UNAIDS Executive Director's report

Michel Sidibé,
Executive Director of UNAIDS
26 June 2018 | Geneva, Switzerland
Opening of the 42nd meeting of the
UNAIDS Programme Coordinating Board

"The world is making good progress towards ending the AIDS epidemic by 2030, but progress is uneven and fragile. At this pivotal moment, we must renew our focus and our shared commitment to a world free of AIDS."

António Guterres, United Nations Secretary-General, presenting his report to the United Nations General Assembly AIDS review, New York, United States of America, June 2018

Thank you, Chair, Anna Wechsberg, Policy Director of the United Kingdom Department for International Development.

I am pleased to welcome China as Vice-Chair—my friend the Vice-Minister of China; and Algeria as Rapporteur—my brother the Director-General of Prevention and Health Promotion.

Welcome to the First Lady of Panama and UNAIDS Special Ambassador for AIDS in Latin America, Lorena Castillo de Varela.

I am happy to have Gunilla Carlsson here with me as Deputy Executive Director, Management.

Excellencies; honourable ministers; members of the Programme Coordinating Board (PCB); ladies and gentlemen.

#MeToo

Let me start by welcoming and acknowledging the importance of the #MeToo movement. From a few brave women's voices to a courageous groundswell of anger, hope and solidarity, the movement is leading the social transformation that is essential for dismantling patriarchal oppression and power imbalances that can diminish the very real personal and political power of women and girls.

I recognize that many organizations, including UNAIDS, suffer from sexism and abuse of power in the workplace. This is a shared concern of staff and myself—and we are committed to positive change.

The #MeToo movement has exposed a deep-rooted issue, not specific to any one organization. Sexual harassment is found in the private sector, non-profits, government, everywhere. And it is unacceptable.

The stories of sexual violence, assault, abuse and survival that we have heard over the past months have shaken the world out of complacency, including here at UNAIDS.

As you may know, UNAIDS has been under sustained media attention during the past months for its handling of a sexual harassment case. While extensive misinformation has been spread, we have been reluctant to respond to criticism in the media because of our commitment to protect survivors and ensure confidentiality, follow due process and allow for appeals.

UNAIDS has committed to address these issus with greater direction than ever before. We are taking bold, proactive actions to stamp out sexual harassment, unethical workplace behaviour and all forms of abuse at UNAIDS.

I want to assure you that I, as Executive Director of UNAIDS, am committed to change, accountability and transparency.

Commitment to change

We have called for the establishment of an Independent Expert Panel on prevention of and response to harassment, including sexual harassment, bullying and abuse of power, to review how UNAIDS prevents and responds to sexual harassment, and we have committed to implementing its recommendations swiftly. I am grateful to the PCB for its leadership and for ensuring the independence of the oversight of the panel's work.

We have put in place a five-point plan to ensure that inappropriate behaviour and abuse of authority, including sexual harassment, are identified early on; that measures taken are properly documented; and that actions are taken rapidly and effectively, following due process, with protection for both survivors and whistle-blowers, including counselling and essential services.

A confidential, anonymous 24-hour Integrity Hotline has also been set up in six different languages to make it easier to report wrongdoing.

In addition to any disciplinary actions, we are also seeking to establish a programme of counselling, education and training for those identified and accused of inappropriate and unethical workplace behaviour.

We are also engaging with and listening to key stakeholders. We realize that a real transformative change becomes possible if we work hand in hand with civil society.

Civil society has always been and remains a committed advocate and tireless agent of change across politics, organizations and societal culture. The power of civil society in the HIV movement is undeniable.

We are humbled to see many women and men leading efforts for health and human rights, while sometimes dealing with past abuse and trauma that they themselves faced.

Last week, UNAIDS and the Athena Network co-convened a meeting on addressing sexual harassment. The meeting provided a unique opportunity for dialogue with civil society on sexual harassment and gender equality, providing valuable inputs on how to strengthen our work in this area.

The meeting built on a series of discussions on these issues, including a dialogue at the Commission on the Status of Women in March 2018; a "virtual town hall" meeting in May 2018 with more than 40 civil society leaders; and individual meetings held with civil society by UNAIDS senior management in Kenya, Lesotho, the Russian Federation, South Africa, Uganda, Zambia and other parts of the world.


#CERODISCRIMINACIÓN
#ZERODISCRIMINATION

In these meetings, it was clear there was a great interest to work in partnership with UNAIDS, helping us to chart a new and transparent course to become a model United Nations agency with respect to women's rights and protection from unethical behaviour and abuse of power in the workplace. I have started similar meetings within UNAIDS, seeking the advice and guidance of UNAIDS staff focusing on the same issues. I am committed to listening and leading the culture change needed.

Finally, I would like to ask all of us to pledge our support for all people who have experienced sexual harassment, abuse, assault or violence.

We need to make space for conversations about sexual violence, abuse of power and HIV, recognizing that:

- All sexual transmission of HIV is not consensual.
- The trauma of childhood violence shapes health and life outcomes into adulthood.
- Sexual and other violence perpetrated by agents of the state against sex workers, transgender people, people who use drugs and gay men and lesbians must stop.

As an organization, we are committed to addressing gender inequality, addressing sexual harassment, abuse and exploitation and protecting the vulnerable. People expect a standard of reference from us—we have heard that and we will act.

A watershed moment

We are at the halfway point to the 2020 Fast-Track commitments. I am convinced that with concerted effort, we will reach 30 million people on HIV treatment by 2020. Some countries are even ready to consider 95–95–95. More than half of people living with HIV are accessing treatment, and AIDS-related deaths continue to decline to fewer than 1 million per year.

Thanks to its strategic and focused approach, the United States President's Emergency Fund for AIDS Relief (PEPFAR) is helping to make this happen and is pushing towards attaining epidemic control in a number of countries. This will be another critical benchmark in our progress towards ending the AIDS epidemic.

According to official data for the Russian Federation, in 2016 the increase in the number of new HIV diagnoses was 10% and in 2017 the increase was 2.2%—so the growth in new infections is slowing down. Yet, we still have more work to do to put the Russian Federation on the Fast-Track.

The progress we are seeing overall is not just about coverage. It is about impact, lives saved and increased life expectancy. In countries with HIV prevalence greater than 10%, HIV investments alone accounted for an increase in life expectancy of more than five years.

Yet progress is differentiated and uneven. Regions like western and central Africa, the Middle East, eastern Europe and central Asia are lagging behind. In western and central Africa, we see a significant treatment gap. New HIV infections are rising in the Middle East, eastern Europe and central Asia. Around the world, criminalization of same-sex sexual relationships, sex work and drug possession and use as well as stigma and discrimination prevent key populations from accessing HIV prevention services. In short, the pace of transformation is not matching the magnitude of the epidemic among key populations.

The Global HIV Prevention Coalition 2020 Road Map focuses on realizing the sexual and reproductive rights of adolescent girls, young women and key populations. There is an urgent need for good-quality comprehensive sexuality education and a sharpened focus on human rights, key populations and gender equality. To break the cycle of HIV transmission, we also need a renewed focus on men. Men are more likely than women to start treatment late, to interrupt treatment and to be lost to treatment follow-up.

I would like to take this opportunity to thank Kenya and Zimbabwe for co-convening the Global HIV Prevention Coalition on the sidelines of the World Health Assembly. Eleven ministers from coalition countries were present, and welcomed the ministers of three new countries to the coalition: Botswana, the Islamic Republic of Iran and Myanmar.

We must also continue our effort to ensure no child is born with HIV, and that we dedicate our energy to also ensure that every child living with HIV is identified and receives treatment, so they have a healthy future. We know that we are behind our targets for paediatric treatment with just over half of children who need treatment receiving it. We are seeing a renewed engagement to PMTCT, treatment for children and keeping mothers healthy with the "Free to Shine" campaign with the AU and OAFLA committing to achieving the ambitious targets. Let us keep our promises to children, as they are the future.

Health in humanitarian settings

Given the state of today's world, humanitarian crises must always be at the top of our agenda. People are most fragile and in most need of services in humanitarian settings, and it is an unacceptable fact that 68.5 million people were driven from their homes in 2017.

Filippo Grandi, United Nations High Commissioner for Refugees and Chair of the Committee of Cosponsoring Organizations, will speak more on this later in the agenda, but let me just reflect on a couple of countries that I visited recently where I witnessed the plight of people forcibly displaced.

In Uganda, I visited the Kyangwali Refugee Settlement and Reception Centre and in just the week I was there the centre received an influx of some 3000 new refugees from the Democratic Republic of the Congo. Fleeing inter-ethnic violence, the refugees make the dangerous journey across Lake Albert. There, I saw how a progressive refugee policy builds resilience and ensures people's dignity and access to health services.

In South Sudan, the crisis is political, but the tragedy is humanitarian. Over a third of the country is now displaced, including some 2.4 million refugees and 1.7 million internally displaced people. In 2016, it was estimated that only 10% of eligible adults and 5% of children in the country had access to life-saving antiretroviral therapy, and there is just one viral load testing machine in the whole country. Only 40% of people in South Sudan are within reach of health facilities and have consistent access to primary health-care services, including antenatal care. Uniformed forces are contributing to 43% of new HIV infections. In response, the United Nations Secretary-General has requested UNAIDS in collaboration with the H6 and others to develop a concrete emergency action plan for HIV in South Sudan.

Transformation to end the AIDS epidemic

To reach the end of the AIDS epidemic as a public health threat, we will need transformative approaches. This will require reforming laws and policies that block access to HIV services. This year marks 20 years since the passing of Jonathan Mann, and we continue to honour his legacy by working for what he called a "solidarity of inclusion".

We have heard civil society's voices at the last PCB in calling for a global compact to end HIV-related discrimination, and we are taking action. The UNAIDS Secretariat is joining forces with the United Nations Development Programme (UNDP), UN Women and the Global Network of People Living with HIV (GNP+) as co-conveners to hold consultations later this week with civil society to shape this effort from the ground up.

In Algeria, Djibouti, Egypt, Islamic Republic of Iran, Morocco, Sudan and Tunisia, we are working with the International Federation of Medical Students Association (IFMSA) to identify and implement priority actions to eliminate stigma and discrimination in healthcare settings.

We are working with national parliaments for progressive laws. With the Parliament of Malawi, for example, we removed discriminatory provisions in the proposed HIV Bill, and this year Malawi saw the adoption of a new HIV law that guarantees access to HIV prevention and treatment services without discrimination.

"We insist upon tolerance of diversity and respect for dignity from others; we must also ensure that we manifest that same tolerance and respect in our own analysis and action. This requires that we transcend a solidarity of exclusion to achieve a solidarity of inclusion—for indeed, this is the only true solidarity."

Jonathan Mann
1947–1998


UNAIDS
42nd Meeting of the
UNAIDS Programme Coordinating
Board
42ème réunion du Conseil de
Coordination du Programme de
l'ONUSIDA
ONUSIDA
UNDP
I.L.O
UNHCR
CCO CHAIR
SPEAKER
MALAWI

We are also standing with those most marginalized and affected by criminal laws.

The joint United Nations statement on ending discrimination in health-care settings calls for reforming laws that violate the rights of key populations, including sex workers. This year, together with UNDP and the International Commission of Jurists, we are stepping up our efforts to turn commitment into action to address the detrimental health and human rights impacts of criminal laws. At the African Union in January, we partnered with the African Commission on Human and Peoples' Rights to produce their first-ever HIV and human rights report.

Transformative approaches to end AIDS will require expanding community-led and people-centred approaches to HIV testing. Currently, we see a substantial gap in the first 90 (knowledge of HIV status). We must scale up testing rapidly using differentiated HIV testing approaches to meet the needs of populations currently being left behind. Delays in HIV diagnosis are still measured in months instead of minutes. We need to prioritize innovations in testing—both in approaches such as community health workers, multi-disease campaigns and partner testing, and in new technologies that offer the opportunity to test for multiple diseases. Critically, people who test positive must have the opportunity to link to care immediately and to receive support for HIV treatment adherence.

Partnerships are part of the DNA of UNAIDS

I just returned from China, where I met with the new political leadership and again with the First Lady, Professor Peng Liyuan, whose engagement with young people is exceptional. We are excited to support the China–Africa partnership for healthy societies.

Let me also take the opportunity to applaud the generous and truly life-saving partnership with PEPFAR, which is celebrating its fifteenth anniversary. I want to thank the United States Government and the American people for their steadfast commitment—what the Secretary-General has called "landmark support".

We are strengthening our partnership with Japan on human security and data.

UNAIDS is collaborating with global health agencies on the Global Action Plan for Healthy Lives and Well Being for All, as requested by Germany, Ghana and Norway. Shaping an action plan around the many and varied health-related Sustainable Development Goal targets provides a generational opportunity to consolidate the range of existing global health strategies and further elevate health as an integral part of sustainable development.

We continue our work with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to reprogramme grants where needed and ensure that no one is left behind. I appreciate President Emmanuel Macron's decision to host the sixth replenishment of the Global Fund at this key moment in the response to the three diseases.

We have reinforced our collaboration with the International Organization of la Francophonie, and UNITAID is another critical partner with a strong mandate on innovation.

Data are key to ensuring that no one is being left behind

The transformation required to reach the end of AIDS will require timely location–population data. While our data are now more granular and precise, we need greater speed. We have launched integrated health situation rooms in five countries in Africa (Côte d'Ivoire, Kenya, Lesotho, Uganda, Zambia), and the situation room in Namibia will be launched shortly. Malawi and Rwanda have expressed interest in developing situation rooms. Because of the powerful data visualizations and analytics countries have already included TB, malaria and maternal and child health data to their situation rooms. UNAIDS is now partnering with the Africa Centres for Disease Control, enabling them to make use of the same tool, and becoming a regional capacity hub in this area.

The health situation rooms are critical for turning data into action at every level.

We can use data to reinforce a people-centred approach so that no one is left behind; to improve service delivery, enhance capacity, transfer competencies and manage risks; to identify gaps and disparities to reduce inequity; to reinforce the notion of a results-driven approach; to foster accountability and enhance transparency; and to use data to drive investment so we can target resources better.

It is time to close the funding gap and plan for sustainable transitions

In 2016 resources available for the global AIDS response were 27% lower than needed by 2020. In April this year I presented a report to African ministers of finance, multilateral partners and other senior officials at a meeting on optimizing investments and partnerships to end AIDS in Africa, organized by the United States Department of Treasury and PEPFAR. My message was very clear: ending AIDS needs a Fast-Track approach to front-loaded investment and planning for sustainability.

We cannot afford to miss the 2020 milestones. Together we must enter a new era of sustainable health financing.

If we reach the Fast-Track Targets by 2020, more than 16 million new HIV infections can be averted and more than 6 million lives saved.

Missing the Fast-Track Targets will mean many more lives lost. It would add US$ 4.7 billion in additional treatment costs in sub-Saharan Africa from 2017 to 2030.

Furthermore, as more countries transition to middle-income country status, the sustainability of programmes is at serious risk. The reach of these programmes is also threatened as services supported by governments, in the absence of the Global Fund, often fail to encompass all the services needed for key populations, such as peer-to-peer support and self-testing. We therefore need to work with the Global Fund to establish a bridging fund that reaches fragile communities during the transition phase. If not, we risk entire populations being left behind.


NGO EUROPE
NGO LATIN AMERICA & CARIBBEAN
NGO NORTH AMERICA


RESERVED
RESERVED
RESERVED
UNHCR
CCO CHAIR
Mrs L. CASTILLO DE VARELA
FIRST LADY OF PANAMA
DEPUTY EXECUTIVE DIRECTOR
EXECUTIVE DIRECTOR
CHAIR


support. don't punish.
support. don't punish.
support. don't punish.
NGO AFRICA
NGO ASIA & PACIFIC
NGO EUROPE

We must embrace new ways of working, and UNAIDS continues as a forerunner of United Nations reform

The United Nations Secretary-General has set an ambitious reform agenda, which Member States have embraced with the recent General Assembly resolution. Last year, the United Nations Economic and Social Council (ECOSOC) recognized the Joint Programme as an example of these reforms, and the Joint Programme Action Plan will further decentralize decision-making in countries. The process of the country envelopes contributes to greater joint planning and working at county level. The country envelopes and a US$ 2 million core contribution provided to each Cosponsor represent a dynamic and differentiated resource allocation model called for by the PCB.

I am honoured that the United Nations Secretary-General entrusted me with the chairpersonship of the H6 partnership. H6 is composed of the United Nations Population Fund, the United Nations Children's Fund (UNICEF), UN Women, the World Health Organization (WHO), UNAIDS and the World Bank Group. Within the wider framework of the Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health, H6 provides countries with technical support to ensure that investments deliver optimally for results. We do so in close alignment with the Partnership for Maternal, Newborn and Child Health and the Global Financial Facility.

I want to thank the heads of agencies for their constructive support, and implementing partners, countries, health-care providers and communities that have enabled such an impactful and transformative partnership. We will continue to support countries to address universal coverage with good-quality sexual, reproductive, maternal, newborn, child and adolescent health services, including adolescent sexual and reproductive health services. We also support countries to tackle the root causes of mortality and morbidity, including gender inequalities, social determinants and financial barriers, and foster demand creation for better health.

H6 recently adopted a new vision and a results framework for 2020 that aims to refine its business model in the light of United Nations reform, to further enhance coherence to drive better, stronger accountability for results at the country level. Over the next 24 months, we will aim to accelerate efforts in 25 countries, at first selected based on burden of maternal and child mortality and other key indicators, while taking into account their status with the Global Financing Facility.

Renewed dynamism in global health, coupled with the Secretary-General's reform agenda, offers a singular opportunity to leverage H6 to drive reform and support country priorities. Many of the priorities of United Nations reform—delivering integrated policy advice, joint working, reducing fragmentation and duplication, generating strategic information and strengthening accountability—are at the heart of the H6 model, making it well-placed to serve as an incubator. In many ways, H6, as a unique joint coordination partnership, is an extension of the UNAIDS Joint Programme way of working, and this model has proven successful in bringing about progress in AIDS responses worldwide. Together we can translate United Nations reform into results for people at the start of a new era of coordinated United Nations delivery in countries.

HIV and TB: 2 sides of the same coin

On 26 September 2018 the United Nations General Assembly will hold its first-ever High-Level Meeting on Tuberculosis. We need to elevate TB so it becomes a political issue. We have been working closely with WHO and Stop TB based on our experience of the high-level meetings on AIDS.

It is shocking to see that people today have almost the same risk of contracting TB as in the 1950s, when the first treatments were discovered.

More than 10 million people contract the disease each year. Despite TB being preventable and curable, it is the leading cause of death among people living with HIV. And it is the most common cause of death by an infectious agent in modern times.

I urge you all to reflect on the following five action items:

1. We need to close the gaps in existing health systems so that all people have access to services for preventing, diagnosing and treating TB.
2. We must transform the TB response to make it more equitable, rights-based, non-discriminatory and people-centred, not only in health settings but also in workplaces, schools and prisons.
3. We must commit to making the investments necessary to end TB. This is a great investment as every dollar spent on TB generates up to US$ 30 through improved health and increased productivity.
4. We need to leverage the private sector to develop better, less-toxic treatment regimens.
5. The international community must commit to decisive accountability mechanisms.

We need to strengthen efforts towards ending AIDS with efforts to implement universal health coverage

We are also committed to enhancing linkages with efforts to tackle malaria, tuberculosis (TB), antimicrobial resistance, human papillomavirus, cervical cancer, hepatitis, noncommunicable diseases and access to medicines.

Concerted action to tackle cervical cancer is long overdue. UNAIDS is proud to be part of the new Partnership to End AIDS and Cervical Cancer with the George W. Bush Institute and PEPFAR. We salute the groundbreaking work of GAVI in this area. And we commend WHO's new call to action towards the elimination of cervical cancer. With PEPFAR's initial contribution of US$ 30 million we will scale up screening and treatment of cervical (pre) cancer for women living with HIV in eight Fast-Track African countries (Botswana, Lesotho, Malawi, Mozambique, Namibia, Swaziland, Zambia, Zimbabwe).

Direct payments at the point of health-care delivery, known as user fees, are a major barrier to accelerating progress towards achieving the Fast-Track Targets, delaying access to HIV testing, causing treatment interruption, increasing morbidity and mortality, escalating inequities and impoverishing entire households. The detrimental effect of out-of-pocket expenditures, including user fees, is central to the global health dialogue on reaching the goal of universal health coverage. Each year, close to 100 million people are being pushed into extreme poverty because they must pay for health expenses out of their own pockets. Vulnerable groups are particularly affected.

On the sidelines of the World Health Assembly, UNAIDS, PEPFAR, the Global Fund and WHO convened a meeting with ministers to discuss the negative impact of user fees on access to HIV and health services, increasing inequities and the right to health.

To make universal health coverage a reality and leave no one behind, removal of user fees for essential medicines and services must be a priority.

I welcome the initiative by the Ministry of Health of Kazakhstan, WHO and UNICEF to convene the Global Conference on Primary Health Care. I encourage ministers of health and partners to join the conference in Astana in October and demonstrate how the HIV response can be a model for integrated service delivery and the decentralization of health services to the primary health-care level.

Above all, transforming will keep communities front and centre

The community health workers initiative adopted by the African Union, which aims to recruit, train and deploy 2 million community health workers across Africa by 2020, will help move us in the right direction. We need to go further, as Coalition Plus has urged us to "demedicalize" the HIV response and bring services closer to people.

During my trip to Lesotho, I witnessed remarkable progress when services where offered by young people for young people and by men for men. "Male corners" and adolescent centres offer integrated, friendly and responsive services for not only HIV but also sexual and reproductive health and rights, sexually transmitted infections, TB, noncommunicable diseases and cancer screening.

At Solidays in Paris, I paid homage to the amazing work of community associations—the real heroes of "solidarity of inclusion". Let us ensure that civil society has the space and resources it needs to continue leading the AIDS response.

A robust UNAIDS

My thanks to Gunilla Carlsson for all she is doing to ensure more transparency and accountability in our management. The new Office of Evaluation will help the Joint Programme perform at its best. We have also established an Office of Innovation and strengthened the Partnerships and External Relations function.

UNAIDS' financial situation has been relatively stable throughout 2017 and in 2018 as a result of continued cost-cutting and savings measures and the continued confidence of key donors. Thank you to Australia, Denmark and Sweden for increased contributions.

In 2017 the UNAIDS Secretariat core expenditures amounted to US$ 132 million, representing a reduction of US$ 8 million compared with 2016. The reduction in Secretariat expenditures enabled full funding of the Cosponsors' share of the budget in 2017—US$ 44 million—while at the same time aligning income and expenditures.

The country envelopes and a US$ 2 million core contribution provided to each Cosponsor represent a dynamic and differentiated resource allocation model requested by the PCB. Increased emphasis on joint plans and funding tied to specific deliverables has enhanced accountability, transparency and clarity on funding allocated to Cosponsors at the country level. Making Unified Budget, Results and Accountability Framework (UBRAF) funds available at the country level has increased ownership and requires flexibility and decision-making on allocations at the country level to be effective. Stakeholders across countries agree that the joint plans reflect national priorities, but engagement with authorities, civil society and other partners can be strengthened further.

Raising US$ 242 million this year to fully fund the UBRAF must be our target. So far, a total of US$ 100 million has been mobilized towards the 2018 core budget.

Gender equality

A robust UNAIDS means being at the forefront of gender equality and the empowerment of women across the United Nations system.

This is evidenced by UNAIDS' leading role in the United Nations System-Wide Action Plan on Gender Equality and the Empowerment of Women (UN-SWAP), an accountability framework designed to measure, monitor and drive progress towards a common set of standards for the achievement of gender equality and the empowerment of women. UNAIDS meets or exceeds the requirements of 100% of the UN-SWAP performance indicators, compared with only 64% for the overall United Nations system. In addition, UNAIDS exceeds the requirements for 53% of the indicators, compared with 19% for the overall United Nations system.

UNAIDS was a frontrunner in launching its first Gender Action Plan 2013–2018, and we made significant progress, particularly around parity in staffing. The Gender Action Plan 2018–2023, launched at the beginning of this month, continues the approach of a transformative agenda that is inclusive and progressive.

It sets four ambitious new targets: in addition to achieving full compliance with UN-SWAP, the Gender Action Plan will work to deliver gender parity across all levels of staff; support all staff to set work and learning objectives on gender; and open up the women's leadership programme to all female staff and the mentoring programme to all staff, regardless of gender.

Beyond the targets, the Gender Action Plan commits us to making a number of changes, including through the adoption of a single parental leave policy, the revision of our diversity policy to ensure that the latter fully embraces all forms of diversity and the introduction of real-time staffing data. It also commits us to increase transparency, with regular updates to staff on both progress and challenges in implementing the plan. A challenge group, comprising nominated membership from across the Secretariat, will keep us honest and on track.

Recognizing the principle of "nothing for us without us", implementation of the plan is the responsibility of each and every UNAIDS staff member—we are all accountable for its success.

We have also committed ourselves to gender parity at the PCB. Let's raise the bar beyond equal representation and look at who is leading delegations and making the interventions.

Respect and dignity

Let me close by underscoring my commitment to doing a better job of sharing with all of you what we are doing about our progress on our collective goals and to opening new lines of communication to ensure a workplace where everyone can thrive with respect and dignity. UNAIDS has just launched a new campaign and I urge everyone here to commit to respect and dignity.

The Independent Expert Panel on harassment is unprecedented in the United Nations, and I thank the PCB for its leadership in taking it forward. We have opened up our organizational processes and systems to public scrutiny, and created platforms, including with civil society, for dialogue and constructive criticism.

This demonstrates our commitment to transparency and determination to get things right for people. I am convinced that the actions we have taken, together with the Independent Expert Panel, will usher in a wave of transformation that extends beyond UNAIDS to the wider United Nations.

In our transformation journey, we will ensure that:

- Our organizational culture, systems and processes foster dignity and well-being of our staff.
- Policies are clear and consistent.
- Staff have confidence in reporting harassment and abuse of authority.
- Investigative capacity allows for speedy processing of reports and complaints.
- Recruitment mechanisms enable us to screen people.
- Performance is always measured to the highest standards of ethical behaviour.

Finally, let me share my commitment to continue engaging with women's right leaders, activists and all of you to develop and implement policies to address harassment in the workplace and to tackle together the broader issues of gender inequality, gender-based violence and discrimination as central to our efforts to ending AIDS.

Thank you.

UNAIDS
Joint United Nations
Programme on HIV/AIDS

20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org