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UNAIDS Programme Coordinating Board

# UNAIDS EXECUTIVE DIRECTOR REPORT



WITH 1.7 MILLION NEW HIV  
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RELATED DEATHS, ALMOST ONE  
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IN 2019, THE AIDS PANDEMIC  
CONTINUES AND THE COVID-19  
PANDEMIC CONTINUES TO SPREAD.

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## INTRODUCTION

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

Welcome to our 47th PCB meeting and our second virtual PCB meeting.

I was proud to commemorate World AIDS Day in Kinshasa, Democratic Republic of the Congo, with communities, partners and the Government of the Democratic Republic of the Congo. The country has successfully battled outbreaks of Ebola and is now battling COVID-19. There is modest progress in the AIDS response. These gains remain fragile in a complex humanitarian context, characterized by a weak health system and low investment in the health sector. In the Democratic Republic of the Congo, women and girls are three times more at risk of HIV infection than men and boys of the same age. Children continue to be left behind. We still have unfinished business.

I would like to acknowledge and thank the United States of America for its leadership on the PCB, especially as the Chair in 2020. Deborah Birx, your efforts on HIV and COVID-19 are well recognized and we deeply appreciate the support and engagement of the United States.

Thank you Achim Steiner, the United Nations Development Programme Administrator, for your leadership as chair of the Committee of Cosponsoring Organizations, and we are looking forward to working with Tedros Adhanom Ghebreyesus and the World Health Organization (WHO) in that role next year.

I wish to congratulate the World Food Programme (WFP) for being awarded the 2020 Nobel Peace Prize. WFP's efforts to ensure food security for all, particularly the most vulnerable women, men and children, including people living with HIV, have saved countless lives and prevented hunger and starvation in countries all around the world. We are honoured to have WFP as one of our Cosponsors, working with us to end AIDS.

As we develop the new global AIDS strategy and prepare for a United Nations high-level meeting on AIDS in 2021, I extend special thanks to the Secretary-General and Deputy Secretary-General for their continued leadership and support to UNAIDS. It is a special honour to welcome the Deputy Secretary-General to address the PCB today.



I would like to pay my respects and offer my sincere condolences to the Government of Eswatini on the passing of the Prime Minister, Ambrose Dlamini. We were honoured to have the Prime Minister for the launch of the Global AIDS Update in July, when we also celebrated Eswatini surpassing the Fast-Track Targets to reach 95–95–95.

Please join me to remember our colleague Saul Sengange, Senior Driver in the South Africa Country Office, who sadly passed away in September.

This PCB meeting comes just two weeks before the deadline to reach the 2020 targets within the UNAIDS 2016–2021 Strategy and the United Nations General Assembly’s 2016 Political Declaration on Ending AIDS.

My report to you on the status of the global HIV pandemic at this moment is one of deep inequality—of rapid progress for some and stalled or growing danger from HIV for others. A second pandemic in COVID-19 now makes the situation immeasurably more complex. Our choices are stark: get back on track by tackling this inequality rapidly and head on, with the expectation that progress for some can be realized by all, or watch as we slip further behind.

For some, the last decade has been transformative.

New tools and old lessons have been put to work—from HIV treatment to pre-exposure prophylaxis (PrEP), to differentiating HIV services, halting criminalization and using education as a tool to respond to HIV. We have seen what success looks like.

Where these have been used in combination and with urgency—where we have aligned policy with science, put sufficient funding to work in high-quality programming and built power in communities—we have seen new HIV infections and AIDS-related deaths plummet, even among some of the lowest-income countries and most affected populations.

But at the global level, we will miss each of the 2020 targets because progress for some has been offset by the majority of countries and communities where progress is not on track or are even facing growing HIV epidemics.

There has been progress in eastern and southern Africa, where new HIV infections have reduced by 38% since 2010. This is in stark contrast to eastern Europe and central Asia, which has seen a staggering 72% rise in new HIV infections since 2010. New HIV infections have also risen in the Middle East and North Africa, by 22%, and by 21% in Latin America.

Meanwhile, COVID-19 is knocking us even further off course. Yet even as it does, strong and resilient AIDS responses are proving powerful tools to fight COVID-19 from the medical, social and economic perspectives. We cannot get back on track to ending AIDS without tackling these and other pandemics together.

Globally, fewer people are being diagnosed with HIV and fewer people living with HIV are starting HIV treatment.

What do we do then in this moment?

I want to highlight three things that drive the rest of my report.

First: as UNAIDS we are focused on what are driving HIV infections and AIDS-related deaths. We can learn from what's going well. It is a combination of factors—cutting-edge medical technology widely available, a continuum of high-quality free services that work for people's lives, the absence of laws that drive people away from services and communities whose voices are strong and are responded to.

Second: in the face of inequalities, we need an AIDS response that meets that complexity. We do not need the same AIDS response in each region, country or for each population in a given city. We need detailed, focused strategies, and we can build them.

Third: pandemics are unique public crises. They require urgency and a multisectoral response. We cannot focus only on the health sector, social change, governance or finance. We need to focus on them all at the same time. As we move ahead in the AIDS response, we need to see at a granular level where we've failed to put all the pieces together and fill those gaps. We will not just end the AIDS crisis but help to build pandemic-resilient societies.

In my report, I will share highlights on how UNAIDS has continued to engage with urgency to address the colliding pandemics of HIV and COVID-19 and mitigate the socioeconomic impact of COVID-19 on people living with or at risk of HIV infection, while also maintaining our focus on supporting communities and countries to end AIDS and ensure a strong recovery from both pandemics. I will also talk about the outline of the new global AIDS strategy, the alignment of UNAIDS staffing with the strategy and our culture transformation work.

The inter-related change elements—strategy, culture transformation, alignment—will enable diverse stakeholders in the global AIDS response to respond to an evolving HIV epidemic and a disrupted global health architecture and development agenda and will review the institutional arrangements and funding modalities of the Joint Programme and the Secretariat. I am committed to use these critically important elements to set a new strategic direction for the global response and to strengthen and maximize the impact of the Joint Programme to the end of 2026 and onward to the end of AIDS by 2030.

## WE NOW KNOW THAT OUR HIV RESPONSES WILL ALWAYS BE THREATENED AND DESTABILIZED BY NEW PANDEMICS UNLESS WE ARE PREPARED AND ADDRESS LONG-TERM FRAGILITIES, INEQUALITIES AND INJUSTICES

With 1.7 million new HIV infections and 690 000 AIDS-related deaths, almost one in three due to tuberculosis, in 2019, the AIDS pandemic continues and the COVID-19 pandemic continues to spread.

A key lesson for us is that addressing our current pandemics and infectious killers is one of the best ways to prepare for future pandemics.

In countries around the world, the infrastructure, expertise and cross-sectoral relationships of the AIDS response are being mobilized to fight COVID-19. At the heart of this work is defending the gains in HIV—moving quickly to shift services to communities, fix supply chains and ensure continuity of care.

But from Latin America and the Caribbean to Asia to Africa, many successful responses have been built as epidemiologists and logistics experts from the AIDS response quickly retooled to respond to COVID-19. Laboratories have been expanded to conduct COVID-19 polymerase chain reaction testing. HIV testers and outreach workers have engaged in COVID-19 contact tracing. Activists have mobilized to push for access to COVID-19 testing and vaccines. We are learning every day about what works and what doesn't in building pandemic-resilient societies.

As we look to the future, other pandemics are likely. They present a very direct challenge to the AIDS response and to the communities we serve.

A piece in our new strategy is focused on taking the lessons from the AIDS response to build pandemic preparedness. As we work to end AIDS, focused daily on our mandate, we lift global capacity to respond, which helps governments and communities to recover and prepare. Doing so intentionally can help to build pandemic resilience for years to come.

## WE CONTINUE TO ADDRESS THE COLLIDING PANDEMICS OF HIV AND COVID-19 AND TO MITIGATE THE NEGATIVE IMPACTS ON PEOPLE LIVING WITH AND AT RISK OF HIV

Our most recent modelling of the COVID-19 pandemic's long-term impact on the HIV response shows that an estimated 123 000 to 293 000 additional HIV infections and 69 000 to 148 000 additional AIDS-related deaths will occur globally.

In more than 80 countries, UNAIDS staff are working with communities, governments and partners to respond to the dual COVID-19 and HIV pandemics and to build on the experience and infrastructure of the AIDS response.

Seventy UNAIDS country offices are participating in the national emergency planning and response to COVID-19, providing know-how and ensuring that people living with and at risk of HIV are included in national responses.

Reprogramming 50% of funds for the Joint Programme and the Secretariat, largely thanks to UNAIDS' strong core support, helped to meet emergency needs of populations and communities at the beginning of the epidemic and to catalyse larger contributions from major donors, the World Bank, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and United States President's Emergency Plan for AIDS Relief (PEPFAR).

Together with WHO and the United Nations Children's Fund, UNAIDS has monitored service disruptions and has supported networks of people living with HIV to understand community needs. To date, 50 countries are reporting and results are made available to all partners on a monthly basis. Eighty countries have completed network surveys of people living with HIV and 21 countries have completed key populations surveys—through these surveys, UNAIDS identifies needs and finds solutions to address them. For example, in the Philippines, through a survey of people living with HIV, 1000 people were identified who needed a refill of their antiretroviral therapy during lockdown. Through UNAIDS funding, a system for the home delivery of refills was quickly established and people not only got their treatment but a model was showcased for addressing service interruptions.

UNAIDS has advocated for and supported countries to overcome barriers towards extensive differentiated HIV services that allow people to access treatment in ways that are compatible not only with the pandemic but with their everyday lives. This includes not just multimonth dispensing of medicines but community-based services, easier access to prevention tools and more. Of 85 countries reporting in our dedicated COVID-19 portal, 55, including Malawi, Thailand, the United Republic of Tanzania, Viet Nam and Zimbabwe, have initiated multimonth dispensing since the onset of the COVID-19 pandemic. Countries that have temporarily adopted more liberal dispensing policies for people who are stable on HIV treatment include Burundi, the Dominican Republic, Ethiopia, Mozambique, Papua New Guinea and South Africa. A UNAIDS analysis of treatment data in 46 countries found that accelerated implementation of multimonth dispensing had by mid-2020 reduced by more than half the number of clinic visits. A number of countries, including Burundi, Eswatini, Guatemala and Myanmar, have expanded HIV self-testing as an alternative to facility-based testing.

UNAIDS has supported rapid work on supply chains across 15 countries representing a sample of the biggest antiretroviral therapy buyers as well as regional and different epidemic burden contexts, brokered emergency supplies to providers and directly helped to meet the emergency needs of key populations and people living with HIV where gaps emerged. UNAIDS worked with the Caribbean Sex Work Coalition to help national networks address sex workers' knowledge, HIV prevention and social support needs during COVID-19. In Jamaica, UNAIDS provided financial support to ensure that a transgender rights organization had personal protective equipment. Transgender issues were included in the national COVID-19 response.

UNAIDS has brought lessons on human rights from the AIDS response to the COVID-19 response, with a particular focus on key populations. UNAIDS developed a report on how COVID-19 public health orders and restrictions on movement were impacting the response to HIV and the human rights of people living with and affected by HIV. This was followed up with work, in seven countries, to address human rights concerns in the report.

UNAIDS is collaborating with the Africa Centres for Disease Control and Prevention, national authorities and development partners in six countries to support the roll-out of the Partnership to Accelerate COVID-19 Testing initiative by mobilizing the HIV community to assist with contact tracing, awareness-raising and demand creation in countries facing testing gaps for COVID-19.

# BUILDING ON 25 YEARS OF UNAIDS ACTIVISM FOR EQUITABLE ACCESS TO MEDICINES, UNAIDS HAS BEEN A LEADING ADVOCATE FOR A PEOPLE'S VACCINE AGAINST COVID-19, A VACCINE THAT EVERYONE CAN ACCESS, WHEREVER THEY LIVE, FREE OF CHARGE

UNAIDS is engaged in this work: to fight for people living with HIV and our constituencies—they are vulnerable groups that risk being left behind in accessing COVID-19 solutions—to support the Secretary-General's call for a People's Vaccine and to heed the lessons and honour the principles of the AIDS struggle.

UNAIDS has unique experience within the United Nations system in advocacy for equitable access and for engaging diverse stakeholders who do not normally have a voice in the United Nations.

The unprecedented challenge of this global pandemic requires all countries, and the United Nations, to put their best foot forward and draw on the best elements of our collective experiences and capabilities.

It would be a missed opportunity for the United Nations not to draw on UNAIDS' unique platform for joint advocacy when it comes to the equity aspects of the COVID-19 response.

We now know that nine out of 10 people in some of the world's poorest countries may miss out on a COVID-19 vaccine in 2021, at a time when wealthier nations have already bought up enough doses to vaccinate their entire populations nearly three times over by the end of 2021.

UNAIDS contributed to bringing together global civil society, sitting and former presidents, Nobel laureates, regional leaders and prominent academics behind the People's Vaccine Alliance.

With one vaccine (Pfizer/BioNTech) licensed, two further potential vaccines (from Moderna and Oxford University/AstraZeneca) currently being examined by the regulators, and with others to follow shortly, the People's Vaccine Alliance is advocating for the sharing of technology and intellectual property through the WHO COVID-19 Technology Access Pool and for fair allocation by using the WHO Fair and Equitable Allocation Framework.

We also advocate for affordable vaccines and distribution based on need and free at the point of delivery.

In collaboration with the United Nations Economic Commission for Africa, UNAIDS is supporting the African Union's African Vaccine Acquisition Task Team (AVATT). Established and chaired by Cyril Ramaphosa, the Chair of the African Union, and including the African Union Commission Chairperson, Moussa Faki Mahamat, Zweli Lawrence Mkhize, Strive Masiyiwa, Donald Kaberuka, Benedict Oramah, Amira Elfadi, John Nkengasong and others, AVATT is mobilizing financing, negotiating for doses through COVAX and directly from producers and helping to put in place the logistical and legal arrangement to enable a rapid roll-out across Africa. We are proud to have been invited to support this important collective initiative of the African Union.





# UNAIDS IS WORKING TO GET THE HIV RESPONSE BACK ON TRACK: A NEW STRATEGY AND NEW 2025 TARGETS

With less than two weeks until the 2020 targets expire, it is unacceptable that none of the global targets will be met. There will have been 3.5 million more HIV infections and 820 000 more AIDS-related deaths than if the world had achieved the 2020 targets. We have failed to protect children from HIV—there were 150 000 children newly infected with HIV last year, almost eight times higher than the target of less than 20 000 new infant HIV infections by 2020. There are 850 000 children living with HIV right now who are not on life-saving treatment.

And while we have the tools and commitments to avoid every new HIV infection, we are failing on HIV prevention. Every week, 5500 young women and girls aged 15–24 years are still becoming infected with HIV. Key populations and their sexual partners, including gay men and other men who have sex with men, sex workers, transgender people, people who inject drugs and people in prison, make up 62% of all new HIV infections.

The next global AIDS strategy is the road map we urgently need to get back on track to ending AIDS and I am grateful to the thousands of participants and partners that have contributed to cocreating it.

The annotated outline I am presenting to this PCB features the key components of the next strategy. In line with option 2, the outline reaffirms the vision of zero new HIV infections, zero HIV-related discrimination and zero AIDS-related deaths.

Through a people-centred, rights-based and community-led approach, the new global AIDS strategy will:

- Prioritize the actions that are proven to reduce new HIV infections, AIDS-related deaths and HIV-related stigma and discrimination.
- Achieve equitable outcomes for all populations and age groups. The strategy will combine HIV services with actions that break down the structural and legal barriers that prevent access to life-saving services and solutions. It will address stigma and discrimination, punitive laws, marginalization and exclusion.
- Empower countries and communities to build and sustain momentum, action and resources for a stronger and more resilient AIDS response.

The outline presents three strategic priorities that are inter-related—we will not end AIDS without achieving all three:

- The first priority focuses on bringing HIV prevention, testing, treatment and other relevant services to all people who need them in an integrated manner.
- The second priority centres on strengthening community-led HIV responses and promoting human rights and gender equality in the context of HIV.
- The third priority focuses on making HIV responses resilient, people-centred, agile and fully resourced, including in the context of other health or humanitarian crises.

The strategy puts people at the centre, especially the people most at risk and the marginalized.

The strategy is designed to guide data-driven responses that are tailored to each epidemiological context and to provide clear lines of accountability for different

stakeholders. It includes a set of ambitious but achievable targets for the end of 2025.

These targets:

- Include targets for the removal of societal and legal barriers to accessing services. We cannot reach 95% coverage of services if we do not address HIV-related stigma and discrimination and gender inequality and if we do not get rid of laws that criminalize the populations at the highest risk of HIV infection and block access to justice.
- Call for 95% coverage of a core set of evidence-informed HIV services: testing, treatment and viral suppression, combination prevention, sexual and reproductive health services and elimination of vertical transmission.
- Emphasize the importance of integrating the HIV response with efforts to achieve universal health coverage and the Sustainable Development Goals.

We have listened carefully during the latest phase of the consultation process, including the PCB's discussion at the pre-meeting. The zero draft of the full strategy that will come to the PCB at the end of January 2021 will reflect the convergence of areas and clear prioritization.

The next global AIDS strategy will inform the next United Nations high-level meeting on AIDS in 2021, as well as the negotiations for a new political declaration that is expected to emerge from that meeting.

It is critical that the strategy be adopted by mid-March 2021, in advance of the high-level meeting on AIDS, which we expect to be held in June 2021.

Each previous high-level meeting on AIDS and related political declaration has had a positive impact on the AIDS response and was an important vehicle for global solidarity and keeping AIDS on the international agenda. The past decade, including the 90–90–90 targets of the 2016 political declaration, has seen an important investment in the provision of antiretroviral therapy. The saving lives aspect is key and easy to communicate, which has made this prioritization easy in many countries. It is critical that the global AIDS strategy and the 2021 political declaration become a vehicle for a similar momentum to scale up and invest in HIV prevention.

## UNAIDS IS PUTTING A PRIORITY ON RENEWING AND FINANCING THE JOINT PROGRAMME

UNAIDS has welcomed the opportunity to learn and benefit from the findings and recommendations of the Independent Evaluation of the UN System Response to AIDS in 2016–2019.

This has contributed to the Joint Programme's evolution and will help to drive a clearer alignment between roles, accountabilities and resource levels so that UNAIDS delivers ever-greater value for communities and countries as they pursue their 2030 goals.

The experiences, diverse partnerships and people-centred and data-driven approaches of the Joint Programme—which the evaluation recognized as key strengths and successes of UNAIDS—are needed now more than ever. The evaluation is also a timely contribution to staff and stakeholder discussions on the transformation of UNAIDS.

The new Unified Budget, Results and Accountability Framework (UBRAF) will align to the global targets of the strategy and translate the Joint Programme's

priorities into action. It will have a fully articulated theory of change to inform prioritization and updated results and monitoring and evaluation frameworks to allow capturing of the Joint Programme's contributions and results at the country, regional and global levels. It will feature gender equality-related targets and will reflect more strongly the role of gender and actions to promote gender equality across all strategic results areas, as this is also key for HIV prevention.

The renewed Joint Programme's resource mobilization will be directly linked to its priorities and will reflect different funding level scenarios.

The core resource allocation processes across the Joint Programme will support a resourced, strategically prioritized and effective Joint Programme response, with enhanced transparency and accountability for results for people.

The Joint Programme will work to strengthen the operational planning and performance monitoring systems so as to be able to capture contributions and results at all levels where the Joint Programme operates.

The UBRAF will be developed through an inclusive process, building on the systems and practices of the refined operating model, under the leadership of the Committee of Cosponsoring Organizations and the PCB, in close consultations with stakeholders across the PCB. We will convene a multistakeholder consultation as part of the iterative refinement of the proposed UBRAF.

It will be supported by a strategic financing dialogue in 2021 with the aim of galvanizing support for a fully funded Joint Programme during the next strategy period.

Specifically, the development of the UBRAF will take place in early 2021 and will be informed by the PCB's consideration of the annotated outline of the next global AIDS strategy at its 47th meeting, as well as by the evaluation and management response.

In May 2021, the proposed UBRAF will be submitted to the Committee of Cosponsoring Organizations for endorsement, ahead of its submission for consideration at the 48th meeting of the PCB in June 2021.

The UNAIDS Transparency Portal has been upgraded and renamed the UNAIDS Results and Transparency Portal, in an effort to highlight the country- and region-focused results of the Joint Programme. It includes 94 country and six regional reports that were published this year on achievements in 2019. As you know, the portal showcases up-to-date financial, strategic and programmatic performance data, available to the public in a visual and comprehensive manner. We will continue to improve the UNAIDS Results and Transparency Portal for enhanced Joint Programme visibility, transparency and accountability

The financial situation has been stable during 2020 and we thank our donors for their timely contributions. Income mobilized to date for 2020 is US\$ 182 million and is estimated to reach US\$ 194 million (with the full United Kingdom of Great Britain and Northern Ireland pledge of £15 million) and achieve US\$ 7 million above the core approved budget of US\$ 187 million.

Core Secretariat expenditure and encumbrances as at 30 November 2020 is US\$ 122 million, against the approved core budget of US\$ 140 million, estimated to amount to US\$ 184 million for 2020 (US\$ 47 million for the Cosponsors and US\$ 137 million for the Secretariat).

Based on the above estimates, the net fund balance at the end of 2020 would stand at US\$ 107.4 million, in line with the approved minimum level of US\$ 107 million.

The fund balance of the UBRAF is the Joint Programme's working capital. It enables the transfer of funds to Cosponsors at the beginning of each year and enables the Joint Programme to operate without interruption.

## RESETTING OUR PARTNERSHIP WITH THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

A year ago, UNAIDS and the Global Fund signed a new Strategic Framework Agreement. In this new challenging context, we have advanced our collaboration through hundreds of engagements with countries in order to model their epidemics, assess their spending, estimate and locate their key and vulnerable populations, synthesize data from a multitude of sources and help to design the strategies and programmes informing Global Fund applications and investments.

The Executive Director of the Global Fund, Peter Sands, and I have agreed on a more systematic collaboration on strengthening health systems and pandemic preparedness. We are deepening our collaboration around five areas:

- Strategic information.
- Sustainable country responses.
- Prevention and treatment access and community engagement.
- Human rights, gender equality and community service delivery.
- COVID-19: resilience and innovation in crisis situations.

We are also ensuring the close alignment of our strategies. The UNAIDS Secretariat embarked in wide-ranging consultations with the Cosponsors to deliver 10 consensus messages across the Joint Programme to inform the new Global Fund strategy, particularly inputting on the strategic focus of Global Fund investments, what essential enhancements are needed in its operational model and highlighting those priorities for greatly needed additional HIV funding. Likewise, we have invited the Global Fund to actively participate in the development of the next global AIDS strategy.

The strength of our partnership is our complementarity, ensuring that Global Fund financing works for those people most affected by the HIV epidemic. UNAIDS provides global technical guidance as well as political advocacy and active involvement through our network of country offices that participate as members in more than 72 Global Fund country coordinating mechanisms.

Across 16 countries in western and central Africa, we are working together to revolutionize the role of civil society in the AIDS response and health more broadly, through the recently established Civil Society Institute for HIV and Health in West and Central Africa.

We are delighted to have the Global Fund as a new partner in the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination. The partnership works hand-in-glove with the Breaking Down Barriers initiative to accelerate progress in 18 countries. UNAIDS has provided critical support to each of those countries to ensure that their new grant applications increased funding allocations for human rights and gender-related programmes and included human rights action plans.



We are currently exploring strategic collaborations with the Global Fund to address human rights-related barriers and gender inequalities and ensure that adolescent girls and young women benefit from effective and innovative HIV prevention technologies and approaches.

The UNAIDS Technical Support Mechanism funded by PEPFAR adapted rapidly to country technical assistance demands. Eighty-two per cent of Global Fund Window 1–2 and 3 countries received UNAIDS-led technical support from multidisciplinary teams, including for:

- Improving the focus on key population programmes with greater funding.
- Strengthening investment in well-structured community-led responses.
- Increasing funding allocations for well-integrated stigma reduction, human rights and gender interventions.

The Global Fund has approved 90% of applications from UNAIDS-supported Window 2 countries, with high success rates across all regions.

In addition, the UNAIDS Technical Support Mechanism provided direct support to Chad, Kazakhstan, Kenya, Lesotho, Uganda and Zimbabwe to access more than US\$ 100 million to adopt critical service delivery adaptations (multimonth dispensing of antiretroviral therapy, PrEP, condoms, opioid substitution therapy, etc.) that will protect HIV investments and programmes from the impact of COVID-19.

## WE MUST DEVELOP AN ORGANIZATION THAT IS FIT TO DELIVER ON OUR GOAL OF ENDING THE AIDS EPIDEMIC, IS RELEVANT TO THE CURRENT GLOBAL CONTEXT AND IS POSITIONED TO BEST LEVERAGE THE RESOURCES OF THE REFORMED UNITED NATIONS SYSTEM IN COUNTRIES

UNAIDS is pursuing an ambitious change agenda, with three major streams: the new global AIDS strategy, culture transformation and alignment.

Equality is the change agenda's red thread. The global AIDS strategy will have a greater focus on fighting the inequalities on which HIV thrives. The culture transformation is about equalizing our workplace and using a feminist approach, making it safe, equal and empowering. The alignment is about bringing us closer to our mission and those we serve.

As we see from the UNAIDS Secretariat Staff Association statement, change can create anxiety. This can be allayed through strong, inclusive processes. A set of principles underpin each change stream and are in themselves important organizational changes within UNAIDS: staff engagement, delegation and empowerment and accountability.

I ask for the PCB's continued support in pursuing this change agenda.

An alignment process has been launched. Its objectives are:

- To align our structure with the new strategy and achieve our highest impact.
- To be financially sustainable and cost-effective.
- To increase diversity and gender equality so that we are credible and legitimate.

- To become a knowledge-driven secretariat optimizing the use of digital technology in our work.
- To increase our relevance by alignment with United Nations reform and especially within the work of the United Nations on pandemic preparedness.

An Alignment Task Team (ATT) of 20 staff from different levels and from across the Secretariat has been appointed to lead consultations with staff and to contribute to an open and transparent alignment exercise. The team will gather and synthesize views from colleagues across the organization, provide advice and act as a sounding board. The group includes members of the UNAIDS Secretariat Staff Association, UN Plus (the global group of United Nations staff who are living with HIV) and Young UN, as well as the leads for the global AIDS strategy and the culture transformation teams.

The ATT is led by the Alignment Coordinator, whose main responsibility is to lead strong staff engagement so that our transformation is transparent, fair, inclusive, respectful and follows our objectives and ways of working. It must bring the best thinking of the entire staff into the process. The alignment will require strong communication to ensure that staff, the PCB and other stakeholders are adequately informed and give their input.

The Department for Human Resources Management will ensure that the alignment follows due process, as set out in the staff regulations and rules, is consistent with UNAIDS policies and procedures and responds to relevant United Nations system-wide reform mandates.

The alignment process will be an inclusive exercise moving at pace in order to minimize and put to rest staff concerns. We need to put in place an office and departmental structure optimally shaped to deliver our objectives and to ensure the greatest impact of our work in the HIV response.

## INTERNAL TRANSFORMATION AND BUILDING TRUST

As I mentioned in our last PCB meeting in June, we are transforming our internal culture in line with the objectives of the Management Action Plan. Informed by feminist principles, we are working to co-create an equal, safe and empowering workplace so that all staff deliver at their best and maximize their collective results.

I am pleased to see colleagues raising issues, listening to each other and reflecting together on how to live our values.

We commissioned Gender at Work, a collective of feminist organizational development experts, to support UNAIDS on culture transformation.

We are using a gender action learning framework that combines feminist thinking and practice with insights from organizational development.

The framework provides a platform for joint reflection, action and learning for an inclusive and just organization—a UNAIDS that is equal, safe and empowering for all.

The gender action learning framework has also provided us with an opportunity to respond to the call of the Secretary-General to address racism within our organization. I am proud that UNAIDS had responded quickly to the rise of the Black Lives Matter movement and has held conversations on racism across the organization. We have developed an action plan and are starting to address the issues raised during our conversations.



A diverse team of UNAIDS staff drawn from all regions, Change Agents, is working closely with Gender at Work to lead the process and support the implementation of actions aimed at changing our culture and championing the principles underpinning the transformation.

Currently, UNAIDS staff are exploring what intersectional feminism means to us at UNAIDS. For example, some feminist principles important to me are self-awareness, care for self and others, sharing and responsible use of power, giving and valuing constructive feedback, mutually owning goals and holding ourselves accountable, and zero tolerance for any form of discrimination and abuse of power.

Following this exploration phase, we are moving to prioritizing and implementing the actions that will contribute to the new culture in 13 duty stations that have more than 70% of all staff. We will also engage all staff in team reflection and actions that contribute to anti-racist behaviour and to engage with all staff in reviewing and socialization of related policies and procedures that drive incentives for the new culture, such as the recently approved policy on preventing and addressing abusive conduct. We will offer trauma healing services to colleagues in need, those who have been affected by racism and other abusive and discriminatory conduct in UNAIDS.

Change must begin at the top. Even as culture transformation is a whole-of-UNAIDS effort, a greater responsibility lies with managers. Last week, members of the Cabinet and Senior Leadership Team developed a first set of personal commitments on culture transformation.

We believe that our work in transforming our culture does not stand alone. It impacts on all that we do and it needs to be reflected across all our key workstreams. For this to happen, our team leading this work is collaborating across other workstreams, such as the strategy development, as well as the institutional alignment. How we will conduct the alignment, for example, will be a test case for our culture transformation.

## IMPROVING INTERNAL POLICIES, SYSTEMS AND PROCEDURES

I have placed a major focus on deepening and implementing the Management Action Plan. We will continue to share progress and keep you engaged, including through our annual reports on strategic human resources management issues.

We intend to institute major overhauls of our policies on mobility and recruitment, taking into account our revised human resources delegations of authority framework, which will move more decision-making on staffing to regional and country offices, and Cabinet has recently reviewed and endorsed a new policy on preventing abusive behaviour. Our recently concluded staff survey will shape further actions.

Some steps we have taken this year are the following:

- Launched Workplace, UNAIDS' first internal communications platform enabling staff to share accomplishments, information, news and other issues.
- Regular town hall meetings, including an all-staff briefing on the outcomes of each PCB.
- Our COVID-19 duty of care response has been a top priority and received strong positive feedback from staff. A crisis committee met weekly and increased all-staff communications and all managers were encouraged to meet teams frequently and to review workloads.

- Hired a Well-being Officer, who has delivered individual and group sessions to staff members.
- Institutionalized the Senior Leadership Team and the Cabinet, strengthening accountabilities and collective decision-making.
- Delegated financial and now human resources decision-making to speed up process flows and empower country and regional teams to make decisions that respond to their contexts. We will apply the principle of subsidiarity. We are recruiting human resources business partners for the Asia–Pacific region and in sub-Saharan Africa.
- Appointed senior women from the global South to lead key change processes and made gender equality and diversity an important internal priority.
- Opened an opportunity for national officers to join the international staff category, which has been well received by staff.
- Taken action on high-profile cases of misconduct and informed staff in order to signal an end to impunity. We are following a pending case.
- Adopted a new policy to prevent and address abusive conduct that covers sexual and other forms of harassment and abuse of authority.
- Launched a management-led global staff survey, which had a good level of participation.
- Taken steps to strengthen internal justice systems to uphold due process, move with pace and be victim-centred. We have a robust draft of a new service delivery agreed with the WHO Office of Internal Oversight Services, which we aim to have in place in January. We are grateful to the Office of Internal Oversight Services for its collaboration in this effort.

We had two disciplinary and other corrective action cases in 2020, compared to seven in 2019. In 2020, we have received six requests for administrative review, compared to 15 in 2019 and 11 Global Board of Appeal appeals were submitted in 2020, down from 15 in 2019.

I am following up on a pending Office of Internal Oversight Services report received by WHO, as agreed between WHO and UNAIDS, in 2018. I have asked WHO to expedite this matter so we can take forward its recommendations without further delay. I am very keen that we draw lessons from institutional issues brought to light, so that UNAIDS can learn and grow as an organization and also contribute to United Nations system-wide efforts.

This is a journey that we all understand will take time and commitment by all to accomplish our vision of an equal, safe and empowering UNAIDS for all. At the end of 2021, we will take stock of overall progress; that is, what has changed and how have we changed? We will also reflect on how to sustain the progress and build on it in the future—our transformative journey will not stop there.

## CONCLUSION

I thank the PCB, the Cosponsors and other stakeholders for their continued support of UNAIDS: the vision, voice and conscience of the global response to HIV.

With the guidance and support of the PCB, over the next five years UNAIDS will champion the implementation and accountability of a new global AIDS strategy and its link to the next United Nations high-level meeting on AIDS.

We will ensure that UNAIDS is equal, safe and empowering and that our staff are performing the right functions in the right places to deliver strongly on our mandate.

I would like to thank the incredibly committed staff of UNAIDS, who in an extraordinary year have persevered and delivered strongly. My special thanks to our information technology team and to our governance and strategy teams. UNAIDS staff have embraced change and adapted quickly to new, mostly virtual, ways of working. I am proud to be part of this dedicated team working towards ending AIDS.

