



UNAIDS PROGRAMME COORDINATING BOARD

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THIRTY-FOURTH MEETING

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Agenda item 1.4

Report of the Chair of the Committee of Cosponsoring Organizations (CCO)

ORAL STATEMENT BY THE CHAIR OF THE COMMITTEE OF COSPONSORING ORGANIZATIONS (CCO)

Your Excellencies, Mr. Deputy Prime Minister, Ministers, Ambassadors,
Mr. Peter Woolcott, Chair of the PCB,
Mr. Michel Sidibé, Executive Director of UNAIDS,
PCB members,
UNAIDS family colleagues,
Ladies and Gentlemen,

I am pleased to speak to you on behalf of the CCO.

Our meeting today offers a welcome opportunity to not only examine the work already completed, but also to focus on the milestones we need to achieve in the fight against HIV/AIDS.

In delivering my report, I will focus on five main areas:

First, progress made, as well as the challenges that lie ahead:

I believe we have arrived at a truly transformational moment in our global efforts.

The investments made by the international community in responding to HIV have delivered tangible dividends in the areas of health, development and human rights.

Allow me to provide just two examples of these successes:

- There has been a decline in new HIV infections by 33 per cent over the past decade;
- There are 10 million people living with HIV in low-and-middle-income countries in 2012 who had access to life-saving treatment. It means that the target of 15 million receiving treatment by 2015 is now within our reach.

Thanks to these efforts, we have an historic opportunity to lay the foundation for ending the AIDS epidemic.

But, this is no time for self-congratulation, and we should not remove our foot from the accelerator.

We still need to make concerted efforts in line with the UNGA's 2011 Political Declaration, and in keeping with the MDGs by the target date of 2015.

In doing so, we have to acknowledge that:

- Over the last five years, the numbers of new infections remains unchanged or has been increasing in many countries;
- Prevention efforts among key populations are still insufficient;

- Lifesaving anti-retroviral treatment reach only a small proportion of those who are eligible; and
- Discrimination, criminalization and punitive approaches are limiting effective HIV responses.

We must also respond to the needs of young women who are at the centre of the HIV epidemic, and remember that, across the world, AIDS is the leading cause of death among women of reproductive age.

The HIV infection rate is also rising fastest among the least educated and most impoverished groups, especially in urban areas.

In the area of drug use and HIV, one of UNODC's key mandates, unsafe injecting drug practices, is driving the HIV epidemic's expansion in many countries around the world.

This is especially true in Eastern and South-Eastern Europe, Central Asia and South-East Asia. It is also emerging as a major concern in East Africa.

Unfortunately, many national drug control systems rely on sanctions and imprisonment, rather than evidence-based health care in full compliance with human rights standards.

These are major barriers to HIV and to harm reduction services, including in prisons and other closed settings.

If we fail to confront these issues, and unsafe injecting practices continue, HIV and hepatitis C will spread among people who inject drugs and ultimately to their partners and society in general.

Second, there is a need to revitalize prevention, especially among key populations:

The current figures are disturbing:

- HIV prevalence among people who inject drugs is at least 22 times higher than the general population.
- Men who have sex with men are 19 times more likely to be living with HIV than men generally.
- HIV prevalence is 13.5 times higher among female sex workers than among women overall.
- Globally, the prevalence of HIV, sexually transmitted infections, hepatitis B and C and tuberculosis, in some cases, may be up to 50 times higher among prison populations than the general population.

Prevention coverage for these groups is inadequate and is largely due to a lack of funding.

The greater part of the funding for this area comes from the international community, but there is a real need for national leadership and local investment to reduce these figures.

We must also raise awareness and work on prevention with young people through youth friendly services and other comprehensive means.

Third, AIDS and the Post-2015 Agenda:

Although we are progressing, HIV will continue to remain an urgent global health challenge after 2015.

Our goal, at all times, must be to leave no-one behind due to prejudice and denial.

Just as importantly, the Joint UN Programme on HIV/AIDS can build on our vision for zero new HIV infections, zero discrimination and zero AIDS-related deaths, as a means of promoting health, development and human rights.

I, therefore, commend the decision of the 38th Meeting of the CCO, taken last month in Rome, to create a working group to guide the Joint Programme, and to align it to the post-2015 development agenda that has the goal of ending AIDS by 2030.

On the behalf of the CCO, in that context, we would also recommend developing a six year UNAIDS strategy, covering 2016-2021, that will be aligned with the post 2015 agenda and our goal of ending AIDS by 2030.

The PCB is also uniquely positioned to help in this matter.

Fourth, the Multi-sectoral and inclusive response to AIDS:

As I mentioned earlier, the AIDS response has much to offer the broader development field.

But, for this response to work, HIV must be effectively positioned across the Joint Programme to create greater coordination and coherence.

Civil society organizations also play a critical role in the provision of HIV services for people who use drugs.

I can provide two examples of the way UNODC is moving forward on this issue:

- Between 2012-2013, UNODC collaborated with 280 civil society organizations, worldwide.
- Since the beginning of 2013, UNODC has intensified its engagement with global and regional CSOs. We now have an annual work plan with the global CSOs for achieving joint, tangible results in the area of harm reduction.

Fifth, no consideration of this area can take place without also mentioning the social drivers of the AIDS epidemic:

Underpinning all our activities is the need to ensure that our responses are not conducted in isolation.

There are still major barriers to the right to health and they have a particularly damaging effect on the key populations.

The obstacles placed in the way of services are closely linked to issues such as age, gender, income, education, housing, occupation, social class, race/ethnicity, sexual orientation, among many others.

Ending punitive laws and policies, therefore, remains essential to the success of our overall work against HIV.

Financial incentives, economic empowerment programmes, and social protection can all improve resilience and reduce the HIV risk.

Social protection, is the topic of the Thematic Segment of this meeting, and it is a critical enabler of progress on a range of development goals, including ending poverty, and improving food security.

Ladies and Gentleman,

Our organizations each have a unique mandate in the field of HIV, and we are all committed to ending the AIDS epidemic.

The Joint Programme's success is that it continues to leverage this critical leadership to build on the gains already achieved, and in doing so, address the many challenges ahead.

But if we are to end the AIDS epidemic, we need joint action founded on essential human rights and built on new models for integrated service delivery, development cooperation and strengthened partnerships.

Thank you.

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UNAIDS

20 Avenue Appia

CH-1211 Geneva 27

Switzerland

+41 22 791 3666

unaids.org