Uniting the world against AIDS

Value for money: now more than ever

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UNAIDS
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Check against delivery

Welcome

Madam Chair, Vice Chair, honourable ministers, delegates, ladies and gentlemen.

Good morning and welcome to the 27th meeting of the Programme Coordinating Board. I want to thank you all for your active participation in contributing to our new Strategy for advancing global action on AIDS. We could not have done it without your valuable collaboration and input. At every step of its development, we have stressed process and dialogue, and every response has been considered.

This landmark Strategy, I believe, will help us to galvanise international political leadership at this difficult time by focusing on better results and improving the return on our investments. The strategy is reinforced by the findings and evidence of our new Global Report.

Where we are now

My friends, I am so happy to report the progress we are making against this epidemic. At least 56 countries have stabilised or significantly slowed down the rate of new HIV infections, including nearly all countries in sub-Saharan Africa.

We are closing the gap between prevention and treatment. Between 2008 and 2009—despite the global financial crisis—the number of people accessing antiretroviral treatment rose by 30%.[1]

Much of this is because of your work and advocacy. I want to thank you for your tireless efforts. World AIDS Day 2010 was an unprecedented success across the globe. Events like this enable us to honour the 33 million people who are living with HIV, remember those who have died and commit to the 10 million people who are waiting for treatment.

But the Global Report also reveals we still have much more to do. Last year, 1.8 million people died from AIDS.[2] The lives of almost 5,000 men, women and children are extinguished every day. I am especially concerned about the situation in Eastern Europe and Central Asia—the only region of the world where HIV prevalence is clearly on the rise.

Meanwhile, the prolonged impact of the global recession casts a shadow over every country.

All of us in this room know the challenge facing us is vast in scope. And all of us are in this room because we share the same goal: to deliver on universal access to comprehensive HIV prevention, treatment, care and support.

Universal Access is about social justice, human security and restoring dignity. The question that each of us, therefore, needs to answer is—How can we best contribute to the global effort to reach that global goal? And why do we need value for money?

Why we need value for money

The AIDS response must change because the world has changed.

What a difference a decade has made. Ten years ago, when the UNGASS Declaration of Commitment on HIV/AIDS was adopted, and we set the Millennium Development Goals, the world was very different.

Then, 90% of the poor lived in low-income countries. Today, 70% of poor people are found in middle-income countries.[3] This changes the conversation on aid. How do we access the vulnerable, when a large proportion are embedded in and spread among middle-income countries? We cannot get the most value from our money if we continue to focus only on poor countries rather than poor people.

The global South is not the same place. Ten years ago, countries in Africa that were struggling with stagnation and corruption are now showing growth rates of 4% to 5%.[4] However, it remains a challenge to ensure that this expansion is equitable and pro-poor.

The rapid growth of Brazil, China, India and South Africa is having geopolitical and economic effects on health and development that we are only beginning to understand.

The world's megacities are exploding in size, requiring health and development approaches that respond to the needs of vulnerable youth, the urban poor and at-risk groups like drug users, sex workers, gay men and transgendered people.

Protracted wars, humanitarian emergencies and conflict have created a growing and permanent class of refugees and migrants. Chronic instability from Palestine to Haiti, and emerging problems in the Sahel Belt of Africa, have created communities of people on the move, vulnerable to HIV, to TB and to human rights violations. Migrants are among the hardest to reach with services. Our response to them must be targeted and smart to avoid wasting money in the wrong places.

This was the focus of the September conference I attended in Djibouti. Leaders from across Africa and the Middle East committed to improving access to HIV services for mobile populations and to harmonise strategies and policies around the Red Sea Initiative. At last we have a framework that addresses migration and mobile populations in and around the ports of the Red Sea and the Gulf of Aden.

Today, almost 1 billion people do not have enough to eat—more than the populations of the United States, Canada and the European Union.[5] Meanwhile, global unemployment has

reached the highest level ever recorded.[6] Rising staple food prices, stagnating incomes and the increase in joblessness combine together to create a perfect storm of vulnerability.

If we do not make sure mechanisms are in place to provide a social protection floor for people, we will not be able to get the most for our money. We will lose the impact of the investment we have put into the AIDS response.

AIDS must respond to the new global fiscal environment

When the UNGASS Declaration of Commitment was adopted, it coincided with an especially robust period of fiscal support for international development, with Official Development Assistance increasing by 7% in 2001-2002 in real terms.

But today, all indicators suggest that key donor countries already experiencing public deficits will continue to face a serious, prolonged fiscal deficit in the near future.

It is a mistake to interpret this as AIDS fatigue. The world is not turning its back on AIDS. It is turning its back on business as usual.

In today's climate of shifting, highly competitive national priorities, we still have to save lives. We have to ramp up prevention and we have to put more people on treatment. We have to do it quickly, we have to do it economically, and we have to do it well.

Most critically, we have to do it differently. We cannot apply the same strategic approach we have been using. It is too costly. It is too complex. It is unsustainable.

Last time I quoted Shakespeare in French. Now I would like to quote Charles de Gaulle in English: "*You have to be fast on your feet and adaptive or else a strategy is useless.*"

The next question we should all be asking ourselves—and each other is, how, in this difficult situation, will we deliver value for money?

How we get value for money: A transformative agenda

What we need today is a new transformative agenda for HIV. An agenda that enables us to better prioritize our strategies for reducing new infections. An agenda that will catalyze the next generation of HIV treatment. An agenda that will protect people who need access to life-saving services by advancing and protecting their human rights.

UNAIDS' guiding roadmap is our new Strategy, which pushes to transform the global response and the role that the UN should play.

More effective choices in prevention, treatment and human rights

Our Strategy prioritises HIV prevention. This heightened focus on dramatically reducing new infections—moving from prevalence to incidence—represents a programmatic shift for the Joint Programme. It is the next generation of our response. Keeping people from becoming infected with HIV offers the ultimate value-for-money proposition, and when done right, is self-perpetuating. Fewer infected people means fewer people at risk for HIV—all the way to zero.

Male and female condoms, voluntary male circumcision, prevention of mother-to-child transmission, harm reduction for injecting drug users, sex education for youth, counselling for serodiscordant couples and outreach to MSM populations—these are all essential measures and are more economical than maintaining HIV treatment for a lifetime.

I am excited to see the momentum that is gathering on our side. Our prevention revolution is gaining ground. People are starting to adopt safer behaviours. In 59 countries, less than 25% of men reported having sex with more than one partner in the last 12 months. HIV infection rates among children have dropped by 24% in five years.[7]

Last month, Pope Benedict XVI made history with a pragmatic and positive statement recognizing that responsible sexual behaviour, including the use of condoms, has an important role in HIV prevention. Did you ever imagine the day would come that the Holy Father would publicly condone the use of condoms to prevent HIV? That moment is has arrived.

We have seen breakthroughs in science, with progress in microbicide research shown by the Caprisa results,[8] and in oral preexposure prophylaxis shown in the global iPrEx study.[9] Treatment as prevention, a cornerstone of Treatment 2.0, is moving from concept to reality.

I want to thank the members of our Prevention Commission. As we saw last week in Brasilia, London, Moscow and Paris, they are each leading a political action campaign to stir up the groundswell needed by the AIDS response now. Each of the Commissioners is an agent of change, taking the prevention message forward in their own arena of influence. They are building confidence among the world's political, business and media elite that successful HIV prevention is possible—that zero new infections is a realistic goal.

Our Strategy calls for catalyzing treatment. We have made amazing gains in access. At the end of 2009, 5.2 million people in low- and middle-income countries had access to ART, up from 700,000 in 2004.[10] The cost of the least-expensive first-line ART regimen is now less than $70 per patient, per year, thanks to competition from generic production and changes in patent protection for low-income countries.[11]

Still, we are facing a treatment time-bomb. HIV will eventually develop resistance to first-line treatment in almost every case, and people must move to more expensive and patent-protected second- and third-line regimens. With our current treatment portfolio, we estimate that 5% of people on treatment have to migrate to second-line drugs every year.[12] With people on treatment for a lifetime, many will eventually need third- and fourth-line drugs. These are even more expensive, and not readily available. Some estimates predict that the cost of providing treatment to everyone who needs it could increase as much as 17-fold by 2030.[13]

HIV testing and counselling is still problematic in many places. When I was in Liberia, I was saddened to see that in 2010, samples for newborns still have to be sent to a laboratory in South Africa for testing, and mothers must wait for months to know if their children are healthy. In these cases, the return on our investment is too low. A minimum threshold of national capacity and more subregional integration is essential.

Treatment 2.0 is our value-for-money approach to scaling up access by reducing drug and service costs and making treatment regimens simpler and smarter. We are supporting countries in scaling up systems that allow faster registration of quality HIV-related medicines and helping them make better use of TRIPS flexibilities.

Our Strategy calls for advancing human rights and gender equality for the HIV response. Much of our work to deliver value for money will be wasted if those most at risk are still devalued by society. Stigma, discrimination and human rights abuses drive vulnerability to HIV, while legal and social barriers block an effective HIV response.

When it comes to HIV, countries must get over their taste for charity and develop a fierce appetite for social justice. This means putting affected communities front and centre of our response.

We are facing multiple epidemics and patterns are shifting. Almost every region is experiencing growing epidemics among most at risk populations.

In Iran, I visited a prison where inmates received harm reduction services and condoms. I was

gratified to see how even a strongly conservative country can take steps towards reducing HIV transmission for people who inject drugs and men who have sex with men.

On World AIDS Day, I was in Brazil. It was wonderful to see the model that country has become for all the world in fighting HIV. Twenty years ago, experts predicted that Brazil would be hit with a massive HIV epidemic. But this dire forecast never came close to reality. Instead, Brazil's human rights activists, alongside men and women infected with or affected by HIV, openly confronted stigma and discrimination, bringing prevention out into the open and demanding that their rights be respected by the government and by their fellow citizens. Today, a rights-based approach drives the country's national AIDS programme, and HIV prevalence in Brazil remains less than 1%.[14]

Our Strategy commits us to support countries to remove laws and practices that block access to HIV services, to lift HIV-related travel restrictions, to address the HIV-specific needs of women and girls in national HIV responses and to instil zero tolerance for gender-based violence.

In Papua New Guinea, I saw the positive effects of legal reform on the lives and health of sex workers. In Australia, I had the privilege of touring the country's first Medically Supervised Injecting Centre, which has recently gone from pilot to permanent status. Such approaches to reaching the vulnerable are still controversial, but this is the type of pragmatic—revolutionary—prevention programming that saves lives and delivers value for money.

Last month, I was honoured to travel to the Caribbean with former UN Secretary-General Kofi Annan to celebrate PANCAP's 10th anniversary. As a result of our visit, Prime Minister Golding of Jamaica is in discussion with UNAIDS to host a high-level meeting to address stigma and discrimination and the steps that can be taken in the Caribbean to reach the vision of zero new infections, zero discrimination and zero AIDS-related deaths.

Our Strategy calls for us to speak out against human rights violations that directly impact the AIDS response. Just last week, more than 50 civil society HIV activists were detained in Cameroon for joining a protest that was not sanctioned by the government. I am pleased that UNAIDS worked fast, through formal and informal networks, to ensure that they were all released within hours, and did not have to spend World AIDS Day in detention.

We have also seen in recent days that we cannot wait until we are in the middle of a crisis to react. Last week, 120 girls suffered female genital mutilation in the Sebei region in eastern Uganda. This, despite a national law adopted last year to ban the centuries-old practice that robs

women and girls of their human rights and may increase their risk for HIV transmission. As we push the agenda for protective laws, we also have to be ready to address cases where stronger laws may push such human rights violations underground.

In Liberia, I saw a post-conflict nation building a new country of social and economic progress. But I also saw the tragic, lingering impact of war on girls. So many young ones raped, facing HIV, unwanted pregnancies, unsafe abortions. I saw so many young girls, aged 14, 15—with HIV, raising babies with HIV.

In places like this, we must help girls and women reclaim their lives, and harness their personal power. We must help them to not be just passive recipients of our programs but actors of change. This is the purpose of UNAIDS' Agenda for Women and Girls. The agenda has been launched in Liberia and Rwanda in recent months, and we expect many more countries to review and implement the actions of this Agenda that will make such a difference to women and girls.

Better targeted and integrated programmes

Efficiency and focus: Dramatically reducing new HIV infections means intensifying what we know works and focusing our efforts where they are needed most and can deliver maximum results. We will know where these settings are by using the best available data to analyse the severity, scale, scope and impact of the epidemic.

We must move away from a commodity-driven approach to prevention and care where large numbers of services are scaled up in parallel.

Value for money will be achieved by effectively directing resources to countries with the greatest gaps in service delivery coverage. For example, by intensifying efforts in just 20 countries, we could close 75% of the current gap towards elimination of mother to child transmission, manage 95% of the world's burden of HIV/TB and strengthen programmes to prevent more than 70% of new HIV infections globally.

We must put people at the centre of the response. And we must do better in integrating services that serve the needs of the people.

This also means doing fewer things, doing them well and doing them at scale. This has shown

to result in better returns for investment. Smart choices, focusing on populations and places where infections are happening, will help to accelerate our path to zero.

Accountability for ownership: Data from UNAIDS' Global Report demonstrate that AIDS programmes can be sustainable and affordable, especially when the response is owned and shared by countries and communities.

To be effective—and therefore to deliver maximum value—HIV responses must be led and owned by countries and include people living with and affected by HIV. UNAIDS is refocusing its approach to technical support, moving toward building and strengthening lasting local institutional capacity. We are supporting systems at country level that better enable countries to lead, manage and establish accountability for their response, while also capitalising on synergies across their health and development landscapes.

Our interventions add value and are making a real difference for countries. This year, we helped Cambodia establish a national capacity building development plan. And UNAIDS is able to use its unique role to leverage the investments in the Global Fund to generate value for money for AIDS programmes at country level.

It was a special honour to be asked by the UN Secretary-General to represent him in the Global Fund Replenishment meeting in New York. UNAIDS will continue to advocate for a fully funded Global Fund and ensure that Global Fund resources deliver the maximum results. But I know that Michel Kazatchkine and I share the belief that where UNAIDS makes the biggest impact is at the country level.

In Round 10, UNAIDS prioritized 15 countries for intensive technical support based on a set of clear criteria. Fourteen of these countries were successful in their Round 10 proposals. UNAIDS' investment of $1.2 million in technical support will mobilize over $632 million of Global Fund support for two years, with a budget ceiling of more than $1.7 billion during the five years of these grants.

UNAIDS has worked with the Global Fund to prioritize investments and reprogramming of existing grants to accelerate the elimination of new HIV infections among children in the 20 countries with the highest burden. Led by UNICEF and WHO, UNAIDS has developed a roadmap for virtual elimination by 2015 in these countries. The reprogramming of current

Global Fund grants has released over $70 million to scale up PMTCT programmes in 10 of these countries.

UNAIDS has also provided technical support to countries such as China and Rwanda to help in their Global Fund grant consolidation. This has resulted in a significant reduction of transaction costs around grant management for these countries and enabled Rwanda to be the first successful country in the new track for national strategy applications.

These examples demonstrate that we need to leverage this multiplier effect by increasing the return on investments at the country level from the Global Fund and all other sources. We will also continue to improve the accountability and strengthening of systems for risk management, and ensure that the Global Fund and PEPFAR work more synergistically at the country level, sharing capacities and systems to make national responses owned and sustainable.

I am pleased that more and more country partners and donors are recognizing the importance of "country ownership"—a term which is being used a lot, but with too little accountability.

UNAIDS is working closely with country partners, PEPFAR and other stakeholders to develop a set of criteria and indicators to define country ownership and establish a framework of mutual accountability. We have identified 15 pilot countries where we will work to establish new models of enhanced national ownership among all stakeholders.

Finally, UNAIDS will actively engage with the Global Fund Board and the Secretariat in driving the reform agenda. This will ensure that it is informed by country needs and realities and improves its efficiency and effectiveness.

I would like to address the issue of the precision of the HIV estimates in the new Global Report. While the estimates published for HIV are among the most precise estimates for any disease globally, we acknowledge that any estimates come with a range of uncertainty. This is specifically true for countries with concentrated epidemics, and in particular, large countries with multiple epidemics such as Russia, China and Brazil.

UNAIDS is working with key partners to improve approaches to HIV estimates in these countries and commits to holding a special session of the UNAIDS Reference Group on Estimates on the modelling of concentrated epidemics, to be held in the region of Eastern Europe and Central Asia.

Most important is the close collaboration and exchange between UNAIDS and experts in the national programmes. We are committed to changing our estimates in real time online as better information becomes available, as we have done for the Russian Federation—even in the days since we published the report. UNAIDS welcomes Russia's active partnership with UNAIDS to identify and address issues of HIV surveillance data and estimates within Russia and beyond.

Integration: We can generate further efficiencies by seeking all opportunities to integrate the HIV response with other health and development efforts.

AIDS plus MDGs embodies UNAIDS' value-for-money agenda. Sharing AIDS resources and expertise to improve maternal and child health, sexual and reproductive health services and other health efforts creates cost savings and efficiencies, expands access and builds stronger institutions that benefit human health and development holistically.

AIDS plus MDGs is not an an abstract notion dreamed up by the UN. It is a practical, holistic approach to development carried out at the community level.

When someone is sick, they do not divide health care up into artificial slices like MCH, SRHR, HIV, TB, etc. They want to go to their local clinic and see a health worker who can help them with anything.

I am excited about what is happening in Ethiopia, where a strong alliance between the government and development partners is marshalling AIDS resources to strengthen the country's health systems and meet MDG targets.

By directing more than $300 million in PEPFAR and Global Fund resources towards comprehensive health systems strengthening—while still pursuing core HIV targets—Ethiopia has grown its health care facilities from just over 3,500 in 2004 to more than 17,000 today. Coverage is provided by some 33,000 Health Extension Workers, whose contributions have transformed primary health care, maternal and child survival and HIV-related services.[15]

During a historic week in September, the UN Millennium Development Goals Summit solidified our *AIDS plus MDGs* agenda. Throughout the Summit, the UNAIDS family demonstrated the pivotal role of the AIDS response in reaching the MDGs. Several events, from the Botswana-led forum on integration to the launch of the Secretary-General's Global Strategy for Women's and Children's Health, provided tangible examples of what can be achieved when HIV programmes and other health-related initiatives work together.

AIDS can no longer operate in isolation—and I am confident this message resonated with everyone we interacted with throughout the week.

For me, the highlight of the Summit was our *AIDS plus MDGs* event co-hosted with the Governments of China, South Africa and Nigeria. A whole new dynamic in South-South cooperation emerged from the event, with China, Ethiopia and South Africa very much at the forefront. I now look to Premier Wen Jiabao, Prime Minister Meles and President Jacob Zuma to lead the *AIDS plus MDGs* agenda and rally other Heads of State for a more integrated approach to HIV and broader health and development.

The MDG Summit spotlighted the convening power of UNAIDS. As a Joint Programme, we can take advantage of opportunities to bring parties together to leverage synergies, achieve mutual goals and get the most from the money. Promoting innovative partnerships is a central pillar of our strategy.

Transfer of technology and innovation

Our transformative tool is innovation, and we will cultivate it wherever we can.

This summer I visited the Burnett Institute in Melbourne to see the progress they are making as one of the teams working on a hand-held, field-based test for measuring CD4 that costs just $1. Using current technology, a regular CD4 test costs about $70 and has to be done in a lab. So if, today, we were to measure the baseline CD4 of the 10 million people worldwide with HIV who still need treatment, it would cost us $700 million. Using such low-cost, easy-to-use tests under development at Burnett and Imperial College, it could cost just $10 million, and would be done in a tiny fraction of the time.[16] I encourage researchers, firms and potential donors to accelerate their development of better, cheaper and easier-to-use tests for CD4 and for viral load. This is the kind of democratisation of problem-solving that will enable people to own and benefit from technological innovation.

We have seen breakthoughs in service delivery, such as the use of mobile phones in Africa's Millennium Villages to better provide PMTCT to pregnant women. Task shifting to community health workers also shows great promise for reducing costs while maintaining results.

Shift in the partnership paradigm

Effective partnerships are fundamental to a successful and sustainable HIV response. The building of bridges between stakeholders and movements calls for a transformation in the way the HIV response approaches partnerships.

Partnerships give voice to those infected and affected, act as a catalytic force for change and provide accountability for political commitments. However, the changing environment, and its demands for new and innovative ways of working, signals the need for different kinds of partnerships—those that enable nationally owned responses, include civil society and affected groups, foster South-South cooperation and redefine North-South alliances, leverage the new dynamic of emerging nations and move beyond the traditional HIV and health sectors to broader development areas. These partnerships must include political alliances that link HIV movements with movements seeking justice through social change.

Improving efficiency at home

We are committed to value-for-money practice within the Joint Programme and the Secretariat. Our Strategy is intended to deliver a revitalised and prioritised UN response.

We must aim for nothing less than zero duplication, zero incoherence and zero waste.

A new budget and accountability framework will operationalise the Strategy, mobilise and allocate resources to implement it, measure progress and report on results.

A single administrative system for the UNAIDS Secretariat will maximise our efficiencies by streamlining operations and seeking the most cost-effective provision of services.

UNAIDS plans to reposition our country offices within the Resident Coordinator system, improving coordination and accountability of the UN response to HIV at the country level.

We will achieve stronger accountability through reviews of UNAIDS Country Offices and Regional Support Teams, including risk assessments, strengthened internal controls and training of staff.

We continue to pursue operational cost savings and business processes that can be re-engineered to achieve greater efficiencies. For instance, we are on track to reach our target of reducing travel costs by 25% from 2009.

And we will model principles of inclusion, dignity and human rights by recognising same-sex partnerships and supporting the work of UN Cares and UN+.

Working smart with heart

It has been almost 30 years since a grassroots movement of activists mobilised against a mystery virus that was devastating their communities. These activists formed the first AIDS organisations.

They had little money, and even less recognition from the world for their cause. But they used what they had, their heads and their hearts, and made a difference.

As we mark this anniversary, and look forward to our 10-year review in June, I hope we can keep alive this spirit of working smart, with heart.

Getting value for money is not just essential for the UN—it is a matter of survival for the AIDS response itself. The world has no appetite for maintaining $16 billion a year exclusively for AIDS. We must consistently demonstrate the value of the AIDS response as a bridge to reaching broader health and development goals.

This is our last opportunity to talk as a Board before the June 2011 High-Level Meeting on the 10-year review of the UNGASS Declaration of Commitment. I can not overestimate the significance of this landmark for the global AIDS movement. This is a once-in-a-decade opportunity to reshape and renew our

commitments before the eyes of the world. To show every nation, our partners, and especially those affected by HIV and AIDS that we transparently deliver value—for money and for people.

People like Ebube Taylor, the 11-year-old girl from Nigeria who is growing up HIV negative thanks to her HIV-positive mother's effective access to PMTCT services. Ebube made a spellbinding impression at our AIDS plus MDGs event. She called on the Premier of China and the other leaders to put all their efforts forward to ensure no child is born with HIV and that mothers are kept alive.

As we move forward to endorse our Strategy, let us all remember Ebube's words, and keep them alive in our hearts: *"No child should be born with HIV. No child should be an orphan because of HIV. No child should die due to lack of access to treatment"*.

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Endnotes

1 *Report on the global AIDS epidemic 2010*. Geneva, UNAIDS, 2010.
2 Ibid.
3 Sumner, A. Global poverty and the new bottom billion: What if three-quarters of the world's poor live in middle-income countries? Brighton, Institute of Development Studies, September 2010.
4 World Economic Outlook Database. Washington, D.C., International Monetary Fund, October 2010. (http://www.imf.org/external/pubs/ft/weo/2010/02/weodata/index.aspx, accessed 30 November, 2010).
5 Hunger Stats. Geneva, World Food Programme, 2010 (http://www.wfp.org/hunger/stats, accessed 3 December 2010).
6 Unemployment reached highest level on record in 2009: Somavia calls for the same policy decisiveness that saved banks to save and create jobs. Geneva, International Labour Organization, January 2010 (http://www.ilo.org/global/about-the-ilo/press-and-media-centre/press-releases/WCMS_120465/lang--en/index.htm, accessed 3 December 2010).
7 *Report on the global AIDS epidemic 2010*. Geneva, UNAIDS, 2010.
8 WHO and UNAIDS welcome ground breaking proof of concept study results for vaginal gel showing reduced risk of HIV infections in women. Geneva, UNAIDS, July 2010, (http://www.unaids.org/en/KnowledgeCentre/Resources/PressCentre/PressReleases/2010/20100719_PS.asp, accessed 2 December 2010).
9 UNAIDS and WHO welcome new findings that could provide an additional tool for HIV prevention for men who have sex with men. . Geneva, UNAIDS, November 2010 (http://unaidstoday.org/?p=1693, accessed 2 December 2010).
10 *Report on the global AIDS epidemic 2010*. Geneva, UNAIDS, 2010.
11 *The Treatment Timebomb: The APPG Inquiry into long-term access to HIV treatment in the developing world*. London, All-Party Parliamentary Group on AIDS, July 2009.
12 Ibid.
13 Over, Mead. *Sustaining and Leveraging AIDS Treatment*. Washington, D.C., Center for Global Development, June 2010.
14 AIDSInfo Country Factsheets: Brazil. Geneva, UNAIDS, 2010 (http://cfs.unaids.org/, accessed 30 November 2010).
15 *HIV/AIDS and the health-related Millennium Development Goals: The experience in Ethiopia*. Ministry of Health of the Federal Democratic Republic of Ethiopia. August 2010.
16 New Diagnostic Kit to Improve Health Outcomes for HIV Patients. *PR Newswire*, 27 April 2010 (http://www.prnewswire.com/news-releases/new-diagnostic-kit-to-improve-health-outcomes-for-hiv-patients-92160154.html, accessed 2 December 2010).

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