



UNAIDS PROGRAMME COORDINATING BOARD

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THIRTY-EIGHTH MEETING

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Venue: Executive Board Room, WHO, Geneva

Agenda item 1.3

Report of the Executive Director

EXECUTIVE DIRECTOR'S REPORT TO THE 38th PROGRAMME COORDINATING BOARD

INTRODUCTION

- Welcome & thanks
 - Thanks for **engagement and support of the Programme Coordinating Board** in the High Level Meeting (HLM) and the recently adopted 2016 Political Declaration on HIV and AIDS.
 - Recognize **contribution of Mr. Colin Mclff**, Health Attaché, Permanent Mission of the United States of America, Geneva, Switzerland.
- We have had **positive global developments** over the past six months
 - **2016 UNGASS on the World Drug Problem** – progress for public health approaches, though more can be done.
 - **69th World Health Assembly (WHA)** – endorsement of HIV strategy in line with UNAIDS 2016-2021 Strategy.
 - **HLM** – Successful review of achievements and the adoption of the 2016 Political Declaration to **move us towards ending AIDS by 2030**.
- Yet we also **face serious challenges**
 - **Trend towards disengagement from global goals** and shared visions in a number of countries.
 - **Frustration** that **investments are not producing results that benefit all**.

INCREDIBLE PROGRESS

- We have **the technology, the medicines and the tools to end the AIDS epidemic by 2030**.
 - **Averting more than 17 million new HIV infections and saving almost 11 million lives**.
- **17 million people are on treatment**.
 - **90-90-90** has become a **rallying cry at country level**.
 - **Treatment access has more than doubled** in the Asia-Pacific and Eastern and Southern African regions.
 - **Pediatric Treatment meeting** to make ending the paediatric AIDS epidemic a global political priority, Abidjan, Côte d'Ivoire
 - **Test and Treat** is becoming the new standard.
- **Prevention programming is being reinvigorated**.
 - **population and location**
 - **Fast-track Cities initiative**
 - **Quarter for Prevention**
 - **WHA Ministerial Side Meeting on Revitalizing HIV Combination Prevention in Eastern and Southern Africa hosted by Zimbabwe**
- Our **once distant dream of eliminating mother to child transmission and achieving an AIDS-free generation** is becoming a **reality**.
 - **4 countries** (Cuba, Thailand, Armenia and Belarus) now **certified** as achieving **Elimination**.
 - Close to **80 countries** with **less than 50 infections**.

- **“Start Free – Stay Free – AIDS Free” will accelerate our progress.**
- **First Ladies in Africa** and the **LAC** regions are committed to achieving an AIDS-free Generation.
- **Innovative approaches** are making **progress** in **addressing stigma & discrimination.**
 - **Panama First Lady** –zero discrimination campaign for Latin America & the Caribbean.
 - More countries are **acting to remove travel restrictions** and **discriminatory laws.**
 - Commend **Russia** for announcement at **HLM.**

PROGRESSIVE, NEW AND ACTIONABLE POLITICAL DECLARATION

- New political declaration will help us **close a door and open a new one**
 - A **bold, ambitious, forward-looking and balanced document;**
 - **Affirms the need to Fast-Track; and**
 - Will guide the world in addressing the critical linkages between **health, development, injustice, inequality, poverty and conflict.**
- It **reflects the reality of the epidemic in 2016**
 - Addressing a **range of issues beyond health** including **promoting and protecting human rights and eliminating gender inequalities.**
- It emphasizes that people living with HIV are critical to implementing the 2016 Political Declaration on HIV and AIDS.
 - Calls to **invest in civil society** and community service delivery.
- The Declaration **builds on and strengthens elements of the UNAIDS 2016-21 Strategy:**
 - It commits to a **Fast Tracked response** to **provide antiretroviral therapy for 1.6 million children** by 2018.
 - It sets specific targets for reducing the number of **new infections in adolescent girls and young women** globally.
 - It addresses **gender in a wider societal sense** – not limited to **gender norms and ending gender based violence.**
 - It **explicitly commits** to addressing the **needs and human rights of persons with disabilities as well as sexual and reproductive health-care services.**
 - It takes **AIDS further out of isolation** by committing to **specific targets on congenital syphilis, tuberculosis and hepatitis.**

THE 2016 POLITICAL DECLARATION ON HIV AND AIDS AND UNAIDS STRATEGY ARE COMPLEMENTARY DOCUMENTS

- **Population/location**
 - We will **not end AIDS** without the **right focus and a differentiated regional approach.**

- We now have the **largest youth cohort ever**.
 - We must ensure they have the **right information** and the **right services** at the **right time through CSE**.
- We **cannot let up on HIV prevention**
 - **Most HIV infections** are still **sexually transmitted**.
- **A Rights-based approach**, including **guaranteeing sexual rights**, is **essential to Fast-Track**.

Implementation of the 2016-2021 UNAIDS Strategy and the challenge of the extraordinary financial situation of the UN Joint Programme on HIV/AIDS

- **The Fast-Track approach to ending AIDS agreed by the UN General Assembly in June 2016 requires a strong UNAIDS working together** in the areas where it has a clear comparative advantage and has consistently delivered results:
 - **Transformative policy,**
 - **Generating data for impact,**
 - **Promoting and protecting the rights of people affected by AIDS;**
 - **Engaging and empowering civil society; and**
 - **Making the money work.**
- **The 37th UN Programme Coordinating Board (October 2015) approved a core UBRAF (USD 242.5 million) that needs to be fully funded.**
- **The short 5 year window to fast track the AIDS response and stay on track to end AIDS by 2030 is at risk and may be disappearing** with recently announced reductions of funding of the core UBRAF.
- We have the evidence, **but the Joint Programme cannot play its role of driving the response in terms of strategic priorities**, evidence based policy coherence on critical issues such as improving HIV knowledge amongst adolescents, effective responses for key population, and ensuring the strategic information to programme according to the epidemiological situation of each context.
- Presence of UNAIDS and Joint United Nations Teams on AIDS will be reduced to a limited number of countries. **Additionally, sensitive - but evidence based interventions** - in countries addressing HIV related to sex work, men who have sex with men, injecting drug users and transgender people can **no longer be implemented and supported by cosponsors**.
- For the first time we can say that we have the political commitment to end AIDS, we have the tools to do it, and we have a bold strategy to do it – **but we cannot collectively find 1% of the total annual investment in the AIDS response to fund the Joint Programme that drives the political agenda on HIV and keeps it high on the list of priorities.**
- I am thankful to those of you that have made strives to continue funding of the core UBRAF but we are still projecting less than 70 percent funding and a USD 75 million gap – **this is a dramatic situation and one that we need to resolve now if we are committed to fast tracking the response.**

- We will never deliver on the **2016 Political Declaration on HIV and AIDS and the 2016-2021 UNAIDS Strategy** if people cannot or will not access services.
 - It is essential to ensure that **everyone everywhere has access to the services they need.**

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 the 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 Lower middle income countries (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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