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Opening of the 49th meeting of the  
UNAIDS Programme Coordinating Board

# UNAIDS EXECUTIVE DIRECTOR REPORT



TO END AIDS, WE NEED TO EMBRACE A BROADER APPROACH TO PANDEMIC RESPONSE THAT TACKLES THE INEQUALITIES THAT ARE FUELING AND PROLONGING AIDS. MANY OF THESE MISSING PIECES TO FIGHT HIV ARE ALSO ALLOWING THE COVID-19 PANDEMIC TO CONTINUE AND LEAVING US DANGEROUSLY UNPREPARED FOR PANDEMICS OF THE FUTURE.

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

Welcome to the 49th meeting of the PCB.

I want to start by paying tribute to UNAIDS staff. I know that you join me in that. 2021 has been a particularly demanding year for our staff, intensified by the COVID-19 pandemic which has not only elevated people's workload but has also had an impact at a personal level. On top of all their ongoing work, supporting effective and inclusive HIV responses, our staff have also: supported the process for the bold new global AIDS strategy; helped ensure a successful High-Level Meeting on AIDS; and engaged in the process of transforming UNAIDS, including in the essential but challenging alignment of the Secretariat structure to advance the Global AIDS strategy.

I also want to highlight the outstanding contributions of WHO, as CCO Chair and all of the cosponsors. Last week Dr Tedros and the leadership of WHO make a special effort, in the middle of a World Health Assembly Special Session, to join a special commemoration of World AIDS Day. This is a result of months of hard work of our 11 cosponsors throughout the year. I am grateful and proud that the commitment the cosponsors to the Joint Programme remains stronger than ever.

I would also like to especially recognize the leadership of Namibia and Minister Shangula as PCB Chair this year and the Ambassador here in Geneva Ambassador Imene-Chanduru and also Ambassador Neville Gertze in New York for his co-facilitation of the High-Level Meeting.

In this report, I'll reflect on the planning we've done together, the results we've secured together, and the road ahead. The first part of my report takes stock of our important work, laying a solid foundation for the future. The second part of my report shares some of our many achievements over the course of the year. The final part of my report turns our gaze forward to how we can seize the opportunities coming into view.

# THE FOUNDATION WE HAVE LAID

This year, the Programme Coordinating Board adopted the new, ambitious *Global AIDS Strategy, 2021–2026: End Inequalities, End AIDS*, marking a turning point for how the global HIV response will end AIDS. I thank all of you for taking the time to guide us, and for engaging in an inclusive and participatory process through which we developed it together.

The strategy maps out our collective journey ahead to end inequalities and end AIDS. It leverages four decades of experience of successes and of setbacks, and sets out what needs to be done to make the bold changes that are required across laws, policies, social norms, and services to get us back on track to ending AIDS by 2030. We agreed to focus our efforts on addressing the intersecting inequalities which drive new HIV infections and keep people from accessing the services they need.

This June, UN Member States adopted a bold new Political Declaration on HIV and AIDS at the UN General Assembly which includes a range of new and ambitious targets to reach by 2025.

On the heels of the High-Level Meeting, we celebrated 25 years of UNAIDS with the adoption of the ECOSOC resolution that recognized the pioneering model of the Joint Programme. Our multisectoral approach and inclusive Board, that includes people living with and most affected by HIV as its members, is more relevant than ever.

40 years ago, the first cases of AIDS were reported. 25 years ago, the Joint United Nations Programme on HIV/AIDS was created. 20 years ago, the Global Fund was born. 18 years ago, PEPFAR was established.

Going ahead, we are going to need to draw on every asset of the collaboration between the Joint Programme, PEPFAR, the Global Fund, governments, and communities to end the inequalities that are driving HIV and COVID-19. Our partnerships are strong and delivering for people. I was honoured to join the leadership of PEPFAR and the Global Fund to mark World AIDS Day at the White House.

Members of this Board are aware that we recently held a Structured Funding Dialogue to deepen the understanding of our work and role in global health. Since 2015, UNAIDS has experienced severe shortfalls in funding. For 2020 and 2021, UNAIDS had an approved annual budget of US\$ 242 million. Last year, UNAIDS raised US\$ 194 million, and this year we are expected to raise only US\$ 170 million.

Recent cuts from some of our core donors have put us in fragile funding situation, which requires that we deliver on an ambitious strategy with fewer resources. At this point I wish to recognize the steadfast support of many of our key donors and welcome the announcement of the Irish government last week of an additional 1 million euros for UNAIDS. We are also grateful to the Government of Luxembourg for its additional contribution of 800 000 euros for the 2021–2022 Gender and AIDS, Education Plus and West and Central Africa programmes, and I was delighted to be with Minister Fayot in Dakar recently at the WCA conference.

We are in the process of implementing an organizational alignment to ensure that the UNAIDS Secretariat is modernized, efficient and strengthened, driven by 5 objectives:

- UNAIDS is aligned with the new AIDS strategy and 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 world-wide expertise and staff through the use of digital technologies in its work;
- UNAIDS is aligned with the UN Reform, principally within its work on pandemic preparedness.

The new structure will increase our emphasis and resources on the three Strategic Priorities of the new Global AIDS Strategy. This includes four new global practice areas to support countries, communities and global leadership. These practice areas are: Equality and Rights for all; Science, Services and Systems for all; Data for Impact; and Equitable Financing that will have dedicated staff at the global, regional and country levels.

While the process of alignment was not initiated in order to meet financial constraints, recent cuts in our donor funding made the cost-effectiveness and the long-term sustainability of the Secretariat an even more important objective and required us to further reduce staffing costs. Through the Alignment, the Secretariat staffing costs, which constitute the largest line item in our core budget, will be reduced to US\$ 96.8 million per year. This will be achieved through a combination of actions including voluntary separations, strategic decentralization and relocation of positions and functions, including the greater use of national expertise.

Geneva will remain the headquarters UNAIDS. However, through the decentralization of global services, UNAIDS will be in a better position to support countries and the people we serve. Some global functions will also be moved to regional hubs.

The new structure will bring us closer to countries and to the communities we serve, as well enable us to deliver on the strategy and help realize the transformational agenda needed to end AIDS by 2030.

I also want to recognize that this will be a challenging process for UNAIDS staff. But they have the commitment of UNAIDS senior management that we will implement this process in a fair and transparent manner, and provide priority counselling and career support for staff who will be negatively affected. The realignment of the UNAIDS Secretariat will be rolled out in 2022. We are now completing the design phase.

Alongside the learnings of the Cosponsor Capacity Assessment, this will help to ensure that our human and financial resources are allocated in a manner that optimizes their impact and enables the Joint Programme to deliver its very best.

## SOME OF THE MANY ACHIEVEMENTS OF 2021

2021 has been a challenging year for our work. The global HIV response, which was already off track before COVID-19, is now under even greater strain as the COVID-19 crisis continues, disrupting HIV prevention and treatment services, schooling, violence-prevention programmes, and more.

We now have some data on how the COVID-19 is affecting access to critical HIV interventions, suggesting a reduction of approximately 20–30% for condoms compared to 2019 in some countries, and for voluntary male circumcision a reduction of 40%. These disruptions in HIV service delivery have been exacerbated by lockdowns and the stifling of civil society's ability to operate, along with an overreliance on criminal laws.

Nevertheless, we were also able to deliver exciting results and show how decades of investments in HIV have provided the backbone for responding quickly and effectively to COVID-19.

At the last PCB, I highlighted many of the activities we are undertaking across regions in the context of HIV and COVID, from social protection, use of virtual platforms, and differentiated, people-centered and community-led and home-based HIV services, such as home tests, to multi-month dispensing of HIV prevention commodities, including PrEP, condoms, needles and syringes as well as take home doses of substitution therapy for people who inject drugs.

We are supporting countries and partners to simplify and adapt HIV services, from prevention to care and support, in ways that both serve the needs of people living with HIV better and reduce unnecessary burdens on the health system. With continued risks for HIV treatment service disruption due to COVID-19 and lockdowns, national programmes have scaled up same day ART (SD-ART) and Multi-Month Dispensing (MMD). In Zambia, for example, multi-month dispensing has reduced the pressure on health workers, limited the exposure of people living with HIV to COVID-19, and avoided disruptions for over 81% of people living with HIV with the other 19% being provided with support from peers and health workers.

Community health workers remain at the frontlines for integrated HIV/COVID-19 services, as in Lesotho where they helped migrants return in the context of lockdowns, and in Namibia through door-to-door visits.

With the support of the Russian Government, UNAIDS has continued to implement our Regional Cooperation Programme in five partner countries in Eastern Europe and Central Asia, including in our PCB member Belarus. This programme has been instrumental in helping to close the gaps in the first 90 and strengthen systems for HIV and pandemic preparedness across these countries. We look forward to extend our cooperation with the Russian Government in support of this programme for the next three years.

Across 19 countries in Latin America, over the past year, UNAIDS has worked closely with 61 community-based organizations to support interventions—led by the communities, for their communities—focused on prevention of the transmission of COVID-19; continuum of HIV prevention and treatment; and protection of human rights and prevention of stigma, discrimination, and violence towards people living with or affected by HIV. Through the Joint Programme, we have reached over 30 000 migrants and refugees living with HIV from Venezuela with ARV treatment and health services.

We are seizing the momentum to raise awareness and quickly expand access to pre-exposure prophylaxis (PrEP). Strong national commitments to scale up PrEP, adopting national policies and guidelines, setting ambitious targets and allocating sufficient resources will help countries to get the HIV response back on track and further reduce HIV incidence among key populations. I congratulate Indonesia for approving the national PrEP and HIV self-testing guidelines. PrEP is a breakthrough for HIV prevention, particularly in a country like Indonesia where half of the new HIV infections reported last year were among young people (15–24 years old).

We are also scaling up virtual interventions for HIV prevention across the internet to enhance social media outreach, particularly for key populations. In Cambodia this yielded a 420% increase in HIV testing among men who have sex with men and transgender people living with HIV, compared to the same period in 2020.



We continue to demonstrate how strong support for human rights are essential to strong HIV responses. The new ambitious 10–10–10 targets in the Strategy are generating renewed momentum to remove punitive and discriminatory laws that block effective responses to HIV.

A few weeks ago, New Zealand removed its remaining restrictions on entry, stay and residence based on HIV status. This still leaves 46 countries and territories that continue to impose some form of restriction on the entry, stay and residence of people living with HIV based on their HIV status, and I call on these countries to keep their commitment to remove these restrictions.

I salute the recent decision by the Appeal Court of Botswana, which upheld the 2019 High Court decision that laws which criminalize LGBT persons are a violation of human rights—the right to privacy, equality and non-discrimination.

The adoption of the Human Rights Council resolution on human rights in the context of HIV and AIDS in July, has helped keep a strong focus on actions required to meet the innovative targets on societal enablers. I thank all the member states who supported this resolution.

To advance the implementation of the Strategy in West and Central Africa at the highest political level, and with the support of Luxembourg and the Bill and Melinda Gates Foundation, we co-hosted the West and Central Africa regional summit on HIV/AIDS in Dakar, with H.E. President Macky Sall, and the Civil Society Institute. President Sall urged us all: “La lutte contre le VIH/sida doit rester plus que jamais d’actualité.” The Summit concluded with the Dakar call to action that urges stronger support for community-led responses, policies driven by science and data, increased investment in the HIV response and putting HIV at the centre of pandemic preparedness and response.

We will be following up on the commitments and establishing a follow-up mechanism which President Sall has committed to introduce to the African Union under his tenure as Chair in 2022.

Strong political commitment together with bold programme implementation makes all the difference. I salute Botswana for being the first country in Africa with a severe HIV epidemic to achieve “silver tier” status, approaching elimination of mother-to-child HIV transmission.

Holistic and comprehensive health services that respond to people’s needs across the lifecycle are an essential first step in the right to health. We are scaling up our support for the integration of HIV services with those for cervical cancer, mental health and noncommunicable diseases and SRHR. Through the Go Further partnership between PEPFAR, the George W. Bush Institute, Merck and UNAIDS, we are focusing on community engagement, awareness raising and demand creation, and policy advocacy and resource mobilization support for ending AIDS and cervical cancer across 12 Sub-Saharan African countries.

Morocco has integrated a package of HIV and COVID-19 services for prisoners into its prisons’ health strategy and established an approach for ensuring the inclusion of all people living with HIV and key populations in the national COVID19 vaccination plans. This is why the strong leadership from UNODC is so important to end AIDS among people who use drugs and people in prisoner and closed settings.

In sub-Saharan Africa, where six out of seven new HIV infections among adolescents are among girls, we launched the Education Plus Initiative to help drive momentum on the policy reforms and investments needed to ensure that every girl finishes secondary school, is safe, strong and protected from HIV. Five UNAIDS cosponsors are co-leading, Presidents, Prime Ministers and Education Ministers have made commitments, and civil society groups, including those



led by girls' helped to mobilize action and international partners connected to support. I am pleased to inform that five champion countries have already made head of state level commitments to join Education *Plus* (Benin, Cameroon, Gabon, Lesotho, Sierra Leone). Such Global Strategic Initiatives are essential to catalyse leadership and action at the country level as well as establish platforms for accountability!

These initiatives are even more pressing in the context of COVID-19 and supported by a range of activities on the ground. Let me give an example from Zimbabwe which also illustrates how the UN is delivering as one. Through the support of the UN Joint Team on AIDS, members of parliament have undergone training and support on Health and HIV, SHRH, HIV and GBV affecting adolescent girls and young women and key populations. The Government is now leading efforts to allocate a budget for family planning commodities which were previously 100% donor funded; align the education act with the country's constitution; prohibit school authorities from expelling pregnant girls; and remove the tax on sanitary wear with a view to reduce girl absenteeism in school.

The pathbreaking leadership and financing of the United States Government for the PEPFAR-DREAMS Partnership has served as an inspiration to all of us.

Across the world we demonstrated that while funding of UNAIDS accounts for less than 1% of all funding available for HIV activities in low- and middle-income countries, we make unique, essential contributions to the HIV response. Our life-saving partnership with the Global Fund is an example of complementarity, in which by providing technical support to countries and ensuring strong engagement with civil society, we have helped make Global Fund money work.

Since the Global Fund was established in 2002, UNAIDS has supported more than 100 countries to attract, implement and leverage more than US\$ 18 billion in Global Fund investments for HIV. In 2021, UNAIDS has helped countries in leveraging US\$ 883 million in their COVID-19 Response mechanism funding.

Tailored to the pandemic context in each country, this new model supports country efforts to mitigate the impact of COVID-19 on HIV programmes and develop interventions to bring HIV programmes back on track and expand their reach, while ensuring better attention to communities, human rights and gender considerations. Support is also available for other aspects of proposal development, including TB programme mitigation, and in areas related to strengthening community health systems.

We are less than a decade from 2030, and UNAIDS strongly supports the call for a successful 7th Replenishment of the Global Fund. Given the strong integration and synergies between the Global AIDS Strategy and the Global Fund's new strategy, we will strengthen our collaboration to reach the new global targets by 2025. I have no doubt that Peter Sands and his team at the Global Fund, and our team at the Secretariat and across the Joint Programme will do everything needed to demonstrate how we are working together to deliver breakthrough, life-saving results to end AIDS and ensure a successful replenishment.

UNAIDS continues to be a pathfinder for UN reform. This year, the work to strengthen organizational learning and accountability generated evaluations in 25 countries of the work of the Joint Programme. An evaluation on our efforts to prevent and respond to violence against women and girls concluded that UNAIDS has contributed to improved national strategies, protocols and government take up of programmes to address violence against women and girls. This is a critical area of work that we will strengthen, particularly in countries with high HIV prevalence where intimate partner violence can increase women's chances of acquiring HIV by up to 50%.

Let me end my review of activities in 2021 with my recent visit to Senegal where I saw the power of leadership in driving down new HIV infections. I met with Mariama Ba Thiam, an inspirational peer educator at a harm reduction programme in Dakar for people who inject drugs; the programme helps them protect their health and to secure economic independence. Mariama's approach works because it starts by considering people as human beings, connects them with medical and social services; it rejects failed punitive and stigmatising approaches and instead respects the dignity of every person; it involves frontline communities in provision and in leadership; and it recognises that access to the treatments enabled by the best science is a human right and a public good. We know what success looks like and it looks like Mariama.

## LOOKING AHEAD

As we look ahead, I emphasise the warning of my World AIDS Day message: If we fail to tackle the inequalities that are driving the AIDS pandemic, the world could face 7.7 million AIDS-related deaths over the next 10 years. Moreover, if the transformative measures needed to end AIDS are not taken, the world will *also* stay trapped in the COVID-19 crisis *and* remain dangerously unprepared for the next pandemic to come.

To end AIDS, we need to embrace a broader approach to pandemic response that tackles the inequalities that are fuelling and prolonging AIDS. Many of these missing pieces to fight HIV are also allowing the COVID-19 pandemic to continue and leaving us dangerously unprepared for pandemics of the future.

We have the opportunity to end AIDS by 2030, and you have adopted the bold Strategy to get us there. Now we need to implement the Strategy in every country and every community, and in doing, we will also accelerate the end of COVID and strengthen global pandemic preparedness. We know what works—now let's put that into action.

We know how to work with brilliant, resourceful and creative frontline communities that continue to demonstrate resilience, agility and innovation to reach even the hardest to reach people in the most at-risk communities. Together we can turn this moment of crisis into a moment of opportunity for transformation—if as leaders we seize the moment to work boldly and together to implement what we have committed to.

I cannot over-emphasize that we need to step up our support for communities on the ground—they know what works and require the resources and the space to lead, share their knowledge and experiences, and play their essential role of ensuring accountability.

We need to remove the legal, policy, programmatic and societal barriers that hold us back, and to scale up resources to unleash the power of local organizations to help us to stop every new HIV infection and end AIDS. Without empowering communities, we will not win against AIDS.

New scientific technologies must be made available to those who need them as a matter of human rights. These technologies include long-acting injectable medicine for HIV. Yet, its exorbitant price, from US\$ 25 000 to US\$ 48 000 per year in North America, makes this impossible in low and middle-income countries. We must shift the notion of health being treated as a commodity, to be traded and owned by the privileged few, to being recognized as a universal human right to be enjoyed by all, with particular attention to the most vulnerable and marginalized.

By applying the lessons of access to medicines from HIV to COVID-19, we can also help the world overcome the injustice we are facing today. It is unacceptable that today, more 3rd booster shots for COVID-19 are being provided in high income countries than the total number of vaccines given to people low-income countries. Because just 3.6% of people in sub-Saharan Africa have been fully vaccinated, COVID-19 is decimating our health workers, our teachers and community leaders.

We still have so much work to do to secure universal access to HIV treatment. Today, 73% of people living with HIV globally are accessing HIV medicines. But countries still need to increase the scale of provision in prevention, testing and treatment and eliminate all financial barriers. To do this and expand the fiscal space, developing countries need debt relief and debt cancellation, SDR reallocation and additional concessional financing and so on. We need as a world to invest in what is needed to end AIDS, recognizing that if we hold back or flatline now, we risk to undermine decades of international and domestic investment in HIV.

Everyone, everywhere is entitled to live in dignity in full enjoyment of their human rights; uniting around this fundamental truth will help us tear down barriers to accessing HIV prevention, testing, and treatment services.

We look forward to strengthen our work with you to apply what we have learnt and ensure that we complete our work to end AIDS and contribute to helping the world overcome all its pandemic threats.

## CONCLUSION

I'd like to pay special tribute to Dr Shannon Hader who will be leaving us at the end of the year. All of us have benefitted from Shannon's world class expertise and her dedication to ending AIDS. Shannon we wish you all the best in your future endeavours, and I thank you for your outstanding service to UNAIDS and decades of contributions to the HIV response.

This year we put in place the foundations we need to end AIDS by 2030. The challenge now is to deliver on that plan.

In spite of the challenging head winds of COVID-19, we were able to secure inspirational achievements for communities and countries affected by HIV and AIDS across the world. The AIDS movement continued to be the trailblazer in innovation, partnerships, and results. Now we need to build from these achievements.

This year also highlighted the tough decisions ahead for leaders showing that, in this crisis, the only way to be safe is to be bold in ending inequalities. With new focus on how inequalities drive HIV and other pandemics, we have the opportunity to build rights-based, human-focused responses to save millions of lives; in doing so we will not only be able to halt HIV and COVID-19 but also to make the world more pandemic-resilient for the future.

In partnership with you, UNAIDS will continue paving the way forward for rights, structural change and societal transformation, and will continue to push the boundaries of what the UN can do and deliver; because that is how we can end AIDS, as set out in our strategy.

Together we can end inequalities, end AIDS, end pandemics.

