



UNAIDS PROGRAMME COORDINATING BOARD

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THIRTY-SEVENTH MEETING

Date: 26 – 28 October 2015

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 37th PROGRAMME COORDINATING BOARD

WELCOME REMARKS AND ACKNOWLEDGMENTS

- This 37th Programme Coordinating Board meeting comes at a critical moment in our history.
- Our world is trouble and ever more polarized:
 - People displaced by war, conflict or persecution.
 - 800 million people go hungry daily.
 - The gap between rich and poor has reached a record high, with glaring differences between men and women.
- This reality contrasts sharply with the aspiration of Sustainable Development Goals:
 - Just from SDG Summit New York – SDGs are **ambitious and achievable – an extraordinary achievement.**
 - Crucial lesson from the AIDS response is that **the world can change** -- but do so we **must seize the moment.**
 - My **recent travels** – Vancouver, Argentina, Chile, Kenya, China/Africa, Ethiopia, Djibouti - have demonstrated that **we can change if we choose to.**
 - Now is the time to **come together around strategic actions** that will help us **achieve the targets** across the range of SDGs over the next 15 years.

SUSTAINABLE DEVELOPMENT GOALS (SDGS) & AIDS

- This is what we are doing here at the 37th PCB for the SDG target on AIDS.
 - Thanks to your efforts, we secured “ending AIDS as a public health threat” as part of the **overall SDG on health.**
- Integration of AIDS response into global health and sustainable development agenda – essential:
 - **SDGs provide opportunities to scale up** what we know works for AIDS— **redistributing opportunity, collaborating across sectors and investing at the intersections of AIDS and other development challenges;**
 - SDGs commit global community to **leave no one behind;**
 - Achievement of our results will translates directly into **better social, educational and economic outcomes** and into **health and dignity** for millions of people;
 - Continuation of the **catalytic role of the global AIDS response as a pathfinder** for **social justice** and **sustainable development;**
 - **Interconnected targets for 2020** demonstrate how AIDS response will **both depend on, and spur progress across,** the SDGs.

UNAIDS STRATEGY 2016-2021

- Our **UNAIDS Strategy 2016-2021** will **guide us** towards the **target of ending the AIDS epidemic as a public health threat by 2030**:
 - Proud to have **first UN Strategy adopted by Member States** following adoption of the global goals;
 - **Highly inclusive process** to develop Strategy, **10 months** of consultation;
 - **Thousands of inputs** received many **calls for a bold and ambitious Strategy**;
 - **A global Strategy** that needs to set direction for many different epidemics across the world;
 - **Tough and open** discussions and debate;
 - Reflects **the importance and urgency of epidemic** and **common understanding** that we are at a **defining moment**.

- Strategy takes us through the next 6 years with the aim of ending the AIDS epidemic by 2030. We cannot afford NOT to take this option:
 - **28 million HIV infections and 21 million AIDS-related deaths will be averted**;
 - Investment will accrue **US\$ 3.8 trillion in economic returns that extend well beyond 2030 - a 17:1 return on investment**.

- **Universal Strategy** designed to guide and support **locally-tailored responses** across the globe, while fostering new forms of **leadership and accountability**, especially at **regional levels**:
 - **Human-rights based approach guides whole Strategy** -- roll back stigma and eliminate discrimination in **all settings**, particularly in **health-care facilities**.
 - Encourage each country to focus on **key populations and locations** and to provide more **differentiated responses**, to **achieve maximum efficiency and impact**.
 - **Reaching 90-90-90 treatment targets** is possible; it **will give dignity to millions**:
 - A powerful **entry point for prevention**;
 - Create **more inclusive societies**;
 - Link millions of people into **community, health and social systems**;
 - **Drive innovation and dialogue** around access to **affordable medicines** and **commodity security** including local production.
 - Focus on **scale-up combination prevention programmes**, to prevent both HIV acquisition and onward transmission from those HIV-infected:
 - Need to empower our **young people** to access the right information to protect themselves against HIV;
 - Need to empower **women** and protect **girls** against **discrimination, violence and gender inequality** which continue to make them more vulnerable to HIV;
 - need to ensure that key populations - in each country have access to the HIV services they need.

- Strategy also calls for **scaling up investments in civil society**. Need to **revive the AIDS movement** and investing in civil society's activism as a **global public good**.
- Must give renewed priority to **investment in vaccine research and development** to help end the epidemic.
- Strategy emphasizes **partnerships** and the **non-financial means of implementation**:
 - New approaches to **engage with the UHC movement**;
 - Promote **HIV-sensitive social protection**;
 - Use investments in AIDS response to **build sustainable systems for health**;
 - Leverage our capacity to **support technology transfer and capacity-building**.

JOINT PROGRAMME, UBRAF AND IMPLEMENTATION

- A **strong Joint Programme** will be **critical to success**.
- **UNAIDS** will continue to provide support to **robust country-owned and -led AIDS responses**, through :
 - **strengthening systems**;
 - enhancing **sustainability**;
 - **managing transitions** encouraging **work across sectors**, and
 - ensuring **access to services** within a **human rights framework**.
- UNAIDS will continue to exercise political leadership and exerts **advocacy for global health and social justice**.
- UNAIDS 2016-2021 **Unified, Budget, Results and Accountability Framework** - the UBRAF is **presented for approval to the PCB at this meeting**:
 - The UBRAF **mirrors the Strategy in all relevant respects** and all regions have been engaged to **ensure the regional priorities in the Strategy are reflected in the UBRAF**;
 - The new UBRAF consists of **two parts**: 1. a **concise business plan**, and 2. a **comprehensive budget, results and accountability matrix**;
 - The UBRAF has a core budget of **\$485 million for 2016-2017**, representing approximately **1% of total funding for AIDS** and highlighting the **catalytic role of the UBRAF**;
 - The UBRAF has a **zero growth budget** reflecting the need and potential to **do more with the current level resources** to fast track the AIDS response.
- **Full funding of the UBRAF** will be necessary for UNAIDS to spearhead the fast track approach and implement the 2016-2021 Strategy.

CONCLUSION

- **Fragile window of opportunity** in which to scale up: **Either we accelerate investment and action in the next 5 years**, or we risk having HIV infections and AIDS-related deaths rebound by 2020:
 - Message supported by **UNAIDS and Lancet Commission Report**;
 - All our efforts to date **will be lost** if we do not act – we **cannot accept to be responsible** for such an outcome.

- Need to ensure the AIDS response is **fully funded and efficiently implemented**:
 - Annual investments towards the global response to HIV **should reach 31.1 billion dollars in 2020 in LMICs**;
 - Given current economic circumstances, **it is an ambitious number** - but you have **called on us to be bold** in keeping with the spirit and history of the response;
 - We would not have **15 million on treatment** were it not for this spirit, and we must **keep the spirit alive**;
 - I therefore count on all **stakeholders, traditional donors, our new donors from African countries** but also new **major global players as the BRICS**, to continue to invest in the AIDS response, including **global resource mobilization, commodity access and prices** and pushing for **equity based responses that leave no one behind**.

Thank You

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