UNAIDS | SPEECH

30 June 2015

Executive Director's report

Coalition of the daring: coming together for a new strategy of sustainability

Michel Sidibé
Executive Director of UNAIDS
Geneva

Opening of the 36th meeting of the UNAIDS Programme Coordinating Board

Chair of the 36th meeting of the Programme Coordinating Board Dr David Parirenyatwa, Minister of Health of Zimbabwe and UNAIDS Executive Director Michel Sidibé

Coalition of the daring: coming together for a new strategy of sustainability

Honourable Ministers; members of the Programme Coordinating Board; ladies and gentlemen: Welcome to the 36th PCB.

Allow me to begin by congratulating my sister Dr Winnie Mpanju-Shumbusho on her appointment as Assistant Director-General for HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases at the World Health Organization (WHO). This appointment is well-deserved—she is one of the most experienced and respected people in this arena.

I would also like to acknowledge my friend Guy Ryder, Director-General of the International Labour Organization and Chair of the UNAIDS Committee of Cosponsoring Organizations (CCO), who is with us today.

I am pleased to welcome our new Chair, Dr David Parirenyatwa, Minister of Health of Zimbabwe, and our Vice-Chair, Ambassador Alexandre Fasel of Switzerland.

2015 finds us at a true turning point in development—how it is debated and how it is practiced. In September, UN member states are expected to adopt one of the most ambitious agendas in history—the Sustainable Development Goals (SDGs)—which will guide social, economic and environmental action over the next 15 years. The world will begin reaping the benefits of a momentous shift towards society-wide, people-centred approaches to health, climate and social equity.

What used to take 20 years to achieve, we are now able to do in five years or less. This has transformed the way we do business.

But this transformative agenda will demand a full overhaul in how the UN, countries, sectors and issue-specific groups work together. It asks us to reposition ourselves and change the way we collaborate with others.

This PCB meeting—which focuses on updating and extending our current strategy—is very timely and topical. It is about redesigning, repositioning and thinking outside the box.

The Transformative Power of Zero

In just a few years, our vision of Getting to Zero has been embraced by the global community, inspiring unprecedented ambition and action. The potential of achieving the Three Zeros—Zero new HIV infections, Zero discrimination and Zero AIDS-related deaths—has captured the imagination and resolve of world leaders from China to Lesotho. I have just come from Zimbabwe, where it seemed that everyone was talking about our audacious vision. They believe it can happen.

The Three Zeros and three strategic directions transformed the AIDS response by quickening the pace of our action. What used to take 20 years to achieve, we are now able to do in five years or less. This has transformed the way we do business.

Beyond the Three Zeros, I remind you of the larger global health developments that were only possible because of the AIDS response. This includes the unprecedented rollout of lifesaving ARVs and the creation of unique organizations like the Global Fund, UNITAID and PEPFAR. The AIDS response launched an era of community involvement and activism around science.

It brought the legal recognition of health as a human right, now enshrined in the constitutions of countries like Brazil. AIDS challenged global norms on access to affordable medicines, enabling the manufacture of generics for the public good. And it brought rigorous accountability mechanisms that enable us to monitor resources as they become available and bring the maximum return on each dollar invested.

But most importantly, the AIDS response has been about delivering results for people. This has been the story of HIV treatment. We are closing in on our goal of 15 million people on treatment by 2015 because we are reaching people in places where they were left behind for decades. Today we are achieving better viral suppression for people living with HIV in Rwanda (85%) than for those in the United States or France (approximately 52% in certain places). This reflects a huge transformation in service delivery.

A new analysis of UNAIDS data shows we have made substantial progress on the Global Plan. In 85 countries, new HIV infections among children have been virtually eliminated, with fewer than 50 new childhood HIV infections a year. Cuba has today been certified by WHO as being the first country in the world to have achieved the Elimination of Mother-to-Child transmission. We would never have achieved these results without the Global Plan. When we first launched the Global Plan together with Ambassador Eric Goosby, no one believed we could accomplish this. Just five years ago, more than 400,000 babies were born with HIV each year. Today it is less than 270,000. If we can eliminate mother-to-child transmission in Nigeria, South Africa, the Democratic Republic of the Congo and three other high burden countries, we would be very close to our global goal.

But the UNAIDS-Lancet Commission report, "Defeating AIDS–Advancing Global Health" clearly underlines that AIDS is not over. Complacency will unravel all of our gains and destabilize our work. It is time to redouble our efforts.

New HIV infections are declining across the world, and so are AIDS-related deaths. But the UNAIDS-Lancet Commission report, "Defeating AIDS–Advancing Global Health" clearly underlines that AIDS is not over. Complacency will unravel all of our gains and destabilize our work. It is time to redouble our efforts.

In spite of an unprecedented response to an unprecedented health threat, challenges remain—especially for specific populations. An estimated 2.1 million people were newly infected with HIV in 2013. That year, 1.5 million people died of AIDS. In 19 countries in Africa and in Haiti, AIDS is the number-one cause of years-of-life lost. More than 10 million people are waiting for treatment today. Their lives are hanging in the balance. 19 million people do not know they are infected with the virus.

Since the last PCB, we have welcomed some significant developments in advancing human rights. In April this year, Belarus confirmed that it does not apply restrictions on entry, stay and residence for people living with HIV. Just last month, the High Court of Zambia confirmed the acquittal of Paul Kasonkomona, an HIV activist who was prosecuted for speaking for the protection and access to HIV services for MSM and sex workers. In Kenya, the High Court declared unconstitutional a provision that allowed for overly broad criminalisation of people living with HIV. In Pakistan, the UNAIDS Country Office and the Federal Judicial Academy signed a partnership agreement for judicial education and training on HIV-related issues. Yet, our common struggle to end stigma, discrimination and punitive laws that block the HIV response is far from over, and in some contexts, it has suffered serious setbacks.

AIDS is still the leading cause of death of women of reproductive age. In Southern and Eastern Africa, adolescent girls are infected five to seven years earlier than their male counterparts, and the prevalence of HIV infection among them is up to five times higher. We need to put the reasons for this disparity into perspective when formulating our new strategy. Intimate partner violence, abuse and exploitation of adolescent girls and young women are exacerbating factors for HIV infection. In some settings, up to 45% of adolescent girls report that their first sexual experience was forced.

We are also experiencing a severe knowledge gap more than 30 years into this epidemic. Many young people are still unaware of their risks to HIV or how to prevent transmission. According to household surveys, 65% of young men and 72% of young women lack accurate, comprehensive knowledge about HIV. But we know that keeping young people in school can make them safer. A study in rural South Africa shows that each additional year of education is associated with a 7% reduction in the risk of HIV infection.

As I have been saying for a long time, people are being left behind because they continue to face stigma and discrimination, human rights violations, gender inequality, violence and punitive laws. Adolescent girls and young women, sex workers, men who have sex with men, transgender people, injecting drug users, prisoners and migrants continue to suffer needlessly.

65% of young men and 72% of young women lack accurate, comprehensive knowledge about HIV.


UNAIDS
ONUSIDA

Taking on the Fast-Track

Our Fast-Track strategy was developed to reach these people. In this period of profound transition, the Fast-Track will be a key instrument in breaking the backbone of AIDS and ending the epidemic as a public health threat. To implement the Fast-Track effectively, we must bear in mind some guiding principles and key elements:

- The updated and extended strategy must leverage the inherent **linkages** between AIDS, health, human rights and social, economic and political empowerment by addressing the social drivers and underlying causes of exclusion and marginalization of fragile communities everywhere.
- It must demonstrate a **regional focus**, with targets and accountability mechanisms that deliver results for people. This means prioritizing specific geographic locations and populations, including harnessing the capacity and reach of cities as drivers of change.
- To quicken the pace of progress, we must continue to emphasize **research and innovation**. Scientific research has underpinned the AIDS response since the first cases were reported in 1981. We urgently need more implementation research, including research into sexuality, education, behaviour change, human rights and structural drivers. Why and how do some young girls in Southern Africa manage to remain HIV free? We need to understand these dynamics to understand what we most urgently need to do. We must continue to push for innovations in treatment regimens to have bimonthly or quarterly injections. We urgently need accelerated efforts and investments in female controlled prevention technologies, HIV vaccines and the search for a cure for HIV.
- As we move into the era of the SDGs, our strategy must be built around **human rights**. This is far more than law and court cases; it is about a people-centred approach grounded in social justice, dignity, equity, inclusiveness and the principle that no one will be left behind. We must build on our pillar of Zero discrimination, because we know that a human rights focus can shape policy, trigger strategic litigation, reduce stigma and discrimination, reverse punitive laws and policies and most importantly, save lives and reduce suffering.

In this period of profound transition, the Fast-Track will be a key instrument in breaking the backbone of AIDS and ending the epidemic as a public health threat.

- We must move **prevention** to the centre of our efforts. I believe that at least one-quarter of AIDS funding should be spent on prevention. We need to completely rethink our approach and create inspiring goals—such as asserting that every human being has the right to remain HIV-negative from birth. This will require a combination of biomedical and structural interventions and a continuum of delivery that ensures that all services and commodities are available to everyone, everywhere. And we must fulfill our promise to eliminate mother-to-child transmission and keep mothers alive.
- We must courageously pursue comprehensive **sexuality education** everywhere for all young people. Sexuality education is about ensuring that young people have the right information at the right time to make healthy choices about their lives and sexuality. This is a global issue. We are seeing too many early pregnancies everywhere in the world today, and we need to be able to show young people how to protect themselves. Our updated and extended strategy cannot shy away from sexual and reproductive health and rights.
- We must expand efforts to address **violence against women and gender equity** by putting adolescent girls at the centre of our approach. Thandi, the brave young woman I heard speak in Zimbabwe, is here with us today, and her testimony this afternoon will be a powerful call to action. We must join together initiatives that secure education and economic power for girls, and we must engage the men and boys who are the sources of their infection. There are many benefits to integrating violence prevention and HIV programming into existing platforms—such as microfinance, social protection and education—and to scaling up for sustainability.
- We must push the agenda of **knowing your status**. Results of the START trial, released last month, demonstrate the effectiveness of treatment as prevention regardless of CD4 count. Science has proven without a doubt that an HIV-infected person benefits from starting ART sooner rather than later.

Treatment Targets Take Hold

Countries and partners are inspired by and are implementing the new 90-90-90 treatment targets. PEPFAR is working with partner governments to reach these goals through intensive processes in every country developing a Country Operational Plan. The Government of Luxembourg is joining with UNAIDS to develop and launch a global advocacy campaign focused on 90-90-90. These targets are cascading and inclusive; we will only succeed if the needs of children, adolescents and key populations are met.

Commodity security is a key element of 90-90-90. Without it, the cascade will be destroyed and we will face a treatment crisis. Millions of people are on first-line treatment now, but when access to these medicines is not consistent and doses are skipped, people develop resistance and must move to costly and even more limited second- and third-line treatments. HIV testing kits are also in short supply in many regions. Stockouts can be avoided by developing better procurement systems, but that is only the beginning. We must find new ways to bridge the intersection between intellectual property rights, innovation and public health to secure access to HIV drugs and other health commodities.

We must place even more importance on taking AIDS out of isolation. This will be key to achieving the SDGs and to ending the AIDS epidemic by 2030. Integration generates wider, more comprehensive health benefits and reduces costly duplication.

- We must work with Stop TB to create a costed blueprint for implementing our goals to prevent TB among people living with HIV. Currently, TB causes one out of four AIDS-related deaths. We will never achieve Zero without addressing this common comorbidity.
- We must leverage and create synergies with critical disease agendas, including infectious diseases like hepatitis C and noncommunicable diseases like women's cancers.
- We must strengthen links with the UN Secretary-General's powerful Every Woman, Every Child initiative.
- We must promote and leverage the innovations being developed and delivered thorugh UNITAID.

Health is not a cost, it is an investment– in economies, in security, in stability, in growth.

- We must embrace and work with PEPFAR's DREAMS partnership, which aims to ensure that adolescent girls have the opportunity to live Determined, Resilient, Empowered, AIDS-free, Mentored and Safe lives. This work goes hand-in-hand with the All In! platform to End Adolescent AIDS with UNICEF, UNFPA, WHO, PEPFAR, the Global Fund, the MTV Staying Alive Foundation and youth movements represented by PACT and Y+ which engages adolescents in forging strategic policy change in their countries.
- And we must join in efforts to build better health systems that provide seamless access to services for poor, remote and marginalized populations.

We have to act now. The next five years offer an unprecedented, but fragile, window of opportunity to Fast-Track the AIDS response and end this epidemic within 15 years. If we fail to invest now, we will see a rebound in the AIDS epidemic that will shock and sadden the world and the human and financial consequences will be catastrophic.

A fully funded Global Fund replenishment is essential. Ensuring PEPFER resources are used effectively is critical. We must keep sounding the alarm and pushing the message: Health is not a cost, it is an investment—in economies, in security, in stability, in growth.

When I last visited Sierra Leone, before the Ebola epidemic, President Koroma told me about his country's remarkable transformation—14% growth following more than 11 years of violent conflict. They were transforming the economy and reaching people with services as never before. It took less than eight months of Ebola to reverse these gains and push the country back to almost negative growth.

Solidarity of Investment

Imagine if Ebola had been an airborne virus. If we don't invest in health, if we don't transform, it will be difficult for us to manage any new epidemic, much less a resurgent AIDS epidemic. We need to be able to build systems that can respond, and that means investing.

There is a continuing need for shared responsibility and global solidarity. That also means investing more and investing smarter. To Fast-Track the AIDS response to 2020 will require US$17.4 billion for low-income and lower middle-income countries. Today, 29 countries with generalized or hyper-endemic epidemics have projected HIV spending needs that exceed 1% of their current GDP. Ten countries (Malawi, Mozambique, Lesotho, Zimbabwe, Swaziland, Haiti, Uganda and Tanzania) have resource needs that exceed 4% of GDP.

For most fiscally strained countries, it remains essential to maintain external funding as part of global solidarity. Working with countries, PEPFAR and the Global Fund, we need to develop sustainability transition plans. We must push for greater efficiencies and better prioritization—in both allocation of resources and implementation of services. World Bank studies indicate that we can generate up to a 30% budget increase just by allocating resources better. These gains will be supplemented by numerous opportunities to implement services more efficiently. For example, a UNAIDS Kenya study showed that geographic prioritization of the highest burden counties could improve impact by 16% without additional resources. A World Bank study in Malawi demonstrated that 36% of the cost of AIDS-related drugs is spent on procurement and logistics, with multiple parallel systems fueling costs. Another World Bank study in Zambia shows that human resources comprise 72% of the costs of testing and counseling.

Looking to the future, UNAIDS' updated strategy must look beyond ODA and consider pioneering efforts to enhance domestic and innovative financing through, for example, more private sector involvement, remittances, crowd funding and social insurance schemes.

We must push for greater efficiencies and better prioritization– in both allocation of resources and implementation of services.

The UNAIDS Secretariat – Fit for Purpose to lead the Joint Programme

The Secretariat has continued its focus on strategic human resources management, building on the organizational realignment, to ensure that human resources are strategically deployed with the realities of the epidemic, and that our new business model enhances effectiveness, efficiency and accountability. The Secretariat has further strengthened its field presence, with an even higher proportion of Secretariat staff now placed in the field. We have established sub-national presence in a number of countries, and additional personnel in select countries and key areas, particularly related to human rights and strategic information.

We have placed a strong focus on the performance of our staff, supporting them through an innovative on-line performance evaluation system that links individual performance to the strategic objectives of the Secretariat. Staff performance has been supported by learning and development initiatives, and a significant investment has been made in strengthening our leadership capacity, particularly for heads of office.

Another major innovation is the organizational move to the Google Cloud. The new platform will provide real-time collaboration, secure access from anywhere, at any time, and a highly-flexible environment that supports our goal of being an agile, fit-for-purpose organization. This is an exciting time of change in UNAIDS as we implement the technology foundation that will drive innovation in the way we work.

I am also pleased to report tangible outcomes after two years of implementing our Gender Action Plan, which has nurtured a supportive culture for all staff. Although we still have some work to do in this area, we can clearly say that the Gender Action Plan has resulted in steady progress towards our goal of gender equality, particularly at the management level.

On the financial side, continued focus has been placed on prudent financial management resulting once again in an unqualified ('clean') audit of UNAIDS financial statements for 2014. We have also maintained a continued emphasis on cost effectiveness and cost containment, keeping overall expenditures, including staff and travel costs in 2014 in line with 2013 expenditures. Most savings have been generated in the area of contractual services (reduced 24%).

2014 was a good year for resource mobilisation 96% of the target for the core budget was mobilized, but this year's income is projected to be markedly lower than last year and the longer term resource outlook looks uncertain. While most donors have maintained their funding to UNAIDS this year, the strong US dollar is having a major impact on UNAIDS income as 70% of UNAIDS core contributions are in other currencies. We appeal for supplemental contributions for this financial year to allow us to address this shortfall of 10% of our core budget which has been caused by this fluctuation in the value of the US dollar.

At the same time, I want to take advantage of this moment to also underline the successes we are having in reaching out to the private sector and other member states as we seek to diversify our funding base. Thanks to an innovative partnership with the Intercontinental Hotel Genève, and with the support of Cartier, we have generated CHF 330,000 to support Global Plan implementation as a result of our first Gala. We have also, since the last PCB, succeeded in mobilizing contributions of US $ 100,000 each from Mali and Zimbabwe.

We must together seize the opportunities before us to maintain our gains and accelerate our progress towards ending AIDS by 2030.

Disciplined management of resources, careful prioritization and prudent measures can contain costs and increase cost effectiveness, but will not fill the gap alone. I call upon our traditional and new donors to continue to demonstrate their trust and confidence in UNAIDS through additional contributions to the UNAIDS Core Budget and to commit additional resources to UNAIDS in 2015 and beyond to enable UNAIDS to fast-track our work as we implement the 2016-2021 Strategy.

I look forward to discussing UNAIDS next budget, results and accountability framework (UBRAF) at the multi-stakeholder consultation on the next UBRAF this Friday July 3 and continuing the excellent discussions from the Financing Dialogue last year.

At last week's launch of the UNAIDS-Lancet Commission report, my friend Pascal Lamy spoke about "coalitions of the daring." Ending the AIDS epidemic as a public health threat, and making the hard but necessary political choices, requires all of us to be part of that coalition.

We must together seize the opportunities before us to maintain our gains and accelerate our progress towards ending the AIDS epidemic by 2030. It is our collective duty. We have the tools we need to do it and we must dare to lead this effort into the new era before us.

Thank you.

2030 | ENDING THE AIDS EPIDEMIC

UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org