



## UNAIDS PROGRAMME COORDINATING BOARD

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### **THIRTY-EIGHTH MEETING**

**Date:** 28 – 28 June 2016

**Venue:** Executive Board Room, WHO, Geneva

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**Agenda item 1.4**

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

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**Additional documents for this item:** *none*

**Action required at this meeting – the Programme Coordinating Board is invited to:**  
*Take note* of the report of the Chair of the Committee of Cosponsoring Organizations

**Cost implications for decisions:** *none*

**STATEMENT BY MS. ERTHARIN COUSIN  
CHAIR, UNAIDS COMMITTEE OF COSPONSORING ORGANIZATIONS  
38TH PROGRAMME COORDINATING BOARD MEETING  
28-30 JUNE 2016, GENEVA**

**Your Excellences, Ministers and Ambassadors**

**Mr. Alexandre Fasel, Ambassador and Permanent Representative to the United Nations Office and to the other international organizations in Geneva and 2016 Chair of the PCB**

**Mr. Michel Sidibé, Executive Director of UNAIDS**

**PCB members**

**UNAIDS family colleagues**

**Ladies and Gentlemen**

1. On behalf of the Cosponsors, I would like to start by thanking Michel for his tireless work in leading the Joint Programme. Together, under your leadership, we continue to tackle one of the toughest modern-day health and development challenges. We are all fully committed to ending the AIDS epidemic by 2030 – acknowledging that to make progress towards this goal we must ensure that no one is left behind.
2. I would also like to acknowledge Switzerland's dedication and concerted effort in its role as Chair of the PCB. This year Switzerland also co-facilitated with Zambia the development of a robust, new Political Declaration, adopted at the UN General Assembly High-Level Meeting (HLM) on Ending AIDS in June. I have no doubt that with your guidance the 38<sup>th</sup> PCB will reach desirable outcomes.
3. As Cosponsors, we remain committed to ending AIDS by 2030. We have a unique partnership that brings a multi-sectoral approach and strong comparative advantages to addressing the AIDS epidemic. In the context of the SDGs, our role in ensuring the integration of HIV into other SDG areas is more critical than ever. The Joint Programme is very proud of the value it brings to the table, as recognized by the resolution adopted by the United Nations Economic and Social Council (ECOSOC) in 2015. The resolution commends the Joint Programme for being an example "of enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact, based on national contexts and priorities."<sup>1</sup>

Dear friends,

4. The AIDS response has been one of the most significant social movements in recent times. It has provided a benchmark for global leadership on what can be accomplished through a unique model of partnership; and it has been fueled by the strong commitment of governments, donors and the scientific community, as well as the dedicated engagement of various stakeholders, including the private sector, employers' organizations, trade unions

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<sup>1</sup> Resolution adopted by ECOSOC on 8 April 2015 on the Joint UN Programme on HIV/AIDS (E/RES/2015/2)

and coalitions of people living with HIV (PLHIV). While many people have been fighting to end the AIDS epidemic, the real heroes are the people living with and affected by HIV. These individuals and communities have demonstrated and continue to exude immense courage, perseverance and leadership.

5. It is now possible to envision a world with ‘zero new infections’, ‘zero AIDS related deaths’, and ‘zero discrimination’ given the progress made on improved treatment. In fact, the world has surpassed the AIDS target of Millennium Development Goal (MDG) 6, halting and reversing the spread of HIV. The HIV response has averted 30 million new HIV infections (including 1.3 million new pediatric HIV infections)<sup>2</sup> and nearly 8 million (7.8 million) AIDS-related deaths since 2000, when the MDGs were adopted. While we have exceeded treatment targets, “approximately 54% of [PLHIV] are [still] in need of treatment, many of whom do not know their HIV status.”<sup>3</sup> It is further cause for concern that the number of new infections remains static around 2.1 million per year, providing evidence that prevention and testing are issues that must still be addressed and fast-tracked.
6. In September 2015, the MDGs were succeeded by the adoption of the 2030 Development Agenda and the Sustainable Development Goals (SDGs). The 17 SDGs, adopted by 193 member states, are paving the way for a new way of addressing global issues. The 2030 Agenda reflects the increasing complexity and interconnectedness of HIV, health and development, including widening economic and social inequalities, rapid urbanization, threats to climate and the environment, the continuing burden of infectious disease and the emergence of new health challenges, such as the growing global burden of non-communicable diseases. These challenges are enormous and they demand expanded partnerships across multiple sectors, governments, development partners, and others to be tackled. The 2030 Agenda provides an important opportunity to address HIV, human rights, humanitarian and other development challenges in a more integrated and comprehensive manner than ever before.
7. The SDGs are global, applicable to all countries, and owned by member states. They are “zero goals”, requiring a strong emphasis on reaching the most vulnerable and hardest to reach. This is where communities can take and have taken a leadership role. Communities,<sup>4</sup> when given space and resources, are well positioned to care for those who have been “left behind” due to their familiarity with local cultural beliefs, attitudes and any stigma associated with HIV. We look forward to our discussions this Thursday, June 30<sup>th</sup> during the Thematic Segment of the PCB on *the role of communities in ending AIDS by 2030*.
8. While immense progress has been made over the last 15 years, our fight is not over. We fell short of the Global Plan’s goal to eliminate vertical transmission by the end of 2015. In fact, adolescent deaths have tripled since 2000 and the majority of these deaths are occurring among adolescents who were infected vertically as infants. Access to prevention is still below an effective level to avoid new infections, especially among young people, adolescents and key populations: people who inject drugs, transgender people, prisoners, gay men and other men who have sex with men and sex workers. WHO estimates that 40-50 percent of new HIV infections are among people from these key populations and their

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<sup>2</sup> Between 2000 and 2014

<sup>3</sup> Global Aids Updates, UNAIDS, 2016

<sup>4</sup> Defined by the American Journal of Public Health as “a group of people with diverse characteristics who are linked by social ties, share common perspectives, and engage in joint action in geographical locations or settings.”

sexual partners,<sup>5</sup> and 70% in regions outside of Africa. Punitive laws, policies and practices and denial of access to justice continue to hinder key populations from accessing evidence-based preventative services.

9. Despite enormous progress in scaling up treatment, issues of access, utilization of services and adherence are evident throughout the continuum of care from prevention (including comprehensive sexuality education) to testing to treatment initiation and through to retention in care, particularly among key populations. Women and girls continue to be hit hard by the epidemic due to unequal gender norms, lack of power in relationships, gender-based discrimination and violence; 56% of the new infections among young people between 15 to 24 years of age in 2014 were among young women and adolescent girls.
10. Additionally, our world is facing an unprecedented number of humanitarian crises, during which there are often severe disruptions to HIV services and the risk of HIV transmission is potentially amplified. This, again, is particularly true for women and girls. Some of the states hit by recent humanitarian crises are also those experiencing serious proportions of the epidemic. PLHIV and their households, who are more likely to be vulnerable and often less able to cope with the shock, have reduced access to food and nutrition and care and treatment services. Approximately 5.3% of all PLHIV are affected by these humanitarian emergencies. Key populations, who are already marginalized and stigmatized in stable environments, face exacerbated barriers in emergency settings. Further, laws and policies (e.g., mandatory testing for refugees and asylum seekers) often mirror and fuel the social intolerance and discrimination that populations affected by humanitarian emergencies endure, making it difficult for them to access essential social services like HIV prevention, treatment and care.
11. With all these challenges ahead, the Joint Programme is also facing a declining international funding environment that impacts all of us: governments, civil society, and intergovernmental organizations. These cuts, both to the core UBRAF and Cosponsors' own core resources, are linked to trends including shifting donor priorities, humanitarian emergencies, increasing immigration to Europe, and exchange rates fluctuations. In 2016, 69% or US\$ 168 million (US\$ 75 million less than the resource mobilization target of US\$ 242.4 million for 2016) of the core budget of the Unified Budget and Accountability Framework (UBRAF) is forecasted to be mobilized. Only 50% of the Cosponsors core budget for 2016 has been transferred.
12. For the Joint Programme, the reduction in core funding means reducing our objectives and revising the targets we agreed on at our last PCB. It has a number of direct challenging consequences, such as forcing the Joint Programme to concentrate more exclusively than ever before on high burden locations and populations at the expense of lower prevalence and emerging epidemics; it reduces the Joint Programme's country presence worldwide and capacity to support national HIV responses, while at the same time requiring additional coordination between the Cosponsors and the Secretariat.

## WHAT HAS THE CCO DONE SO FAR?

13. Despite funding challenges, we've made monumental achievements over the past year with the adoption of the SDGs and the 2016-2021 UNAIDS Fast Track Strategy. The CCO endorsed the Executive Director's approach of a Fast Track Strategy deliberately organized within the SDG framework around five SDGs most relevant to the AIDS response. The Strategy is a bold call to action to get on the Fast-Track to ending the AIDS epidemic. It

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<sup>5</sup> Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations, page 8

strives to achieve zero new HIV infections, zero discrimination and zero AIDS-related deaths, emphasizing reaching the most vulnerable and those that have been “left behind”.

14. The corresponding 2016-2021 Unified Budget, Results and Accountability Framework (UBRAF) is more detailed and prioritized. It has a clearer and simpler structure, a stronger link between resources and results, a broad range of monitoring and evaluation tools, and a theory of change linking UBRAF outputs to higher level results and the SDGs. There are fewer outputs (20 compared to 64 previously) and improved reflection on regional differences and priorities. Finally, the revised UBRAF provides more clarity on the roles and functions of the Cosponsors and Secretariat, explicit criteria for the allocation of resources, and a definition of core versus non-core funding.
15. The Cosponsors and the Secretariat have also made huge strides in addressing the priorities under the new Strategy by collectively and independently creating new spaces for discussion and collaboration on HIV/AIDS. Allow me to list a few events and adoptions as examples:
  - i. **Commission on the Status of Women (CSW):** In March, at the 60th session of the CSW, a CSW Resolution on Women, the Girl Child and HIV and AIDS was adopted by consensus. The Resolution acknowledges women’s and girls’ vulnerabilities in the context of HIV, highlights key areas of action for the member states and had important implications for the HLM on HIV/AIDS and the Political Declaration to integrate firm commitments to gender equality and the empowerment of women and girls.
  - ii. **UNGASS on the World Drug Problem:** In April, UNODC and the Joint Programme welcomed the outcome document from the UNGASS on the World Drug Problem. Member states reiterated the commitment to end the AIDS and tuberculosis epidemics by 2030; combat viral hepatitis, other communicable diseases among people who use drugs, including people who inject drugs; stress the need to ensure non-discriminatory access to health, care and social services; and call for gender responsive services, for the implementation of alternative measures to conviction or punishment, for the promotion of proportionate sentencing practices, and for effective measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication assisted therapy programmes and injecting equipment programmes.
  - iii. **World Health Assembly (WHA):** In May, the WHA endorsed a new Global Health Sector Strategy (GHSS) for HIV to cover the period 2016-2021. Closely aligned with the SDGs and the UNAIDS strategy, and based on the principle of Universal Health Coverage, the GHSS sets out a bold vision for the health sector’s contribution to achieving the 2020 global targets and eventually helping to end AIDS by 2030. The strategy requires specific actions from WHO, countries and partners on a range of critical health sector interventions for HIV prevention, testing, treatment, and care.
  - iv. **World Humanitarian Summit (WHS):** Recognizing the fact that addressing our most serious health and development issues in humanitarian settings is key to realizing the SDGs, the first-ever WHS was held in May to discuss our world’s most pressing humanitarian challenges. The summit generated global momentum and political will to move forward on the Agenda for Humanity and its five Core Responsibilities: (1) global leadership to prevent and end conflicts; (2) uphold the norms that safeguard humanity; (3) leave no one behind; (4) change people’s lives – from delivering aid to ending need; and (5) invest in humanity.

- v. **United Nations General Assembly High-Level Meeting on Ending AIDS (UN GA HLM):** A few weeks ago, the Joint Programme was engaged in the UN GA HLM on Ending AIDS – where a new Political Declaration on HIV/AIDS was adopted. Please join me in congratulating the Joint Programme on a successful event. Without all of our tremendous efforts and strong engagement, we would not have achieved this new political declaration that boldly reinvigorates our joint commitment to ending AIDS as a public health threat, leaving no one behind and building a more sustainable world by 2030.
  - vi. **UNDP HIV, Health and Development Strategy 2016-2021:** UNDP has released the HIV, Health and development Strategy 2016-2021: Connecting the Dots, which is closely aligned to the new UNAIDS, Global Fund and WHO Strategies. Building on UNDP's policy, operational and capacity development expertise, the strategy is organized around three inter-related action areas: (1) reducing inequalities and social exclusion that drive HIV and poor health; (2) promoting effective and inclusive governance for health; and (3) building resilient and sustainable systems for health.
  - vii. **UNICEF's new HIV Strategy:** As UNICEF prepares its next overall Strategic Plan (2018-2021), it is also developing a new HIV strategy that builds on achievements and maximizes UNICEF's contribution to end HIV as a public health threat by 2030. The strategy will be aligned with the UNAIDS Fast Track Strategy, the Global Strategy for Women's, Children's and Adolescents' Health and the SDGs. It will be grounded in the current international landscape, and informed by an extensive process of evidence review and consultation and will be finalized in the final quarter of 2016.
  - viii. **UNFPA's new HIV Strategic Framework:** UNFPA is also in the process of developing a new HIV Strategic Framework, which supports the current UNFPA Strategic Plan and the upcoming Strategic Plan 2018 - 2021. The UNFPA HIV Strategic Framework 2016 - 2021 will be aligned with the UNAIDS Fast Track Strategy and SDGs with emphasis on SRHR<sup>6</sup> integration, women and girls, adolescents and youth, key populations and empowering communities. The draft Strategic Framework is expected to be finalized in the third quarter of 2016.
  - ix. **UNESCO's Strategy on Education for Better Health and Well Being 2016-2021:** The new Strategy reflects UNESCO's longstanding and continued commitment to addressing HIV and AIDS by supporting education sector action to prevent HIV and HIV-related stigma and discrimination, and to promote treatment literacy and access to testing and treatment. The new Strategy is aligned with the SDGs and the UNAIDS 2016-2021 Fast Track Strategy.
16. As the new UNAIDS Strategy forecasted, the role of the Joint Programme is ever evolving. We have witnessed successes and revealed many of its strengths, but I am confident we have yet to see all that it can achieve, particularly in the context of the interconnected SDGs. With the changing and challenging funding environment, a new working group has been established to explore new avenues for resource mobilization and agree on scenarios to ensure that the Joint Programme remains well-positioned to deliver on the UBRAF despite the changed resource environment.

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<sup>6</sup> Sexual and Reproductive Health and Rights (SRHR)

## HOW WILL THE WFP CONTRIBUTE TO THE UNAIDS VISION?

Over the next 5 years, the WFP will focus its resources on the following key areas.

17. First, WFP, independently and in collaboration with Cosponsors, will explore linkages between health, food systems, human rights and inequality with a specific focus on where our programmes, as part of an integrated system, can reach the most vulnerable and support better HIV outcomes. For example, our school feeding programs can serve as a platform to reach vulnerable girls and keep them in school longer. Studies have shown the linkages between education and HIV prevention. One South African study shows that girls who have at least six years of schooling are half as likely to acquire HIV as girls with no education at all. Recognizing that education, HIV and school feeding require expertise in various areas, we will continue to work with UNESCO, UNFPA, UN Women and others to make these linkages. Further, we will continue to actively engage in the Scaling up Nutrition Movement through the UN Network, which includes some of the Joint Programme's Cosponsors (UNICEF and WHO) and FAO and IFAD to strengthen political commitments and accountability for eliminating all forms of malnutrition. Our nutrition programs for pregnant women are already serving as entry points to prevent mother-to-child transmissions.
18. Second, WFP will continue to shift its work in HIV from providing direct food and nutrition support to PLHIV and affected individuals and households towards capacity building and technical support to national governments. We are already bolstering our support to countries for developing inclusive social protection programs. These programs (e.g., cash transfer programs) have been proven to contribute to prevention by reducing food insecurity, and other poverty related drivers of risky sexual behavior and promote adherence in livelihood programs specifically for PLHIV.
19. Third, working with UNHCR, WFP will ensure that its humanitarian responses address the needs of all PLHIV. HIV is not often among the priorities of the humanitarian response, meaning that those affected by HIV are often left behind. In order to reach the end of AIDS, we have to and will continue to make linkages in humanitarian contexts and address the needs of those left behind, including women, girls and all vulnerable populations.
20. Fourth, WFP will contribute to addressing stigma towards and discrimination of key populations, with a particular focus on sexual and gender minorities, so that they have greater access to prevention, care and treatment services.
21. Fifth, WFP will continue to develop strategic partnerships to engage in research, evidence building and exploration of operational delivery models.

## NEXT STEPS

22. At this crucial time, it is paramount that we truly work as a Joint Programme at the global, regional and country levels. We must use the momentum of the new UNAIDS Strategy to accelerate the AIDS response, particularly in fast track countries during this five-year window of opportunity.
23. We must push forward and action the commitments made in the new Political Declaration and those made at the various 2015-2016 high level events.



24. We must strap up our boots and harness our collective innovation to overcome the challenged resource environment. Each agency within the Joint Programme has unique capabilities that, together, make us resilient in the face of our most challenging obstacles.
25. We have the responsibility to nearly 37 million people across the world who are living with HIV and to their caregivers, lovers, children, friends and communities. We have the responsibility to over 2 million people globally who are newly infected each and every year. We have the responsibility to nearly 20 million people who are living with HIV and not yet receiving antiretroviral treatment. We have the responsibility to over 1 million people who are dying every year from AIDS-related illnesses. Sadly, we are failing far too many of these people.
26. Today and over the next five years, we as the Joint Programme have the opportunity and the unique capabilities to work hand-in-hand, across various sectors, nations and stakeholder groups, towards not only ending AIDS as an epidemic, but also towards achieving all goals on the new United Nations Sustainable Development Agenda by 2030.
27. In the words of a civil society member at the UN General Assembly High-Level Meeting on HIV/AIDS, “we need to move from words to action; we need to be human and we need to wake up.” So stand with me and envision this: in 15 years’ time, when we look back, there should be no one left behind.

Thank You