

# UNAIDS Executive Director's report

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UNAIDS Programme Coordinating Board



*“Never look down to test the ground before taking your next step; only he who keeps his eye fixed on the far horizon will find the right road.”*

Dag Hammarskjold

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

Your excellencies, honourable ministers, members of the Programme Coordinating Board (PCB), ladies and gentlemen: welcome to the 41st meeting of the UNAIDS PCB.

It is fitting that we are meeting today in the World Health Organization (WHO) on Universal Health Coverage Day. I know that everyone in this room is committed to health for all. But it will take strong political leadership—the kind demonstrated by several leaders this year.

I mean my good friend and sister Claudine Talon, First Lady of Benin, whose foundation is championing the right to health in her country. I mean Aaron Motsoaledi, Minister of Health of South Africa, who we were honoured to have launch our *Right to health* report in Khayelitsha, South Africa, last month. And Justin Trudeau, Prime Minister of Canada, formally apologizing on behalf of his nation to the lesbian, gay, bisexual, transsexual and intersex communities for past abuses. I was fortunate to be in Canada for that historic moment.

The President of France, Emmanuel Macron, is also leading by example, taking an HIV test on World AIDS Day. His act showed the importance of men freely and willingly accessing health services. This is the theme of our new report, *Blind spot: reaching out to men and boys*, which I launched with Marie-Claude Bibeau, the Canadian Minister of International Development and La Francophonie, on World AIDS Day.

Together, these individuals are clearly demonstrating what true leadership and profound commitment to dignity, respect and inclusion look like.

I want to give my most sincere thanks to the PCB for your commitment to the work of the Joint Programme. And I want to thank the United Nations Secretary-General, who has taken the exceptional step of extending my appointment for two years.

As this PCB is well aware, the Global Fund to Fight AIDS, Tuberculosis and Malaria is a critical partner for UNAIDS. I welcome and congratulate Peter Sands, who has been appointed its new Executive Director. I know he has the experience, leadership and vision needed to do an excellent job.

Let me congratulate new leaders within our Joint Programme: Natalia Kanem, Executive Director of the United Nations Population Fund (UNFPA), and Audrey Azoulay, Director-General of the United Nations Educational, Scientific and Cultural Organization (UNESCO).

I want to express my gratitude to members of the UNAIDS family who are retiring soon: Yamina Chakkar, Director of the Regional Support Team for the Middle East and North Africa, and Djibril Diallo, Director of the Regional Support Team for West and Central Africa.

Allow me to take a moment to recognize our friend Aliabadi Mehdi, who will be returning to his ministry in Tehran. The Islamic Republic of Iran has played an important role on the PCB, pushing us to focus on the AIDS response of the Middle East and North Africa and helping us work through the region's unique challenges.

I would like to thank and recognize the outgoing delegates from the PCB nongovernmental organization delegation, Jeffry Acaba and Martha Carillo.

Now, let us take a moment to remember a good friend to UNAIDS, Prudence Mabele. She was a global icon and a shining example of living positively with HIV. She was tireless in her efforts to amplify the voice of African women living with HIV. We miss her.

## Opportunities and challenges in a changing environment

The world's economic landscape is changing dramatically, and patterns of poverty are shifting. Now we are facing the biggest humanitarian crisis since the end of the Second World War. Nearly 20 million people are facing starvation in north-east Nigeria, Somalia, Yemen and South Sudan. Migration, climate change and conflict are making crises worse, and the situation is costing the global economy US\$ 520 billion each year.

I am particularly concerned about the situation in the Sahel. This region is spiralling into chaos, and impunity is the new normal. Volatility and fragility risk destabilizing not only the Sahel but beyond as well.

Humanitarian emergencies have a disproportionate impact on vulnerable people. UNAIDS must prioritize action in fragile countries and humanitarian situations like these and wherever people are being left behind. Critically, key populations and other marginalized groups are less able to cope with emergency-related shocks.

The Joint Programme is stepping up action to bridge the programming silos, working with Cosponsors and partners to integrate HIV across all fragile and conflict countries.



For example:

- We were on site following the recent mudslide disaster in Freetown, Sierra Leone, to ensure that HIV services, including treatment, remain available.
- In South Sudan, we are targeting key groups at higher risk of HIV with a health package that includes testing and treatment for HIV, tuberculosis (TB) and malaria and pre-exposure prophylaxis.
- In Bangladesh, we are supporting efforts to improve the condition of displaced Rohingya people in the Cox's Bazaar area.

Despite this challenging environment, we have clear reason to hope.

Activism, community engagement, political leadership, science and innovation have enabled amazing progress and delivered results for people.

Globally, nearly 21 million people are accessing treatment, and 82% of people on treatment are virally suppressed. We have more people on treatment than waiting for it.

Just remember where we have come from. In 2000, South Africa had 90 people in public health sector settings on treatment. It is 4.2 million today—the largest treatment programme in the world.

We are witnessing a decline in new HIV infections. From 2010 to 2016, new HIV infections among children fell by nearly half. In sub-Saharan Africa, new HIV infections have fallen by nearly half since 2000.

The pioneering DREAMS initiative of the United States President's Emergency Plan for AIDS Relief (PEPFAR) in 10 African countries has seen a greater than 25% decline in new HIV diagnoses among adolescent girls and young women in most (65%) of the highest-burden communities and districts. This programme focuses on social protection to prevent HIV infections in this key group, and UNAIDS is proud to support it.

I am also proud to say that seven countries have already achieved the 90–90–90 targets: Botswana, Cambodia, Denmark, Iceland, Singapore, Sweden and the United Kingdom of Great Britain and Northern Ireland. Many, many more are close to achieving the targets.

A recent survey in Swaziland shows that 73% of adults living with HIV have reduced viral loads. During the PCB field visit to the country, I am glad you could see first-hand how shared responsibility and global solidarity are producing results. Swaziland will now need to focus on prevention strategies that work for all people, particularly young women and adolescent girls, to sustain the next phase of the AIDS response.

In the Leading by Example campaign by the World Council of Churches, more than 1500 religious leaders took an HIV test and encouraged others in their constituencies to do the same.

In the eastern Europe and central Asia region, where injecting drug use has fuelled the epidemic, nine of the region's 12 countries are implementing national programmes for opioid substitution therapy. Uzbekistan is currently considering its adoption.

In South-East Asia, 50 cities are now implementing accelerated AIDS responses as part of the Fast-Track cities initiative.

## Breakthroughs

We are seeing a major breakthrough in bringing down the price of antiretroviral medicines. Today, 92 low- and middle-income countries can provide the first affordable, generic, single-pill dolutegravir regimen, costing just US\$ 75 per person per year. We are working with WHO to support countries to safely and rapidly transition to dolutegravir-based antiretroviral regimens.

The global community heard our call to make HIV infections among children history. In line with the 2016 Association of Southeast Asian Nations (ASEAN) Declaration of Commitment on Ending AIDS by 2030, Thailand is leading the elimination of mother-to-child transmission of HIV by cooperating and sharing good practices with other countries in the region. Malaysia and the Lao People's Democratic Republic are also pursuing validation as countries that have eliminated mother-to-child transmission of HIV.

On World AIDS Day, WHO validated six Caribbean territories and states as having eliminated mother-to-child transmission of HIV and congenital syphilis. This is a success story for public health. I want to thank the political leaders, the mothers, the communities Burkina Faso example and the extraordinary health-care workers who made this possible.

I was honoured to launch the catch-up plan and the elimination of mother-to-child transmission plan for Burkina Faso together with the President, Roch Marc Christian Kaboré. With the excellent advocacy and programmatic work of the First Lady on behalf of national elimination of mother-to-child transmission efforts, Burkina Faso is an excellent candidate to be one of the first in the region to eliminate such transmission of HIV.

These successes have stemmed from countries embracing the *Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive* (Global Plan) six years ago. Today, the Start Free, Stay Free, AIDS Free campaign builds on the achievements of the Global Plan, pushing the world further towards our ambitious targets to end paediatric AIDS. With Start Free, Stay Free, AIDS Free, countries have committed to ensuring that no baby is born with HIV, to ensuring that all children and adolescents living with HIV have access to life-saving treatment and to preventing new HIV infections among adolescents and young women so they can grow up free of HIV and realize their full potential.

## Five key challenges

Amid such encouraging progress, we cannot be complacent. AIDS is not yet over. I am concerned by five key challenges we still face.

First, we must reach the unreached: 15.8 million people still have no access to treatment, and 11 million of these still do not know their HIV status.

In 2016, there were 2.1 million children aged under 14 years living with HIV, but fewer than half (43%) were receiving treatment. Only 43% of babies born to mothers living with HIV were tested for HIV during the first two months of life, making it impossible to identify which babies needed treatment to save their lives.

We need a critical push on innovative testing approaches. Without treatment, around a third of children living with HIV will die before their first birthday, and half will die before their second birthday. We have an urgent need to scale up early infant diagnosis and rapid treatment if we are to close the treatment gap for children and save their lives.

We also need a testing revolution for adults. This was one of my key messages at the International Conference on AIDS and STIs in Africa (ICASA) last week, which had the theme “Africa: ending AIDS—delivering differently”. The delegates recognized that we must change the way we deliver so that we leave no one behind. We can secure a sustainable AIDS response only if we address the way we deliver HIV services.

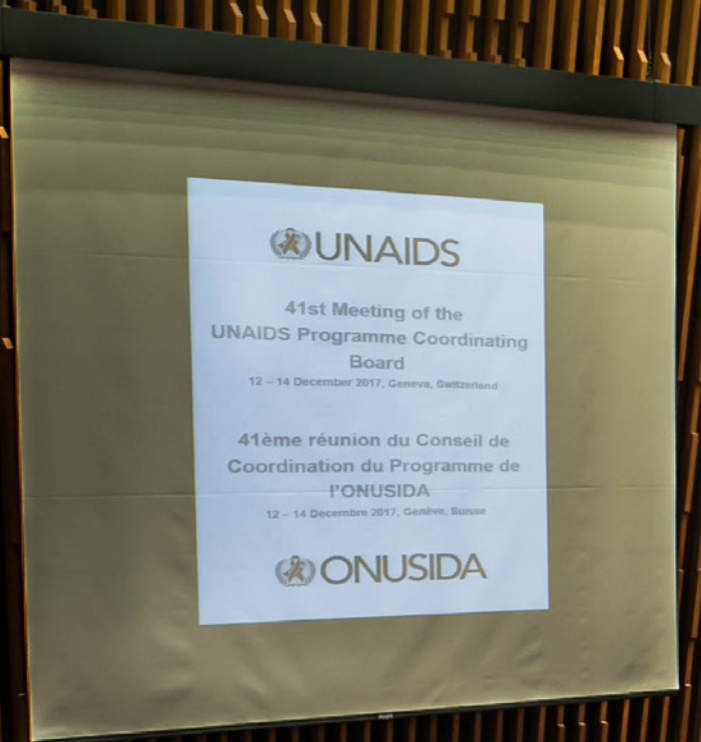
The second challenge is fulfilling our duty to protect young women and adolescent girls. In sub-Saharan Africa, young women and adolescent girls are at unacceptably higher risk of HIV infection. In parts of eastern Africa, adolescent girls aged 15–19 years account for 74% of new adolescent HIV infections. In southern Africa, it is about 80%.

This is tragic. HIV prevention efforts need to be intensified for young people. This includes taking on issues such as early marriage and gender-based violence. About one in three girls in developing countries are married before the age of 18 years. An adolescent girl dies of violence every 10 minutes somewhere in the world.

I was proud to convene a special event last month with the African women ambassadors to the United Nations in Geneva on the eve of the International Day for the Elimination of Violence against Women, where we kicked off 16 Days of Activism.

Third, we must ensure that men have access to services. Our *Blind spot* report shows that we have a serious problem. Men are less likely to use services for HIV prevention or HIV testing. They access treatment late, perpetuating the cycle of transmission. In sub-Saharan Africa, men and boys living with HIV are 20% less likely than women and girls living with HIV to know their HIV status, and 27% less likely to be accessing treatment.





In KwaZulu-Natal, with the highest HIV prevalence in South Africa, only one in four men aged 20–24 years living with HIV in 2015 knew that they had the virus.

When men do access HIV prevention and treatment services, there is a triple dividend. They protect themselves, they protect their sexual partners and they protect their families.

Our fourth challenge is the regions still lagging behind. In eastern Europe and central Asia, new HIV infections have risen by 60% since 2010. But there is a worrying shift in this region's epidemic: in eastern Europe, heterosexual transmission now accounts for 55% of new infections. The epidemic is transitioning out of concentrated groups and into the general population.

After South Africa and Nigeria, the Russian Federation has the third largest number of new HIV infections in the world. I stand ready to work with the Russian Federation's leadership to develop and launch a Fast-Track plan for the Russian Federation as an urgent priority. I am pleased to announce that Michel Kazatchkine will be our Special Adviser to UNAIDS on HIV, Tuberculosis and Hepatitis for Eastern Europe and Central Asia.

Africa is still a tale of two epidemics: the western and central Africa region lags behind the eastern and southern Africa region. In 2016, only 42% of people living with HIV knew their status in western and central Africa, and only 35% of people living with HIV were on HIV treatment. A shocking 78% of children living with HIV were untreated.

We can no longer accept a two-speed response on the African continent. We must work together to ensure the emergency catch-up plan for western and central Africa becomes a reality for all the countries in the region.

Our final, and perhaps most critical, challenge is to address stigma, discrimination and criminalization. Fear, prejudice and discrimination are alive in health-care settings. One in four people living with HIV has experienced it.

To boldly confront the structural barriers and underlying causes of vulnerabilities, we must make sure our laws are not pushing people underground. UNAIDS is working to respond to human rights emergencies and the advocacy needs of countries and partners by harnessing the vast capacity of law firms through pro bono partnerships. We are working closely with the African Commission on Human and Peoples' Rights to address human rights barriers to the HIV response in Africa and to ensure rights-based HIV responses.

We will not achieve our vision for health or realize any of the Sustainable Development Goals (SDGs) if we do not confront discrimination. People living with or affected by HIV often experience intersectional forms of discrimination, because injustice takes many forms. It can target gender and gender identity, race, disability, ethnicity, age, drug use, sexual orientation, migration status and much more.

These added layers of stigma and discrimination increase vulnerability to HIV and undermine the rights of millions of people, including the rights to health, work and education. In many countries, effective HIV responses are blocked by resistance to evidence-informed and rights-based services for key populations. The thematic segment on Thursday will allow us to explore this important topic in greater depth.

We continue to face challenges because of the criminalization of sex work, drug use and lesbian, gay, bisexual, transsexual and intersex communities. We must continue to seek reforms that ensure safe access to services for everyone. If we do not preserve the equity and dignity of all people everywhere, we will not succeed.

On the legal front, we have seen commendable progress in many countries, including Botswana, Ghana, India, Malawi and the Republic of Korea, and I urge other countries to follow their lead.

## The right to health for all

I have always said that we must have people, rights and communities at the centre of our response. In November, during my visit to Khayelitsha, I had an emotional reunion with my brother Thobani Ncapayi, whom I first met in 2009. He continues to live positively with HIV and has survived TB. But that is not all of his story. He is a proud father of a beautiful HIV-free daughter. He owns a car and works at the university. But he also told me about the difficulties he still faces living with HIV.

People like him have always been, and must remain, at the heart of our response. Every single person possesses the right to health. No exceptions. Wherever the right to health is compromised, HIV spreads.

The new struggles that people face go beyond treatment access. They also need access to decent jobs and support to live healthy, productive and positive lives. Countries have human rights obligations to respect, protect and fulfil. These apply to the right to health. But rights will never be guaranteed, nor countries' obligations upheld, unless communities mobilize for the right to health.

This means we must reinvigorate the place of civil society. Without them, there would be no AIDS response. But I am worried about the diminishing space given to communities, which have been the foundation of the AIDS response. Budget cuts put civil society at risk of losing its impact and vitality.

The new frontier of Africa is its youth. They are the force of transformation of the continent. Nearly half of the population of Africa is under 18 years of age. But millions of young people reach sexual maturity without knowledge of HIV and other sexually transmitted



infections. Comprehensive sexuality education must become a central component of our educational approaches. We need to build AIDS skills to promote sexual and reproductive health rights.

We cannot drop the ball on prevention. That's why in October, UNAIDS, UNFPA and our partners launched a new road map to reduce new HIV infections at the first meeting of the Global HIV Prevention Coalition. We know that prevention should be community-driven, not just commodity-driven.

I am pleased that almost all Prevention Coalition countries are expanding community-based responses—20 of 25 countries have 100-day plans close to finalization, and 14 have developed or nearly finalized their national prevention targets. UNAIDS is establishing a website to share this information more easily and to act as a global accountability mechanism.

## Doing global health and development differently

We all know that the SDGs demand doing global health and development differently, and I am encouraged that this has recently been a focus of key discussions, including a round-table meeting with the Deputy Secretary-General, convened by UNAIDS and WHO, and a meeting of the Friends of Global Health, hosted by Ulrich Seidenberger, Deputy Permanent Representative of Germany to the United Nations in Geneva.

We still must overcome silos and fragmentation between the AIDS response and other global health issues. It was a privilege to accompany the Deputy Secretary-General to the first WHO global ministerial conference on ending TB. I congratulate the Russian Ministry of Health and WHO for organizing the conference. TB still kills more people than any other infectious disease and is the leading cause of death of people living with HIV. Problems associated with antimicrobial resistance persist.

The Moscow Declaration to End TB is a promise to increase multisectoral action, track progress and drive accountability. The opening address by the President of the Russian Federation, Vladimir Putin, at the conference demonstrated the country's capacity to mobilize the highest level of political leadership—essential for ending epidemics.

UNAIDS looks forward to supporting our friends and colleagues in the TB world as we work towards the first United Nations General Assembly High-Level Meeting on Tuberculosis, in 2018.

Taking AIDS out of isolation has never been more relevant. We must actively look for synergies with other diseases and health issues—such as TB, hepatitis C, maternal and child health, cervical cancer, schistosomiasis and other neglected tropical diseases and noncommunicable diseases—but also with education and broader development activities.

With 28 health targets spanning 11 SDGs, we must overcome silos and fragmentation in our current ways of working and current architecture. Data will be key. UNAIDS continues to support data hubs and web-based platforms housing regional and country-specific data, analysis and resources. We are committed to supporting civil society in collecting data, including the People Living with HIV Stigma Index, which allows us to move away from anecdotal evidence of stigma and discrimination experiences towards quantified strategic information. It helps us identify where policies need to be reformed and how service provision needs to improve.

I am proud to be chairing the H6 Partnership which brings together UNFPA, the United Nations Children’s Fund, WHO, UN Women, the World Bank and UNAIDS. This is our opportunity to advance an integrated agenda to the next level: H6 Results 2020.

To get there, we will focus on adolescents, universal access to sexual and reproductive health and services, empowering women and girls in individual, family and community health, reaching pregnant women, mothers and newborns left behind, young children’s environments and safeguarding access to services in humanitarian and fragile settings.

To achieve these results, the H6 must strengthen its own ways of working. We must accelerate results at the country level.

## UNAIDS: a trendsetter in the United Nations system

UNAIDS continues to be a trendsetter in the United Nations system. We had an excellent meeting of the Committee of Cosponsoring Organizations in November, under the skilful leadership of Phumzile Mlambo-Ngcuka and UN Women.

We have been seeing a lot of change for the Joint Programme in terms of the Global Review Panel on the Future of the UNAIDS Joint Programme Model and the revised operating model. I was able to inform the heads of agencies of a much more stable financial situation. They showed strong support for our new operating model, which we discussed in the context of broader United Nations reform.

New members Achim Steiner from the United Nations Development Programme, David Beasley from the World Food Programme, Tedros Adhanom Ghebreyesus from WHO

and Natalia Kanem from UNFPA have brought fresh energy and commitment. We are determined to work together to stay ahead of the curve.

Several of the Cosponsors highlighted that the AIDS response and the Joint Programme remain the best examples of United Nations collaboration. Some expressed that work on the country envelopes in the context of our work planning is breathing new life into the Joint Programme. We are committed to a Joint Programme and Secretariat fit for purpose that can deliver on our strategy, Fast-Track Targets and the end of AIDS.

We were innovators by including civil society on this PCB, so in the spirit of United Nations reform we should push for similar status for civil society organizations across all United Nations governing bodies as a key element of our reform efforts.

The refined operating model of UNAIDS aims to reinforce accountability and results for people. Implementation of the action plan you approved in June is under way, and it is already changing the response in countries towards a more integrated approach. We have rolled out the country envelope model in more than 70 countries, reinvigorating country-level joint work and deploying human and financial resources where they are most needed.

The Joint Programme has a biannual report to the United Nations Economic and Social Council (ECOSOC). The recent resolution adopted by ECOSOC in July reaffirmed that the Cosponsor and governance model of the Joint Programme is an example for the United Nations of strategic coherence, results-based focus, inclusive governance and country-level impact as set out in the Quadrennial Comprehensive Policy Review.

This resolution is also closely aligned with the vision for reform that the Secretary-General set out in his July report to ECOSOC. The 54 members of ECOSOC have called for closing the resource gap for the AIDS response and specifically called for a fully funded Unified Budget, Results and Accountability Framework (UBRAF). We will present a 2018–2021 strategic resource mobilization plan for a fully funded UBRAF.

There are positive indications on funding. Since the June PCB we have received contributions from 17 Member States. I am pleased to single out three key contributors: Argentina, Côte d'Ivoire and Ghana. We have also seen increased and additional contributions by several of our donors, including China, Denmark, Germany, Poland and Sweden. New funding agreements with the Islamic Development Bank and Equatorial Guinea are currently being finalized.

But these gains are fragile and must be maintained—we are not yet where we need to be. The Cosponsors are receiving their share of the core UBRAF in full this year—US\$ 44 million. We are on track to transfer US\$ 22 million to the Cosponsors in early 2018—US\$ 2 million for each Cosponsor as per the new resource allocation model. An additional US\$ 22 million will be provided as part of the country envelope allocation to reinvigorate country-level joint work.





The Secretariat is practising what it preaches. The Secretariat has been recognized as a leader in the United Nations system on gender and is the only United Nations entity recognized as meeting all United Nations system-wide action plan targets.

I am proud to now be an International Gender Champion. I was happy when you, our PCB members, approved a decision point calling for equal representation of women and men on the PCB last June.

As a Champion, I have committed to several actions:

- To never join a single-sex panel, while also striving for gender balance in all panels organized by UNAIDS.
- To undertake a consultative process to develop an updated and expanded UNAIDS Gender Action Plan, to be launched by International Women’s Day on 8 March 2018.
- To track and publish the gender breakdown of delegates participating in UNAIDS PCB meetings, in order to strive towards stronger gender balance.

At the 40th PCB, we achieved overall gender parity in representation of women and men attending—something to be very proud of. But, as I always say, we cannot be complacent; we need always to strive to do better. Let us ask ourselves, even where numbers appear to be equal, are women and men equally empowered to lead delegations and to make interventions? These are questions we continuously grapple with at the Secretariat, and we will continue to share our best practices and lessons learned with you. Women, men and transgender people must all advance hand in hand.

We are committed to environmental sustainability and Greening the Blue.

We are proactively addressing harassment and abuse of power in all forms. We have set up a task team to address both of these issues internally, to provide information to staff and to take timely action.

Successful restructuring is delivering results. In terms of staffing, we strive to put the right people in the right places to deliver the best results. In terms of management, we are ensuring accountability, transparency and the effective use of limited resources.

## Focusing on the horizon

My dad always used to say, growing up in the desert, you must focus on the horizon. We must not lose sight of our targets for 2020, and we must set ambitious goals for 2025 to be able to end the AIDS epidemic by 2030.

This is what will lead us to where we want to be.

Thank you—*merci*.





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