



UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (35)/14.18
Issue date: 3 December 2014

THIRTY-FIFTH MEETING

Date: 9 – 11 December 2014

Venue: Executive Board Room, WHO, Geneva

Agenda item 1.3

Outline of the Report of the Executive Director

**OUTLINE OF THE EXECUTIVE DIRECTOR'S REPORT TO THE 35TH PROGRAMME
COORDINATING BOARD
DECEMBER 9, 2014**

GETTING GRANULAR: FAST TRACKING THE RESPONSE TO END AIDS

I. WE ARE AT A PIVOTAL MOMENT IN THE AIDS RESPONSE

- We have just released two flagship reports—Fast-Track Global and Fast-Track Cities.
- They demonstrate how we have bent the trajectory of the epidemic.
 - Since 2001, new HIV infections have fallen by 38% while new infections among children have fallen by 58% and dropped below 200 000 in the 21 most affected countries in Africa for the first time.
 - We have record numbers of people accessing life-saving treatment. Of the 35 million people living with HIV—there are more than 13.6 million people on treatment.
 - We are making strides on harm reduction.
 - Vietnam is at the forefront of harm reduction by providing government-sponsored methadone maintenance treatment.
 - Our thematic segment will showcase examples of what works.
- We are changing the development paradigm through shared responsibility.
 - Domestic resources now account for more than 70% of the AIDS budget in Botswana, Namibia, Mauritania, Mauritius and South Africa.
 - What's more, we are seeing a return on our investments.
 - We can now better leverage the data revolution with the Global Fund, PEPFAR, other partners and countries to use location-population approaches to invest where most needed and monitor in real-time.
 - This is having a direct impact on investments
 - In 2014, in the Global Fund 4 submission windows, 45 countries submitted HIV or HIV/TB concept notes. The total value of these was more than USD 5 billion. UNAIDS provided support to all these countries.
 - PEPFAR 3, announced on World AIDS Day, will enable us to take this to the next level.
- The two reports also show we now have just 5 years to break the AIDS epidemic. If we do not, we risk it biting back even stronger. These 5 years will determine the next 15.

II. THAT IS WHY UNAIDS IS CALLING FOR FAST-TRACK TARGETS

- The Gap Report reminded us people are being left behind and it told us who they are. Fast-Track told us we can reach them and end AIDS. This is about scaling up efforts to reach everyone and close the gap to HIV prevention and treatment services in this 5-year window. This is new compelling evidence that we must not ignore.
- Countries, cities and communities are adopting the ambitious 90-90-90 treatment targets.
 - Targets launched at Melbourne: By 2020, 90% of all people living with HIV will know their HIV status. That 90% of all people diagnosed with HIV will receive treatment and 90% of people on treatment will achieve viral suppression.
 - If we reach these targets, and ensure combination prevention, we will be on track to end AIDS
 - This will avert nearly 28 million new HIV infections and 21 number of deaths by 2030.
- The challenge now is to articulate a global strategy on how we can do this.
 - We need to mobilize political commitment, identify programmatic approaches that accelerate action and focus global efforts and resources on doing the right thing.
- We need to do this now: we only have a five year window of opportunity for Fast-Track. Every year we wait, sets us further back from our goal of ending AIDS.
- For these reasons I am not convinced that we can wait for another two years to get serious about our approach this journey. If we wait, we lose the opportunity:
 - to align to PEPFAR 3
 - to contribute technically to the Global Fund replenishment and its strategy development process
 - and risk uncertainty in the wake of the Sustainable Development Goals.
- This was the focus of discussion at the recent meeting of the Committee of Cosponsoring Organizations (CCO) where Executive Heads agreed it would be necessary to have a strong UNAIDS Strategy to Fast-Track the response.
- At the CCO, I agreed to propose to the PCB the need for a Strategy that builds political momentum and front loads investments to take us through this critical period, and is aligned with planning cycles of other Funds and Programmes, as mandated by QCPR (2016-2021).
- At the Financing Dialogue, stakeholders called on us to be bold. They pointed to ambition in the past leading to country-level impact and they demanded that we maintain this vigour.

- I think they are right—a bold strategy is now needed to enable us to implement our bold new targets.

III. WE CAN END THE AIDS EPIDEMIC BY 2030

- We know that antiretroviral therapy not only saves lives it prevents HIV infections. Along with scaled up effective prevention methods, such as condoms, male circumcision and efforts like the prevention of mother-to-child-transmission—we have all the tools we need to end the epidemic as a public health threat. It is about making sure that all people have access.
- One of our biggest challenges is making sure that it's safe for people to come forward for treatment and prevention services. If people are afraid, they hide themselves out of fear. That is why this year's message for World AIDS Day was "Close the gap".
- Young people inspire me to believe it's possible—I see a generation determined to say hypocrisy on inequitable access and sexual and reproductive health and rights stops now.
 - ACT! 2015 is about more than AIDS awareness—it's about empowering young people to claim their place at policy tables. 'All In' aims to end the epidemic among adolescents.

IV. EBOLA IS A WAKE-UP CALL FOR WHAT WE NEED TO DO DIFFERENTLY FOR AIDS AND HEALTH

- We live in an interdependent world. What worked 20-30 years ago is no longer sufficient.
- It was striking to see the UN General Assembly juggling an unprecedented number of global crises: each one of them affected by, or affecting, our work to end AIDS.
- Ebola is a wake-up call for Africa that we need to build up early warning systems and increase our ability to Fast-Track medicines—in partnership with the rest of the world.
- The AIDS response has given insight into what is happening with the Ebola crisis.
 - We know that first we need to stop the panic. We have seen this in every country where misinformation and rumor fuel panic.
 - We can all do our part to take action informed by science and grounded in human rights.
 - We know that the AIDS response has strengthened health systems and democratized service delivery and health by bringing capacity and voice to communities.
- But we will neither defeat Ebola nor end AIDS without a serious re-think of how we deliver services to people. Ebola has shone a harsh light on many weaknesses in our systems and the interconnectedness of health and security challenges:
 - Shows security is about the equal distribution of opportunity, shared economic progress and putting people at the centre. Only when we have security can we have stability.

- Demonstrates need to bolster human resources for health, engage civil society and faith-based organizations, build bridges to communities and strengthen fragile community systems, if we are to get information and services to those in need.
- Shows how conflict can leave systems in shreds and challenges of mounting a response without robust systems.
- Shows need to foster innovation, including to ensure commodity security. It will be impossible to get medicines to billions in need in future and to reach 90-90-90 without it.
- Shows the need for an era where integrated service delivery is the norm – where people living with HIV and TB co-infection are no longer left behind.
- UNAIDS stands in complete solidarity with everyone working to stop spread of Ebola and to care for the people affected by the virus.

V. WE WILL NEVER REACH 90-90-90 WITHOUT ACTION TO ADDRESS THE DETERMINANTS OF ILL-HEALTH AND POVERTY

- We need to reconcile the normative debate on human rights with practical action to ensure no one is left behind.
 - Stigma and discrimination have no place in the twenty-first century.
 - Gap Report showed that people are still being left behind in every city in every country and often it is stigma and discrimination that are keeping them behind.
 - PCB field visit to Indonesia revealed progress and challenges for delivering services to key populations.
- Insufficient funding for the response continues to stall progress.
 - Modellers suggest that 87% of PLHIV will reside in middle-income countries in less than 10 years' time. This has massive implications. Need to:
 - Address both the volume and source of financing in a post-ODA world.
 - Leverage the role and contributions of civil society including through increased investment in these organizations. They are our key allies in sustaining the response and global health more broadly.
 - Encourage countries to develop financial sustainability transition plans – to make the leap from externally-driven development to shared responsibility, while acknowledging the importance of global solidarity.
 - Ensure investments, such as those from the Global Fund, PEPFAR, other partners and domestically mobilized, are put to use for greatest impact in countries.
 - We need to continue to take AIDS out of isolation in financing as well as policy.
 - Investments in AIDS are an investment in health, human rights and social justice.

- Social protection and pooling finance—there is a strong case for incrementally merging funds.
- Community engagement is key—task shifting service delivery to communities.
- Our Financing Dialogue (response to PCB Decision and QCPR) was an opportunity to discuss resourcing the response and UNAIDS. Participants:
 - Welcomed increased focus on transparency and improved communication around results and accountability for resources.
 - Highlighted UNAIDS role in delivering results, particularly political leadership, advocacy and communication to move the AIDS agenda forward.
 - Stressed the need to maintain momentum and for strong partnerships to Fast-Track the response, including the need to address civil society funding shortfalls.
 - Emphasized that the sustainability and predictability of financing are fundamental to results, including ensuring that the UBRAF remains fully funded.

VI. GETTING READY FOR A POST-2015 WORLD

- Must continue to collectively reflect on how we can become more fit-for-purpose post-2015 – both at UNAIDS and the UN system as a whole.
- We have been discussing this at the Chief Executives Board.
 - A UN system that is “fit-for-purpose” to deliver on the post-2015 agenda is one that is able to effectively meet the challenges of the 21st century. These challenges are diverse and complex and demand the effective coordination of government, civil society, private sector input. The UN is uniquely placed to convene such actors.
 - As the only cosponsored Joint Programme UNAIDS must continue to do what it does best—convening diverse actors, brokering difficult conversations, political advocacy for the most marginalized and a focus on results.
 - But it must also challenge itself to adapt and evolve to shifting contexts. This requires critical analysis, flexibility, innovation and openness to change.
 - Going forward, we are committed to continue to leverage HIV as an entry point for social transformation. This includes
 - shared responsibility for inclusive, long term and sustainable funding for broader vulnerabilities;
 - promotion of the strategic ‘investment approach’;
 - focus on priority areas, populations and interventions where cost-effective impact and value-for money is best achieved and can have multiplier effects.
- UNAIDS has sparked a debate around global health architecture for a post-2015 world.

- Important in crowded post-2015 environment to reaffirm Board commitment to ending AIDS post-2015 and maintain drive to ensure it remains in the final post-2015 agenda. We must recommit to ending AIDS by:
 - Building bridges between movements so that together we can end AIDS, TB and malaria by 2030—leveraging investments in AIDS networks to further social transformation.
 - Redoubling efforts to reduce inequity confront stigma and discrimination and ensure the human rights of all people, will be as important to ending AIDS as a target to end AIDS.
 - Working closely together in this final stint to secure a post-2015 agenda that is inclusive and transformative and which delivers human dignity, gender equality and a future fit for young people. I count on your continued commitment as part of a global movement towards this end.

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