UNAIDS

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Agenda item 1.4

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

STATEMENT BY MR GUY RYDER
CHAIR, UNAIDS COMMITTEE OF COSPONSORING ORGANIZATIONS
36TH PROGRAMME COORDINATING BOARD MEETING
30 JUNE 2015, GENEVA

Your Excellences, Ministers and Ambassadors
His Excellency Dr David Parirenyatwa, Minister of Health Zimbabwe and Chair of the PCB in 2015
Mr Michel Sidibé, Executive Director of UNAIDS
PCB members
UNAIDS family colleagues
Ladies and Gentlemen

1. It's an honour for me to speak on behalf of the Cosponsors. First of all, let me thank Michel for his unwavering commitment to the global HIV response. Under your leadership, the coordinated efforts of the UNAIDS family have contributed to transforming the AIDS response and turning the tide of the epidemic. The results of these efforts are visible and extraordinary.

2. I would also like to congratulate Zimbabwe for its role as Chair of the PCB. Zimbabwe is also playing an active role in the ILO as regional coordinator for Africa.I am confident that under your leadership, the 36th PCB would be guided to a successful conclusion

3. As Cosponsors, we are glad to be part of this Joint Programme. Our joint working relationship has ensured that the HIV response has been tackled through a multi-sectoral approach which enabled us to simultaneously address the short term prevention and treatment goals, as well as the longer term structural drivers of the epidemic. The complementarity of the different perspectives of our individual and joint work was clearly evident during the PCB field visit to Zimbabwe.

Dear friends,

4. We should not forget that there were moments when we thought AIDS would defeat us. But thanks to a strong commitment from governments, donors and the scientific community, as well as the dedicated engagement of stakeholders from all walks of life, including the private sector, employers' organizations and trade unions, this did not happen.

5. Today, the end of AIDS as a public health threat in 2030 is well within reach and we are privileged to be able to contribute to this goal.

6. I would particularly like to acknowledge the pivotal role played by people living with HIV and members of vulnerable and marginalized populations who came forward, dared to face stigma and discrimination and who demanded to be heard. They are our true heroes of this success story.

7. Our success has indeed been extraordinary. Let me just mention a few facts:

    - New HIV infections and AIDS-related deaths continue to fall. Access to life saving

antiretroviral therapy has increased so much that we expect to achieve and surpass the 2015 target of putting 15 million people on treatment. There has been a significant reduction in new infections among children. Domestic financing is increasing in many low and middle income countries.

- Our optimism must however, be tempered with a note of caution. Our progress must not make us complacent. There are still challenges to be addressed.

- The success of HIV prevention efforts is not uniform. AIDS still remains the leading cause of death among adolescents in Africa and the second leading cause of deaths worldwide. Availability and access to male and female condoms remains a challenge and even though significant progress has been made in scaling up good-quality, age-appropriate comprehensive sexuality education further advocacy is needed to address the persistent misconceptions. Less than 40% of people living with HIV are receiving antiretroviral therapy. Three out of four children with HIV do not have access to treatment. And only one in ten people living with HIV and injecting drugs is receiving treatment.

- *Despite its importance in enhancing adherence and effectiveness, food and nutrition have not been consistently promoted as part of the antiretroviral treatment package.* People living with HIV are frequently denied healthcare, employment, education and social protection opportunities. *Women continue to face multiple forms of discrimination and exclusion* and some populations have been left behind in our response.

- *The expanding scale and magnitude of humanitarian emergencies in the world today is increasing the vulnerability of persons affected by humanitarian emergencies to HIV. The prisoner population, though very vulnerable, is often a forgotten population. Since most prisoners will return to the community, we will fail to halt the spread of HIV in communities if we fail in prisons.* Finally, International donor funding appears to be static or declining at a time when we need to fast track our response. This is also a source of concern.

WHAT HAS THE CCO DONE SO FAR?

8. The year 2015 marks a turning point for the global development agenda. This year gives us an opportunity to pause, reflect and assess our work to date, while charting a new way to fast track the response and end AIDS by 2030. Michel has spoken about the new Strategy and Unified Budget Results and Accountability Framework (UBRAF). Allow me to speak briefly about the CCO's contribution to these efforts.

9. The CCO recommended to the Executive Director, the development of a 6-year UNAIDS Strategy which was endorsed by the PCB. The fast-track approach is a timely and critical step towards ending AIDS by 2030.

10. As with the SDGs, delivering on the ambitious goals of the new UNAIDS Strategy will require a strong focus on the means of implementation. In line with this, the CCO tasked the UNAIDS family to explore ways in which the Joint Programme could be *fit for purpose* in the post 2015 era. *In this regard, recommendations have been made in three key areas: delivering results; doing more with the resources available; and strengthening accountability.*

11. Based on a request from Michel, Heads of Agencies have also made direct inputs into the new Strategy.

12. With regards to the new UBRAF, we expect to better demonstrate the added value of the Joint Programme and how we can work differently to achieve the goals of the new Strategy. *Our allocative and implementation efficiencies have to be improved*. The days of doing everything everywhere would be replaced by the days of doing the most important things in fewer places to maximize impact.

HOW WILL THE ILO CONTRIBUTE TO THE UNAIDS VISION?

Over the next five years, the ILO will focus its resources on the following key areas.

13. First, the ILO Global Employment Outlook, Trends 2015 report shows that unemployment will continue to increase over the next 5 years. The current global employment gap stands at 61 million and youth, especially young women, continue to be disproportionately affected. Almost 74 million young people were looking for work in 2014 and youth unemployment today is practically three times that of adults. This disproportionately high level of youth unemployment increases vulnerability and high risk behaviours, which in turn has a direct consequence on HIV incidence. Our focus would be to ensure that HIV initiatives are well embedded within on-going youth employment and income generation programmes.

14. Second, the ILO World Social Protection Report 2014/15 finds that only 27 per cent of the world's population enjoys access to comprehensive Social Protection. The ILO and many partners in this room are actively promoting Social Protection Floors which cover access to healthcare and income security, unemployment, sickness, invalidity, work injury, maternity or loss of a main income earner. To date, over 70 countries have reported some progress with regards to developing their National Social Protection Floors. In the future, the ILO will adopt a more systematic approach to ensure that National Social Protection Floors are HIV-sensitive.

15. Third, I would like to focus on stigma and discrimination. Workplace discrimination remains widespread. Judicial training provided by the ILO and other partners in the joint programme, has led to a number of labour court decisions upholding workers' rights to be free from HIV-related discrimination at work. The ILO will scale up its promotion and implementation of labour standards, including the ILO's HIV and AIDS Recommendation (No. 200) to contribute to eliminating HIV-related stigma and discrimination. This would also help to ensure equal access to HIV and health services, including for migrant workers, who are one of the groups most at risk to HIV.

16. Fourth, it is worth noting that 19 million people representing over half of the 35 million people living with HIV today are unaware of their HIV status. Achieving the 90-90-90 treatment targets is dependent upon scaling up HIV testing. The workplace offers a unique opportunity to reach vulnerable young people and adults, with HIV testing services. This is the reason why Michel and I launched the VCT@WORK Initiative in June 2013. It has gained significant momentum in many high impact countries and the valuable lessons learned will inform HIV testing beyond 2015.

THE NEXT STEPS

17. The post-2015 development agenda provides a framework for progress on several fronts including HIV, health, and development. AIDS and the SDGs are closely linked in a number of ways: SDG 3 includes a target to end the AIDS epidemic by 2030, and several other SDGs address the structural drivers of HIV, including gender inequality,

poverty, human rights violations, violence, employment, education and many more. And the other SDGs outside SDG3 on health provide immense opportunities to address the socio-economic determinants of HIV and health.

18. As we frame the new UBRAF, we have to ensure that it responds to the identified gaps in our response – these gaps relate to the data, evidence, populations, gender, HIV testing, treatment and locations to name a few.

19. We must be innovative in identifying diversified sources of funding. In the past, AIDS resources supported other MDGs. Now, we must explore how resources from other SDGs can contribute to the AIDS response.

20. We must invest more strategically in partnerships with the private sector. Mobilizing the private sector and leveraging its comparative advantage, would contribute significantly to achieving the fast track targets. We live in an era of technology-driven transformation that is also redefining healthcare and development delivery. The HIV response should benefit from this.

21. We have a strong joint programme inspired by a dynamic Secretariat. We are now supported by a strong ECOSOC Resolution. We will soon have a new Strategy and UBRAF. Next year we look forward to a UN General Assembly meeting on AIDS and a Special Session of the United Nations General Assembly on the World Drug problem. So, we are well positioned to fast track our work.

22. In a race, how we run the last leg determines whether we win or lose. We need to run fast; we need to run together and do it smarter, leaving no one behind.

Thank You