

# EXECUTIVE DIRECTOR REMARKS

## **Executive Director remarks to the 43<sup>rd</sup> UNAIDS PCB, 11 December 2018 – as delivered**

Thank you, Chair.

Your Excellencies, members of the Programme Coordinating Board (PCB), ladies and gentlemen: welcome to the 43<sup>rd</sup> meeting of the UNAIDS PCB.

We meet just a few days after the 30<sup>th</sup> anniversary of World AIDS Day. A moment to reflect and remember all the people we have lost to AIDS. This is also a moment to celebrate how far we have come and the millions of people living healthy lives thanks to HIV treatment.

Our “Live Positively- Know Your Status” campaign resonated around the world.

I spent World AIDS Day in South Africa where we celebrated the amazing journey from denial to acceptance to ownership.

Before South Africa, I commemorated World AIDS Day at the White House with U.S. Vice President Pence, Ambassador Birx, faith-based actors, community members and other leaders.

At the recent G20 Summit in Buenos Aires, G20 leaders committed to ending AIDS, TB and Malaria and a successful sixth replenishment of the Global Fund.

At the Forum on China-Africa Cooperation (FOCAC) meeting in September in Beijing, leaders committed to ending the AIDS epidemic and halting and reversing HIV, TB and malaria as part of the China–Africa health cooperation.

Also on World AIDS Day, the Russian Government approved a new, 3-year grant to UNAIDS for US \$17.8 million.

I just returned from Kigali. Rwanda’s leadership is a model for advancing the global agenda on ending the AIDS epidemic

40 years into the epidemic, this ongoing commitment and engagement around the world is impressive.

### **Paying tribute to a champion of the AIDS response**

Since we last met, we all lost a true friend and champion of the global AIDS movement. Kofi Annan was a wise and compassionate man.

I have been reflecting a lot on his words:

*To live is to choose.*

*But to choose well, you must know who you are*

*and what you stand for,*

*where you want to go and why you want to get there.*

In the AIDS response, we have chosen well.

## **We know our vision but there are challenges to get there**

We know who we are and what we stand for. We have chosen to uphold the right to health and dignity for all. We have chosen to put people first and for the response to be led by people living with HIV and communities.

We know where we want to go and why. The world has embraced our ambitious vision of zero new HIV infections; zero AIDS-related deaths and zero discrimination.

Because this is the right thing to do. We are united to end the AIDS epidemic as a public health threat by 2030. Because it is unacceptable that, 40 years into this epidemic, new infections are still rising in 49 countries.

And more than 15 million people living with HIV still cannot access treatment. Because it is unacceptable that human rights violations, prejudice, fear, stigma and discrimination persist, even in healthcare settings.

And discourage people from accessing prevention, learning their HIV status, enrolling in care and adhering to treatment.

We know that ending AIDS comes down to political choices and whether countries choose to prioritize the health, well-being and dignity of their populations.

## **Progress**

We are making progress for individuals, families and communities. Globally, there are more people on treatment than not.

We know that where prevention is implemented well and at scale, it works. The Global Prevention Coalition is putting HIV primary prevention back on the agenda. AIDS-related deaths in 2017 dropped below 1 million.

We welcome the Political Declaration on TB and the 2022 targets which can prevent people living with HIV from dying of TB.

Yesterday, we launched the Global Partnership for Action to Eliminate all Forms of HIV related Stigma and Discrimination.

## **But AIDS is not over and we cannot be complacent**

AIDS is not over and we cannot be complacent. As we find ourselves at the halfway point to our 2020 Fast-Track targets, the pace of progress does not match the global ambition.

The “Miles to Go” report, launched in Amsterdam, is a wake-up call. It shows us clearly that ending the AIDS epidemic by 2030 is not a foregone conclusion.

We must return people who have been left behind to the forefront of the HIV agenda. Huge disparities remain between different locations and populations. We are not paying enough attention to geographic “hotspots” and populations at greater risk of HIV infection. I saw this in Ethiopia recently.

## Six areas for collective action

To stay on the path to end the AIDS epidemic by 2030, we must drive collective action in six areas.

First, we must strengthen our approach on prevention, including scaling up PrEP. New HIV infections among adolescents and young women remain unacceptably high. Oppression, violence and gender power imbalances must be reversed, and harmful masculinities must be consigned to the history books. Girls and young women deserve to live in a world with dignity, respect and freedom from violence and HIV.

Key populations make up 47% of all new HIV infections, and they are not being reached. We need to put these communities in the lead to change the trajectory.

With Coalition Plus in Ecuador I helped launch a new regional civil society network for the Americas and the Caribbean. It further democratizes the HIV response and will be a catalyst for progressive action.

I salute Chile's new Gender Identity Law allowing transgender people to change their names and legally be addressed according to their true gender. Criminalization of drug use is still a challenge and we are still struggling to implement harm reduction in many countries.

I was in Senegal for the launch of the model drug law for West Africa.

We have endorsed a common UN position in preparation for the Commission on Narcotic Drugs ministerial-level meeting in Vienna in March 2019.

There are pockets of fragility in the richest societies. I was extremely moved to see the work of Abridado in Luxembourg, which is providing people who inject drugs with an island of hope.

We need a people-centred, health and rights approach which restores dignity to people who use drugs and into services that focus on their health and rights. Oral PrEP is among the most promising additions to combination prevention. It should be seen as a wellness intervention that people can control—and not just for key populations.

Second, we must accelerate towards 90-90-90 and think ahead. Our commitment to 90-90-90 is driving strong results: 75% of all people living with HIV globally know their status; 79% of whom were accessing treatment; and 81% of people accessing treatment had suppressed viral loads.

PEPFAR has announced that 13 high-HIV-burden countries are poised to achieve epidemic control within the next two years. As we celebrate the 15th anniversary of PEPFAR, we are grateful for the continued generosity and compassion of the American people. We also appreciate America's continued bipartisan support for the programme, demonstrated by the recent reauthorization of PEPFAR.

Still, the global data hides lack of progress in many countries. We need greater clarity about where we're failing, and what we are doing to get back on track.

It is not just about getting to the 'third 90,' but also about durable viral suppression, which is more difficult. This also means looking more closely at mortality rates. People are still dying too fast to meet the target of less than 500 000 AIDS-related deaths by 2020.

In the 2016 Political Declaration we committed to investing 25% for prevention, 30% for community-led services, 6% for social enabling activities. Where are we on these investments? We need to reflect on gaps and I am calling for transparency on where we are.

Many of the programmatic targets that currently guide the global AIDS response, including those in the 2016 UN Political Declaration, expire in the year 2020. We owe it to the global response to look ahead to the response beyond 2020—and provide motivation and direction for an effective and efficient AIDS response.

Third, we cannot leave children and their mothers behind. Globally, 1.4 million new infections have been averted among children since 2010. The percentage of pregnant women living with HIV accessing PMTCT has risen from 51% in 2010 to 80% in 2017. And yet, in 2017, 180,000 children became infected with HIV.

Only half of children under 15 living with HIV were being treated last year—a massive injustice. The continental campaign “Free to Shine” led by the Organization of African First Ladies against HIV/AIDS (OAFLA) and the African Union is needed.

Fourth, let’s make the testing revolution we need real. This year’s World AIDS Day report, “Knowledge is Power,” was all about testing. We must do more to reach the 9.4 million people living with HIV who don’t know they have the virus and who can’t get treatment, can’t suppress the virus, and can’t protect their families and partners—simply because they don’t know they have HIV.

We must also do more to reach to 19.4 million people who do not have suppressed viral loads. We need to do a better job of reaching men with testing or we will never make a real impact on the epidemic.

Fifth, we cannot leave people caught in crisis behind. More than 2 billion people live in countries affected by fragility, conflict and violence. Their daily lives are marked by uncertainty and upheaval. Too often their right to health is denied.

We urgently need greater political visibility and international cooperation to eliminate sexual and gender-based violence and to protect everyone in humanitarian settings.

At the side event we organized with the AU at the September General Assembly, Riya William Yuyada, a young activist from South Sudan urged us not to remain “loudly quiet.”

We must heed her call. And I join UN leaders in condemning the recent attacks on women and girls as they walked to a food distribution site in Unity state.

In the Central African Republic, I signed a Memorandum of Understanding (MOU) with key Government partners which places HIV prevention at the centre of ending gender-based violence. The MOU is a first—translating Security Council resolution 1983 into concrete actions.

The number of migrants, representing 3.4% of the world's population, is increasing faster than the global population, driven by economic prosperity, inequality, violence, conflict and climate change.

The Global Compact for Safe, Orderly and Regular Migration adopted yesterday can be a common approach to international migration in all its dimensions.

Sixth and finally, we need a fully funded Global Fund with sustainable transition plans in every country. We are facing a 20% shortfall in needed resources. Small donor cuts can have big consequences. A 20% cut by international donors will be catastrophic for the 44 countries that rely on international assistance for at least 75% of their national AIDS responses.

Tomorrow's agenda item on sustainability is timely and needed.

Next year's 6<sup>th</sup> Global Fund replenishment is critical. I know the Joint Programme will do all it can to support a successful replenishment which matches our collective ambition. I look forward to hearing more from Peter Sands tomorrow.

### **West Africa lagging behind**

I am very concerned that the West and Central Africa (WCA) region is not catching up fast enough. AIDS-related deaths have only declined by 24% since 2010.

There has been progress since the finalization of the catch-up plan. The number of people diagnosed with HIV between 2015 and 2017 increased by 27% and the people on treatment increased by 34%.

At UNAIDS we are working to leverage and optimize these gains. We are prolonging and transforming the catch-up plan into an overall acceleration plan.

We continue to de-medicalize the response with support from civil society. We continue to advocate for the elimination of user fees, which hinder access to life-saving services.

When these fees are removed, health coverage goes up—for example in Burundi and Nigeria.

My thanks to Luxembourg for renewing its commitment to West and Central African with an additional contribution of EUR 1 million. The new regional coalition of civil society is another step forward.

### **A year of learning for UNAIDS**

As you know, this has been a year of learning for UNAIDS. I am committed to ensuring that the UNAIDS Secretariat provides a healthy, safe, inclusive, equitable and enabling workplace for all staff.

But I know that not every one of our staff has experienced the inclusive work culture to which we aspire. We have been working with all staff, our partners, experts and leaders in the field.

I called for the Independent Expert Panel in February 2018 and this Board has ensured full independence of the Panel from the management of the UNAIDS Secretariat.

I look forward to the discussion this afternoon of the recommendations from the panel and the management response. The management response proposes an agenda for change to transform the UNAIDS Secretariat into a model working environment for all staff, a place that ensures safety and inclusivity and that upholds the highest standards of accountability and integrity.

The next PCB in June 2019 will be my last. I therefore call upon you to take note and put in motion the necessary processes to ensure a smooth transition for this great organization. I look forward to your further action for which I thank you and offer my absolute support.

As we reflect on where we have come from, where we are going and why, borrowing from President Mandela, Madiba, I ask this board, our partners and everyone at UNAIDS to continue to:

*Support courage where there is fear,*

*Foster agreement where there is conflict*

*And inspire hope where there is despair.*

We have promises to keep for the people we serve.

Thank you—*merci*.