

Winnie Byanyima

29 June 2021,
Geneva, Switzerland

Opening of the 48th meeting of the
UNAIDS Programme Coordinating Board

UNAIDS EXECUTIVE DIRECTOR REPORT



PROFOUND CHANGE OFTEN OCCURS
IN THE CONTEXT OF CRISIS. LET US
SEIZE THIS UNIQUE OPPORTUNITY
TO LEVERAGE THE DEEP REFORMS
NEEDED TO END INEQUALITIES
AND END AIDS.

INTRODUCTION

Good day, good afternoon and good morning, members of the Programme Coordinating Board (PCB), ministers, ambassadors, friends and colleagues.

Welcome to the 48th meeting of the PCB—another virtual one.

Allow me to take the opportunity to pay tribute to Sandra Agullo and Manuel da Quinta, two staff members who recently passed away. Sandra was a ray of sunshine to everyone who crossed her path. Manuel stood up fearlessly for human rights. At UNAIDS, we are determined to continue this struggle to end AIDS, which Sandra and Manuel contributed so much to.

In this report, I would like to update you on the progress made in the priority areas I committed to focus on at my first PCB, in December 2019, just a month after my appointment as the Executive Director:

- Developing the next UNAIDS strategy.
- Transforming the internal culture of the UNAIDS Secretariat.
- Increasing and optimizing the use of resources for the Joint Programme.
- Emerging programmatic priorities for action.

Today is my fourth regular PCB meeting and we are into the second year of the COVID-19 pandemic. The world has changed more than we could ever have imagined; each of these priority areas have been marked by the profound impact of COVID-19.



LEVERAGING A NEW MOMENTUM: THE GLOBAL AIDS STRATEGY 2021–2026: END INEQUALITIES, END AIDS AND THE UNITED NATIONS GENERAL ASSEMBLY POLITICAL DECLARATION: ENDING INEQUALITIES AND GETTING ON TRACK TO END AIDS BY 2030

AIDS is not over. It is still one of the deadliest pandemics of our times. We have lost nearly 35 million people to AIDS. And last year, there were 1.5 million new HIV infections, all preventable, and 690 000 deaths, all treatable.

The strategy is a bold and urgent call to action to tackle the acute and intersecting inequalities that are obstructing progress. It puts communities at the forefront and maps out the changes—across laws, policies, social norms and services—that are required to get us back on track to reach the end of AIDS as a public health threat by 2030.

The United Nations General Assembly High-Level Meeting on AIDS earlier this month catalysed global solidarity to get the world back on track. And our resolve has been strengthened with the adoption of the United Nations Political Declaration on AIDS and its new and ambitious targets for 2025.

Thank you all, members of the PCB, for your engagement and tireless efforts in making sure that the High-level Meeting on AIDS was a success. My most sincere thanks to the two co-facilitators, Australia and Namibia. In New York, here in Geneva and in their capitals, they were instrumental in securing the strong outcome at the meeting. We are also grateful for the outstanding support of the

President of the General Assembly and the Deputy United Nations Secretary-General.

So, now is the time to operationalize these commitments. What does that look like?

For some, the AIDS response is working: *some* key populations are seeing rapidly falling rates of HIV, in *many* communities that previously faced high rates of AIDS mortality, AIDS-related deaths are becoming rare.

But others have seen little progress, even rising epidemics. The gap between those for whom the response is working and those for whom it is not working is growing. It is in that gap that pandemics persist.

The new strategy and political declaration ask us to urgently refocus our work on closing those gaps—focusing our energy on the relative progress instead of focusing on averages. This will drive a different kind of data-driven HIV response.

Bold new 95% targets across the HIV response and across every population will not be achieved by doing more of the same.

Now is the time to rapidly work to reinvent HIV services in ways that close those inequalities.

It's time to measure progress on inequalities—improving our data and actionable understanding of the complex shape of the pandemic in 2021—so that we target our scarce resources where they will have the greatest impact.

And it is time to align laws and policies with the science—removing punitive and discriminatory laws, policies and practices that block effective responses to HIV.

It is the time to uphold human rights—this is critical to building a policy environment that speeds cutting-edge HIV technologies to the people who need them the most.

And we will need more funding, not less, for the HIV response and to fight other pandemics today.

We must harness concretely what we have learned in AIDS, the structures we have built and those that we are building, to help improve global capacity to prevent and respond to pandemics. This must include a rights-based approach, pandemic-resilient communities able to respond from the grass roots upwards, with data to guide responses.

We can do these things. And it's exciting that we are here and we can do them. And if we do, we can get back on track to ending AIDS by 2030. But let us not pretend it will be easy. Let us not pretend we can achieve it without redoubling political, technical and scientific efforts, as well as leadership.

I ask you to support your national leadership and planning bodies to fully incorporate the new strategy and political declaration, to put these in their country targets for 2025, into all national plans and domestic resourcing and funding processes.

This work is urgent and necessary. Gaps are widening within and between countries because of the health and economic crisis we are in. Already fragile systems for health and development are collapsing from the pressures of responding to COVID-19. I speak from my heart. From Uganda, every single day I receive reports of loved ones, family and friends, dying from COVID-19.

SUPPORTING NATIONAL RESPONSES TO DELIVER ACROSS PROGRAMME PRIORITIES

Disruptions in service delivery, exacerbated by lockdowns and the stifling of civil society's ability to operate, along with an overreliance on criminal laws, all these are the hallmarks of the ravaging impact of the colliding epidemics of HIV and COVID-19.

UNAIDS responded rapidly last year. We worked closely with governments, Cosponsors, communities, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the United States President's Emergency Plan for AIDS Relief (PEPFAR) and other implementing partners and reprogrammed funds with your permission.

Today, around 70 UNAIDS country offices have supported COVID-19 response plans and are engaged in rapid responses to COVID-19 and HIV.

Over the past six months, UNAIDS country offices have focused efforts on scaling up innovative and differentiated service delivery. This includes: multimonth prescription and dispensation of antiretroviral therapy for adults and children, tuberculosis (TB) medicines, pre-exposure prophylaxis (PrEP) and opioid substitution therapy; community-based out-of-facility HIV treatment and care; community-initiated HIV treatment; self-testing for HIV; community-engaged multidisease services for HIV, TB, COVID-19 and noncommunicable diseases; digital and other virtual support services; and community-led monitoring of the quality and continuation of services.

For example, in Malawi, the United Republic of Tanzania and Zimbabwe differentiated service delivery policies were already in place, but with the additional active support of the UNAIDS Secretariat, the World Health Organization (WHO), the United Nations Children's Fund (UNICEF) and other partners, specific adaptations were made to further promote the scale-up of multimonth dispensing of antiretroviral therapy and community-led testing and treatment services, along with long-term support to governments. These efforts were not only effective in mitigating the effects of COVID-19 on access to health services, but also for maintaining and sustaining the further scale-up of community-centred and local context-specific approaches for the long term.

In Côte d'Ivoire, the UNAIDS Secretariat, together with WHO and other partners, directly supported country government leadership to develop the national plan for scaling up differentiated service delivery for testing and treatment, including scaling up and maintaining multimonth dispensing of antiretroviral therapy and community-led services, with a clear division of financing and technical support between partners.

We are now working to embed and sustain these optimal delivery modalities, building on momentum gained, to secure the shifts needed to reach key and other priority populations.

At the continental level, we are working closely with the Africa Centres for Disease Control and Prevention (CDC), and I am very happy that its Director will be speaking to us at this meeting. We are supporting Africa CDC in its efforts to roll out vaccines, especially with regard to community risk communication and community demand creation. We have an app that allows rumours and misinformation related to the COVID-19 vaccine to be tracked across the continent, enabling tailored communications to be devised through community-based information platforms. In addition, under the leadership of the Africa CDC, we are working with a number of countries, including Algeria, Burundi,

Côte d'Ivoire, Ghana, Kenya, Madagascar, Malawi, Namibia, Nigeria, Uganda and the United Republic of Tanzania, to develop and implement community-based information and vaccine demand programmes alongside the acceleration of testing and contact-tracing in the earlier phases, especially among populations in informal settings.

Contributions from Germany have enabled the Joint Programme to respond swiftly to emergencies related to the third waves of COVID-19 across low- and middle-income countries. For example, we were able to support the purchase of emergency supplies of dolutegravir for children in Kenya when supplies were interrupted. Likewise, we were able to provide emergency socioeconomic support to people living with HIV, and especially women living with HIV, in Bangladesh, Eswatini, Kenya, Nigeria, Thailand and Uganda. In eastern Europe and central Asia, in Armenia, Belarus, Kazakhstan and the Republic of Moldova, we are working with national authorities in extending decentralized take-at-home PrEP, antiretroviral therapy and opioid substitution therapy.

All around the world, more people are being forcibly displaced than ever before. In the Andean region, UNAIDS is supporting migrants from the Bolivarian Republic of Venezuela who are living with HIV, whose situation has become even more precarious due to COVID-19. Interventions together with the World Food Programme, the International Organization for Migration and others include cash transfers to migrants and Peruvians living with HIV, transgender people and sex workers affected by COVID-19 and living under the poverty line who are not included in government schemes and monitoring systems to report stigma and discrimination affecting migrants' access to health and HIV services, as well as to report antiretroviral therapy stock-outs.

Our efforts to ensure that no one is being left behind are being strengthened with more granular data. I am excited to announce that we are now producing subnational estimates in more and more countries.

The 2021 Global AIDS Update, which is coming out soon, will include information at the district level across sub-Saharan Africa countries, which will strengthen planning for treatment and prevention programmes, including PrEP.

Children living with HIV remain among those the most left behind, with only 53% treatment coverage for children, in contrast to 74% for adults. This is scandalous. Moreover, children on HIV treatment are less likely to be benefiting from optimal treatment and are less likely to be virally suppressed. It is imperative that children access HIV testing and treatment and that better formulations and diagnostics get to countries the soonest. And we are working on that.

The Vatican Initiative and the Rome Paediatric HIV & TB Action Plan have led to unprecedented collaboration among key stakeholders in paediatric HIV and TB. Partners coming together across faith communities, the private sector, civil society, governments, regulatory agencies, implementing partners, donors and the United Nations (UNAIDS, including the Secretariat, WHO and UNICEF) have contributed to the acceleration of several positive developments in research and development, regulatory issues, funding and pricing. For example, the timeline to develop the new paediatric dose of dolutegravir was shortened by more than two years, becoming the fastest transition from an adult to a paediatric formulation ever approved by regulators.

The UNAIDS/PEPFAR Faith Initiative, under the leadership of national health authorities, recently organized national multistakeholder consultations on paediatric HIV and TB in Cameroon, Côte d'Ivoire and Kenya to spearhead action to find, diagnose, treat and prevent HIV and TB among children living with or at risk of HIV.

Another important workstream is the community-led monitoring that we have embarked upon, together with PEPFAR and other partners. A key lesson emerging is that when communities are adequately supported and entrusted, they can generate information and insights that help to bridge the persistent gaps in HIV programming.

We are now able to pin-point reasons for poor uptake of HIV testing and other major barriers to HIV services,

The People Living with HIV Stigma Index 2.0, which is run for, by and with people living with HIV and now spans across more than 30 countries, has been implemented despite disruptions. In at least 12 countries, face-to-face interviews involving more than 20 000 people living with HIV have taken place thanks to the support of PEPFAR and the Global Fund, but, above all, due to the unwavering commitment and hard work of communities of people living with HIV.

We are responding to a range of pressing human rights concerns unleashed by COVID-19 and lockdowns. Ongoing activities range from supporting lesbian, gay, bisexual, transgender and intersex communities who are displaced, to monitoring the implementation of human rights decrees and guidance in the COVID-19 response affecting people living with and affected by HIV.

We must work harder to support countries to reach the new 10–10–10 targets to remove punitive and discriminatory laws, policies and practices that block effective responses to HIV, such as those laws that criminalize aspects of sex work, sexual orientation and gender identity, personal drug use, consensual same-sex sexual relations, HIV exposure and HIV non-disclosure or transmission, and those that impose HIV-related travel restrictions and mandatory testing.

I welcome the announcement of the Vice-Presidents of Costa Rica and the Gambia at the High-level Meeting on AIDS to join the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination. To date, 24 countries have joined, with concrete plans to bridge the gap between global commitments and country realities. In addition to the United Nations Development Programme, UN Women, the Global Network of People Living with HIV and the nongovernmental organization delegation to the PCB, we are excited that the Global Fund, which has significantly funded human rights programmes in recent years, joined as a co-convenor.

Laws determine whether society strives for ensuring inclusion or exclusion, for access to justice or lack thereof, for accountability or impunity. Law reform takes time, but it is essential. We are currently involved in a range of efforts, from supporting the reform of specific legislation on HIV, such as our work in Benin, to challenging involuntary sterilization of women living with HIV in Kenya.

The new global AIDS strategy has re-energized the Joint Programme's work across sectors. We are strengthening our work on HIV prevention, which is especially sensitive to interventions across social protection, education, employment, food security and nutrition, as well as violence prevention and gender equality. This work is ever more urgent given the deepening of already high poverty rates in many countries and entrenched gender disparities.

Education is a critical entry point to address HIV infections among girls, particularly so in Africa. Six in seven new HIV infections among adolescents aged 15 to 19 years in sub-Saharan Africa are among girls.

Yet for many girls across eastern and southern Africa, accessing school and staying in school was already challenging before COVID-19 and is now even more challenging.



School closures due to COVID-19 have exacerbated domestic violence, sexual exploitation, early marriage and female genital mutilation, contributing towards psychological and health problems and gender discrimination.

Co-led by the principals of UNAIDS, the United Nations Educational, Scientific and Cultural Organization, the United Nations Population Fund (UNFPA), UNICEF and UN Women, the *Education Plus* initiative is a high-profile, high-level political advocacy drive, underpinned by a powerful rights-based campaign, for the policies, actions and upscaled investments to effectively prevent HIV and address other interrelated threats to adolescent girls' education, health and well-being. Completing secondary school reduces the risk of HIV infection for girls by 50% and yields multiple other social and economic outcomes for advancing health, gender equality and development.

Education Plus reflects the priority demands of adolescent girls and young women in the context of COVID-19 and is centred on their empowerment and the achievement of gender equality in sub-Saharan Africa, with free quality secondary education as the strategic entry point. And this is reinforced with the plus package: violence-free environments, access to comprehensive sexuality education, the fulfilment of sexual and reproductive health and rights and access to services, and young women's economic empowerment through school-to-work transitions.

We will be launching the initiative on 1 July as a joint United Nations commitment to the Generation Equality Forum in Paris, France. Cameroon, Gabon and Lesotho, which held an official national launch recently, will join the first champion country, Sierra Leone, which announced its commitment in March.

UNAIDS stands for health as a human right, not a privilege, not a commodity to be sold. This is why we are calling for lessons learned from the AIDS response to be applied to COVID-19—9 million lives were needlessly lost because life-saving antiretroviral therapy remained out of reach for people in poverty and in the global South.

So, I am proud that UNAIDS is the co-founder and co-leader of the People's Vaccine Alliance, which calls for COVID-19 vaccines to be a global public good and available to everyone.

We have been mobilizing and convening a range of partners—civil society, including the HIV movement, governments, academia and faith-based organizations—that have joined the call for a People's Vaccine. This is UNAIDS at its best—performing its convening and advocacy roles.

The People's Vaccine Alliance has grown since May 2020 into a coalition of more than 50 organizations, including Action Aid, the African Alliance, Amnesty International, Club de Madrid, Frontline AIDS, Health GAP, Open Society Foundations, Oxfam, Save the Children, STOPAIDS and the Yunus Centre. The alliance is also working closely with the Africa CDC, the African Union, the United Nations Economic Commission for Africa and the Africa Donor Collective.

Our call is supported by more than 200 sitting and former heads of state, Nobel laureates and faith leaders.

The People's Vaccine Alliance advocates for three urgent actions to maximize global vaccine manufacturing so that the whole world benefits: sharing technology and know-how via the WHO COVID-19 Technology Access Pool, waiving intellectual property rules relating to COVID-19 products at the World Trade Organization and investing in enhancing manufacturing capacity in developing countries, especially in Africa.

The People's Vaccine Alliance strongly welcomed the announcement by the President of the United States of America, Joe Biden, to back a waiver of intellectual property protections for COVID-19, a big step towards defeating today's vaccine apartheid and ending the pandemic. This followed the clear call to conscience by current and former heads of state, faith leaders, Nobel laureates, and millions of people around the world, organized by our People's Vaccine Alliance. We wrote an open letter to Joe Biden, signed by 175 former heads of state and government, and we had an online Avaaz petition, with more than 2 million signatories.

As many countries enter a third wave and witness spiralling deaths once more, our People's Vaccine Alliance continues to put pressure on the rest of the Group of Seven, and the European Union, to support an Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) waiver. Too many lives have already been lost, but if we move fast, and put the interests of the global supply of vaccines over the profits of pharmaceutical companies, we can save hundreds of thousands of lives.

BUILDING A SAFE, EQUAL AND EMPOWERING WORKPLACE FOR EVERYONE—TRANSFORMING OUR CULTURE, STRENGTHENING OUR SYSTEMS

Mitigating COVID-19's impact on staff well-being

Our staff, like the communities they live in, have also been affected by the COVID-19 pandemic. We have had many colleagues and families test positive for COVID-19. I am grateful that many have recovered and were able to return to work and family life.

Sadly, many of us have lost loved ones to COVID-19, and we lost our colleague, Manuel da Quinta, earlier this month.

In our recent survey, up to 40% of staff reported that COVID-19 had an extremely negative impact on their well-being, 61% of staff reported isolation and a loss of connection with family due to COVID-19 as a stressor, and 18% reported being stressed due to the loss of loved ones due to COVID-19.

So, I have urged all managers to continue to prioritize staff well-being, including managing workloads, setting realistic deadlines, supporting work-life balance by encouraging time off work and setting an example too, and remaining flexible and open-minded around working arrangements.

I am pleased to see through the Staff Association Staff Survey that staff acknowledge this support from management—81% reported that management support during COVID-19 is adequate. We have seen similar views from the Pulse Check Survey.

We have reinforced our support services for staff through the hiring of a consultant psychologist, who works closely with our Staff Counsellor for Well-Being and Mental Health. The well-being and counselling service is reaching out to all staff through a variety of methods, including mindfulness sessions, concrete tips through regular e-bulletins, trainings and access to psychoeducation resources

Improving virtual working

Our staff have demonstrated great agility and continue to adjust to various working arrangements, for example shifting from teleworking to hybrid arrangements and, for some, even a full return to the office. We have set minimum standards for all offices to ensure safe workplaces in order to minimize occupational exposure to COVID-19. We have provided necessary personal protective equipment for staff who are office-based.

Staff across all regions spent most of the past year working remotely from home, working hard to support the HIV and COVID-19 responses and engaging with communities and national partners. Surveys have revealed that while staff have welcomed the flexibility of teleworking, there is the risk of blurred demarcation, leading to an imbalance in work–life harmony. We continually encourage staff to disengage and for teams to respect working hours and time zones. We are also addressing this through the development of team value charters that address work–life balance and other issues.

We continue to ensure that staff have all the necessary tools to deliver their work regardless of location.

We have increased our information and communications technology capabilities and strengthened information technology systems support: webinars and information technology clinics to support staff to use the various platforms.

We continue to listen to and engage staff so that we can respond to needs, such as by reimbursing nationally recruited staff for additional costs associated with teleworking, for example telephone and Internet data costs.

United Nations vaccine programme roll-out status

UNAIDS is participating in the United Nations systemwide vaccination programme, which is expanding access to COVID-19 vaccines for United Nations staff and dependants in 152 duty stations. Unfortunately, the programme is also affected by the vaccine inequity that we see globally. One hundred and nine of our staff have received their first shot through the United Nations programme.

UNAIDS staff are also increasingly benefiting from national vaccination programmes where they exist.

Management Action Plan implementation

Through the implementation of the Management Action Plan for a Healthy, Equitable and Enabling Workplace for all UNAIDS Staff, and related efforts and initiatives, the Secretariat is in a much different place today in terms of our internal capacity, systems and policies to prevent and address harassment, discrimination and abuse of power. But, as the Global Staff Survey data show, deep transformation is very hard work and doesn't happen overnight. We are progressing on our journey, and I am encouraged by the progress.

As I have said to staff, making UNAIDS a safe, equal and empowering Secretariat is my number one priority. It is part of our duty of care and it is also central to securing results and impact on AIDS.

We have invested in dedicated internal leadership and capacity in key areas.

We have a full-time senior staff member who leads on culture transformation and who has the support of an external agency with extensive experience in institutional culture transformation.

We now have a dedicated three-person Human Resources Legal and Policy Team that advises and supports staff and managers, leads prevention and awareness efforts, and facilitates case management and disciplinary procedures.

On financial accountability, we have strengthened our compliance and oversight capacity.

Cutting across all these areas, and extending to our programmatic work, is our dedicated internal communications capacity, so that colleagues are getting the information they need and have the tools and platforms for connecting and collaborating.

Through the alignment, we are aiming to step up even further, so that UNAIDS becomes a state-of-the-art knowledge organization, ever more effective in catalysing action and galvanizing the partnerships needed to end the AIDS epidemic by 2030.

Ending impunity

An important dimension of the culture transformation process is ensuring that we uphold the highest standards of integrity and accountability. I am pleased to report multiple positive trends in relation to compliance and audits.

Through proactive actions we have fully closed seven audits and 289 individual recommendations, double the number from the previous year, giving an unprecedented 72% closure rate.

Transparency supports a culture of accountability. Our Human Resources Management Department publishes, for all staff, and you, the PCB, annual reports on disciplinary and other corrective measures and an administrative review statistical overview. This year, we are presenting our first management response to independent organizational accountability reports. I wish to note the considerable overall decrease in reports of concern to, and subsequent investigations by, WHO Internal Oversight Services.

In relation to the external audit, following the review of operations in headquarters and the UNAIDS Country Office for Myanmar, the external auditor issued an unmodified opinion on the UNAIDS Financial Statements and issued audit recommendations related to performance and data reporting, award monitoring and supporting our continued efforts in relation to the Management Action Plan, ethics and promoting an enabling work environment.

With regard to the ethics function, its independence is being strengthened, with adjusted reporting lines and newly introduced term limits, aligning with best practices as set out in the recommendations of the United Nations Joint Inspection Unit. Recruitment of a Senior Ethics Officer is currently under way.

For the first time, the Senior Ethics Officer is presenting his report directly to you under the standing agenda item on organizational accountability, which was established in June 2020.

I would like to take this opportunity to thank Charles Simon for his valuable work in this period of transition, including the insights in the report he has produced, which you have.



Improving the internal justice system, establishing a service-level agreement with WHO Internal Oversight Services

I am pleased that UNAIDS could make significant inputs to WHO's strengthened policy prohibiting harassment, sexual harassment, discrimination and abuse of authority. We launched the new policy with all-staff webinars, working in partnership across teams that are supporting the implementation of the policy.

We are about to sign a revised memorandum of understanding with WHO Internal Oversight Services, incorporating service levels and time targets for the investigative process.

The service level is in line with the ambition set out in the Management Action Plan: intake and preliminary review done within 30 days and the overall process normally completed in six months.

We are committed to due process, moving at pace, with victim-centred approaches. WHO Internal Oversight Services has expressed its intention to build its investigative capacity and to meet those time targets. We count on WHO to move quickly to put this expanded capacity in place, so that the time targets are not aspirations but rather pillars of our new, effective operational realities vis-à-vis internal justice.

Culture transformation

The culture transformation initiative is well under way towards ensuring that UNAIDS is a safe, equal and empowering workplace for all.

Following various dialogues over the course of last year and a sense-making session in January, teams in change hubs (13 duty stations where the majority, more than 70%, of UNAIDS staff work) are currently constituting change teams to take forward the actions most relevant in their teams.

The Global Staff Survey results highlights some areas for celebration and some areas of concern.

Follow-up from the Global Staff Survey is a key aspect for senior management at the individual, team and institutional levels. Building on the commitments made by senior leaders to champion culture transformation at the end of last year, the Global Staff Survey provides an additional impetus for senior leaders to role model inclusive and transformative leadership for a safe, equal and empowering UNAIDS.

The Culture Transformation Team is supporting teams to unpack the Global Staff Survey findings and develop action plans and team values charters.

Following organization-wide conversations on racism, an action plan was developed. Listen Deeply, Unite Widely, Act Boldly, the Action Plan, endorsed by the Cabinet, urges everyone to acknowledge, step up and act decisively to end systemic racism inherent in structures, policies and practices and guide what behaviours are expected and what is unacceptable.

ALIGNMENT OF UNAIDS TO DELIVER THE GLOBAL AIDS STRATEGY 2021–2026

Work on the alignment stream commenced in early 2021, initiated as a thorough review of the way in which UNAIDS is organized to deliver its mandate and encompassing both structural and non-structural change elements. The alignment stream sets out to achieve the following five objectives through a transparent, consultative process grounded in UNAIDS' values and keeping staff members at the centre:

- UNAIDS is aligned with the global AIDS strategy and is achieving its highest impact.
- UNAIDS is financially sustainable and more cost-effective.
- UNAIDS is diverse and inclusive and therefore legitimate and credible.
- UNAIDS is a knowledge-driven Secretariat that optimizes its worldwide expertise and staff through the use of digital technologies in its work.
- UNAIDS is aligned with the United Nation reform, principally within its work on pandemic preparedness.

The process has five phases. We have completed the conception phase, which examined our conditions for success, the exploration phase, which collected data to determine our status quo, and the envisioning phase, which examined what is possible. We are now in the formulating phase, which is charting the way forward and will lead into the performance phase to roll out the new organizational structure.

We are ensuring a transparent, inclusive and consultative process. We have ensured strong engagement in this process from staff, including listening sessions, a survey on the alignment and focus group discussions. We hold regular townhall meetings and provide updates to share timely information on the alignment with all staff.

We will ensure that you as PCB members are kept informed and consulted on progress on the alignment at PCB meetings and through the Bureau between sessions. We will also communicate with the Committee of Cosponsoring Organizations and our other partners.

We are running the process on a short timeline in order to ensure minimal disruption to our work and our support to countries. We expect the new overall functional structure to be fleshed out into a detailed organigram in the coming weeks, with implementation of the new structure starting before the end of the year.

PREPARING A NEW UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK: RESULTS, RESOURCES AND ACCOUNTABILITY

The momentum of the new global AIDS strategy and the new historic Political Declaration on AIDS inspires and reinvigorates our Joint Programme. Our new Unified Budget, Results and Accountability Framework (UBRAF) is a timely opportunity to shape our Joint Programme's contribution to the implementation of the global AIDS strategy and to support countries to deliver on the commitments of the political declaration. The five years ahead are critical for getting back on the right path, and, of course, that path is even more complex due to COVID-19 and its impact on national HIV responses.

At our special session in March, we presented an update on the new UBRAF development for your guidance. Building on this, and as agreed with the PCB just two months ago, we are pleased to present to you at this session a zero draft UBRAF, a truly collective product of the Joint Programme.

We started in January through a jointly owned and intensive effort led by a Joint Programme steering group. We looked at past recommendations, we reflected on lessons learned with past and current UBRAFs and benefited from external expertise. The Bureau was updated regularly and the UBRAF working group had a first productive meeting last week.

Our new UBRAF focuses on the strategic priority areas of the global AIDS strategy, with a clear focus on closing the inequalities that are driving the epidemic and leveraging the synergies across the result areas for impact.

Building on your support and guidance, the new UBRAF includes strategic shifts, both programmatic and organizational, to harness the unique potential of the Joint Programme. The zero draft sets out the general direction for our joint work for 2022–2026. It includes the elements of our high-level five-year UBRAF framework, including:

- The Joint Programme’s vision.
- Theory of change.
- The results framework, with clear prioritization and emphasis on addressing structural drivers.
- How we will optimize and leverage the Joint Programme’s capacities and collaboration with other actors.
- Indicative resource allocation and accountability.
- Monitoring and reporting systems.

It is work in progress. We are working to ensure more coherent programming and enhanced accountability for results. We are looking at further innovative approaches, exploring new ways of working across the Joint Programme to be even more effective and more integrated within the broader United Nations, including the reforms.

We are engaging intensively with all the Cosponsors, assessing our collective capacities on the ground, identifying the partnerships that are needed to have the greatest impact.

We wish to ensure that we focus on the right issues and better deliver together for countries and communities.

Pre-PCB feedback has been very valuable. We look forward to further comments from the meeting now to improve and develop our full five-year UBRAF and first biennial workplan and budget for submission to your special session in October and, of course, the UBRAF indicators by the December PCB.

I wish to express my sincere appreciation for the experts nominated for the UBRAF working group, who will intensify their work in the coming weeks.

With the PCB’s guidance and support, we can shape our new UBRAF to be a solid and meaningful framework that will allow us to translate our reinvigorated commitment and best value for investment into action for results in support of countries and communities and to continue to demonstrate strong accountability to the PCB and the wider AIDS community.

We commit to, and count on your support for, an effective and fully funded UBRAF so that we can deliver the very best of the Joint Programme to further save and improve lives and leave no one behind.

INCREASING AND OPTIMIZING THE USE OF RESOURCES FOR THE JOINT PROGRAMME

As of today, a total of US\$ 86.4 million has been made available for 2021 for the 2020–2021 UBRAF, representing 46.2% of the annual core budget of US\$ 187 million.

This compares well to the amount made available for the same period in 2020 and is higher than the amount made available during similar periods in previous years. We are very grateful for this level of support and see it as a measure of confidence of the PCB in our direction of travel and our impact in countries and globally.

Based on the latest projections, it is estimated that US\$ 166 million will be raised by the end of this year. Therefore, we must make additional efforts to achieve the resource mobilization target for 2021.

We recognize the challenging situation facing many governments and I want to extend my sincere thanks to all our donors for their continuous support and for timely disbursements. You have allowed the Joint Programme to respond to the pressing needs on the ground and to save lives.

We regret a big funding cut from a key and long-standing donor. We look forward to reviewing and addressing this, especially as we were assured this did not signify deprioritization of the AIDS response, nor did it signify a diminished commitment to the Joint Programme.

With the new ambitious targets of the political declaration, we look forward to engaging with all of you in a funding dialogue later this year to explore how to step up and invite others to step in.

I would like to welcome new support from the Bill & Melinda Gates Foundation for the Global HIV Prevention Coalition. It will enable updated global and national prevention strategies, the HIV Prevention Road Map 2025, aligned with the targets set forth in the Global AIDS Strategy 2021–2026, improved monitoring of national prevention programmes and reinforced prevention programme management capacity in selected focus countries.

We also welcome the first Strategic Initiative Grant from the Global Fund to revamp condom programming. Working with UNFPA, the private sector and other partners, we are looking to devise innovative approaches to scale up condom use, particularly among young people, across Malawi, Mozambique, Uganda and Zambia.

I urge you to push hard to ensure that the strategy is fully resourced. We have seen what happens when a strategy is not fully resourced—we do not achieve the targets. We have also seen that where resourcing is closer to the defined resource needs, countries make greater progress towards targets.

CONCLUSION

Let me close by assuring you on behalf of my senior team and the entire Joint Programme of our determination to take forward the momentum you have generated by adopting an ambitious global AIDS strategy and supporting an equally ambitious political declaration. The strategy is our road map ahead.

We will mobilize partners—regional bodies, governments, United Nations country teams, civil society and communities, the scientific community and the private sector—to work across sectors to achieve the targets.

We will support countries to set targets for 2025 and update their national strategic plans.

We will step up on the societal enablers, supporting policymakers and stakeholders to close the inequality gaps, human rights gaps and women's rights gaps that prevent some groups of people from accessing services and enjoying the full realization of their right to health.

Let us all:

- Be brave and bold in identifying where the inequalities and disparities that are driving new HIV infections and causing deaths exist and do what is right and most impactful.
- Do our best to ensure that the strategy is fully resourced.
- Ensure that communities, people living with and affected by HIV and key populations remain at the forefront of the AIDS response.

Profound change often occurs in the context of crisis. Let us seize this unique opportunity to leverage the deep reforms needed to end inequalities and end AIDS.

Members of the PCB, excellencies, thank you for your attention.

