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Opening of the 50th meeting of the
UNAIDS Programme Coordinating Board

UNAIDS EXECUTIVE DIRECTOR REPORT



THE AIDS PANDEMIC IS A CRISIS
THAT TAKES A LIFE EVERY MINUTE.
WE COULD END AIDS BY 2030 BUT
ONLY IF WE ARE BOLD IN OUR
ACTIONS AND OUR INVESTMENTS.
IT IS FAR MORE EXPENSIVE TO
NOT END THE AIDS PANDEMIC
THAN TO END IT. THE CURVE WILL
NOT BEND ITSELF. WE WILL HAVE
TO PULL IT DOWN.

Good afternoon members of the PCB, Minister, Ambassadors, Friends and Colleagues

Welcome to the 50th meeting of the PCB.

I would like to pay my respects and offer my sincere condolences to the family of Daniel (Danny) Graymore. Danny made such important contributions to the work of UNAIDS and the global AIDS response. As Chair of the UNAIDS Programme Coordinating Board we remember his deep commitment to the wellbeing of young women and key populations and to inclusive governance and the role of people living with HIV. Danny helped me to transition in my new role as Executive Director and I remain grateful to him. He was a skilled diplomat and a very kind human being.

I will start my report by reflecting on the wider and challenging context facing the global AIDS response. I then want to describe how we are seeking to address this challenging and rapidly-changing reality as we roll out the new global AIDS strategy. Third, I will share with you the financial outlook for UNAIDS. Fourth, I will dedicate some time to describe the transformation process underway for UNAIDS, followed by a brief overview of how we are strengthening our governance. Finally, I will share some immediate opportunities.

MULTIPLE, OVERLAPPING AND COMPOUNDING CRISES THREATEN TO REVERSE OUR GAINS IN HIV

Any assessment of the last six months must begin by sounding the alarm at the multiple and overlapping crises that are having a devastating impact on people living with, and affected by, HIV as well as the global HIV response more broadly.

Next month we will release the Global AIDS Update. It will show a global AIDS response under severe threat. While we still see remarkable resilience in efforts to stop the AIDS pandemic in many places, especially where they are rooted in communities, we also see many worrying signs. Urgent action is needed in the face of these crises.

The COVID19- pandemic is far from over and the war in Ukraine has worsened inflation, food and fuel prices, violence against women, and slowed economic growth.

Let me start with how the global economic crisis is hampering our efforts to end AIDS.

After two years of fighting COVID-19, the world economy was starting to recover, although unevenly. Today, 60 per cent of the poorest countries are in debt distress or at high risk of it. Debt servicing for the world's poorest countries reached 171% of all spending on healthcare, education and social protection combined. In this context, HIV programmes in far too many communities cannot afford to keep their doors open.

Growth prospects have come down to 2,5% globally. The World Bank Macroeconomic projections foresee that 52 countries will face a significant drop in their spending capacity through 2026. These 52 countries are home to 43% of people living with HIV worldwide. Prior to COVID-19, several of these countries had increased their domestic investment in their national HIV responses, some covering up to 70–85% through national resources. This is now at risk.

Our work in HIV is also impacted by disasters from historic floods in South Africa, to a terrible climate-induced drought in the Horn of Africa. Forced displacement is at record levels this year and 161 million people face acute food insecurity. Consequently, not only does the HIV response compete for resources, but the HIV virus faces communities far more vulnerable to it. Indeed, across some of these communities we now see rising HIV rates where we previously saw falling rates.

Key populations are particularly vulnerable in the context of crisis. Our Asia Pacific team has been doing pioneering work on strategic information and one of their stark findings is that in specific locations, HIV rates are rising not falling for key populations in the last few years. This is a worrying trend. Coming on the heels of war and conflict in Ethiopia, Yemen, Syria, Myanmar, instability in the Sahel among others, the war in Ukraine is having a profound impact on people's security and well-being.

The multiple impacts of the COVID-19 pandemic continue to unfold. Last year we saw worrying trends—an overall slowing of progress in reducing new HIV infections globally and more regions with growing HIV epidemics.

This is not surprising. During COVID-19, HIV testing and harm reduction services were disrupted and voluntary medical male circumcision suspended. In many countries, schools were closed. Surges of gender-based violence, forced and child marriages and teenage pregnancies were reported. I am particularly concerned about adolescent girls and young women. In sub-Saharan Africa, more than six

in 10 new HIV infections in 2020 were among women and girls, with adolescent girls and young women (aged 15–24 years) accounting for 25% of HIV infections in 2020, despite representing just 10% of the population.

Amidst these challenges, there is good news: In many communities, including many with the highest burden of HIV, we see continued progress even in crisis. These are countries where the Global Fund or PEPFAR, UNAIDS, implementing governments, and civil society have created a strong partnership with sufficient funding and high-quality services to form a pandemic response that is resilient and can withstand shocks.

Unfortunately, this bright spot of resilience is also threatened by reductions in overseas development assistance (ODA) for HIV, global health and beyond.

I am confident that the Global AIDS Strategy, which focuses on closing the inequalities that drive the AIDS pandemic, is exactly what is necessary to overcome these crises. We, as the Joint Programme have set out in detail, plans, budgets, and approaches to deliver, even in these challenging times with your support.

I want to tell you more about what we are doing right now.

How our new practice in Equitable Finance is working to open opportunities for countries to avoid austerity that could derail the AIDS response; how our work is helping countries to improve the legal and policy context can make HIV testing and treatment programs more effective without new money; how the approach of a Joint-Programme with 11 UN co-sponsors is rising to the challenge of humanitarian crisis and COVID recovery even as we work to bring cutting edge technologies to those who need them most.

HUMANITARIAN RESPONSE

I want to take a moment to talk about Ukraine and how the Joint Programme has responded to urgent needs. This is, of course, just one place that war and humanitarian crisis has been disruptive to HIV services—from Myanmar to Ethiopia to Mozambique and beyond.

The Joint UN Programme has been in Ukraine working as co-sponsors and secretariat since the outbreak of the war in February 2022.

Top priority has been to ensure the continuity of HIV treatment and services, including for those seeking refuge in neighboring countries. The Joint Programme has been actively engaging with partners especially civil society and with government, PEPFAR, and Global Fund to ensure that supplies of HIV medicines reach Ukrainians inside and outside the country. I'm glad to report that sufficient ARVs have been secured to meet urgent treatment needs of people living with HIV in Ukraine for one year. We've worked to strengthen systems for health in neighboring countries to cope with the influx of refugees in need of HIV services from Ukraine.

The issue is not just pills, though. Many of the most urgent needs lie with health, social support, housing, and human rights protection for people living with HIV and key populations.

The secretariat provided funding to regional communities and key populations networks to support coordination of activities addressing the needs of key populations and maintaining access to services. More is needed to address the financial and technical support needs of CSOs to continue the important facilitation role they play in this crisis.

UNAIDS has put out a call for \$2.4 million to support civil society organizations providing HIV services in Ukraine and in countries receiving refugees in need of HIV services.

There is a risk of interruption of Opioid Substitution therapy for around 1500 people who use drugs—15 OST sites have been closed in areas with intense fighting. UNAIDS' emergency funding has helped to sustain harm reduction services for people who use drugs and services for people living with HIV., UNODC and UNAIDS have developed an emergency plan to mitigate interruption of OST for prisoners.

The HIV response in Ukraine and neighboring countries remains high on UNAIDS' agenda. UNAIDS established a crisis team for Ukraine, responsive to needs as they emerge, and adopted an action plan which includes strengthening of human capacity to support Governments and partners in the region to cope with the impact of the war on HIV and health in general. In addition, senior leadership at UNAIDS is at the disposal of UNAIDS crisis team to ensure timely decision making on critical issues affecting the HIV response in the region. The Ukraine crisis is a standing agenda item for UNAIDS' weekly cabinet meetings.

We also introduced some changes to strengthen our capacity in the region. I have appointed an acting Director for the Regional Support Team in EECA. Hubs have been established in the region to improve coordination and support provided to partners—A hub in Bonn, Germany for overall oversight of work in the region, other hubs in Ukraine and Moldova where we have engaged additional consultants to respond to the crisis.

The EECA region has a growing HIV epidemic which risks being exacerbated by the war. UNAIDS has engaged with donors to highlight cost implications of the



impact of the humanitarian crisis and seek their financial support to safeguard and strengthen the HIV programmes across the EECA Region. \$22 Million is needed over the next three years to sustain fragile HIV programmes to address critical programme and human rights challenges that are holding back progress in the region.

I salute grass-roots organizations that have been a lifeline for many people, providing them with humanitarian aid and HIV medicines even in areas of intense conflict and often risking their own lives. The resilience of the networks of community-led services, built up over decades, has enabled the HIV response to continue so effectively despite the tremendous difficulties involved.

Thanks to our long-standing presence in the EECA region, our close collaboration with civil society and Government leaders, and our strategic partners Global Fund and PEPFAR, life-saving HIV services have been sustained, we have supported Governments in responding to needs of people living with, and at risk of, HIV in the affected countries.

And the Ukraine war is not only a crisis for Ukraine—it has worsened financial constraints in developing countries and has led to developed countries reducing aid. There are global impacts.

IMPLEMENTATION OF THE GLOBAL AIDS STRATEGY HAS BEGUN

Our bold and visionary Global AIDS Strategy 2021–2026. End Inequalities, End AIDS is now reflected in our structures, our work plans, and—most importantly—in our ways of working.

During the first half of this year, I have had the privilege to engage with our staff, cosponsors and partners doing critical work in countries across the world, through Regional Cluster Meetings. Together, we set out how to apply the visionary Global AIDS strategy in practice, in all our diverse regions and countries, to overcome all the barriers to ending AIDS. The Regional Cluster Meetings have mobilized excitement and lit the pathway for success.

It was really special to connect and engage with our leaders in countries across the organization, having joined and led UNAIDS for 2 years of the COVID-19 pandemic when many colleagues were cut off from each other.

We are the only Joint Programme of the UN. We bring together 11 entities and the whole range of technical expertise and political reach needed to achieve the end of AIDS. We continue to innovate and to improve this unique model, leveraging the comparative advantages of our Cosponsors and the power of collaboration.

At our last meeting of the Committee of Cosponsoring Organizations (CCO), we agreed to launch a set of Global Strategic Initiatives that I am glad to get to share with you.

These are time-limited efforts, drawing on the strength of combined mandates of a few specific co-sponsors, designed to drive impact on a key piece of the Global AIDS Strategy where elevated political and programme attention can make big change.

The Education Plus initiative, which we launched last year, is co-led by UNESCO, UNFPA, UNICEF, UN Women and UNAIDS, and addresses girls' risk of HIV infection in sub-Saharan Africa. You'll hear much more about this in the thematic session on Friday.

Education Plus brings governments, donors, civil society, girls' movements and the UN together, to support governments to put in place the right policies, and make investments needed, to deliver free secondary education for all children, and include in that sexuality education, sexual and reproductive rights, violence-free environments, and effective school-to-work transitions.

The adoption of the 2021 Ministerial Commitment on education and health for the wellbeing of adolescents and young people was an important landmark. Ministers of Education, Youth, Gender and Health from East and Southern Africa endorsed the Education Plus Initiative and committed to connect education, health, social service systems and to position schools as an entry point for HIV support, protection and referrals of adolescents.

I am delighted that we now have 8 champion countries (Benin, Cameroon, Gabon, Lesotho, Malawi, Sierra Leone, South Africa and Uganda), where policy shifts are already happening.

For instance, South Africa and Cameroon have enacted policies to keep pregnant girls in school, while connecting them to the necessary social protection and psychosocial support. In Sierra Leone, the objectives of Education Plus have been integrated into the new Education Sector Plan, while Lesotho is preparing a School Retention policy to keep learners in school and has begun a process to follow up on girls who did not return to school after the COVID-19-related school closures in the last two years.

Let me mention Sierra Leone one more time for having integrated comprehensive sexuality education into school curricula, guaranteeing that no-one is left behind by ensuring that all materials are translated into braille for the visually impaired learners. Comprehensive sexuality education is a key component of prevention of HIV and sexually transmitted infections for adolescents and young people. This is inclusion in action! And I am sure the Minister will talk about this on Friday.

We will have the opportunity to hear about more good practices underway on Friday during our PCB thematic segment on Positive learning: harnessing the power of education to end HIV-related stigma and discrimination, empower young people and provide a comprehensive HIV response.

A second GSI approved by the CCO, the Alliance to Eliminate HIV in Children is co-led by UNICEF, WHO and UNAIDS. It addresses the unacceptable fact that children are lagging far behind adults in accessing HIV treatment and that progress on eliminating vertical transmission has stalled in recent years. Almost half (46%) of the world's 1.7 million children living with HIV in 2020 were not getting HIV treatment. The number of children on treatment globally has declined since 2019. The Alliance will be soft launched at the International AIDS Conference in Montreal on 1 August followed by a global launch later in the year in a champion country.

The third GSI that the CCO approved is focused on achieving the 10–10–10 targets from the Political Declaration through an initiative anchored by UNDP and others. During our previous 5-year strategy, countries without punitive laws made significantly more progress on the 90–90–90 testing and treatment targets. This GSI will support governments to improve their law and policy environments and, in doing so, improve their HIV outcomes—removing criminalization of people living with HIV and key populations that undermines HIV services.

I am also pleased to report that the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination continued its critical mission to end stigma and discrimination across six sectors: healthcare, justice, education, workplace, households, and humanitarian. Since we last met, the Global Partnership has supported 29 countries to translate commitments to end HIV-related stigma and discrimination into measurable legal, policy

and programmatic change on the ground. Let me extend my appreciation to GNP+ under whose leadership the Partnership has built communities' capacity to effectively advocate for their rights and meaningfully participate in multistakeholder mechanisms and plans. In terms of results, 20 countries have accelerated efforts to tackle stigma and discrimination, 19 have advanced law reform and/or increased access to justice for key populations, and 8 are developing targeted legal and political advocacy campaigns to further the decriminalization agenda.

I can't repeat it often enough: Only when we end stigma and discrimination, can we end AIDS.

Key populations—gay men and men who have sex with men, transgender people, sex workers, people who inject drugs and prisoners—are at heightened risk of HIV and other life-threatening infections due to their marginalized status in society, the discrimination and violence they experience, and the laws, policies and practices that seek to punish them.

Beyond the GSIs, which you will be hearing more about, our work continues to address the key inequalities driving HIV today.

To address the rights and needs of key populations, and in follow-up to the high-level regional summit on HIV/AIDS in West and Central Africa, UNAIDS and the Civil Society Institute held a consultation focusing on key populations.

Thank you to the government of Cape Verde for your leadership in hosting the consultation which brought together 200 participants from across 24 countries.

This was an important convening—many of the participants are criminalized in their countries—they are leaders fighting for human rights.

Recommendations that emerged included addressing violence, discrimination and criminalizing measures affecting key populations in the region and developing country action plans on key population issues.

I am proud of this work. We at the United Nations have the privilege of convening, the power of evidence, the capacity to mobilise and influence, to stand up for human rights and defend the rights of citizens across the world.

Since we last met, UNAIDS has continued to respond to human rights crises, to keep HIV high on the UN human rights agenda, and to intervene as *amicus curiae* in significant court cases.

Last month, we celebrated the settlement of a case brought by a Chilean woman living with HIV who was sterilized without her consent shortly after giving birth twenty years ago. While the case concerned one woman, this injustice of forced sterilization, has and continues to affect women living with HIV across many countries. I commend the President of Chile, Gabriel Boric Font, for issuing a public apology, acknowledging international responsibility for this human rights violation.

While new HIV infections decreased globally by 31% between 2010 and 2020, there were 1.5 million HIV infections in 2020. The Global HIV Prevention Coalition has reported commendable reductions in some countries contrasted by increasing trends in others.

I want to applaud nine African countries (Cote d'Ivoire, Zimbabwe, Eswatini, Malawi, Uganda, Lesotho, Cameroon, Ethiopia, Kenya) for remaining on track to achieve the 2025 targets. Through a combination of increased access to treatment of HIV and good coverage of at least some primary HIV prevention programmes promoting access to condoms, PrEP and voluntary medical male circumcision, new HIV infections declined by between 53% and 72% from 2010 to 2020.



We continued to push the science so that it reaches those most in need.

Recent scientific developments, such as long-acting HIV technologies that include injectables for HIV prevention and treatment, hold great potential. Prevention options, in particular, need to be expanded so that people can choose methods that work best for them, at different times of their lives. The monthly Dapivirine vaginal ring, for example, can give women more control over their health and bodies. We need to get it to them.

UNAIDS is building an alliance on access to long-acting HIV technologies and is actively engaging with cosponsors, scientists, private sector and civil society to take this forward.

In early April, I convened members of UNAIDS's Scientific and Technical Advisory Committee (STAC) who assessed that long-acting PrEP can be manufactured affordably and, later that same month, I met with Deborah Waterhouse, the CEO of ViiV Healthcare, and urged that the licensing and pricing of cabotegravir long-acting injectables (CAB-LA) urgently be addressed.

Unfortunately, when it comes to COVID-19, the HIV community has continued to relive a dark chapter, reminiscent of when the first antiretrovirals came to market. Last week's WTO meeting did not bring the changes we had hoped for. The global rules of trade and intellectual property continue to allow for-profit companies to set public health policy during global health emergencies. And they are choosing profits over saving lives.

The People's Vaccine Alliance, which I co-chair, stands for a full TRIPS waiver of intellectual property rights for COVID-19 tools, the pooling of technology and know-how, and support for local production.

A new alliance on access to long-acting HIV technologies will help boost and trail-blaze the way forward for equitable access to life-saving pandemic technologies and medicines. We have no time to lose, the next pandemic may be sooner than we expect.

FINANCING THE AIDS RESPONSE

In over 80 countries, UNAIDS Joint Teams on AIDS help to ensure that national HIV programmes are evidence informed, targeted and prioritized and that international and domestic funding for HIV is efficiently used. Working in close partnership with PEPFAR and the Global Fund, UNAIDS helps to coordinate strategic technical support, address obstacles to delivery and to make the money work for people.

I am pleased to report that UNAIDS support to the PEPFAR Country Operational Plan (COP) processes, this year, has included 25 countries and 3 main regions. I look forward to hearing the brilliant John Nkengasong, the U.S. Global AIDS Coordinator and Special Representative for Global Health Diplomacy share more about his vision for PEPFAR at this meeting.

UNAIDS work with PEPFAR has addressed stigma and discrimination and human rights to ensure the achievement of the new 10–10–10 targets as well as the scale-up of community-led monitoring and tailored sustainability responses.

The entire Joint Programme works extensively with the Global Fund to develop the new technical documents and application materials for the next grant cycle, and to help scale up HIV prevention and community-led service provision. Moreover, UNAIDS has supported countries to access additional Covid-19 funding from the Global Fund, particularly to address Covid-19 disruptions on HIV services and strengthening community systems.

The UNAIDS Technical Support Mechanism (TSM) supports countries to fully leverage both the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the investments made by the Global Fund for optimal impact.

In the most recent twelve-month UNAIDS Technical Support Mechanism report, the TSM supported 33 countries to harness more granular evidence to improve policies and programs supported by the Global Fund, 57 countries to accelerate implementation of Global Fund grants to fill gaps in coverage and 29 countries to increase the efficiency and sustainability of financing HIV responses, including funding of community-led responses through a total of 117 completed assignments.

Last year, the PCB approved the new Unified Budget, Results and Accountability Framework (UBRAF) with the threshold of US\$ 210 million per year. This is a decrease from the last biennium after a period of flat lined budgets and a consistent drive towards efficiency and cost-containment.

Alarmingly, however, current projections estimate that due to currency fluctuations and some announced and anticipated ODA cuts, a figure of US \$157 million for this year is more likely.

This is simply not sustainable, and the lack of predictable and sustainable funding for the UBRAF is putting the achievements in past decades at risk.

We are facing a gap of US\$ 50 million from the PCB approved higher threshold for the UBRAF of US\$ 210 million, and some US\$ 30 million even in relation to our investment and expenditure in 2021.

Let me be frank. While this represents a very small fraction of the US\$ 21 billion that is available annually for the HIV response in low- and middle-income countries, for the Joint Programme and its countries and partners, this gap is profound and serious for us.

Many Ministers of Health, in my meetings with them on the sidelines of the recent World Health Assembly, cautioned how much there is to lose for the AIDS response if this gap, a relatively tiny amount for donor budget envelopes, is not addressed. They underscored the pivotal role of UNAIDS in bringing together their governments with the Global Fund, PEPFAR, civil society partners and communities to ensure that their responses are well coordinated, effective, address the epidemic where it has most impact and is evidence based.

Let me repeat the urgent support needed for the EECA region: \$22 Million over the next three years to sustain HIV programmes at risk. An additional \$2.4 Million is urgently required to strengthen the work of networks of communities and other CSO in the regions to ensure continuation of critical HIV care, treatment and prevention services.

I extend my deepest gratitude to our donors who are working together towards a collective effort in closing this funding gap. Since last week we have also received firm pledges from Denmark, Luxemburg and Norway for a total of US\$ 17.1 million, which brings contributions so far received towards the core budget to US\$ 60.2 million. I want to thank the United States Government for its continued leadership and generous support for the Joint Programme. Thanks to the support of the Biden-Harris Administration and the US Congress, this year the US core contribution to UNAIDS increased by US\$5 million to US\$50 million.

I want to underscore again how the current economic crisis and UNAIDS' latest resource outlook are deeply concerning. New cuts and the unpredictability that come with them will hamper our ability to drive the Global AIDS Strategy 2021–2026. It will hurt national responses (already off track) and jeopardize the goals.

Let me give you a concrete example: At our last Board meeting, in December 2021, we discussed the essential role of strategic information to guide investments and programmatic efforts. Annual reporting by countries on implementation of targets and commitments in the 2021 Political Declaration on HIV and AIDS has recently dropped, with the response rate down to 46% (89/193) from a reporting rate of about 90% (175 member states) every year pre-COVID.

Strong UNAIDS capacity and support to countries from the Data for Impact practice is indispensable for returning to previous reporting levels, enabling the monitoring of progress and gaps, identifying emerging trends and challenges, and getting the world back on track to ending AIDS by 2030.

This is not the time to cut funding to UNAIDS. At the Secretariat we are maximizing cost-effectiveness regarding operational expenditures. We have put in place measures to control travel costs and are giving up unused office space. Let's be clear, cuts to UNAIDS now, can only mean cuts to essential programmes for ending AIDS.

More broadly, for the world to achieve the 2025 targets and get back on track toward the 2030 goal of ending AIDS and achieving SDG3, I want to underscore that a successful 7th Global Fund replenishment is critical.

UNAIDS supported the Global Fund to develop the Investment Case for the Replenishment, which calls for at least \$18 billion for the three diseases for the 2023–2025 funding period. This is in line with the Global AIDS strategy's call for at least \$29 billion a year for the AIDS response for low and middle-income countries.

UNAIDS is supporting high level political advocacy and engagement to help create the momentum necessary for success, most recently together with Peter Sands at the World Economic Forum in Davos and he will speak in tomorrow's agenda item on Leadership in the AIDS response.

THE ALIGNMENT OF UNAIDS TO ENSURE FIT-FOR-PURPOSE: SERVING PEOPLE

I'd like to acknowledge that we have a cohort of dedicated staff who will be leaving UNAIDS at the end of this month. We are grateful for their service and contributions to the fight against AIDS. And we wish them well in their future endeavours.

Two strands of work are coming together. First, our alignment exercise which aims to deploy our people and resources in support of those countries and communities where we can have the highest impact against HIV and within budget. Second, our culture change process which is leading us towards a safe, equal and empowering workplace that we all need.

These two interwoven strands are shaping our work for the future—what we do and how we do it.

The four worldwide practice areas (equitable financing, rights for all, services for all, data for impact), speak to the collective strength and value added of the Secretariat.

I am confident that we have a clear mapping of our world-wide expertise and capacity by practice area, as well as other functional groups, and we are positioned to build on this into the future.

We are shifting the Secretariat's staffing profile, overall bringing our staff capacity closer to the people we serve. Global programmatic units are being established

in Johannesburg, Nairobi and Bangkok. We have announced the establishment of a management hub in Bonn, and some human resources support functions have been decentralized to our larger Regional Support Teams.

UNAIDS will maintain a strong but smaller Geneva global centre presence, including the key leadership, policy and strategic management functions of the Secretariat. We will continue to contribute to, and benefit from, the important strengths and synergies that Geneva provides as a global centre of excellence, convening, financing and thought leadership in global health.

I am excited to share that we are currently shortlisting applicants to the two critical leadership positions of Deputy Executive Director, and will soon embark upon interviews before making recommendations to the UN Secretary-General.

I am aware that staff are anxious with the changes- I have met with the Staff Association (USSA) and conveyed my full commitment to provide staff with support to cope at this difficult time—to enhance staff capacity and ensure sufficient counselling and mental health support to cope with stress and prevent burn out.

We have put in place new measures such as the Integrity Hotline so staff can speak up safely.

I also want to take this opportunity to update you on progress in implementing the Management Action Plan endorsed by the PCB in June 2019.

We cannot shy away from the failures of systems, culture and leadership that you identified in 2018. We are working hard to put it right. We stand for human rights and women's rights. Thanks to a determined collective effort by all staff to remake and renew UNAIDS, we are on a journey to live the values we espouse.

We are a changed and changing organization. And I will not let up in continuing to drive that change. As you may recall, we set in motion a range of actions to strengthen the Secretariat's capacities and systems for accountability, ensure our organization's duty of care responsibilities to staff are being met, and advance feminist leadership principles in UNAIDS' day-to-day work.

Let me share snapshots of what we have put in place:

- A dedicated human resources legal and policy team was established in 2019;
- Annual reports on disciplinary and other corrective measures are published to all staff and the PCB;
- A deepened organizational culture change agenda was initiated in 2020, led by dedicated internal capacity and supported by external expertise;
- Support to staff wellbeing was expanded including by recruiting a staff counsellor;
- Dedicated internal communications capacity, launch of new tools and platforms to connect staff, share knowledge and build an inclusive culture;
- The independence of the ethics office was reinforced;
- A new Memorandum of Understanding with WHO Internal Oversight Services (IOS) incorporates service levels and time targets for investigations.

Our Culture Transformation agenda is advancing well and evolving.

The [#Respect Campaign](#) launched in September 2021 is providing safe spaces for dialogue and empowering staff to take action to prevent and address abusive conduct in the workplace, including sexual harassment.

We have reinforced our offer of wellbeing support, recognizing the many pressures faced by our staff – from workloads to the alignment, and the ongoing COVID-19 pandemic.

We have opened important discussions about anti-racism and feminist leadership principles—and will have a session at AIDS2022 on these issues. We are contributing to a wider movement for change within the UN system, too. In response to the tragic and persistent incidents of mass killing of people of African descent, and an increasing awareness about how systemic racism permeates institutions, even within the United Nations system, the UN Secretary-General established a Task Force which has issued a Strategic Action Plan to address racism and promote dignity for all. As co-Chair of the United Nations Senior Africans and African Descendants Group, I have welcomed the Plan and will keep pushing for change from within the UN. We must “walk the talk” ourselves if we are to be credible and effective in advancing the UN values of dignity, equality, and respect for human rights.

The on-going organizational changes at UNAIDS will ensure that we are maximally responsive to what countries need and expect from us as they pursue their goals.

Strong, predictable funding for UNAIDS will be a critical factor in making our vision and plans a reality, including implementing the Secretariat staffing plan. Already during alignment decision making, senior management faced serious constraints due to UNAIDS’ funding levels and projections. Decisions were difficult. The Secretariat footprint was already projected to shrink as the Secretariat worked to fit into a smaller core staff cost envelope.

Delivering the UN’s full value in support of effective national HIV responses requires a fully-funded Joint Programme, so that UNAIDS can maintain its staff capacity (including strong Secretariat) that is at the heart of the value we bring—data, policy advocacy, programme effectiveness and “making the money work”, and most importantly, standing in solidarity with and amplifying the voices of people living with and affected by HIV. When we do this, working in our broad, global partnership, we have the power to end the AIDS epidemic by 2030.

We look forward to further engagement with you to inform our efforts. As part of this, we are grateful for the leadership of the USA and Denmark in the MOPAN assessment that is getting underway, focusing on both the past and future of UNAIDS.

It will help us to continue to ensure a Joint Programme that is capable of galvanizing global efforts to end AIDS.

STRENGTHENING THE UNIQUE GOVERNANCE OF UNAIDS

I congratulate the PCB for setting up the Independent External Oversight Advisory Committee (IEOAC), and welcome Bushra Malik as Chair, and look forward to the delivery of the Committee’s first report.

The Committee will help the Board’s oversight role, including in the closer collaboration with the internal and external audit function and on risk management, including for the predictable and sustainable financing of the Joint Programme as an entirely voluntarily funded programme.

Our founding body, ECOSOC, in 2021, recognized the importance of the PCB NGO Delegation in UNAIDS’ Board. Having the populations most affected by HIV as an integral part of our governance gives credibility to our work and ensures that it is relevant to people.

This is unique in the UN and important to protect at a time where civic space is under pressure in many places of the world.

Since we met in December, we have worked with the new NGO Delegation, and its Communications Facility, led by the Global Network of People Living with HIV, to ensure that the seven new delegates can fully engage in the important discussion at this Board meeting. It is an important investment at the heart of the principle of the Greater Involvement of People Living with HIV (GIPA).

LOOKING AHEAD

Just around the corner, on 27 June, the UN High Commissioner for Human Rights will report to the UN Human Rights Council on HIV and Human Rights. I welcome this report and its focus on progress and gaps to achieving the 10–10–10 targets, the critical societal enablers that are key to ending inequalities and ending AIDS by 2030. Thank you to Brazil, Portugal, Thailand, Colombia and Mozambique for your support and for co-organizing an event to discuss the findings of her report and practical steps to implement the recommendations.

I am looking forward to being together with the people driving the change we need across the world at the International AIDS Conference in Montreal. I am grateful to the Government of Canada for hosting AIDS2022 and helping to ensure that this important platform keeps HIV on political agendas around the world. The Conference provides also an important opportunity to build momentum for the 7th Global Fund replenishment.

The Education Plus initiative will be boosted by engagement in the Transforming Education Summit in September.

Education Plus has been identified as a strategic initiative for one of the action tracks of the Summit. At country-level, champion countries are involved in the planning of national consultations and engagements for the development of national education roadmaps that Heads of State will commit to during the September summit.

I thank Thailand, too, for taking the initiative to host the 51st PCB meeting in December in Thailand.

Let me close by reminding us of what's at stake

Hundreds of thousands of deaths. Millions of new infections. All preventable. The end of a pandemic at the end of this decade vs a pandemic that goes on and on.

The AIDS pandemic is a crisis that takes a life every minute. We could end AIDS by 2030 but only if we are bold in our actions and our investments. It is far more expensive to not end the AIDS pandemic than to end it. The curve will not bend itself. We will have to pull it down. The Global AIDS Update that we will launch just before AIDS2022 will show how under threat is our global progress.

A failure to reach the 2025 targets in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030 would result in 7.7 million AIDS-related deaths during the current decade.

For Africa, it would mean more than 600 000 new HIV infections will occur by 2030, and more than 180 000 additional adolescent girls and young women would be infected with HIV by 2030.

More financing and stronger action are needed to achieve our targets.

I encourage us all to foster a spirit of global solidarity and I encourage our donors to step up funding urgently and unequivocally.

It was only last year that the PCB adopted the ambitious new Global AIDS Strategy, marking a turning point for how the global HIV response will end AIDS. Leveraging four decades of experience of successes and of setbacks, the Strategy set out the bold changes required across laws, policies, social norms, and services to get us back on track.

By fighting the intersecting inequalities which drive AIDS and other pandemics, and which keep people from accessing the services they need, we can get back onto the path not only towards ending AIDS but towards economic recovery, health security and pandemic preparedness.

With your close support and guidance Board Members, we can still do it:

End inequalities, End AIDS, End pandemics.

