



Speech

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**Statement to the United Nations Economic and Social
Council, Substantive Session of 2005, Item 7 (g) of the
Provisional Agenda: Report of UNAIDS**

New York, 19th July 2005

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Mr. Vice-President, Excellencies, distinguished delegates, ladies and gentlemen,

I am grateful to have this opportunity to join you on behalf of the Cosponsoring organizations that make up UNAIDS, to introduce the report of the Joint United Nations Programme on HIV/AIDS over the past biennium.

In this period, UNAIDS was strengthened by the addition of two new Cosponsors, the World Food Programme and the Office of the UN High Commissioner for Refugees, taking our numbers to 10, plus the UNAIDS Secretariat.

Our efforts take place in a context very different to that of a decade ago, when this distinguished Council established UNAIDS.

In the past few years, the world's response to AIDS has gathered such strength that for the first time ever we have a real opportunity to halt and begin to reverse this devastating epidemic, as called for in Millennium Development Goal 6.

Forty heads of state or government – or their deputies – now personally lead their country's response to AIDS.

An unprecedented US \$8 billion is likely to be spent on the AIDS response in low- and middle-income countries this year, up from US \$1.5 billion five years ago.

And because of committed leadership and stepped-up efforts, there are new successes in almost every region of the world, with real signs of success in the Bahamas, Cambodia, Ghana and Kenya adding to the earlier achievements of Brazil, Thailand and Uganda.

In sum, the global response to AIDS has entered a new era – an era where the implementation of large-scale programmes combining HIV prevention, treatment and impact mitigation could reverse the epidemic.

Mr. Vice-President, Excellencies,

In the past biennium, our efforts have focused on five fronts.

First, improving our collective coherence at country-level. Second, enhancing global policy guidance as well as the level and quality of technical resources available to countries. Third, spearheading efforts to harmonize and improve monitoring and evaluation activities at global and country levels. Fourth, mobilizing financial resources for the response to AIDS in low- and middle-income countries. And fifth, promoting civil society engagement and leadership on AIDS, especially with people living with HIV.

Across the full range of our efforts, the overriding emphasis is now on 'making the money work' – ensuring that the unprecedented increase in financial resources for the AIDS response is translated into effective, large-scale HIV prevention, treatment and care programmes that deliver vital services and support to all those who need them.

Moreover, substantial effort was devoted to advancing key initiatives. Let me quickly brief you on four major ones.

First, in response to indications that the commitment to HIV prevention in many countries was waning over time—and following the guidance of the Programme Coordinating Board at its 15th Meeting in June 2004—UNAIDS further strengthened its efforts on HIV prevention. This has included the development of a new HIV-prevention policy, focused on rejuvenating and accelerating HIV-prevention efforts worldwide, which was endorsed by the Programme Coordinating Board at its 17th Meeting last month.

Second, in February 2004 UNAIDS launched the Global Coalition on Women and AIDS to focus attention on the increasing feminization of the epidemic and to make the AIDS response work better for women. A diverse network of civil-society partners, UN agencies, governments and advocates, the Coalition works to empower women to protect themselves from HIV and to respond to the impact of AIDS. The UNAIDS Secretariat now serves as secretariat for the Coalition.

Third, the centerpiece of UNAIDS' activities to improve access to HIV treatment has been the “3 by 5” Initiative, led by WHO and involving the active participation of all UNAIDS components. Its aim is to rapidly scale-up HIV treatment in low- and middle-income countries by having 3 million people living with HIV on antiretroviral therapy by the end of 2005. By the end of June 2005, an estimated 1 million people were receiving antiretroviral therapy.

Finally, with the goal of strengthening and harmonizing AIDS efforts, we spearheaded the development of a consensus in favour of the “Three Ones” principles. The “Three Ones” mean that each country has ONE national AIDS strategy that integrates the work of all partners under national ownership and leadership, ONE national coordination authority to manage that strategy across all sectors, and ONE country-level monitoring and evaluation system to measure and determine what's working.

We have built commitment for implementation of the “Three Ones”. They were endorsed by forty-five African Heads of State at the African Union summit in January 2005. In early 2005, a summit hosted by the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC) recognized the “Three Ones” as a major effort in harmonization and alignment.

Excellencies, I believe it is fair to say that over the past biennium the Joint Programme has continued with being a pathfinder for UN reform efforts in the development area. Our efforts to improve the Programme's collective effectiveness range from our common budget through the Unified Budget and Workplan to real trust and more effective joint action in-country.

For example, at the end of May 2005, Jim Morris of the World Food Programme, Ann Veneman of UNICEF and I met with 10 UN resident coordinators and the regional directors of the UN system responsible for Southern Africa, and we could see how UN country teams increasingly respond as one unified effort to the challenges of AIDS.

We of course need to do much more and to do it better. The UNAIDS Secretariat and Cosponsors will continue to strengthen our capacity on AIDS at country level. UNAIDS will also continue to be a pathfinder for UN reform, particularly through the establishment of truly joint UN programmes on AIDS in all countries. Providing technical support and capacity building is one of the key roles of the UN system, and

with the tremendous growth of funding for AIDS we are gearing up for fulfilling this responsibility.

Mr. Vice-President, Excellencies,

Let me now turn to the challenges we face in tackling the AIDS epidemic – as well as to the roadmap for succeeding against these challenges.

The epidemic continues to outstrip our worst fears.

In 2004, more people became infected with HIV and more people died of AIDS than in any previous year.

Every year, the epidemic makes inroads not only into new countries but also into new populations, particularly young people and women.

And every year, the epidemic's catastrophic toll raises huge new barriers to development.

Excellencies,

The AIDS epidemic is one of the make-or-break issues of our times, no less than global climate change or the persistence of mass extreme poverty. AIDS is an exceptional and unprecedented threat, not just one of many infectious diseases.

As the Secretary-General said last month in his statement to the General Assembly High-Level Meeting on HIV/AIDS, "How we fare in the fight against AIDS is crucial. Halting the spread is not only a Millennium Development Goal in itself; it is a prerequisite for reaching most of the others."

Excellencies, we will need to hugely intensify our efforts if we are to succeed in halting and reversing the AIDS epidemic.

First and foremost, the great increase in political commitment by the world's leaders needs to be sustained. In every country, the response to AIDS needs real commitment and participation by the highest levels of government. This is why AIDS needs to be kept at the very top of the agenda of the Millennium Plus 5 Summit in September.

Our goal should be that each of the world's leaders leaves the Summit with a strong resolve and clear plan for halting AIDS in their countries.

Second, the momentum on raising financial resources for the AIDS response in low- and middle-income countries must be accelerated. Though this year an unprecedented US \$8 billion is likely to be spent on tackling AIDS in these countries, over \$22 billion will be needed in 2008 to make real headway in putting in place a comprehensive, full-scale response.

And there is no doubt that only a comprehensive, full-scale response can keep this epidemic from engulfing the next generations! In other words, there must be universal access to both HIV prevention and treatment, as I called for in my statement at the UN General Assembly last month, a call embraced by the G8 and reflected in their Gleneagles Communiqué. So we must find ways to immediately

mobilize these resources, through the Global Fund to Fight AIDS, Tuberculosis and Malaria and other international and national mechanisms.

Third and finally, an enormous improvement is required in the effectiveness of the global response to AIDS. In other words, the money must be made to work for people on the ground! Our goal must be that every dollar and rupee and yuan is used to its full, that there are no losses because of inefficiency, waste, or because investments were not made in addressing the implementation barriers posed by depleted human and institutional capacity.

The starting point for maximizing our collective effectiveness is real harmonization of our efforts. All actors and funders need to support nationally led strategies through the “Three Ones” principles. These principles have been widely endorsed by governments, civil society and donors – they now need to be internalized within the systems of each organization. And they need to be acted on.

At the same time, all multilateral institutions and international donors must act on the recommendations made by the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors. I will draw your attention to some of the 10 recommendations, which focus on empowering national leadership and ownership, alignment and harmonization, accountability, and reform for a more effective multilateral response.

A key recommendation addressed to the UN system is that the UN Secretary-General instruct the UN Resident Coordinator to establish, in collaboration with the UN Country Team, a joint UN team on AIDS, facilitated by the UNAIDS Country Coordinator.

Another urgent recommendation is that the multilateral system establish a joint UN system-Global Fund problem-solving team that supports efforts to address implementation bottlenecks at country level.

Finally, the Global Task Team recommends that UNAIDS Cosponsors and the Global Fund establish a more functional and clearer division of labour, based on their comparative advantages, in order to more effectively support countries.

We have started acting on all these recommendations, which should greatly improve the effectiveness and coherence of the global response to AIDS.

Mr. Vice-President, Excellencies,

Let me end by emphasizing that we are today at a truly critical juncture in the world's response to AIDS.

For the first time ever, it is fully possible for the world to halt and reverse the AIDS epidemic. We have a real momentum of political commitment. We have real momentum on mobilizing financing. We have real momentum in terms of success and evidence. And we have real momentum in terms of harmonization and collective effectiveness.

We have come so far. We cannot afford to let this opportunity slip away.

UNAIDS and the world looks to you for your continued leadership so that we can end

this epidemic.

Thank you very much.