

UNAIDS

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Executive Director's report

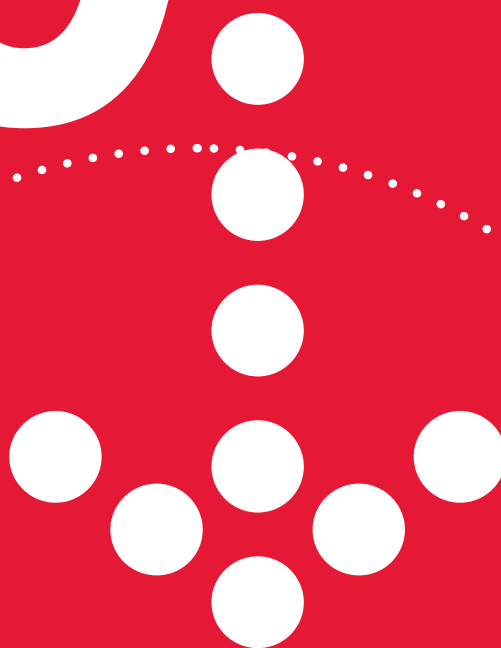
Michel Sidibé

Executive Director of UNAIDS

Geneva

Opening of 33rd UNAIDS Programme Coordinating Board

20.



13

People accessing treatment

9 700 000

AIDS-related deaths

1 600 000

New HIV infections (total)

2 300 000

New infections (children)

260 000

UNAIDS data 2013



Michel Sidibé
Executive Director of UNAIDS

Ladies and gentlemen; dear friends; Members of the Programme Coordinating Board.


Good morning and welcome to the 33rd meeting of the PCB.

Let me begin by thanking India for its outstanding role as Chair of this Board. Secretary Verma, as we saw through the new ECOSOC resolution on UNAIDS, you have demonstrated that the Government of India is a dedicated supporter of UNAIDS.¹ India continues to be a global leader, promoting access to low-cost, high-quality medicines that are extending life and hope to millions of people living with HIV around the world. India's leadership through the UNAIDS PCB and other fora, such as the BRICS, on issues of justice, health equity and access to medicines is getting us closer to Zero.

I also want to welcome my sister Phumzile Mlambo-Ngcuka as the new Executive Director of UN Women. She is a bold leader who will help us strengthen links between the AIDS response, gender equality and ending violence against women. I look forward to continuing our close collaboration with UN Women on these issues and their links to the post-2015 development agenda.

I want to take a moment to pay tribute to Madiba. President Mandela was an icon because he was not a conventional politician. He was a visionary statesman and activist who reminded us that social justice and inclusiveness must be at the core of our approach. He was a pathfinder who spoke bravely and openly about the tragic loss of his son to AIDS, breaking the conspiracy of silence around the epidemic. His legacy remains with all of us.

On World AIDS Day, I was proud to join another global icon, UNAIDS Global Advocate for Zero Discrimination, Daw Aung San Suu Kyi, in Melbourne. She is using her voice to highlight our new global campaign #zerodiscrimination that will be observed every year around the world on 1 March. Eliminating stigma and discrimination in all its forms remains central to ending AIDS. The post-2015 era must address discrimination in all its forms.



33%
decrease
in new HIV
infections
since 2001.

With the Government of Australia as the incoming Chair of the PCB, we were proud to officially launch the 20th International AIDS Conference in Melbourne which will take place in July 2014. This is a great opportunity to reflect on how to make this International AIDS Conference a milestone in the AIDS response.

Believing in results

In Melbourne, I had the pleasure of announcing the results from our 2013 Global Report which shows we are delivering progress with unprecedented momentum. Since 2001, new HIV infections have declined globally by 33%, and more than 9.7 million people were accessing HIV treatment at the end of 2012. AIDS-related deaths have dropped 30% since 2005. And new HIV infections among children have fallen 52% since 2001, to 260 000 last year.²

Today, one country after another is updating its national policies and programmatic approaches to sustain and accelerate gains in the AIDS response. Many countries are no longer overwhelmed by the HIV epidemics that just a few years ago threatened to be major barriers to national health and development. For example, with the introduction of evidence-based harm reduction services in Ukraine, new HIV infections in that country are declining for the first time—a positive turning point in a country facing many other challenges.³ In Ghana, HIV prevalence among pregnant women dropped by 50% between 2006 and 2012, from 3.3% to 1.4%—amazing progress in a country where HIV prevalence was stable for eight years before 2006.⁴

Co-investment and domestic funding have become core components of shared responsibility and global solidarity. Last year, domestic spending on HIV accounted for more than half of global HIV resources. More than 80 countries increased their domestic investments for the AIDS response by more than 50% between 2006 and 2011.⁵ Resources allocated from domestic resources in Africa increased by 150% from 2006 to 2011. With the support of UNAIDS, countries are developing their investment cases to ensure the maximum return for every dollar invested.⁶

After 30 years in the global AIDS response, world leaders are committed more than ever to ending AIDS. In the last two months, President Obama announced that, “The United States of America will remain the global leader in the fight against HIV and AIDS.”⁷ United Kingdom Prime Minister David Cameron also asserted that, “We need to keep going...Eradicating disease is fundamental to development post-2015...We now have a huge opportunity to defeat [AIDS, tuberculosis and malaria] once and for all.”⁸ At the meeting of Francophone Mayors, which I attended with the Secretary-General of the Organisation internationale de la Francophonie and the Mayor of Paris, President François Hollande declared that “France will maintain its commitment to the AIDS response until the epidemic is over.”⁹

Lithuania, as President of the Council of the European Union, saluted the global AIDS response as “a transformative force for social justice and people-centered health, which should be reflected and sustained in the post-2015 development agenda. Through continued shared responsibility and global solidarity, we have the opportunity to accelerate progress towards the end of the AIDS epidemic.”

I was privileged to join HRH Queen Mathilde in Brussels to launch Belgium’s new national plan for AIDS. Some might wonder why Belgium needs a new national plan 30 years into the epidemic, but the Government of Belgium recognizes that this is not the time for complacency. According to Prime Minister Elio Di Rupo, “The HIV plan the Belgian Government recently adopted is without precedent. It demonstrates that we can focus our efforts on one single goal.”¹⁰

Nigeria, with the world’s second-largest HIV epidemic, launched the Presidential Comprehensive Response Plan in November. President Goodluck Jonathan declared that “No Nigerian should be allowed to die of AIDS.”¹¹

The Secretary-General of the League of Arab States, Nabil El Araby, urged all Arab States to meet their commitments to the targets of the United Nations High Level Meeting on AIDS and the MDGs in a rights-based response.

I had the honour to meet with Angola’s President José Eduardo dos Santos, who committed to scaling up to ensure that all babies are born free from HIV and that people living with HIV have access to treatment, funded by domestic resources.¹²

When I was in Uganda, President Yoweri Museveni agreed to lead a national effort to scale up rapid access to HIV testing and treatment, and has since undertaken a public test for HIV.¹³

And just yesterday I received a letter from Prime Minister Tony Abbott of Australia saying that “Fighting the spread of HIV today is as important as it has ever been,” and recognizing the work of UNAIDS in leading the world in this effort.

I am pleased to highlight the unprecedented success of the Fourth Replenishment for the Global Fund—US\$ 12 billion for the next three years. This is a bold demonstration that global solidarity is stronger than ever. International partners and implementers have clearly endorsed the progress and direction of the Global Fund under the leadership of Mark Dybul. It is also a clear signal of confidence that investments in the global AIDS response deliver outstanding results.

We have unprecedented resources and political commitment, which we must continue to leverage to make the money work for people. We are moving from despair to hope, not only at political level but also at community level.

The enemy is complacency

It is easiest to imagine the possibility of ending AIDS when we look at our progress in HIV treatment. We can meet our goal of 15 million accessing HIV treatment by 2015, and when we do, we will have avoided 1.4 million deaths, prevented 500 000 new HIV infections among children and protected 7 million children from becoming orphans. This will be our milestone to reach universal access and demonstrate that HIV treatment prevents illness, death and transmission.

We need to pay careful attention to the challenges of HIV treatment, including improving quality of treatment and care so that viral load suppression is achieved and the risk of growing drug resistance is reduced. I am calling on all partners to ensure that we set up efficient national systems to monitor HIV drug resistance and optimize adherence, which will be less costly than moving to more expensive treatment regimens.

Progress continues, but our enemy is complacency. AIDS is not over and we must sustain our efforts to finish the unfinished business of this epidemic. The leitmotiv of the AIDS response continues to be inequity and inequality. We need to reach people on the margins of our societies who do not have access to life-saving services.

We have to face the harsh reality that HIV treatment is still not reaching the most marginalized and vulnerable populations. Only one out of every three children has access to treatment they need. Only 24% of people living with HIV in Africa have an undetectable viral load. Under the new WHO guidelines, 28.6 million people are eligible for HIV treatment in 2013, but only 34% had access in 2012. And 50% of people do not know their HIV status.¹⁴ This is why we launched the UNAIDS Treatment 2015 Framework: to accelerate action for 15x15—for everyone.

We cannot neglect HIV prevention

We no longer have to deal with the dichotomy of treatment vs. prevention. Treatment is prevention. At the same time we cannot neglect primary HIV prevention.

Although 26 countries reduced adult HIV incidence by more than 50% between 2001 and 2012, this is still not enough. New HIV infections have continued to increase in many countries in Eastern Europe and Central Asia at alarming rates. New HIV infections have risen by 13% in Eastern Europe and Central Asia since 2006. The Middle East and North Africa (MENA) have seen a 50% increase in new HIV infections since 2001. Between 2001 and 2012, new HIV infections more than doubled in Indonesia, Pakistan, and the Philippines. Funding for HIV prevention among most-at-risk populations is severely limited in Eastern Europe, East Asia and MENA where it is critically needed. Globally, 50 young women are newly infected with HIV every hour.¹⁵

We know that HIV treatment can reduce the risk of HIV transmission by as much as 96%.¹⁶ But that is only one tool in our prevention arsenal. We must demonstrate how the scale-up of PrEP, voluntary medical male circumcision, and the use of male and female condoms are having an impact on breaking the trajectory of the epidemic. I have asked the Programme Branch to document evidence of the impact of HIV prevention at country level.

We must be courageous to link HIV prevention with sexual health rights and sexuality education by combatting public hypocrisy on sexual matters and build AIDS competencies to systematically promote sexual and reproductive health rights.

This is why I want to commend the Ministers of Health and of Education from 21 countries of Eastern and Southern Africa, who just adopted a Commitment on comprehensive sexuality education and reproductive health services for young people—in partnership with young people.¹⁷ We must build on these declarations to ensure they are effectively implemented.

One area where we can make the next breakthrough in HIV prevention is strengthening social protection programmes.

Evidence from the World Bank and UNICEF demonstrates that by extending social protection, we can help secure a future for young people, their families and their communities and protect them from HIV. On 9 January 2014, I will begin a new dialogue with Jim Kim at the World Bank and other partners to address the social drivers of AIDS and extreme poverty. We cannot miss this opportunity.

No one left behind

It is unacceptable that women and girls, sex workers, people who use drugs, migrants, prisoners, men who have sex with men and transgender people are assaulted, violated and murdered. We should be revolted. It is unacceptable that some people have access to services while others are excluded because of legal and social status, income or sexual orientation. Everywhere, we still find deeply entrenched gender inequalities, sexual violence, the lack of social protection and poor education.

I congratulate Uzbekistan for lifting travel restrictions. We have 41 countries to go. I commend the Government of Thailand for pledging that all migrant populations can access universal health care services, including HIV treatment.

But we are seeing a growing wave of conservatism, from legislative initiatives to legal decisions, that can block access to groups we know are most at risk. I remain concerned about the recent violent attack on an HIV organization in St. Petersburg, Russia.

Every hour, 50 young women are newly infected with HIV.

There was a 52% decrease in new HIV infections among children since 2001.

Much more work needs to be done, to overcome inequality and exclusion. We must use human rights as a tool for ending AIDS. The AIDS response is not just about distributing pills—it is an instrument for responding to injustice. AIDS has taught us that inclusion and participation gets development done. We have learned that attention to the process is as important as the outcomes. We must protect people’s dignity and ensure their access to services. We must build on the critical linkages between health, injustice, poverty and conflict. If we don’t have the courage to measure what we treasure, we risk reversing our gains.

Ending AIDS post-2015

Ending AIDS must have a prime position on the post-2015 agenda. There is a growing call for the world to define a bold vision for ending the AIDS epidemic in the post-2015 framework. Keeping focused on ending AIDS will hold the international community accountable to build on progress on getting to zero HIV infections, zero AIDS-related deaths, and zero discrimination.

But this is not anything new. With only 743 days until the end of the MDGs, it is our duty to advance the unfinished business of AIDS post-2015 and carry forward the commitments agreed by the UN General Assembly at the 2011 High Level Meeting on AIDS.

The ongoing work of the *UNAIDS and Lancet Commission: Defeating AIDS—Advancing Global Health* is focused on answering these questions and aims to shape the debate on post-2015. Regional consultations of the Commission are already addressing the links between HIV, global health and development.

Partnerships will end the AIDS epidemic

Countries and partners are coming together strategically, leveraging cooperation on HIV for larger health and development goals.

The China-Africa ministerial forum in August launched a new era in global health cooperation between China and Africa. The African Union is advancing the Pharmaceutical Manufacturing Plan for Africa (PMPA) not just to respond to the growing need for HIV medication, but to ensure commodity security for the African people. The BRICS countries have made as priorities the dual epidemics of TB/HIV as well as the use of technology transfer as a means to empower developing countries. And UNAIDS has signed a new Memorandum of Understanding with the Commonwealth of Independent States (CIS), committing UNAIDS and the CIS Member States to develop cooperation between the government and civil society.

Over the past six months, UNAIDS also engaged with countries and partners in civil society, faith-based communities, and the world of sport.

At the ICAAP in Bangkok, more than 4000 delegates from 74 countries showed how the AIDS response has been an entry point to advance broader issues of human rights, redistribution of opportunity and social justice across the Asia Pacific region.

At ICASA, 7000 participants from all parts and sectors of Africa united to celebrate the Continent's progress and repeated calls to end the AIDS epidemic.

At the World Council of Churches in Busan, the Assembly committed to create a safe space for dialogue with the churches on human sexuality and prevention of mother-to-child HIV transmission.

And preparations are on track for the UNAIDS Protect the Goal HIV awareness campaign during the 2014 World Cup in Brazil.

Donor confidence in UNAIDS

I am gratified that donor confidence in UNAIDS is higher than ever. The United Kingdom's Multilateral Aid Review (MAR) showed that out of 37 organizations, only UNAIDS moved to a higher value for money category. The UK Secretary of State for International Development noted the realignment of UNAIDS had been done in a "strategic way."¹⁸

I want to recognize donors that have maintained or even increased their contributions to UNAIDS, despite the challenging financial environment.

- United Kingdom increased its contribution by 50%.
- Switzerland doubled its contribution.
- Belgium reinstated its contribution in 2013 at higher level than 2011.
- Denmark will increase its contribution in 2014, with an increase of US\$ 1 million more than in 2013.
- Norway increased its contribution from 2012 and maintained the same level as in 2013 and 2014.
- China increased its contribution from US\$ 100 000 to US\$ 600 000 in 2013.
- Spain increased its contribution from zero in 2012 to US\$ 700 000 in 2013.
- The MAC AIDS Fund has provided a new grant of US\$ 2 million for HIV treatment.

I want to thank the Netherlands for its readiness to go beyond the traditional donor relationship with UNAIDS to collaborate on key populations in key countries, based on Dutch experience.

It gives me great pleasure to announce that following contributions from Senegal and Congo, Côte d'Ivoire will become the newest African donor to UNAIDS. The President of Côte d'Ivoire has committed US\$ 1 million to the core budget of UNAIDS. This is the first time that an African country will be among UNAIDS top 20 donors.

I am pleased that we are entering the new biennium in a strong financial position. We can only continue our work if all our donors continue their full support to UNAIDS and make timely contributions to the UBRAF.

Making the money work

The success of the Global Fund's Replenishment and the roll-out of its New Funding Model represent a paradigm shift forward. Countries and partners require additional and more focused technical support, and cutting-edge programmatic and technical guidance to develop robust, country-owned strategies for sustainable financing as the basis for their applications. I have prioritized UNAIDS role to support the New Funding Model, providing the best strategic information, facilitating country dialogues, engaging the voice of the voiceless in this process, and supporting the effective implementation of grants. Our role is ensuring we "make the money work". In the delivery of technical support, UNAIDS must continue its role as an honest broker for all partners, without any risk or perception of conflict of interest. Therefore, it would not be appropriate for UNAIDS to accept funding from the Global Fund for the delivery of technical support. UNAIDS will continue to play its catalytic role, working closer than ever with the Global Fund to engage and support countries and partners. I am therefore requesting donors to provide their full support to UNAIDS so we can ensure that the Global Fund's New Funding Model delivers the greatest results for countries.

Conclusion

Ending AIDS will be a global achievement of historic dimensions. Not only will millions of lives be saved, but ending AIDS will drive better health, poverty and equity outcomes for the entire human family.

Nobody has embodied this passion better than my friend and brother Ambassador Eric Goosby. Even if he is not with us today, I want to recognize his leadership of PEPFAR and the many contributions he made to the global AIDS response with distinction and heart.

This is also the last PCB for Mabel Bianco from the NGO Delegation. Mabel, you have always been a great source of support and encouragement, and we will miss you.

Finally, thanks to your support, UN Secretary-General Ban Ki-Moon has extended me into a second term as Executive Director of UNAIDS. I look forward to continuing our collaboration, and I remain at your service.

Thank you.

Endnotes

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- 4 *2013 Progress Report on the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*. Geneva, UNAIDS, November 2013.
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- 8 Remarks by Prime Minister David Cameron on the Global Fund's Fourth Replenishment. The Global Fund, 02 December, 2013 (www.theglobalfund.org/en/videos/2013-12-02_Remarks_by_Prime_Minister_David_Cameron_on_the_Global_Fund_s_Fourth_Replenishment, accessed 15 December 2013).
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- 10 EACS keynotes focus on progress in HIV, remaining challenges. Infectious Diseases News, October 18, 2013 (www.healio.com/infectious-disease/eacs-2013-resource-center/eacs-keynotes-focus-on-progress-in-hiv-remaining-challenges, accessed 15 December 2013).
- 11 President Goodluck Jonathan urges all Nigerians to "Take Charge" and take an HIV Test. UNAIDS, 01 December 2013 (www.unaids.org/en/resources/presscentre/featurestories/2013/december/20131201nigeria/, accessed 15 December 2013).
- 12 President dos Santos promises to redouble efforts on Angola's HIV response. UNAIDS, 07 October 2013 (www.unaids.org/en/resources/presscentre/featurestories/2013/october/20131007angola/, accessed 15 December 2013).
- 13 UNAIDS welcomes Ugandan President's launch of massive HIV prevention and treatment campaign. UNAIDS, 08 November 2013 (www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2013/november/20131108ugandatest, accessed 15 December 2013).
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