsors and secretariat are working to forecast demand and support national preparedness for the new technology for a set of “first mover” countries in Africa, Asia, and Latin America. Meanwhile, we hope to see long-acting treatments in the years to come that could revolutionize treatment. But we must prepare now for equity.

In a pandemic, equity defines success. We cannot fail to reach those most in need and hope to end AIDS. UNAIDS is proud to be growing support for countries on ensuring access as part of our worldwide practice on equitable financing.

WE ARE STEPPING UP ON PREVENTION

When the newest data came in with worrying news of rising new infections in some places and stalling progress in others, we did not sit back. Instead we rapidly convened National AIDS Council Directors (NAC) and Ministry of Health (MoH) HIV Prevention leads from 26 Global Prevention Coalition countries to chart a new course. In July 2022, as co-conveners, UNAIDS Secretariat and UNFPA launched a new global 2025 HIV Prevention Roadmap in close collaboration with countries, communities and partners including leaders of the Global Fund and PEPFAR. The Road Map sets out a concrete action plan to strengthen HIV prevention in the current context, with a focus on key populations and adolescent girls, young women, boys and men in settings with high HIV incidence. The Road Map is being operationalized and its targets and milestones are being adapted and translated into country plans in line with their epidemic contexts.

Through the Global HIV Prevention Coalition, a number of platforms enabled sharing of new global strategies and guidance as well as country lessons. In the October 2022 meeting governments and UN partners jointly planned for operationalization of the new 2025 HIV Prevention Roadmap. NAC-MOH leads defined their priority country actions in line with the 10-point action plan in the 2025 HIV Prevention roadmap, identified support needs, shared their knowledge and experiences and elaborated national commitments towards achieving the 2025 HIV prevention targets.

The UNAIDS-UNFPA led Condom Strategic Initiative supported by the Global Fund provided technical support on condom programme stewardship, last mile distribution and demand generation including through launching a new initiative developing virtual space interventions for the next generation of condom users. The South-to-South Learning Network associated with the Coalition promoted sharing of good practices in HIV prevention implementation in 15 countries in sub-Saharan Africa through multi-country events, virtual link & learn sessions and various other formats for inter-country exchange. Through the global community of practice on key populations, new WHO key population guidelines were disseminated and approaches to address the large gaps in financing of key population responses identified.

In support of a precision prevention approach, UNAIDS has advanced several tools for prevention analytics. Updated scorecards for HIV prevention have been produced including regional and thematic summaries based on the most recent data reported to UNAIDS through Global AIDS Monitoring and other sources. Scorecards are used for analyzing progress and gaps as well as prevention planning including in upcoming Global Fund proposal development. A consultation series convened by UNAIDS developed new approaches for combination prevention measurement. In line with the recommendations of this series, sub-national estimation of populations at higher risk of HIV were developed for adaptation at country-level.

PROGRESS ON FIGHTING STIGMA AND DISCRIMINATION

We are working closely with the UN Human Rights Council (HRC) in follow-up to HRC Resolution 47/14 on Human Rights in the context of HIV and AIDS. In October, we convened experts from community, academia, implementing partners, and jurists on the role of the UN in supporting law reform relating to HIV and the creation of enabling legal environments.

As of November 2022, 33 countries have joined *The Global Partnership for Action to End All Forms of HIV-Related Stigma and Discrimination*. Tomorrow, the Board will review an update on the steps taken by the Joint Programme to catalyse commitment and accelerate actions for ending all forms of HIV-related stigma and discrimination through this partnership: We have much to celebrate and be proud of and I recommend that you read the report.

As a result of the partnership, 16 countries have committed to the justice setting (with 8 Global Fund's Breaking Down Barriers countries), 19 countries accelerated stigma and discrimination reduction in priority settings (part of social norm change), 18 advancing law reform and/or increased access to justice for key populations, and 7 priority countries are developing targeted legal and political advocacy campaigns (example: #NotaCriminal campaign led by GNP+) to advance the decriminalization agenda.

I would like to highlight Argentina where UNAIDS' support has helped generate landmark law reform. Congress approved a new HIV law due to the articulated work conducted by civil society, who not only led its elaboration but also did impeccably hard work on advocacy. Along with the National HIV, TB, Hepatitis and STI department of the Ministry of Health, UNAIDS contributed to advocacy efforts and facilitated dialogues, providing evidence and information on international guidelines. The new HIV law represents a comprehensive response to HIV, viral hepatitis, tuberculosis and sexually transmitted infections (STIs, replacing 30-year-old legislation and changing the country's health approach from a biomedical to one focused on gender and human rights. And most importantly, the new law calls for an end to stigma and discrimination against people living with HIV or STIs and aims to stop the criminalization of HIV exposure or transmission.

WE ARE LEVERAGING WHAT WE KNOW FROM FIGHTING HIV TO TACKLE OTHER PANDEMICS

As WHO keeps reminding us, the next pandemic is round the corner. It is a matter of when, not if. Climate change and the destruction of biodiversity are opening for the possibility of as many as 850 000 viruses being transmitted from animals—in particular birds and mammals—to humans. Once transmitted, outbreaks rapidly become pandemics when fuelled by gaping inequalities in access to health services and health technologies, misinformation, lack of coordination among government sectors and gaping inequalities within and between countries.

UNAIDS Secretariat is actively engaged in sharing its unique experience of how to address pandemics using inclusive, human-rights based and gender transformative approaches. Our Joint Programme that spans across sectors focusing on health inequality has a unique and central role to play. Our message is clear: The road to pandemic preparedness and response is shaped and led by communities.

UNAIDS is supporting ongoing efforts at WHO to develop an international instrument on pandemic prevention, preparedness and response. Our country level footprint, our close relations with governments, civil society and communities can be leveraged to support the development and implementation

of country level proposals for pandemics prevention, preparedness and response plans, drawing from our experience supporting countries in the development of multisectoral national strategic plans, global fund proposals and strong collaboration with PEPFAR in support country responses to the HIV pandemic.

You have received detailed updates on our work to address COVID-19 at previous PCB meetings, let me take this opportunity to highlight also examples of other outbreaks and other pandemics. Just in the past few months:

The response to the mpox outbreak in Peru, one of the leading countries in cases per million people, was set up under the leadership of the national HIV response team. UNAIDS supported the country as an expert broker, quickly setting up a strategy that included joint action between the government and communities directly affected by Mpox, mainly gay men and other men who have sex with men and transgender women. Peru's public real-time data dashboard, inspired by the COVID-19 response, provided concrete evidence for the rapid of an awareness campaign. UNAIDS supported the country in quickly addressing the side-effect of increasing stigma and discrimination against some groups of people.

In Kenya, UNAIDS supported the development of a joint human rights plan on HIV, TB and Malaria that addresses human rights-related barriers to HIV, TB, Malaria services and gender inequality faced by all key and vulnerable populations, with a specific focus on people living with HIV, people with TB, adolescent girls and young women, sex workers, men who have sex with men, people who inject drugs, transgender people, people with disabilities and prisoners.

The UNAIDS Country Office Uganda is so far the only UN agency that is fully funded in the United Nations Ebola Emergency Response Plan with a modest but very well received community-based project intervention.

WE ARE MAKING THE MONEY WORK-SUPPORTING NATIONAL RESPONSE PLANNING AND IMPLEMENTATION

Drawing on our strong capacity in data and strategic information, we assist countries to use evidence to monitor changes in the response and design tailored HIV responses using latest innovations and approaches and to overcome bottlenecks to accelerate effective implementation. During the last funding round of the Global Fund, the Joint Programme supported countries with more than 80% of HIV-related proposals to the Global Fund generating more than USD 5 billion in essential HIV funding. Since our last PCB, we have worked to harmonize the indicators used in the Global AIDS Monitoring tool to reduce the burden on countries in their reporting across to UNAIDS, Global Fund and the US Government. We are building capacity in data for impact, leading the most comprehensive set of regional workshops to share the latest data, evidence and strategies to enable countries to develop data-informed, evidence-based national strategic plans, used in Global Fund applications and US PEPFAR country operational planning.

KEEPING ENDING AIDS HIGH ON NATIONAL POLITICAL AGENDAS

I have continued my advocacy to keep HIV high on national political agendas during each of my missions and have met with Ministers, government officials, technical and financial partners and civil society. Since I recommenced travel at the height of COVID-19 in December 2020, I have met with 14 Heads of State



and most recently with H.E. President Samia Suluhu Hassan of Tanzania who has agreed to convene and launch the Global Alliance to End AIDS in Children in Dar es Salaam early next year.

FINANCIAL OUTLOOK

Since my last report to the PCB in June 2022, the financial situation of the Joint Programme has remained of concern primarily because of currency fluctuations and pressures on ODA arising from COVID-19 and the war in Ukraine.

I am pleased to report that in spite of this, our top ten donors have maintained their level of funding in local currency or even increased it. The US, Netherlands, Germany and Australia have increased their commitment, as have other partners. We welcome the UK announcement to sharply increase its funding commitment for 2022 compared to its 2021 funding level. We are working with France to explore their investment in core and catalytic funding in West and Central Africa through their set aside funding to the Global Fund. I take the opportunity to thank wholeheartedly donors and partners like the United States Government, the Grand Duchy of Luxembourg, France and The Netherlands that have long supported our work in West and Central Africa.

Steady and predictable funding over many years and during this global economic crisis reflects deep commitment to global solidarity and continued confidence in the role of the Joint Programme.

I take the opportunity to thank very much the Informal Multistakeholder Task Team, and our partners, who have responded to our call. However, despite this leadership and commitment, we are still experiencing significant headwinds as we go into 2023.

We are expecting a serious shortfall at the level of USD 25 million against our core the 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF) lower threshold of USD 187 million and USD 48 million below approved budget of USD 210 million.

To address this gap, we have instituted cost-control measures and are implementing a new and ambitious resource mobilization strategy. I look forward to discussion of UNAIDS' funding situation on Thursday.

PROGRESS ON TRANSFORMING THE UNAIDS SECRETARIAT

We are now coming to the end of the alignment process, the most significant re-structuring the organization has undertaken since operations commenced in 1996.

The Alignment was driven by 5 objectives to ensure that UNAIDS is:

1. Aligned with the Global AIDS Strategy 2021–2026 and achieving its highest impact.
2. Financially sustainable and more cost-effective.
3. Diverse and inclusive, and therefore more legitimate and credible.
4. A knowledge driven secretariat that optimizes its world-wide expertise and staff through the use of digital technologies in its work.
5. Aligned with UN Reform, principally including in its work on pandemic preparedness.

Alignment has entailed difficult decisions and came with considerable pain to our staff, our main and precious resource. We have conducted the process with unprecedented inclusiveness and transparency, within our rules and acting in fairness and with compassion.

- Over 500 staff participated in listening sessions at the outset of the process, sharing their ideas, insights and concerns.
- A questionnaire to gather staff reflections and perspectives on the functions most needed to deliver on the Global AIDS Strategy received 287 responses.
- 27 focus group discussions were organized on country, regional and global structures and key thematic issues, with 247 staff participating.
- A series of workshops on organizational design approaches engaged Cabinet, the Senior Leadership Team and the Alignment Task Team on structural aspects of the alignment and our ways of working.
- A team of co-creators comprised of a Cabinet or Senior Leadership Team member and a designated staff member worked to propose a detailed organigram and staffing proposal for each branch, department and region, including the regional support teams and country offices.

Here are a few of our outcomes. Comparing our staffing posture between 2021 to 2022, we have:

1. Reduced our core-funded posts from 723 to 658, a 9% reduction. This has reduced our annual core staff budget from USD 109 million to USD 97.5 million (10.6% reduction).
2. Reduced P5 core posts from 132 to 85, a 36% reduction.
3. Increased our national professional staff from 116 to 151, a 30% increase.
4. National capacity in developing countries has grown, thanks to the Joint Programme and other support over the past 25 years! We are tapping into it and strengthening national ownership.
5. Reduced our footprint in Geneva by relocating around 90 positions to our new global hubs namely Bangkok, Bonn, Johannesburg, and Nairobi. This shift has two advantages—it positions programmatic staff to be closer to the populations we serve, and makes our cost structure more sustainable. This has reduced the Geneva core staff from about 210 to 120, a 43% reduction. The Secretariat's leadership and key policy and strategic management functions remain in Geneva, enabling UNAIDS to contribute to and benefit from the important strengths and synergies that Geneva provides, across global health, human rights and social protection. We have opened a new management and operations hub in Bonn, Germany. I would like to thank Germany for its support, including the specific support of the Federal Foreign Office to the establishment of our office. We have joined 25 UN entities on the UN Bonn campus. We were very happy to celebrate World AIDS Day celebrations together in Bonn, with German and regional civil society, Ambassador Dr. Rainer Lassig, Mayor Katja Dörner, and many others—an important way to mark the start of a new chapter, as we work to deepen our longstanding partnership.
6. Closed 4 country offices, namely Djibouti, Equatorial Guinea, Eritrea and Laos. However, the Joint Programme's support to these countries will continue, coordinated and overseen by our Regional Support Teams.
7. As part of our commitment to UN Reform and the Resident Coordinator System, and working closely with the UN Development Coordination Office (DCO), we will be establishing HIV Adviser positions in the Resident Coordinator's office in 5 countries (Colombia, Congo, Fiji, Gabon, Guyana); and
8. Increased our multi-country model to 10 countries, which are providing support for an additional 21 countries.

This process has been difficult. About 100 staff saw their posts abolished during this process—that's 15% of our workforce. However, they have been able to compete for some 80 positions that became available in the compendium. So far all but a handful have successfully been placed, and we are in the final stages of this process. At every step we have implemented with honesty and fairness. As the Executive Director, I have held in-depth meetings with the Review Board to understand where each staff member is being placed, especially staff members who are eligible for reassignment. I have done this to assure myself that decisions are being taken transparently and that all reasonable efforts have been made.

Prior to the onset of the alignment process, we launched a programme offering staff an opportunity to separate from the organization voluntarily (Separation by Mutual Agreement, SMA). About 80 staff took advantage of this.

Future-proofing is also about working differently, so that we are developing and sharing our knowledge in the best ways, in the service of countries and communities reaching their goal of ending AIDS. We are becoming a flatter organization, less top-heavy, reflecting the skills and experience that are most needed in the context of our new Strategy. We have created posts that are being filled by a younger and more diverse workforce.

We have developed a new knowledge management strategy and have begun applying it systematically in our ways of working—more lateral, networked and decentralized, with our information better shared across teams, countries and departments.

We continue on our culture transformation journey towards becoming a safe, equal and more empowered organization, based on feminist principles.

- Through our #Respect campaign, we continue to socialize and ensure awareness of the strengthened, protective policies and procedures we have put in place.
- Across the Secretariat—from Cabinet to our country, regional and global centre teams—we are discussing our feminist leadership principles together and what it means for our work internally and with our partners.
- We have developed a better, more nuanced baseline picture of our workforce diversity, and we will work to strengthen it into the future. The principle of the Greater Involvement of People Living with HIV—GIPA—is so important for the HIV response, and also for our UNAIDS workplace, as well as better including key populations who bring essential lived experience and expertise to our work.
- We are engaging and trying to influence UN system-wide approaches to advancing anti-racism, recalling what we have done together in the UN on gender equality and, more recently, on disability inclusion.

I am confident that the steps we are taking will help build an ever more effective UNAIDS Secretariat, and will contribute to the diverse and inclusive UN we need and expect.

I am very proud of our staff—for all their commitment and very hard work, ensuring that we continue to deliver strong results, through this change process. There are gaps to fill, and we are overall fewer in number, my senior team and I are aware that staff are burdened. We are listening and taking steps to manage and mitigate the high burden of work. We have engaged external expertise to accompany and advise us through the change process, so that our decisions are objective and are informed by industry best practices. You as the Board have also walked this journey with us. I thank you for your support.

I'd like to express my appreciation for the work of the Independent External Oversight Advisory Committee (IEOAC) and their engagement with senior staff, and recommendations to improve accountability and risk management of UNAIDS. I would like to thank Bushra Malik for her leadership in this inaugural

year and I would like to congratulate the new Chair and Vice Chair Mr David Kanja (Kenya) and Ms Hélène Rossert (France–USA) for 2023.

Risk management is a priority for me. UNAIDS is among the youngest UN organizations—we opened our doors on 1 January 1996 and while there is still a lot to improve, the trend in improving our risk management system and compliance is positive. I am counting on the support of the IEOAC to help us adjust the risk management and accountability requirements to the size of an organization as UNAIDS.

Looking forward to my 2023 Report to ECOSOC and the commensurate Resolution on the Joint Programme, it will be a welcome opportunity to update the Council on our progress on strengthening accountability and an opportunity for Members States to reemphasize the value add of the Joint Programme and the need for sustainable funding for the UBRAF.

CELEBRATE AND GIVE THANKS

Let me thank Thailand for hosting us here in Chiang Mai, for being an inspiring leader in the HIV response and for chairing the PCB in 2022. I'd also like to thank Germany for its strong support as Vice-Chair and Kenya as Rapporteur this year. You have been a great Bureau and a strong support to us.

I joined many voices to advocate for a fully funded Global Fund at the 7th Replenishment in New York, which resulted in pledges of USD 15.7 billion. Leaders from around the world who committed resources are life savers. I am grateful for the renewed partnership with Peter Sands and the Global Fund. I was humbled to see so many developing countries make increased pledges to the Global Fund. Burkina Faso increased its contribution by 100%, Uganda and Togo increased by 50%, Kenya by 40% and Cote d'Ivoire by more than 30%. The Central African Republic, Eswatini, Malawi, Nigeria, Tanzania, Rwanda and Zimbabwe all made contributions to the Global Fund despite facing huge fiscal challenges, exacerbated by current global crises.

I want to recognize the remarkable partnership and support of the US Government, and the contributions of PEPFAR to the global HIV response. The US Government continues to enhance its role as the leading bilateral donor to the HIV response in low- and middle-income countries and is the leading donor to the Global Fund and UNAIDS. I want to recognize the vision and the leadership of Ambassador Nkengasong, who has just launched a bold, new, 5-year strategy for PEPFAR to advance the United States' ambitious goal of achieving sustained HIV impact while ensuring that deep respect, trust and humility are core values of PEPFAR. In 2023, PEPFAR will commemorate its 20th anniversary and we look forward to celebrating the many critical contributions of PEPFAR.

Let me thank the UNAIDS Cosponsors: UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank. And UNICEF, for chairing the CCO this year. Together, we face hard choices about prioritisation of resources for functions that are all core and critical to deliver on the targets of the Global AIDS Strategy. I am grateful for the strong commitment to our Joint Programme.

Let me also thank the US and the Netherlands. When UNAIDS called on all our donors to reinforce their support to the Joint Programme to address our budget gap, they stepped in to lead.

I take the opportunity to thank the UN Secretary-General, Antonio Guterres and the Deputy Secretary-General Amina Mohammed, for their strong support for UNAIDS.

In October, the UN Secretary-General announced the appointments of two exceptional leaders as our Deputy Executive Directors: Angeli Achrekar as Deputy Executive Director Programme branch and Christine Stegling as Deputy

Executive Director, Policy, Advocacy and Knowledge branch. We are excited that Christine and Angeli will be joining us in January. They both bring a wealth of HIV expertise, networks, and a modern management approach. Christine and Angeli will provide thought leadership and inspire our teams to be innovative in tackling the inequalities that drive HIV and other epidemics, and to contribute our best towards achieving the SDGs and Our Common Agenda. I'd like to express my deep appreciation to Matt Kavanagh and Eamonn Murphy for taking on the responsibilities of leading the Policy, Advocacy and Knowledge and Programme branches respectively.

Finally, I would like to recognize our staff worldwide for their commitment, creativity, resilience—and excellence in our support to people living with HIV and those at risk around the world.

At the World Health Summit in Berlin, Ambassador John Nkengasong said, "UNAIDS is our compass. Without UNAIDS, we would be terribly uncoordinated in our response against HIV/AIDS, it would be a collective failure for all of us."

The Joint Programme continues to be an example of a successful multi-sectoral approach. We see ourselves as effective, inclusive, and networked multilateralism in action. We are what it takes to respond to humanity's most pressing challenges as set out in the UN Secretary-General's Our Common Agenda. We will continue our cutting-edge and innovative approach as a partnership between UN organizations and will continue to work closely with people living with HIV, communities and governments to achieve the 2025 targets. We will continue pushing ahead, delivering results for people. Integrating HIV into people-centred health strategies, policies, systems, and services that leave no one behind AND that put those furthest behind first. Our Global AIDS Strategy and the 2021 Political Declaration are clear: We must end the inequalities that drive new HIV infections and keep people away from life-saving services.

I WOULD LIKE TO END WITH A CALL TO ACTION: LET US RISE AND EQUALIZE

Together we must:

Equalize the enjoyment of rights.

Equalize access to services.

Equalize access to resources.

Equalize access to the best science and medicine.

This is how we will end AIDS.

