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12 December 2023,
Geneva, Switzerland

Opening of the 53rd meeting of the
UNAIDS Programme Coordinating Board

UNAIDS EXECUTIVE DIRECTOR REPORT



THE AIDS RESPONSE HAS
TRANSFORMED EXPECTATIONS OF
WHAT GLOBAL HEALTH CAN BE
AND EXPECTATIONS OF JUSTICE,
EQUITY AND WELLBEING FOR ALL.

Excellencies, welcome to the 53rd meeting of the UNAIDS Programme Coordinating Board (PCB). It's wonderful to see so many of you—I'm told over 350 people are registered and 300 in person. We appreciate your efforts to join us. I would like to especially thank Germany for chairing the PCB this year, Kenya, for serving as Vice-Chair and Brazil for serving as Rapporteur.

My thanks also to Ghada Waly, my sister, the Executive Director of UNODC who has so ably led the Committee of Cosponsoring Organizations this year. My thanks to all Cosponsor colleagues for their strong commitment to reinvigorate our joint work. I would also like to appreciate the PCB NGO delegation and welcome the new delegates- thank you always for keeping us true. I also want to recognize the dedicated UNAIDS colleagues around the world. Your drive and passion inspires me every day.

My friends, the global AIDS response has shown the world that what many thought was impossible, is achievable. Even without a vaccine or a cure, we have successfully fought back against this virus with cutting edge science, data, activism, community mobilization, human and gender rights advocacy, and world-changing political commitment.

Your collective leadership has shown that multilateralism can work, and can save lives.

We mourn the 40 million people who have died from this pandemic; the deadliest pandemic of our era. We also celebrate the survival of nearly 40 million people alive today living with HIV. We need to reach those we haven't reached, and until there's a cure, sustain support for everyone living with HIV to survive and thrive. Earlier this year, I visited the Mbagala Rangi Tatu Hospital in Dar-es-Salaam. I met two amazing women living with HIV, Salome and Sharifa. These were young women from impoverished backgrounds, yet they received world-class HIV treatment that kept them alive and their babies HIV-negative. Now Salome and Sharifa are HIV leaders and they connect mothers with services to prevent mother to child transmission.

The AIDS response has transformed expectations of what global health can be and expectations of justice, equity, and wellbeing for all. For this we should be proud.

VISION FOR 2030

We are but a few short years away from 2030, the year by which the world has committed to end AIDS as a public health threat. We can have a world in which, instead of losing a life to AIDS every minute, all who need treatment can access it.

A world where new infections would be rare instead of the 1.3 million new infections last year. A world where no one is discriminated against because of their HIV status or identity.

Our responsibility to affected people will remain until there's a cure or a vaccine, but we will be able to shift from an emergency response to sustaining access to medicines, HIV prevention and human rights for people to thrive. If we reach our shared goals by 2030, the world will be a very different place—one where the global HIV response has succeeded and where we have paved the way for

countries to tackle other pandemics—ensuring dignity and rights. The joint work of the UN on AIDS could change—evolving in form and function to what is needed for sustaining HIV gains and ensuring the right to health for everyone affected by HIV.

As we meet today, can we imagine the PCB meeting of 2030? Rejoicing in the end of AIDS as a public health threat; shifting our priorities and our structures to that brand new era?

CONTINUING PANDEMIC

But my friends, we are still facing a pandemic.

And we cannot sustain, until we have stopped it.

Today three quarters of all the people living with HIV in the world are on treatment. But 9.2 million still lack access. In this pandemic, we cannot be content with reaching three quarters. We cannot be satisfied with over a million new infections every year, 4000 every week among adolescent girls and young women, and rising new infections in too many countries and communities.

It seems some would like us to declare victory and start winding down. There is so much else that needs our attention after all—war, climate crisis, and beyond. I wish I could tell you now was the time to relax, but we are not done yet. And pulling back before we are done—that is how pandemics resurge; how the least powerful get left behind; how the virus thrives.

In a pandemic, there is no standing still. If we do not make progress, the virus will.

So, will we keep working together until we reach everyone and stop the virus?

Will we push to reach the children, the young women and girls, urban poor, key populations, and others not yet reached? Or will we pull back early and let the goal of stopping the pandemic escape our grasp?

We are, as my friend Ambassador John Nkengasong has said “at an inflection point—and UNAIDS is the north star”.

THE TRIPLE COMMIT

We have reached as far as we have these past 25 years as a multisectoral partnership of governments of the global North and the global South, with civil society, communities and UN agencies. Together we have brought the world to the point where this year’s Global AIDS Update showed that there is a realistic path that ends AIDS. But not all countries are on this path and we are not on track to achieve many of our targets. We must move faster to achieve the 2025 treatment targets. I celebrate the 5 countries in Africa that have reached these targets early and the 16 that are nearly there.

But let us remember: we cannot solve a pandemic in some countries and not others; for some populations and not others. And we must also achieve targets on prevention, discrimination, community-led services, and beyond. If we miss these 2025 targets, this virus is unforgiving and our hill to 2030 gets even steeper.

We need the resources. I am deeply concerned that some donor countries are scaling back investment at this pivotal moment. It would be far more expensive not to end the AIDS pandemic than it will be to end it. And I am equally concerned about some countries scaling back on commitments to fight stigma and discrimination and to remove harmful laws. And we need the Joint Programme at its best, bringing the strength of our 11 UN agencies with diverse reach, skills and expertise.

So, to get us on the path and move with urgency, I want to propose a Triple Commit—from all countries fighting AIDS, from donors, and from the United

Nations. A commitment to action now so we can celebrate the end of the pandemic in 2030, but without which we may find ourselves facing a resurgent one.

First, we at the Joint United Nations Programme on HIV/AIDS we will commit

To pouring everything we can into the strongest support to countries to plan and execute responses that can hit the 2025 targets and achieve the Global AIDS Strategy vision.

We will ensure tight alignment between partners including of course the governments, Global Fund, PEPFAR, bilateral programmes, civil society, and communities so that we use scarce resources in the most effective way.

We, at the Secretariat, have undergone our most ambitious change agenda since we started in 1996, aligning ourselves with the Global AIDS Strategy. We have reduced our core staff budget by 11% and our footprint in Geneva by some 90 positions, moving global units to Bangkok, Bonn, Johannesburg and Nairobi—closer to the people we serve.

We have already set in motion a biennium work-planning for 2024–2025 laser-focused on high-impact priorities to stop new infections, stigma, discrimination, and inequalities and to close treatment gaps.

And we commit to simultaneously planning now for a sustainable post-2030 future.

- Throughout 2024, UNAIDS Secretariat, together with Cosponsors, will be gathering data and charting the course to reach 2030 targets.
- In mid-2024, we will conduct a mid-term review of the Global AIDS Strategy.
- In late 2024 and early 2025, we will launch the process to develop the next Global AIDS Strategy and agree 2030 HIV targets.
- We commit to delivering a new strategy for what we hope will be the final five years of AIDS as a public health crisis, that will be a bold, evidence-based, and highly consultative process among this board and all our partners.
- It is through this process that UNAIDS Secretariat and Cosponsors, will outline a long-term vision for the UN's role in the global HIV response—including shifts to 2030 and beyond.

Even as we do, we are continuing to evolve the Joint Programme—building global strategic initiatives like the Global Alliance to end AIDS in children, with WHO and UNICEF in the lead, making strategic use of our different capacities.

And we are not waiting to plan for sustainability for the long run.

- We are already engaging in in-depth work with highly impacted countries to develop sustainability roadmaps that incorporate financing, policy, and programme shifts—the first is already completed by Botswana and bringing results. Congratulations Botswana.
- And are working deeply with countries on modeling and data work towards driving HIV to sustainable levels and ensuring long-term data capacity.

As we plan for the long term we cannot take our eyes off the now: we must accelerate the response, not pull back, or we will not reach our targets.

To all countries now, especially those tackling high HIV rates

I ask you to commit to six rapid, urgent actions:

- To better identify inequalities,
- To revolutionize prevention,
- To update your policies,

- To increase resources,
- To team up to get the best HIV technologies to those who need them,
- And to strengthen the multisectoral approach.

Let me unpack those some more:

First, use data to identify the specific inequalities for action. Different factors drive HIV today than even 5 years ago.

- Our new infection rates are frustratingly high in some countries and communities, because we're not reaching the people who are often not accessing services because of factors outside the medical system.
- Do you know your biggest gaps between groups?
- Children versus adults? Key populations versus general population?
- We have a small window to close those gaps. But I am convinced if we do, everything else will follow. So use your data to be laser focused on your response.

Second, will you commit to rethink prevention strategies? To stop the pandemic in the regions where infections are falling, we need to move faster. And regions with flat or rising new infections need to reverse the trend.

- In 2023 people want choice. And in 2023 we know so much about what works in biomedical and social prevention. But too many resources from the AIDS response are not focused there.
- That's why UNAIDS is reinvigorating our HIV prevention focus in 2024 to reduce new infections, particularly amongst adolescent girls and young women and key populations.
- This will take intense focus—we are calling on you to join us in this prevention revolution.

Third, treat policies and laws like we do HIV services—follow the evidence.

- Policies on issues from education access to sexual and gender-based violence to age of access to HIV services matter for young women.
- Criminalization drives HIV. Today 2/3 of countries do not criminalize LGBT sexuality, but we need to extend that to all countries and all key populations.
- WHO has outlined policies for treating people with advanced AIDS that can prevent the deaths we're seeing.
- Policies on community-led HIV treatment help reach those poorly served in clinics.
- These are just a few. Countries that have aligned policies with science and ensured they are implemented are doing well. I've just come back from Zimbabwe. Zimbabwe is doing well because they are aligning their policies to the science, aligning their programme and response to the science and the evidence. Let's make this universal.

Fourth, increase domestic resources to fight HIV.

- Many countries have done this but in the last three years we have seen a 2% yearly decrease in domestic contributions.
- This is in part because 60% of low- and middle-income African countries are in debt distress or at a high risk of it.
- They are putting three times more into debt repayments than health.
- That is why we need to support the SDG stimulus and the reform of the international finance architecture that our Secretary General Antonio Guterres has called for, so that countries can invest in their response.



Fifth, we need the most cutting-edge technologies to reach those most in need now.

- Will you commit to do more to adopt the best technologies, get them registered, and work together to demand affordable access?
- At ICASA in Zimbabwe I was deeply disturbed that long-acting PrEP has still reached almost no one in Africa even though Africans were leaders of, and participants in, their trials. This long-acting PrEP does not belong to one company. People put their bodies out there to be tested on. Scientists in Africa were gathering the data and participating in the trials, but today the product belongs to one company in one country. That's not just.
- Newer long-acting treatments are in the pipeline, but in some middle-income countries even current ARVs are unaffordable. We can do better together. We can get the best available health tech to those who need them.

And finally will you strengthen the multi-sectoral character of your response?

- So many of the current barriers lie outside the medical system. As we find that last person it's like finding a needle in a haystack. And the factors preventing them getting services many times lie outside the health system.
- National AIDS Councils and other structures that brought health, finance, social welfare, and others together brought lessons—let us build on them, let's not retreat, let's use the multisectoral approach to fight not only AIDS but those pandemics to come.

To donors, as developing countries commit to this hard work, will you commit to seeing the fight through—to sustain the remarkable gains? I ask you to commit to three things:

First, front-load resources now wherever you can to the Global Fund and other channels—because resources today are more valuable than resources four years from now.

Second, support developing countries to grow their fiscal space to fight AIDS and other diseases by pushing for multilateral solutions for debt restructuring and reform of the international financial architecture.

Third, fully fund the Joint Programme with multi-year funding so that we can help countries, Global Fund, PEPFAR and others to be effective. We can provide the in-country presence, the data, the advocacy that's needed to achieve the 2025 targets if all 11 of the co-sponsoring agencies act together, but that requires fully funding our approved budget.

Some donors sadly have signaled cuts, which unfortunately means we will need other donors to step up and new ones to come on board. To pull back now is to abandon the people who are most in need, those still waiting for what we promised. And to pull back now threatens to undermine decades of investment you have already made. See this through. Prevent a resurgent pandemic.

And finally, to civil society, I simply say: You see what is needed. You know what is needed.

Please hold us all accountable at community, national, and global levels for achieving what is needed. We need your voices more than ever.

In conclusion, Chair, the AIDS response has changed the world. Let us do so again. I am asking us to make this Triple Commit because without it we will not end AIDS. But together we can do what is seemingly impossible. We can stop this pandemic. Let us be the evidence that multilateralism works, that cooperation saves lives, and that the global community will keep its promise to people living with HIV.

STRENGTHENING THE JOINT PROGRAMME

I extend my sincere appreciation to Ghada Fatih Waly, Executive Director of the United Nations Office on Drugs and Crime (UNODC), for her leadership this year as CCO Chair, supported by her excellent team, Fariba Soltani and Ehab Saleh.

As a Joint Programme, we have shifted course over this year. With thanks to UNODC, strong engagement from my two Deputy Executive Directors, and the efforts of Global Coordinators and Focal Points from across Cosponsors, we are on a journey underpinned by a strong commitment to reinvigorate our joint work. We are actively exploring new funding opportunities, ways to increase efficiencies, prioritize and, overall, to ensure that the Joint Programme is fit-for-purpose as well as fit for results.

At our most recent CCO meeting, we had the honour and pleasure of hosting Dr. John Nkengasong, Ambassador-at-large, U.S. Global AIDS Coordinator and Senior Bureau Official for Global Health Security and Diplomacy, U.S. Department of State. He urged the Joint Programme to stay course and finish the fight against AIDS by 2030. He expressed appreciation for PEPFAR's partnership with the Joint Programme, noting the critical role of UNAIDS data and presence in countries, stating that there would be "no PEPFAR without UNAIDS".

CCO principals and representatives expressed strong support for the Joint Programme and committed to stepping up the Joint Programme revitalization process. They also discussed the need to pushback harder against the pushback on human rights, ensure that a gender transformative approach informs all actions, step up work in the context of climate change and humanitarian crisis, and support countries in developing sustainability roadmaps into the future.

The CCO agreed to take forward scenario planning in the context of an uncertain financial climate to ensure that the Joint Programme is fully funded and fit-for-purpose towards 2030 and beyond. At the meeting, we reviewed the timeline for scenario planning, noting how this process has already kicked-off with the work planning for the 2024–2025 biennium and how the steps ahead will be informed by data from countries and, ultimately, take us to how we can develop a long-term vision for the Joint Programme's role in the global HIV response to 2030 and beyond.

I look forward to welcoming UNESCO as Chair of the CCO next year and to continue the work towards a stronger Joint Programme. More than ever, we need to leverage the inclusive, multisectoral and rights-based model of the Joint Programme which embodies UN reform in action.

LEVERAGING UNAIDS'S 2023–2024 PRIORITIES TO ENSURE MAXIMUM IMPACT AND MAXIMUM RETURNS ON COUNTRY, PEPFAR AND GLOBAL FUND INVESTMENTS

Over the past year, UNAIDS Secretariat together with the partners have supported over 80 countries' multisectoral national strategic plans (new NSP development, reviews, etc.) to be aligned with the Global AIDS Strategy and 2025 global HIV targets. UNAIDS has provided technical support through TSM to more than 30 countries a—with some more coming, for costing of NSPs using new updated tools developed by UNAIDS. These NSPs have also served as a basis for many of these countries' Global Fund funding requests and sustainability of national AIDS responses' discussions.

UNAIDS support to Global Fund Grants Cycle 7 (GC7) is focused on providing high quality technical support and local solutions tailored to country needs and

driven by UNAIDS' four corporate priorities, approached from an inequality lens. So far, for GC7 round of the Global Fund, UNAIDS has provided critical technical support to 50 countries (88% of eligible countries) including for the building blocks and the development of data-informed, evidence-based funding requests. UNAIDS TSM is also supporting grant making for GC7 and continues to support the removal of bottlenecks in Global Fund grant implementation.

UNAIDS was proud to partner with Ambassador Nkengasong and the new Bureau for Global Health Security and Diplomacy at the U.S. State Department to commemorate World AIDS Day on Capitol Hill. Members of Congress from the Senate and House were united in a strong demonstration of bipartisan support for PEPFAR. Special thanks to the leadership of the African Union Commission and the Ministers of Health of Tanzania, South Africa and Mozambique as well as UNDP Administrator for speaking at the event. As highlighted by President Biden on World AIDS Day, "My Administration is committed to working with the Congress to pass a clean PEPFAR reauthorization bill to extend this lifesaving bipartisan program for 5 years and end HIV/AIDS by 2030." We all need to support these efforts because the continued leadership of the US Government and its support for the global HIV response is not just important—it is essential.

As reported to the 52nd PCB, to sharpen our focus and deliver results faster, UNAIDS is focusing on four main priorities for 2023–2024. They are: (1) advancing the HIV prevention agenda; (2) accelerating access to treatment and new technologies; (3) expanding community-led HIV responses; and (4) providing equitable financing and sustaining the HIV response. Those are the four priorities around which we have organized our work. Underpinning work against all these priorities is our focus on tackling inequalities, achieving gender equality and the full protection of human rights.

UNAIDS's core functions support progress across all four priorities. They include: convening and mobilizing partners on the ground across sectors to catalyze targeted political and programmatic action so more people will get tested, access prevention services and get treated for AIDS; advocating for legal reforms and unlocking policy barriers hindering HIV prevention, testing, treatment and community-led responses; collaborating with countries to gather and publish the only complete set of global epidemiological and financial data on HIV to steer efficient and impactful investments to save more lives, faster; building capacity of civil society organizations leading service delivery and monitoring the HIV response; and promoting sustainable financing and advance sustainability of the HIV response.

Highlights of the work we are doing against each priority:

Advancing HIV prevention agenda

The estimated 1.3 million new HIV infections in 2022 were the fewest in decades, with the declines especially strong in regions with the highest HIV burdens, such as in sub-Saharan Africa. The steepest drops in numbers of new infections have been among children (aged 0–14 years) and young people (aged 15–24 years), who in recent years have been targeted with effective interventions.

Vertical transmission programmes have averted 3.4 million new HIV infections in children since 2000. Globally, in 2022, approximately 210 000 [130 000–300 000] adolescent girls and young women (aged 15–24 years) acquired HIV, half as many as in 2010. In the same year, 140 000 [67 000–210 000] adolescent boys and young men (aged 15–24 years) acquired HIV, a 44% reduction since 2010.

To address the remaining gaps in reducing new HIV infections among children, UNAIDS supports countries to quantify the reasons why children continue to acquire HIV through vertical transmission in settings that have high treatment coverage among adult women living with HIV. Through modelled scenarios and visualization tools, this approach empowers decision-makers to intervene with greater strategic precision, as for example seen in Zimbabwe.

Additionally, the increasing availability of subnational data is enabling countries and subnational jurisdictions to implement locally differentiated approaches, for example in Mozambique, Zambia and Zimbabwe, where subnational estimates of HIV incidence among adolescent girls and young women are used for locally focused efforts to strengthen HIV services for this heavily affected population.

Adolescent girls and young women still have to contend with extraordinarily high risks of HIV infection in many parts of sub-Saharan Africa, as do people from key populations everywhere. Gender and other inequalities, along with violence, stigma, discrimination and harmful laws and practices, sabotage their abilities to protect themselves from HIV.

The UNAIDS Global AIDS Update 2023 report showed significant progress in HIV prevention but also noted that global targets were off track and progress was diverse. Outside the original group of 28 Global HIV Prevention Coalition (GPC) focus countries, new HIV infections are rising rapidly in several countries with sizeable HIV epidemics.

This is why UNAIDS, together with UNFPA as co-conveners of the Global HIV Prevention Coalition, invited 12 additional countries to join the Coalition based on their rising HIV incidence or a request from the government. These countries include the Central African Republic, Colombia, Egypt, Madagascar, Papua New Guinea, Peru, Philippines, Rwanda, South Sudan, Thailand, The Republic of the Congo, and Vietnam.

For six of the new Global HIV Prevention Coalition countries, namely Colombia, Egypt, Madagascar, Peru, Rwanda, and South Sudan, UNAIDS organized a technical orientation and action planning workshop to familiarize them with the Global HIV Prevention Coalition and brief them on the key programmatic issues, HIV prevention tools and guidelines for the different prevention pillars. Through working groups, the 6 countries developed country action plans and milestones to operationalize the Global HIV Prevention 2025 Road Map at the country level over the upcoming period and identified and prioritized country support needs.

They also seized the opportunity to have country peer-to-peer learning of good practices.

To boost country-level prevention stewardship, multi-sector coordination, and sustainability approaches, UNAIDS supported the HIV Leadership Forum, which is a community of practice established by the Director Generals of National AIDS Coordinating Agencies of the Coalition Member States, in initiating peer-to-peer leadership meetings that are allowing candid conversations among country leaders and accountability to drive country performance.

An in-person meeting was organized this year for country leaders to undertake a peer-review deep-dive of country performance on HIV prevention and identify a strategic game-changing action area to pursue that will leapfrog implementation and results. Country leaders identified commitments of strategic action areas they will drive and be held accountable for over 2024 and technical-level actions necessary for programme optimization. They also launched a position paper on the leadership role of national AIDS coordinating authorities in the future of HIV prevention, sustainable health and preventing future pandemics.

Supporting countries in adopting people-centered precision prevention responses, UNAIDS expanded the population size estimation tool that was initially developed to generate population size estimates for adolescent girls and young women at higher risk of HIV in age groups between 15–29 who need intensified prevention programmes, to also include size estimates for all female and male populations of reproductive age up to 49 as well as key populations. UNAIDS supported seven countries, namely Angola, Cameroon, Central African Republic, Kenya, Mozambique, South Africa and Uganda, to use this tool to inform HIV prevention programming.

UNAIDS continues to update the HIV prevention scorecards that are available for all countries reporting to Global AIDS Monitoring and which also include regional and thematic summaries. Scorecards are used as a reporting and accountability tool for analyzing progress and gaps in HIV prevention programming across the five prevention pillars as well as prevention planning including in Global Fund proposal development.

The UNAIDS-UNFPA led Condom Strategic Initiative supported by The Global Fund to address challenges of low condom use rates in four East and Southern African countries—Malawi, Mozambique, Uganda, and Zambia, identified and provided technical assistance across 42 technical areas to support sustainable comprehensive condom programming in these countries. Out of the 42 areas, 25 technical areas were supported through the UNAIDS Technical Support Mechanism and were all developed through country-driven and led processes thereby strengthening country ownership and capacity. The strategic initiative played a significant role in supporting the Global Fund GC7 application process with an emphasis on condom programming. Through programme self-assessments, the four countries demonstrated improvements in their capacity to implement sustainable condom programming.

UNAIDS is continuously tracking progress in access to services for all countries reporting to the GAM and highlighting gaps in data for programming through the GPC HIV prevention scorecards. UNAIDS has convened a global community of practice of 1500 community government and partners sharing experiences and good practices and opportunities with the goal of improving overall programming for key populations. UNAIDS advocates for the removal of rights legal and structural barriers that hinder access to services for key populations including promoting and supporting leadership of key populations communities in the HIV response.

Accelerating access to HIV treatment and new technologies

Improved access to HIV treatment has averted almost 20.8 million AIDS-related deaths in the past three decades. Overall, the number of AIDS-related deaths have been reduced by 69% since the peak in 2004. Botswana, Eswatini, Rwanda, the United Republic of Tanzania and Zimbabwe, all in sub-Saharan Africa, have already achieved the 95–95–95 targets, and at least 16 other countries (eight in sub-Saharan Africa) are close to doing so.

Globally, almost three-quarters (71%) of people living with HIV in 2022 (76% of women and 67% of men living with HIV) had suppressed viral loads. Viral suppression enables people living with HIV to live long, healthy lives and to have zero risk of transmitting HIV sexually. Viral load suppression in children, however, was only 46%.

Global AIDS Monitoring data shows uneven progress on the “95–95–95” HIV targets, with disparities among regions and population groups. Eastern Europe, central Asia, the Middle East, and North Africa regions and groups such as infants, children, key populations and men lag behind in achieving the “95–95–95” targets.

The data collected and published by UNAIDS on HIV treatment draws on both programme data and epidemiological modelling to report on outcomes at each stage of the HIV treatment cascade for different population groups, highlighting where gaps are most pressing and enabling strategic targeting of efforts. This work includes monitoring and assessing financial contributions to different stages in the HIV testing and treatment cascade.

To mobilize community and the end users of the services to identify barriers and programme shortcomings in testing and treatment service provision, UNAIDS has been continuing its support in promoting and Community-Led Monitoring (CLM). A self-assessment tool—CLM Progression Matrix for CLM practitioners is being developed to assist the implementation and scale up of CLM which follow



the common principles, a CLM landscape report—*CLM in Action* is developed and disseminated for highlighting the added value of CLM to HIV response and lessons learnt as informed by country experiences. Additional resources were mobilized from Bill & Melinda Gates foundation to support the development of a CLM costing guidelines, as part of Community-led Response costing, and to facilitate a better partnership environment that enables CLM implementation, including the partnership with government.

UNAIDS continues assisting countries in implementation of person-centered Differentiated Service Delivery (DSD) approaches for people living with and affected by HIV, aiming to tailor health services to individual needs without overburdening healthcare systems and helping countries to adopt WHO normative guidelines in National AIDS Strategies, national programmes guidelines and their implementation, as well as in assisting the Global Fund GC7 funding requests in areas of testing and treatment using innovations and services which may have impacts in reaching the 3rd 95 treatment cascade targets. For example, eight webinars were conducted in collaboration with WHO and UNICEF for TSM Consultants deployed for supporting GC7 Funding requests and a good number of draft funding requests reviewed with suggestions provided in areas testing and treatment. Visualization of country reported data through Global AIDS Monitoring tool 2023 on policy and programme in regard to DSD approaches for Testing and Treatment services were established in country DSD profiles which will be published soon.

Recognizing the importance of testing services as a gateway to prevention and treatment services, following the guidance of the PCB, UNAIDS in close collaboration with WHO has been preparing the Thematic Segment on Testing and HIV for the 53rd meeting of the PCB. The session will highlight the gaps, challenges and recommendations on HIV diagnostic, testing for monitoring treatment and identify comorbidities, integration of testing linking with services and quality assurance for testing services.

Expanding community led HIV responses

The biggest breakthroughs are occurring in countries that have forged and maintained strong political commitment to put people first and invest sufficiently in proven strategies. They have prioritized inclusive approaches that respect people's human rights, and they have engaged affected communities across the HIV response. They have acted to remove or defuse the societal and structural factors that put people in harm's way and prevent them from protecting their health and well-being—including criminalizing laws and policies, gender and other inequalities, stigma and discrimination, and human rights violations.

This World AIDS Day, UNAIDS put out a global call to action to "let communities lead". The contribution of the community-led organizations in the AIDS response has helped tackle other pandemics and health crises too, including COVID-19, Mpox and Ebola. Letting communities lead builds healthier and stronger societies.

Through community-led monitoring, the communities most heavily affected by HIV inequities also lead the monitoring of services, analyze the data they collect and undertake evidence-based advocacy to improve service access, equity and outcomes. Using a combination of bio-behavioural surveillance, population-based surveys and the People Living with HIV Stigma Index (undertaken in partnership with the Global Network of People Living with HIV and the International Community of Women Living with HIV), UNAIDS supports the use of data to track key structural factors and to help countries and communities gauge if and how stigma and discrimination are evolving, permitting interventions to be more carefully tailored and targeted. However, several important data gaps warrant further focus, including the omission of community-generated data in national decision-making and challenges in monitoring the new targets related

to community-led services. Metrics to track progress towards the new targets related to community-led services are currently being developed by UNAIDS to fill this gap.

Many communities, however, face barriers to their leadership. Community-led responses are under-recognized, under-resourced and in some places even under attack. Globally, funding for communities has fallen by 11% in the last 10 years from 31% in 2012 to 20% in 2021.

These funding shortages, policy and regulatory hurdles, capacity constraints, crackdowns on civil society and on the human rights of marginalised communities are obstructing the progress of HIV prevention, treatment and care services.

UNAIDS supported movements of women living with HIV to launch the Choice Manifesto. The Manifesto demands that HIV prevention efforts shift their focus from individual products to the needs of the people who could benefit from HIV prevention services. The Manifesto states that women and girls in Africa have the right to choose the prevention option(s) that are best for them—including oral PrEP, the dapivirine vaginal ring, injectable cabotegravir, and traditional methods such as condoms.

UNAIDS has worked with partners to strengthen community-led monitoring (CLM) and community-led responses (CLRs) in funding requests to GC7. In the EECA region, in Ukraine, Moldova and Kazakhstan, technical support increased the capacity of national organizations and groups of PLHIV and key affected communities to use CLM to build the evidence base for HIV program adjustments in the GC7 and COP grant cycle.

Supported scale up and strengthening of CLM across 30 countries in Africa Asia, EECA and the Caribbean. This is included working with countries to strengthen community-led aspects of CLM, trouble-shooting issues as well as supporting community reporting back into facilities as well as CLM programme planning for 2024 implementation.

UNAIDS supported Global Action for Trans Equality (GATE) in developing a policy brief on transgender men and HIV

UNAIDS relaunched UN+, the UN network of staff living with HIV. A survey with UN staff living with HIV is being used to collect evidence on the challenges and needs regarding access to health and inclusion in the workplace.

Promoting equitable financing and sustaining the HIV response

A backdrop to many of the remaining challenges is the widening funding gap for the global HIV response. A total of US\$ 20.8 billion (constant 2019 US\$) was available for HIV programmes in low- and middle-income countries in 2022—2.6% less than in 2021 and well short of the US\$ 29.3 billion needed by 2025 (Figure 0.3). Having increased substantially in the early 2010s, HIV funding has fallen back to the same level as in 2013.

UNAIDS analysis shows that where HIV prevention funding has increased, HIV incidence has declined. Currently, the regions with the biggest funding gaps—eastern Europe and central Asia and the Middle East and North Africa—are making the least headway against their HIV epidemics.

Some countries where HIV incidence is declining, including the Dominican Republic, India, Kyrgyzstan and Togo, are putting between 3% and 16% of HIV spending towards prevention programmes for people from key populations. More funding for prevention programmes, especially among key populations, is badly needed—as is smarter, more cost-effective use of those funds.

Elaborating HIV Response sustainability roadmaps in 2024–2025

Initial conversations between PEPFAR and UNAIDS Secretariat respective leadership in Q2 2023 kickstarted the thinking of a new approach to the meaning, needs and actions towards ensuring HIV Response Sustainability.

A reflection process was initiated throughout the summer focusing on defining what would be needed to be able to place a focus on the needed transformations to sustain impact and to start thinking about the HIV response after 2030,

UNAIDS, in close collaboration with PEPFAR, is designing a process that enables HIV Response sustainability dialogues, placing a focus on country ownership and prioritizing the transformations that are needed in the next few years to ensure impact by 2030 and establishing a financially and programmatically sustainable response beyond 2030.

On 11–14 September 2023, an inception meeting with delegates from over 40 countries, community organizations, regional bodies, and key actors, such as WHO, Africa CDC, AUDA NEPAD, the Global Fund and GNP+, was jointly convened by UNAIDS and PEPFAR in Washington D.C.. This was the first step of the design work.

In October 2023, UNAIDS launched an internal Task Force involving its four Practices and all regions to work jointly in the design and management of such a process. UNAIDS Country Directors were informed and are actively participating in the crafting of such initiative through regional meetings and webinars, preparing for an active coordination during 2024 and 2025 at country level.

Since the inception moment in Washington, it was agreed that the participation of multiple actors -from Co-sponsors, including a special role for WHO, community organizations and civil society, regional bodies, and global institutions, was essential to ensure an integrated effort, abandoning the multiple fragmented efforts undertaken previously. Leveraging existing tools and efforts is considered essential, as is learning the lessons to ensure that dialogues and roadmaps elaboration lead to country owned and country led integrated approaches.

A UNAIDS Multi-Stakeholder Steering Committee to oversee this process has been established with clear TORs. The Steering Committee will be critically relevant for playing an oversight role. It will allow for broader participation and to induce early discussions about the necessary programmatic transformations, including integration of the response and ensuring the resources to be invested in the next years build the base for stronger health and social systems that can sustain an equitable, effective, and integrated response beyond 2030.

The Steering Committee composition will go live soon. A small team from PEPFAR, Global Fund and UNAIDS Secretariat will play a “secretariat and preparatory role” for the works of the Steering Committee.

Country leadership and country ownership will be key and a must to ensure successful dialogues, and elaboration of synthesis roadmaps that include a description of the main transformations to the HIV response at country level. Dialogues are intended to happen in Q1 2024, with an assessment/review of the status and challenges of the response happening in Q2 that allow to clearly envision the goals and objectives. In Q3 and Q4, the synthesis roadmaps will be elaborated and validated, with the mentioned focus on the needed transformations. The phase one will conclude with the finalization and validation of such country documents around World AIDS Day 2024. Phase 2, that will include the translation into plans and implementation for all parties, will start in early 2025.

Pushing back on the pushback on rights

UNAIDS has started developing an internal strategy to counter the anti-gender/anti-SRHR/anti-human rights/anti democracy pushback, with the objective of safeguarding gains and keeping HIV on the global multilateral agenda. Objectives include mobilizing support to agree an up to date, progressive HIV resolution at CSW, a joint UN positive communications strategy on issues that are core to our work including SRHR, CSE, gender diversity and rights and better synergies with our co-sponsors on shared concerns that affect our work and the people we work for.

UNAIDS continues to support the voices, engagement and leadership of adolescent girls and young women in the HIV response. The Athena network prepared 'A Young Feminist Manifesto for HIV and SRHR reflecting adolescent voices from Namibia, Zambia, Zimbabwe, Kenya, and Tanzania as part of an Advocacy Roadmap to ground truth CSW 2024 and other global negotiations. In Russia and Uzbekistan, women and adolescents living with HIV participated in monitoring visits and extended peer support to young people living with HIV and in Uzbekistan and Armenia, young people living with HIV and social workers were trained on SRHR and HIV to work with PLHIV, PWUDS and GBV. ICW-AP organized the 5th edition of the Feminist Leadership School, expanding it to six countries (Vietnam, PNG, Indonesia, Philippines, Cambodia, and Thailand), with a focus on addressing the funding gap for women-led community efforts that will inform Global Fund grant making.

The Inequalities Toolkit was completed following a pilot testing in five countries—Brazil, Cambodia, Ghana, Moldova and South Africa. The refined version ensures greater synergies and alignment with other country level assessments including Gender and Human Rights assessments and the Stigma Index and national processes such as UNSDCF development. It is currently being translated into French, Russian and Spanish and will complement the Inequalities Framework published in June 2022. **A framework for understanding and addressing HIV-related inequalities | UNAIDS**

UNAIDS has embarked on a closer collaboration with the Global Fund with the aim to optimize Global Fund investments for gender equality. Based on a review of the funding requests in 2023, the partnership will issue guidance and technical support to help countries cost, negotiate, implement and amplify the gender transformative dimensions of the HIV response in eligible countries.

In September 2023, the Spanish government joined the *Global Partnership to End All forms of HIV-related Stigma & Discrimination* with a political commitment to champion HIV-related stigma and discrimination during its Presidency of the Council of the European Union. Spain is the 36th country to join this initiative led by UNAIDS together with cosponsors and partners. Several other countries have committed to joining the Global Partnership as part of the World AIDS Day commemorations this year, including Haiti and Colombia. Also on World AIDS Day, UNAIDS supported the EU Parliamentary event on the elimination of HIV-related stigma and discrimination in the EU and Beyond.

Given the anti-rights backlash in several countries around the world, UNAIDS has collaborated with cosponsors and country teams to respond. For example, UNAIDS provided support to Ghana, Tanzania and Uganda for interventions such as law enforcers dialogues, law reform, and direct support to affected communities. Technical support was provided towards ensuring human rights programming in Ghana, Indonesia, Malawi, Nigeria, and Pakistan. In the last 6 months, UNAIDS has provided technical support on law reform to address the systemic barriers to accessing prevention, testing, treatment in Côte d'Ivoire, Ghana, Jamaica, Mozambique, Thailand.

Following the petitions submitted challenging the constitutionality of the Anti-Homosexuality Act in Uganda, UNAIDS has prepared and submitted an Amicus Curiae application seeking standing as Friend of the Court.



In addition to producing briefs on drug policy and human rights in the context of the HIV response, UNAIDS made a submission to the UN Special Rapporteur on the Highest Attainable Standard of Physical and Mental Health on The Report on drug policies and responses: a right to health framework on harm reduction. UNAIDS is supporting Ghana as Chair of the Commission on Narcotic Drugs to increase African engagement in the CND and has advocated for public health and rights approach including at the upcoming intersessionals.

UNAIDS together with UNDP as a key cosponsor, has begun the development of the framework for the Strategic Initiative on decriminalization, with the first consultation with civil society, UN partners and cosponsors, and the HIV and Human Rights Reference Group held in November.

Global Alliance to End AIDS in Children by 2030

The Joint United Nations Programme on HIV/AIDS (UNAIDS), United Nations Children's Fund (UNICEF), and World Health Organization (WHO), together with networks of people living with HIV, technical partners, PEPFAR and the Global Fund have launched a new *Global Alliance to End AIDS in Children by 2030 (Global Alliance)*. A Global Strategic Initiative of UNAIDS, UNICEF, WHO, the Alliance builds on the momentum and lessons learned from the Global Plan towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive, and the Start Free Stay Free AIDS Free Partnership 2016–2020.

The Global Alliance has galvanized the engagement of countries at the highest political level, local actors, as well as a strong, strategic, and action-oriented coalition of multi-stakeholder partners focused on implementation at national, regional, and global levels. Its work centers around testing, optimal treatment and care for infants, children, and adolescents living with HIV; the elimination of vertical transmission; and addressing the social and structural barriers that hinder access to children's treatment. Populations of focus for the Global Alliance include children (0–14 years) and adolescents (15–19 years) living with HIV; children exposed to HIV; pregnant and breastfeeding girls and women who are living with HIV, including marginalized and key populations; and pregnant and breastfeeding girls and women who are HIV-negative but at risk of HIV.

The Global Alliance is building momentum in three phases from 2022 through 2030, with each three-year phase characterized by the involvement and leadership of different regional and national partners. Countries have been identified that contribute a significant burden of the global unmet need for control of the pediatric HIV epidemic (overall, those countries with the highest burden of HIV infections among children, low coverage of testing and treatment among pregnant and breastfeeding women with HIV and/or with significant gaps in identifying and treating children with HIV). The 12 countries in Phase 1 are: Angola, Cameroon, Côte d'Ivoire, the Democratic Republic of Congo, Kenya, Mozambique, Nigeria, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe.

At the High-Level Political Launch of the Global Alliance in Dar es Salaam, on 1 February 2023, Ministers of Health from all 12 Phase 1 countries signed the Dar es Salaam Declaration committing to end pediatric HIV by 2030, and to implement tailored, prioritized country action plans developed by the Global Alliance Country Team. The political momentum generated by the Global Alliance is showing results. All Window 1 Global Fund Global Alliance countries have included their prioritized Global Alliance action plans in their 2023 Global Fund GC7 and PEPFAR funding proposals. PEPFAR has fully integrated the Global Alliance into its Country Operational Planning (COP 2023–2024—implementation in 2024/2025) processes and provided an analysis of each Phase 1 country's request relative to their specific action plan. Countries are working to mobilize domestic resources. Catalytic funding has recently been secured from Bill and Melinda Gates Foundation towards achieving the overall goal of the Global

Alliance in children of up to six Alliance countries by taking country action plans to scale through a mix of technical assistance, data systems strengthening and country level programming.

Education Plus

In recognition of the multiple crises that African governments are facing, and the shrinking financial resources being allocated to HIV, and development overall, the UN joint teams co-leading the Education Plus Initiative are piloting an investment approach with government decision makers in the ministries of finance, economic planning and treasury, to develop well-articulated technically sound and politically feasible Investment Cases for Education Plus in 8 countries (Benin, Cameroon, Eswatini, Gambia, Senegal, Sierra Leone, Uganda and Zambia). By showing the costs of inaction, and also bringing to the table the evidence-based on the socio-economic return on investments in the Ed+ Initiative objectives—to drive policy and action in the champion countries, these Education Plus investment Cases will be leveraged, by UN joint teams, as a policy and advocacy-oriented analytical product to increase smart investments.

Under the leadership of the UN Resident Coordinators, the Education Plus co-lead agencies in the Gambia, Kenya, Senegal, and Zambia have collaborated in integrating the objectives of the initiative into the new and upcoming UN Sustainable Development Cooperation Frameworks to support countries in implementation of the 2030 Agenda for Sustainable Development, leveraging the initiative for key accelerations for the SDG transition. While in Uganda, Education Plus policy and programmatic interventions have been integrated into the UN Joint Youth Program of the UNCT.

Closing inequality gaps for young people

UNAIDS contributed to positioning the needs and rights of young people who use drugs and other young key population in the Agenda for Action on Adolescent Health and Wellbeing driven by PMNCH and WHO by creating a space for discussion on human rights approach to drug education and harm reduction at the Global Forum for Adolescents.

In Cameroon, Indonesia, Kyrgyzstan, Nigeria, Panama, Vietnam and Zambia, technical support for the #UPROOT Scorecard Implementation engaged young people, bringing them together to assess how their country's HIV response is working for them and if they are meeting the commitments on young people that are required to reach the 2025 HIV targets. Key results include improved accountability of government on youth issues at the national and subnational levels, which is expected to lead to greater funding for youth-led organizations; resolutions drafted in collaboration with stakeholders, including the government, to improve meaningful youth engagement in Country Coordination Mechanisms (CCMs) and other coordination mechanisms; and fostering robust advocacy ecosystems, ensuring that young advocates could actively engage in driving policy reforms and promoting inclusivity in the fight against HIV and AIDS.

The Declaration of Commitment of Healthcare Students' to Response to HIV was launched in August 2022 by the International Federation of Medical Students' Associations and the International Pharmaceutical Students Federation (IPSF) under the auspice of UNAIDS and WHO. The Declaration guide IFMSA and IPSF in their future efforts to contribute to the AIDS response.

UNAIDS supported youth-led networks in 6 countries to engage in Global Fund mechanisms.

UNAIDS led an event during the Global Forum for Adolescents which centred harm reduction and a human-rights based approach in global discourse on adolescent health, shifting away from punitive and harmful approaches.

Closing inequality gaps in humanitarian crises

Globally, the number of people affected by humanitarian crises is reaching a record high with one in 23 people in need of humanitarian assistance and protection and over 114 million people displaced by war and violence, with a majority of them displaced in countries affected by acute food insecurity and exposed to extreme weather events. The collective efforts to support the integration of HIV into humanitarian preparedness and response is crucial to ensure equal access to health, HIV services and other basic services for people living with HIV during emergencies. Below are a few examples:

In Kenya, UNAIDS is currently finalizing an Assessment of HIV and SRH integrated service delivery in Arid and Semi-Arid Counties and Humanitarian Settings, including the refugee camps of Kakuma and Dadaab. Results will help advocacy efforts for HIV Integration in emergency preparedness and response and addressing gaps in implementation of HIV and SRH services in complex settings.

In the DRC, the Joint Programme is supporting the development of provincial HIV operational plans in five of the Provinces most affected by the humanitarian crisis and where HIV programme performance is far below the 95% testing and treatment targets (Tanganyika, Nord Kivu, Ituri, Kasai Central, Kasai). These plans will help accelerate strategies for inclusion and treatment continuity in line with the national HIV strategy and the IASC guidelines. The Joint Programme is also preparing a national advocacy meeting to mobilize support from strategic partners and share experience on how to best addressing HIV in humanitarian settings.

In Eastern and Southern Africa, as part of the 2gether 4 SRHR regional programme supported by Sweden to improve sexual and reproductive health and rights, UNAIDS, UNFPA, UNICEF and WHO are collectively supporting the continuity of SRHR services during humanitarian crisis. In November 2023, UNFPA organized a regional meeting of disaster management officials to discuss findings from multi-sector initial rapid assessments and share best practices & lessons learned on integrating SRH, HIV, and GBV services in disaster preparedness and emergency responses. Joint work has also started to generate a data set that can help track humanitarian SRH, GBV & HIV indicators across countries, and to conduct a regional stakeholder mapping and roadmap in view of conceptualizing a SRHR humanitarian supplies pre-positioning scheme.

In the Central African Republic, a recent WFP study showed that two-thirds of PLHIV households were food insecure and that 29.5% of ART clients were malnourished. UNAIDS, WFP and partners are developing a resource mobilization strategy and joint programme to address the livelihood, food, and nutrition needs of ART clients and support adherence to treatment.

In Ethiopia, through continued advocacy by the UN Joint Team: the revised version of the HIV national strategic plan (2024–2027) recognizes for the first time people in humanitarian settings as a priority group for HIV prevention and treatment; HIV services have been integrated into UN initiatives to combat gender-based violence in conflict-affected regions (Afar, Amhara, Tigray); and HIV and GBV kits (STI, counseling, condom, HIV test kit, ARV treatment) were included in the general emergency kits.

In Ukraine, UNFPA is providing SRH services in 22 regions through 25 mobile teams that have already served more than 80 000 patients. Mobile teams work within the framework of humanitarian response measures with the financial support of the European Union, France and Korea. Through its Emergency Fund, UNAIDS continues to support civil society organizations to increase their capacity to provide HIV services: eight shelters established for internally displaced people from key populations are receiving and servicing hundreds of people, providing them with accommodations, humanitarian support, linkage to care, HIV testing and treatment resumption or initiation.

Pandemic Prevention Preparedness and Response

UNAIDS is participating in the Intergovernmental Negotiating Body (INB) to draft and negotiate a WHO Accord on pandemic prevention, preparedness and response (PPR).

The primary objective of UNAIDS participation in this is to advocate to ensure that the process results in an international instrument that will assist in protecting and sustaining the progress and gains in the HIV response, from disruption from future pandemics and health emergencies which impact people living with and affected by HIV. UNAIDS engagement brings to the INB process experience and lessons learnt from over 40 years of responding to the HIV pandemic which the PPR accord could draw from.

The 2023 UNGA Political declaration on PPPR recognises that the response to HIV provides wide ranging experience from which the design and content of the PPPR accord and future pandemics can draw on. The Declaration calls on the strengthening of health systems through efforts to end global epidemics of HIV, TB and Malaria including leveraging best practice and lessons learnt and ensure systematic of HIV and AIDS. It further calls on member states to leverage national HIV/AIDS strategic plans to guide key elements of the PPPR and acknowledging the integral role of civil society and communities in strengthening public health measures and implementing response programming.

UNAIDS advocacy and outreach to countries during the drafting and negotiation phase is asking them to amplify key principles, language and learnings from the HIV response. These include Human rights-based approaches; equitable access to health products for prevention and treatment of HIV and future pandemics; resilient systems for health and (health and care workforce, infrastructure including community infrastructures, labs, surveillance, supply chain and data systems); communities at the centre, multisectoral governance approaches; and sustainable financing.

FINANCING THE JOINT PROGRAMME

So far in 2023, US\$ 153 million has been recorded as core income, which is in line with expectations based on commitments and indications provided by UNAIDS main donors.

Based on the latest contribution forecast for 2023, it is estimated to raise US\$ 158 million. For 2024, it is estimated that we will raise US\$ 160 million towards the core budget of US\$ 187 million. Further updates will be provided in June next year.

In response to PCB decision point 6.8, we have prepared a scenario highlighting prioritized actions of the Joint Programme developed in line with a projected core income of US\$ 160 million annually for the next biennium and is presented to you for your endorsement.

The resource level projected for 2024 at US\$ 160 million also reflects the level of funding which the Joint Programme has already been adapting to in implementing the UBRAF for 2023.

Resource mobilization for Joint Programme faces an increasingly challenging and changing political landscape, particularly within our core donors.

ODA is significantly under pressure with long standing donors taking the difficult decision to substantially reduce their funding to the Joint Programme. This is a significant challenge that the Joint Programme is responding by our focus on prioritization and delivery, and transforming our resource mobilization efforts to work within this rapidly changing environment.

Whilst the forecast is difficult, we are seeing positive momentum as well. Australia announced a new partnership during the bipartisan parliamentary breakfast for World AIDS Day. Foreign Minister Penny Wong unveiled a project worth 12 million Australian dollars (US\$ 7.8 million) in collaboration with UNAIDS and local civil society organisations, represented by Health Equity Matters. The funding is an addition to Australia's core contribution of 4 million Australian dollars. France has doubled its commitment to the Joint Programme. The Joint Programme has also received generous end of year support from our donors.

Looking forward, the Joint Programme will be building on this positive momentum to engage current donors, and bring on new donors through significant resource mobilization action over the next year. We look forward to your support and continued commitment.

