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Opening of the Special Session of the
UNAIDS Programme Coordinating Board

UNAIDS EXECUTIVE DIRECTOR REMARKS



THIS YEAR MARKS 40 YEARS SINCE
THE FIRST CASES OF AIDS WERE
REPORTED, AND 25 YEARS SINCE
THE ESTABLISHMENT OF UNAIDS

INTRODUCTION

Good morning, good afternoon.

Welcome, my brother and colleague Tedros Adhanom Ghebreyesus, Chair of the Committee of Cosponsoring Organizations, who has come as a special guest of the Chair of the Programme Coordinating Board (PCB).

Your excellency Chair, honourable ministers, delegates, observers and friends.

It is an honour to address this special session of the UNAIDS PCB.

Let me start with thanks to the leadership and membership of the PCB.

In particular, let me thank Kalumbi Shangula, Minister of Health of Namibia, who travelled especially to Geneva to Chair this important session. Namibia's leadership of the PCB, and as cofacilitator for the United Nations General Assembly's high-level meeting on AIDS in June, is pivotal to the international community reaching the milestones we have before us in this historic year.

I also want to thank the entire PCB Bureau, our Vice-Chair, Thailand, and the United States of America as Rapporteur, the nongovernmental organization delegation and Cosponsors, and all the PCB members and observers. Over the past 15 months, all of you have provided invaluable inputs and support. Your engagement has been essential to ensure that the strategy remains ambitious, visionary and evidence-based.

This special session comes at a pivotal juncture in our historic effort to end AIDS. This year marks 40 years since the first cases of AIDS were reported, and 25 years since the establishment of UNAIDS. This year marks 20 years since the international community set the ambitious target to halt and reverse the spread of HIV by 2015. When this was achieved, we set an even more ambitious goal in 2016—to end the AIDS epidemic as a public health threat by 2030. Continued global solidarity and community resilience have saved millions of lives.

But we are united here today by our concern that time is running out, and much remains to do:

- The AIDS pandemic remains a global crisis.
- Nearly 33 million people have lost their lives to AIDS-related illnesses since the start of the pandemic.
- Most countries did not reach the 2020 targets and we are not on track to end AIDS by 2030.
- In 2019, 1.7 million people were newly infected with HIV and almost 700 000 people died of AIDS-related illnesses. And this when each new HIV infection is preventable and every AIDS-related death is avoidable.
- Globally, there are 38 million people living with HIV and tens of millions more who are at risk of and affected by HIV. The majority are in the African continent. The inequalities that facilitated the spread of the AIDS pandemic are getting worse.



- As the honourable Chair has noted, today is World Tuberculosis (TB) Day and the clock is ticking. We are running out of time to end the inequalities faced by adults and children living with HIV who are affected by TB.
- The strategy prioritizes the integrated, people-centred, community-based services needed to deliver the new TB tools we have to all adults and children living with HIV.
- COVID-19 continues to have a devastating impact, especially on those who are most marginalized, and represents a massive threat to the 2030 Agenda for Sustainable Development and the Sustainable Development Goals.
- Today, we have an opportunity to strengthen the HIV response, overcome COVID-19, leverage what we know from HIV for future pandemic preparedness and close the gaps to end AIDS by 2030.

OVERVIEW OF THE GLOBAL AIDS STRATEGY

From 40 years of experience in the HIV response, we have the evidence of what works. More and more countries have reached control of their AIDS epidemics. We know how to end AIDS by 2030, and this is the global AIDS strategy to get us there.

End Inequalities. End AIDS. The Global AIDS Strategy 2021–2026 uses an inequalities lens to close the gaps that are preventing progress towards ending AIDS. The strategy aims to prioritize people who are still not benefitting from life-saving HIV services. The strategy sets out bold targets and priority actions to get every country and every community on track to end AIDS as a public health threat by 2030.

The strategy draws on key lessons learned from the intersecting AIDS and COVID-19 pandemics. The strategy leverages the best evidence and experience in the HIV response to support governments, partners and communities and

strengthen systems for health to be more resilient and to place people at the centre.

The strategy leverages and advances progress across 10 Sustainable Development Goals.

Countries and communities everywhere must achieve the full range of targets outlined in the strategy—in all geographic areas and across all populations and age groups.

By reaching these targets and ending the inequalities driving the AIDS epidemic, we can close the gaps for HIV prevention, testing, treatment and support by 2025 and put the world on course to end AIDS by 2030.

If these targets and commitments are achieved, the number of people who newly acquire HIV will decrease from 1.7 million in 2019 to less than 370 000 by 2025.

The number of people dying from AIDS-related illnesses will decrease from 690 000 in 2019 to less than 250 000 in 2025. This will put the world on track to end AIDS as a public health threat by 2030. These are outcomes that warrant adoption of the global AIDS strategy and warrant the continued global solidarity needed to implement it.

Achieving the goals and targets of the new strategy will require annual HIV investments in low- and middle-income countries to rise to US\$ 29 billion by 2025.

Upper-middle-income countries account for 53% of these resources. The majority of these resources are expected to come from domestic resources. The strategy calls on development partners to commit to sustainably fund the remaining resource needs.

The strategy also outlines a new, bold vision for the future of the UNAIDS Joint Programme. With your guidance and support, PCB members, UNAIDS will advance our leadership role in the global HIV response and support every country and every community to implement the strategy.

PROCESS OF DEVELOPMENT AND CONSENSUS ADOPTION OF THE STRATEGY

I am proud of the highly inclusive process used to develop the global AIDS strategy.

I am especially grateful to the team at the Secretariat and the Cosponsors that has worked to get us to this outcome.

I am confident that the global AIDS strategy before us for adoption accurately reflects Option 2, which was explicitly supported by the PCB.

This strategy will provide critical guidance to countries, communities and global partners such as the United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria. It will provide a critical demonstration of continued global solidarity that is essential to end AIDS.

I am encouraged by the many Member States on the PCB that have already signalled support for the consensus adoption of the strategy.

I recognize the tensions around certain issues and language in the strategy. I urge all the PCB members to recall the millions of people who are looking to the strategy for hope, for their health and your support. I remind everyone that consensus adoption is a political step. It conveys global solidarity and support for a strategy that you have all contributed to. A strategy that is life for millions of people. I fully respect the right of any Member State to express its position.



However, I hope it will not be an obstacle to the consensus adoption of the strategy by the PCB.

At this historic milestone in the global AIDS response, I encourage all PCB members to support the consensus adoption of the global AIDS strategy at this special session.

UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK

Finally, I draw your attention to the update on the development of the new Unified Budget, Results and Accountability Framework (UBRAF). This is our opportunity to draw on lessons learned and further enhance the Joint Programme's unique role and critical contribution to ending AIDS as a public health threat by 2030.

The UBRAF defines the collective and entities' individual contributions of the Joint Programme at all levels. It will specify how we deliver prioritized support to countries and communities towards reducing inequalities, achieving the new targets in the strategy and closing the gaps in the HIV response.

The Joint Programme will take steps to ensure that its operating model remains aligned with the focus and priorities of the strategy, including the new targets. This will include strategic programmatic and organization shifts, such as prioritization of our geographic and programmatic footprint, our capacities and ways of working, our resource allocation principles and mechanisms, our resource mobilization, and results and accountability frameworks.

PCB engagement throughout the development of our new UBRAF is essential and highly valuable. At this special session, guidance from the PCB is particularly welcome on:

- The overall strategic framing of the UBRAF.
- The new UBRAF's overall scope and timeframe.
- The timeline for UBRAF submission and review by the PCB, along with agreement on the modalities for optimal PCB engagement in the development process.

CONCLUSION

Excellencies, at this milestone, I encourage you to support important decisions that will set the direction for this year and the way ahead to end inequalities and end AIDS.

I encourage you to maintain the historic tradition of consensus adoption of all PCB decisions.

I call on you to maintain and enhance global solidarity and adopt the global AIDS strategy.

I welcome your continued support for and engagement with the Joint Programme.

I am confident that UNAIDS and this PCB will act with the urgency and solidarity that this moment demands.

Thank you.

