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UNAIDS EXECUTIVE DIRECTOR SPEECH



AS COVID-19 HAS SHOWN,
INVESTMENTS IN HIV PRINCIPLES,
APPROACHES AND INFRASTRUCTURE
AND EXPERTISE EXTEND FAR
BEYOND THE AIDS RESPONSE

INTRODUCTION

Good day, good afternoon and good morning members of the Programme Coordinating Board, Ministers, Ambassadors, friends and colleagues. Welcome to our 46th and first virtual PCB meeting.

I would like to start with conveying my sadness and frustration about the tragic impact of the colliding pandemics of HIV and COVID-19. For the more than 465 000 persons that have died of COVID-19. For the 32 million people that have died of AIDS since the beginning of the epidemic, including almost 350 000 people just in the first half of this year, almost 2000 needless deaths every day. And all those who face stigma and discrimination. We can never stop being outraged by this loss of life. The AIDS epidemic remains a crisis that demands we double down, and act with greater urgency to reach the millions still being left behind.

We are in a very different place to when we last met in December.

COVID-19 has had devastating impacts globally. I am proud of how quickly UNAIDS has adjusted in this time of great uncertainty and upheaval.

It has been challenging to move an inter-governmental process in this virtual space. Special thanks to our Chair, the PCB Bureau and our UNAIDS teams for making this possible, and to all of you for engaging virtually.

To my sister Ghada Fathi Waly, the new Executive Director of UNODC, congratulations and welcome to the Joint Programme.

Thank you Achim Steiner, UNDP Administrator, for joining us today and for your leadership as chair of the Committee of Cosponsoring Organizations. I appreciate the support and guidance that you and all the UN Heads of Agencies in the Committee are providing on the strategy process and on addressing HIV in the context of COVID-19.

Before moving forward with my report, please join me to remember Faith Nabwire, our staff member from Uganda who sadly passed away after a long illness in April, Allow me to offer my sincere condolences for the loss of Ambassador Christopher Onyanga Aparr of Uganda.

Thank you.



Today, I will report to you about 1) our work on HIV and COVID-19, 2) where we are in the AIDS response, 3) the next Global AIDS Strategy, and 4) progress on critical management issues.

HIV AND COVID-19

Even before COVID-19 we were not on track to meet our targets for 2020. Now the COVID-19 crisis risks blowing us way off course. As a Joint Programme we must address the deeper challenges to recover from this crisis to beat both pandemics and foster safe, equitable and resilient societies.

Scientific experts, community groups, and UN staff working on HIV have been at the forefront of global, regional and national responses to COVID-19. The entire HIV movement has mobilised and is on the frontlines fighting both pandemics.

At the global level, the Joint Programme has provided vital strategic information, taken forward urgent political advocacy, and supported efforts to put people at the centre of the response, through rights based and gender transformative approaches.

UNAIDS co-led the development of the social cohesion and community resilience pillar of the Secretary General’s Framework for the Socio-Economic Response to COVID-19. I urge governments to engage communities in the planning processes related to the Framework and the Multi-Partner Trust Fund and ensure that resources reach communities.

We must learn the painful lessons from a history of unequal access in dealing with HIV. Millions died of HIV related illnesses while there were medicines available that could have saved their lives. Leaving access to medicines to the monopoly of pharmaceutical companies resulted in prices that were too high for people in developing countries.

We have restored technical capacity at the Secretariat on access to health technologies to lead our technical, policy and campaigning work across the Joint Programme.

We have been following a 2-pronged strategy to push now for equitable access to all health technologies related to COVID-19.

Firstly, supporting the intergovernmental and interagency technical work advancing the initial Costa Rica solidarity call to action, now the COVID-19 Technology Access Pool (C-TAP); and, secondly, helping to amplify global popular demand that no one be left behind in accessing any COVID-19 diagnostics, vaccine or treatment, through the "People's Vaccine". This is a global campaign to make the COVID-19 vaccine and other technologies, patent-free, mass produced, distributed fairly and free at the point of use.

Once a safe and effective vaccine is discovered, the only barrier to produce enough doses for everyone should be the manufacturing capacity the world can mobilise. This is not the time to create further barriers to mass production, based on exclusive licensing. We cannot have poor countries at the back of the queue and their key health workers waiting for vaccines. The efforts of the WHO to organise a global system of equitable allocation are absolutely vital and must be strongly supported.

But if they are to work, in the face of the realities of vaccine nationalism, we must also do absolutely everything we can to maximise supply. And to maximise supply, we must have patent free, open technology. All countries and corporations should also support WHO through the COVID-19 Technology Access Pool (C-TAP) that pools together all information, data, know-how and intellectual property. Only then can the combined talents and energy of humanity can be fully applied to discover and produce, as rapidly as we possibly can, a "People's Vaccine".

At the national level, Joint Programme teams have gone into emergency mode, providing urgent support to communities and governments. They are doing amazing work on many fronts.

First, the COVID-19 crisis has greatly increased the risks faced by people with living HIV, including disruption of HIV services; lockdowns are impacting the poorest hardest and increasing vulnerability, and we are seeing an increase in marginalization and abuse of rights.

In over 80 countries, people living with HIV have shared with us their obstacles in accessing HIV treatment because of health centre closures, supply chain breakages, or because of the run on ART caused by false claims that it protects against COVID-19.

New analysis from UNAIDS shows that lockdowns and border closures imposed to stop COVID-19 are impacting both the production of medicines and their distribution, potentially leading to increases in their cost and to supply issues, including stock-outs over the next two months.

The latest survey results of Global Fund supported programs across 106 countries show disruptions in services delivery in 85% of HIV programmes. People with HIV are having to make impossible choices between getting their ART or risking their health on public transport to get to the clinic.

We sounded the alarm that interruptions to treatment access for people living with HIV brought by the COVID-19 crisis could be catastrophic. If urgent efforts are not made to avoid interruptions in health services and supplies, we could face 500 000 additional AIDS-related deaths in Sub-Saharan Africa in the next year, including from TB.

Our on-ground teams have moved fast to support countries to keep HIV programmes on track. We have supported dozens of countries to implement multi-month dispensing (MMD) of HIV treatment. In some countries working with the private sector, in others with associations of sex workers and in others embedding MMD in universal health coverage programmes. We are also promoting MMD as a strategy for other services, including substitution therapy and condoms.

We have supported community-led service delivery of prevention services in all regions. We have been advocating that harm reduction commodities be legally allowable and implemented.

Refugees and migrants affected by HIV also have specific needs. UNAIDS leadership role in supporting people who have left Venezuela has provided us with important learning on how to ensure that HIV and COVID-19 services are maintained for people on the move.

We already face an HIV crisis among adolescent girls and young women; now many young people are at risk of not going back to school after the lockdowns are lifted. Marginalised populations, including gay men, sex workers and drug users are experiencing increased stigmatization and violence as they are blamed for the COVID-19 epidemic.

A number of governments have used emergency powers for COVID-19 lockdowns to target key populations, in a misuse of emergency powers to lessen human rights protections for the most vulnerable. In Uganda, nineteen men were arrested and charged because they were living in a shelter for LGBTI people—UNAIDS country office provided them support and highlighted their plight.

We joined in the international condemnation of the use of emergency powers by Hungary to restrict rights of transgender people; and in Poland to increase the penalties for HIV transmission, exposure and non-disclosure. In contrast, in Panama, UNAIDS was able to advocate successfully to ensure that the gender rules for leaving home during lockdowns were transgender inclusive.

Impoverishment from the COVID-19 economic crunch, worsened by poor or absent social protection mechanisms, is further increasing the risks for people affected by or at risk of HIV during lockdowns. Many people with HIV are struggling to avoid hunger and malnutrition; some have even told us of selling their HIV medication to feed their families. We have had reports of sex workers, transgender people and people who use drugs being denied social protection both through neglect and through active policy.

In a number of countries, we are working to get sex workers on the lists of people eligible for social protection. In the Democratic Republic of the Congo in April–May 2020, a group of 168 sex workers and their children were stranded due to the lockdown. They urgently needed food aid and protection from high levels of violence and increased risk of HIV infection. The Joint Programme provided financial relief to support emergency needs.

Gender inequality is deepening in the face of the COVID-19 outbreak, increasing the risk of HIV for women and girls, and hampering their ability to remain on treatment, and mitigate the impact of HIV. The Joint Programme has been working to ensure that women on the frontlines of the response receive priority support, including better access to protective equipment, menstrual hygiene products and psychological support.

Gender-based violence is on the rise as countries put in place confinement policies, and with it increased risk of HIV, particularly for young women. We are advocating for services to address violence against women to be designated as 'essential services' and be accessible to survivors as a safe space.

Seventy percent of countries we support have put measures in place to protect women and children from violence, including domestic violence. Measures include government hotlines in Myanmar and Uzbekistan, support to shelters in Dominican Republic and Zambia, free 24-hour emergency medical services in Kenya and mobile GBV clinics in Mozambique.

The Joint Programme has launched a guide featuring concrete measures to support women and girls in all their diversity in the context of the COVID-19 pandemic. It is designed to provide recommendations to governments to confront the gendered and discriminatory impact of COVID-19.

Second, we need to better harness what the HIV movement brings to tackling the COVID-19 crisis.

The hard-learned lessons of the struggle against AIDS provide an invaluable *practical guide* as we confront Covid-19:

- the importance of empowering communities;
- that human rights do not hinder but *enable* pandemic response;
- that pandemic responses must go *beyond health* interventions, and address economic and social drivers and impacts, including providing social protection;
- that pandemic responses must tackle inequalities in rights and in access to services.

Aspects of these lessons have been successfully applied in specific places in the COVID-19 response; but in too many cases the same mistakes made in the earliest damaging days of HIV are still being repeated.

COVID-19 has also highlighted the urgent need for countries to ensure free universal health care and end all user fees in health.

In that regard, low- and middle-income countries must have the fiscal space to be able to lead effective responses to COVID-19 and HIV. UNAIDS has joined civil society in calling for urgent and longer-term debt relief, debt cancellation as well as the use of Special Drawing Rights to enable developing countries to beat COVID-19 and get back on track to ending the AIDS epidemic.

Third, the duty of care towards UNAIDS staff remains a top priority for me.

When COVID-19 struck I immediately established a COVID-19 Crisis Committee that reported to me on measures to protect staff and ensure the continuity of UNAIDS operations. Our new Staff Well-being Advisor joined in February and has been providing critical support to staff to cope with the challenges, disruptions and transition to virtual working. s We have had a series of all staff town hall meetings, daily communications and online feedback to ensure staff are engaged, supported and working well as teams. At every step, we have collaborated with the UNAIDS Staff Association to support our staff. I am grateful for their engagement and support. An internal staff survey in early April showed that 86% of staff were feeling motivated and 87% were able to focus on work. UNAIDS staff have recently participated in an interagency survey covering 13 agencies focusing on mental health and well-being. 59% of staff reported positive wellbeing. 68% of staff cited colleagues and 64% cited supervisors as their main source of support. We can and will strive to do even better.

COVID-19 has changed the way we work as the Joint Programme. My expectation is that some of the new ways of working such as reduced travel, greater flexibility and tele-working will be the "new normal" at UNAIDS.

MID-2020, THE GLOBAL AIDS RESPONSE IS NOT ON-TRACK

In early July, I will launch our new UNAIDS Global Report. I first sounded the alarm to the PCB in December and I am even more fearful for our future now. The early analysis shows four worrying trends:

First, the global HIV epidemic remains a global crisis, but the urgency associated with the response and high-level commitment to ending the AIDS epidemic is waning. The 2020 targets are unlikely to be reached, making every day in the next decade essential for decisive action to get the world back on-track.

Our successes in the global AIDS response prove that dramatic, rapid progress is possible. But our outrage at the terrible injustices and tragic impact of the AIDS response has been missing for too long and we must fight with passion.

Second, the reduction in new HIV infections and AIDS related deaths are not decreasing at the rate we committed to. Early analysis shows that with almost 700 000 AIDS related deaths in 2019, we will miss that 2020 target and others. Reaching the target on AIDS deaths was possible. We need an urgent reorientation about what will work in 2020 and beyond to enable us to save hundreds of thousands more lives than we will this year.

Third, HIV is an epidemic of inequalities. It is unacceptable that the majority of new HIV infections globally are still among key populations, and that Africa remains the epicentre with adolescent girls and young women five times more vulnerable than boys and men of the same age. Yet, we have the evidence, tools and commitments to prevent every new infection.

We see growing disparities in the epidemic response between regions, countries and within countries. With over 10 countries already reaching the cumulative 73% viral suppression target of 90–90–90 before the end of 2020, some countries are on-track but too many are not. It is also clear that focusing only on reaching 90–90–90 will not lead us to epidemic control. It is unacceptable that hotspots persist, year after year, without renewed attention, resources and action.

The gains in preventing new pediatric infections and accelerating treatment for children living with HIV have stalled. Children are still much less likely than adults to access HIV treatment, and children under 5 are at high risk of death. Two-thirds of the “missing children”—those who are positive and not on treatment—are 5–14 years old. Let’s commit to using creative ways to getting these children diagnosed and on treatment.

Fourth and finally, we continue to have a serious gap in HIV prevention. I am committed to intensify our prevention work across the Joint Programme and in collaboration with governments, civil society, and partners such as the Global Fund and PEPFAR. We need to better target population groups and locations with the highest rates of new infections. We must urgently increase coverage and access to comprehensive HIV prevention interventions for key populations and adolescent girls and young women and their male partners.

In the development of the next Strategy, we will have the tough conversations about why progress on HIV prevention is stalling, how to better engage men and boys, what investments are needed for effective HIV prevention and what new ways we can address the policy and legal barriers.

Many of these issues are not new. The series of commitments and declarations about Fast-Track and Ending the AIDS epidemic have not been translated into real action for the people we serve.



For example, if every country prioritizes one or two districts or provinces among those most affected, in the next year we can get them on the right trajectory. And then there is nothing like local success and progress to get others to build on this momentum. UNAIDS has Joint Teams in 95 countries to accelerate such a local push and ensure we are responding to the specific needs of populations in their specific location with the level of intensity needed to really make a difference.

UNAIDS NEXT GLOBAL AIDS STRATEGY

The next UNAIDS strategy, which will be the strategy for the global AIDS response, is massively important. It will be our opportunity to build on the essential principles and approaches that are working, close the gaps and apply the lessons learned.

It is my priority to ensure that we will harness every opportunity to ensure extensive input and engagement of the PCB, its constituencies and the global AIDS community to ensure no one is left behind.

The revisited timeline for the Strategy was brought forward by the people most affected by HIV—the NGO Delegation’s constituencies, to ensure their full participation and engagement in this process, in the midst of the COVID-19 pandemic. This kind of engagement has always been a pillar of inclusive, people-centred AIDS responses.

We have launched the development of the next UNAIDS Strategy in two phases. The first phase is focused on a review of the results achieved under the current strategy, and I have invited all PCB members and key UNAIDS stakeholders to contribute.

There is overwhelming interest. We have received almost 3000 responses to our online questionnaire to date, and we are collecting inputs through interviews and focus group discussions.

We are also preparing a detailed evidence review of the current Strategy, which will be released at the end of July. The review will provide analysis of what did and did not work in the current strategy for specific locations and populations. These and other sources of information will be used to inform the Multi-Stakeholder Consultations on the Strategy, that we are planning in early September.

I seek your support for the next global AIDS Strategy that will enable us to accelerate progress, close the gaps and strengthen our response to HIV in the context of pandemics such as COVID-19.

The detailed options we will present to the multi-stakeholder consultation in September, will likely include:

- Option 1: Maintain the focus and structure of current strategy, extending the timeline to the end of 2025;
- Option 2: Maintain the critical pillars that have delivered results in the current strategy, its ambition and the principles underpinning it to the end of 2025, but also enhance the current strategy to prioritise critical areas that are lagging behind and need greater attention;
- Option 3: Develop a comprehensive new UNAIDS Strategy from scratch.

I see distinct advantages to Option 2. It would build on the momentum of our current Strategy and the unique strengths of this Joint Programme, while making it clear that business as usual will not get us to the end of the AIDS epidemic by 2030.

In order to ensure that we have adequate time to develop the next Strategy, I would recommend that the Multi-Stakeholder Consultations consider which option to pursue, so that we can commence with Phase 2—the development of the next Strategy—as quickly as possible.

The strategy would be presented to the 47th PCB in December as a draft. A final version of the Strategy would be reviewed and adopted by the PCB in March 2021, inter-sessionally or at a special session (possibly virtual) of the PCB.

This timeline aims to deliver an ambitious next Strategy that will be aligned to a decision to hold the next United Nations General Assembly High Level Meeting on AIDS during its 75th session, preferably in June 2021. As requested by the PCB in December, we are consulting with the Secretary-General through his office and will also reach out to the President of the General Assembly, including the President-elect. I welcome support of the PCB, Member States and stakeholders in securing the High-Level Meeting.

UNAIDS Advisory Group

At the 45th PCB, I announced the establishment of the UNAIDS Advisory Group (UAG) to advise me during the transition period up to mid-2021. The UAG is tasked with generating fresh ideas and practical recommendations on strengthening our programmatic engagement in critical areas, shaping the next phase of the AIDS response and enhancing the role and visibility of UNAIDS on key issues.

We are in the process of taking forward the recommendations from the group's meeting in February in South Africa, centred around framing and messaging around the HIV response; programmatic priorities; and UNAIDS institutional transformation.

The UAG is also providing us with a deeper-dive on programmatic priorities in areas including Adolescent Girls & Young Women, Financing, and Human Rights & Key Populations, Science, and Access to Medicines through a series of break-out groups. These groups will include participation by co-sponsors, UNAIDS staff UAG members and other external experts to explore priority issues relevant to the strategy review and development process.

Education + Initiative

We need a radical game-changer in the HIV response for adolescent girls and young women in all their diversity in Sub-Saharan Africa. In this next decade of accelerated action for the SDGs, and in the year of reviewing 25 years of the Beijing Platform for Action, we must put girls and women's rights, gender equality and access to sexual and reproductive health and rights at the centre.

Every week, 5100 young women in sub-Saharan Africa are infected with HIV; they represent 15% of all people in the world who acquired HIV in 2018 and 25% of all new cases in the region. Clearly, we need the future of HIV prevention to work for them—not just in Africa, but everywhere.

The Education+ initiative that I announced at the last PCB focuses on adolescent girls and young women and completion of quality secondary education, which protects against HIV and yields multiple other social and economic outcomes for advancing health, gender equality and development.

My sister Executive Directors from UN Women, UNESCO, UNFPA and UNICEF have joined me in leading this high-level political-advocacy drive to guarantee what every adolescent girl and young woman needs in transitioning to adulthood:

- Completion of quality secondary education
- Universal access to comprehensive sexuality education

- Fulfilment of sexual and reproductive health and rights
- Freedom from gender-based and sexual violence, and
- School-to-work transitions and Economic Security and Empowerment

As we build momentum for this transformational initiative, we hope for your support as policy-makers, donors, and influencers. We look to you to lead by example-- to be bold and make that transformation, in your own policies and institutions, in your investments.

Communities & Human Rights at the centre

Where communities are able to fully participate in decision-making and service delivery, and human rights protections are strengthened, HIV outcomes and impacts have improved. Where stigma and discrimination and criminalization have shut out communities and key populations, HIV responses struggle to provide services to those who need them most, and annual HIV infections and AIDS-related deaths continue to increase in dozens of countries. The marginalization of key populations and the lack of community engagement are still holding back efforts to accelerate the reduction in new infections and the 90–90–90 targets in several regions.

On the Global Partnership to End Discrimination, I am inspired by the strong leadership of the PCB NGO delegation, and the co conveners, including UN Women, UNDP, and the Global Network of PLHIV (GNP+).

We have reached a critical milestone—in the last six months, we have secured the commitment and leadership of 16 Members States to deliver concrete interventions—from work with police, health workers, law reform, legal literacy-- to end stigma and discrimination in the next 5 years.

I invite all member states to consider joining this partnership and pledging to take concrete time bound actions. I encourage you to take immediate actions, such as declaring a moratorium on the application of such laws that impact people living with HIV, LGBTIQ persons, sex workers, people who use drugs.

In our next Strategy, the Joint Programme must continue to empower communities and protect human rights to ensure that AIDS responses are tailored to the needs of those most affected.

UNAIDS and the Global Fund

Almost two decades of collaboration between UNAIDS and the Global Fund to Fight AIDS, TB and Malaria have transformed the ways in which countries are able to approach, fund and respond to pandemics.

We are working to operationalize the 2019 MoU and in my meetings with Peter Sands we have identified 5 priority areas for closer collaboration:

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

The operational framework will include a mechanism for mutual accountability. UNAIDS provided much of the data that has been used to set the landscape for discussions about the GF strategy and UNAIDS sits on the strategy committee of the Global Fund board. We are committed to leveraging synergies between our 2 strategy processes.

Meanwhile, of the 23 HIV funding requests submitted by implementing countries to the Global Fund in Window 1 of this cycle, 22 received support from UNAIDS to develop their funding requests. UNAIDS also supports Global Fund processes through our assistance to governments for the development of national strategic plans.

As we look ahead to how we get back on track for the AIDS response, we have an incredible asset in the Global Fund--whose model of collaborative ownership and innovation can be the vehicle for bold new global health partnerships on both AIDS and COVID-19. To reach this next level we all need to deepen our engagement to making the money work. However, UNAIDS cannot fulfill its full potential to support countries, communities and the Global Fund to 'make the money work' if the Joint Programme lacks adequate resources. I am asking donors that have committed to support the Global Fund Replenishment to make proportionate contributions to UNAIDS so we can deliver our best.

I WOULD LIKE TO SHARE A PROGRESS UPDATE ON CRITICAL MANAGEMENT ISSUES

Transforming the internal culture of the UNAIDS Secretariat

The Management Action Plan remains the framework for transforming our workplace culture so that the safety and dignity of all our staff is guaranteed. I want to see all staff inspired and motivated by their work and the positive difference they make for people living with and affected by HIV.

In the last six months, there are four elements that I have deepened in the MAP:

1. Bringing feminist leadership principles into organizational culture change. Culture change requires reflection, dialogue, listening and deliberate action. We have enlisted the support of a Southern feminist organization with valuable experience assisting mandate-driven organizations like UNAIDS, to take forward our transformative change agenda, assist us in crisis recovery and review aspects of our human resources policies and their implementation. In my experience, the time and energy will be an important investment that strengthens the quality of our work and results.
2. Internal communication and collaboration. I established a new internal communications team to connect and share in real time and support internal culture change and the work on the strategy development. We have launched WorkPlace, an internal platform to enhance knowledge sharing across teams, countries and regions. With dedicated capacity and new tools, we are building a vibrant culture and aligning our behaviour with the mission and values of UNAIDS. We have been able to recognize and celebrate the activism and solidarity that is at the core of our day-to-day action, especially as our teams take on the COVID-19 pandemic and work on the next strategy on-line.
3. Strengthening the culture of care and wellbeing. Our new Staff Well-being Advisor who joined in February is helping us to re-shape the organizational culture and working relationships and ensuring an inclusive and safe workplace.
4. Delegation of authority. We approved a new delegation of authority framework for human resources decision making, moving responsibilities and accountabilities, where appropriate, to regional and country offices. As this comes into effect, we will progressively establish HRM experts in each of our regional offices to provide advice and support where it is most needed—

close to field operations. We have also approved greater delegation of authority on financial matters for Regional Support Teams and country offices.

Later this year we will launch a strengthened and expanded policy covering the prohibition of harassment, sexual harassment, discrimination and abuse of authority. The new policy will be rolled out as part of the overall culture change process within UNAIDS so people internalize it, support it and abide by it.

WHO is reviewing and taking steps to increase their capacity on investigation services from Internal Oversight Services. We would like to see intake and preliminary review completed within 30 days; investigations normally completed within 6 months; and a fast-track mechanism to complete investigation of high-priority cases within 90 days. My senior staff are in close contact with WHO on the practical actions that can help ensure investigations are taken forward with due process and at pace. In light of the independence of the IOS, we will look to put in place a service level agreement with performance indicators and review priority investigations so that we can move closer to these targets. We will report back to the PCB on the new standards and timelines to deliver justice.

This is the first time that we are having a session on internal and external audit at the PCB and I strongly welcome this important step.

I have strengthened the Ethics Office and its independence, conforming with the standards recommended by the JIU. The Ethics Office is now a standalone office, reporting to me through the Chief of Staff.

The PCB will soon receive the report of the Independent Evaluation of the UN system response to AIDS in 2016-2019. This report, together with the management response that is to be developed, will be an input into the UNAIDS Strategy process and inform the design of a new results, resource allocation and accountability framework for the Joint Programme.

UN Reform

UNAIDS is UN reform. We embrace and contribute to the wider reforms of the UN Development System.

We are ensuring that HIV and related goals are featured in UN Strategic Development Cooperation Frameworks and UNAIDS is now reflected in 87 of the Frameworks.

We engage both centrally and regionally with the Business Innovations Group co-chaired by Filippo Grandi and David Beasley. We are signatories to the UN's mutual recognition framework, which means we can benefit from the policies and procedures of other signatory entities and make use of interagency service provision.

We are fully supporting ongoing, system-wide efforts to align and harmonize our operations with UN reform. When it comes to physical premises, approximately two-thirds of UNAIDS field offices are already co-located.

Resourcing the Joint Programme

We are working closely with all of our donors to highlight the unique added value of UNAIDS in this moment. We thank them for their continued support and for the funds disbursed and committed during the year 2020. As always, we are grateful for the steadfast support of PEPFAR and the leadership of Ambassador Birx, who was supposed to chair this PCB.

So far in 2020, we have received USD 84 million in core funds for the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) compared to USD 33 million at the same time last year. This investment remains ever more important in supporting countries to reach HIV epidemic control.

Yet, as the PCB is aware, the UBRAF continues to be underfunded. We also experience significant funding cuts through currency fluctuations. This undermines our ability to deliver the support that countries, communities and partners, like the Global Fund and PEPFAR, expect from us on the ground.

I realize that we have moved into a more uncertain period. But COVID-19 only strengthens the case to invest in UNAIDS, both because of the urgent, unfinished, urgent business to get the AIDS response back on-track, and the aggravated risks posed by the colliding COVID-19 pandemic.

A fully funded and well implemented UBRAF is a critical investment to saving lives and protecting the dignity of the people living with or vulnerable to HIV. That includes adolescent women and girls around the world and specifically in Africa, where AIDS-related illnesses are among the leading causes of death for women aged 15 to 49 years.

As COVID-19 has shown, investments in HIV principles, approaches and infrastructure and expertise extend far beyond the AIDS response.

I commit to further strengthening the relationship with our donors to protect and enhance their investments in the Joint Programme. I am also determined to expand to a more diverse coalition of donors to UNAIDS. In the process of developing the next Strategy and UBRAF, I am committed to pursue a strategic funding dialogue with all our donors to ensure UNAIDS has the resources to deliver on our next Strategy.

CONCLUSION

2020 is a critical year for our Joint Programme as we collectively define the path to getting back on track to ending the AIDS epidemic by 2030. Our revised timelines for adoption of the next strategy are highly ambitious. We need the full support of all the tremendously dedicated people in UNAIDS-within our staff, our board and all our stakeholders to make this happen.

I look forward to bring a draft strategy with updated 2025 targets and resource needs to the 47th PCB and seek your steer and guidance ahead of its adoption in March 2021.

And then we will once again need your full support, as we mobilise for a bold new Political Declaration at the United Nations General Assembly High-Level Meeting in June 2021. Tapping into our collective knowledge, activism and partnerships, we will continue to transform UNAIDS and advance boldly to end the AIDS epidemic as a public health threat by 2030. I am grateful for my leadership team for their passion and dedication and I commend them to you.

Thank you.



ANNEX 1

ALL CHANGED: COVID-19, HIV AND TRANSFORMING OUR WORK TO ROOT OUT INEQUALITIES

Since the outbreak of COVID-19, in addition to responding to immediate needs, we have learned vital lessons on overcoming the crisis: about how best to support people living with and affected by HIV in this new context; and about how we can most effectively contribute to the COVID-19 response for everyone. The Joint Programme has made many meaningful contributions to support countries on both fronts, but equally there is much more that we know we can and should be doing.

Our story is, simultaneously, one of success and one of failure. The disruption caused by the colliding HIV and COVID-19 pandemics provides a unique opportunity for bold thought and leadership to address the deeper challenges in order to recover from this moment of profound crisis to beat both pandemics and foster safe, equitable and resilient societies.

To rise to this moment, all of us at UNAIDS—Member States, nongovernmental organizations, Cosponsors and the Secretariat—as well as our partners, will need to work together at our most collaborative and at our boldest to overcome the deep inequalities that both drive and are further driven by the spread of COVID-19 and HIV.

In this note, I set out three key ways in which the COVID-19 crisis is a pivotal moment for all of our work. Firstly, and very worryingly, COVID-19 has brought major new dangers for people living with and affected by HIV. Secondly, more positively, tackling COVID-19 is a challenge to which the HIV movement brings a particularly valuable contribution. Thirdly, and most fundamentally, the confluence of crises requires a transformation in how the Sustainable Development Goals (SDGs) are met and provides a vital opportunity to do so.

We need your guidance, support and leadership to help UNAIDS and the world successfully navigate this profound challenge.

What the COVID-19 crisis means for people living with and affected by HIV, and how we need to change to meet their needs

COVID-19 has greatly increased the dangers faced by people living with and affected by HIV, including disruption of HIV treatment and prevention, weakened health systems, impoverishment increasing vulnerability and increased marginalization and abuse of rights.

As the economic and social determinants of ill health are strong predictors of the likelihood of dying from COVID-19, the greatest risk will be for poor people in poor countries living in crowded conditions, who have a much higher burden of existing illness and of whom hundreds of millions are malnourished or immunocompromised. The pressure the pandemic places on health facilities not only affects people with COVID-19; anyone needing any care is impacted. Half the world's people cannot access essential health care even in normal times; the COVID-19 crisis is exacerbating this. People living with or affected by HIV are especially impacted. Many people living with HIV have shared with us their

experiences of being unable to get their antiretroviral therapy because of health centre closures, supply chain breakages or the run on antiretroviral therapy caused by false claims that it protects against COVID-19.

Our modelling suggests that interruptions to treatment access for people living with HIV brought by the COVID-19 crisis could be catastrophic. We have highlighted that a complete disruption of HIV treatment services for six months in sub-Saharan Africa would result in an extra 500 000 deaths from HIV this year alone—doubling deaths and setting us back to 2008 death rates—and include a 20% increase in tuberculosis-related deaths over five years in high-burden low- and middle-income countries. We could see newborn HIV infections more than double in my own country, Uganda, reversing the gains made since 2010. This highlights, among other things, the importance of continuity of treatment and the need for further ramping up of multi-month dispensing.

People living with HIV have told us about having to make impossible decisions between getting their antiretroviral therapy, on the one hand, and risking their health on the public bus they take to access their antiretroviral therapy, on the other. The programme for free home delivery of antiretroviral therapy developed in the Republic of Moldova has been one way to address this challenge. Community-led service delivery of antiretroviral therapy and harm reduction commodities also need to be legally allowable and implemented. There are particular needs for refugees and migrants affected by HIV, too. UNAIDS's leadership role in supporting people who have left the Bolivarian Republic of Venezuela has provided us with important learning on how to ensure that HIV and COVID-19 services are maintained for people on the move.

Impoverishment from the COVID-19 economic crunch, worsened by uncompensated lockdowns, is further increasing the risks for people affected by or at risk of HIV. Many people living with HIV are struggling to avoid hunger and malnutrition; some have even told us of selling their antiretroviral therapy to feed their families. Sex workers tell us that they and their families are going hungry without work. We have had reports of sex workers and people who use drugs being denied social protection both through neglect and through active policy. In a number of countries we are advocating to get sex workers back on the lists of people eligible for social protection. In the Democratic Republic of the Congo in April–May 2020, a group of 168 sex workers and their children were stranded due to the lockdown. They urgently needed food aid and protection from high levels of violence and increased risk of HIV infection. The UNAIDS country office with the United Nations Development Programme provided financial relief to support their emergency needs.

The COVID-19 crisis is exacerbating vulnerabilities for people at risk of HIV. We already face an HIV crisis among adolescent girls and young women; now many girls are at risk of not going back to school after lockdowns are lifted. A joint initiative by the executive leadership of UNAIDS, UNESCO, UNICEF, UNFPA and UN Women aims to ensure that all girls get a comprehensive rights-based secondary education and economic opportunities to thrive and be free from HIV.

Marginalized groups, including gay men and other men who have sex with men, sex workers and people who use drugs, are experiencing increased stigmatization and violence as they are blamed for the COVID-19 pandemic. People living with HIV report that violence has come not only from members of the public but also from the police. In Uganda, 19 men were arrested and charged because they were living in a shelter for lesbian, gay, bisexual, transgender and intersex people; UNAIDS's country office provided them with support and successfully lobbied for their release.

A number of governments have used emergency powers for COVID-19 lockdowns to target key populations, in a misuse of emergency powers to lessen human rights protections for the most vulnerable. Examples that have drawn international condemnation include the use of emergency powers by Hungary to restrict the rights of transgender people and Poland increasing the penalties for HIV transmission, exposure and non-disclosure. In contrast, in Panama UNAIDS was able to advocate successfully to ensure that the rules for leaving home during lockdowns were transgender-inclusive.

These developments have highlighted the need for the decriminalization of key populations and the need to stop the discrimination that keeps people away from health services. Stigmatization and scapegoating of people affected by and at risk from HIV is making it even harder to reach, test, treat and contain both COVID-19 and HIV.

Despite the remarkable progress that has been made in tackling HIV in recent decades, even before COVID-19 we were not on track, under global business as usual, to meet our commonly agreed 2030 targets. The COVID-19 crisis now risks blowing us way off course.

In short, we are not doing nearly enough, and we need your help.

Programme Coordinating Board (PCB) members have a vital role to play in helping to counter the gravely heightened dangers for people living with and affected by HIV as a result of the COVID-19 crisis. I ask the PCB to:

- Strengthen investments in HIV responses and ensure that COVID-19 investments are additional, not a substitute. Now more than ever we rely on your leadership to ensure that the HIV response is fully funded. If we do not invest, and invest wisely, we will lose our way, many people will die and the end of AIDS by 2030 will no longer be feasible.
- Adapt supply chain systems, strengthen health systems and support innovations and community-led delivery in order to ensure access in this time of systemic disruption.
- Ensure the inclusion of key populations in social protection programmes.
- Challenge stigma and discrimination and institute immediate moratoria on the enforcement of punitive laws targeting key populations.
- Redouble efforts on gender equality and women's rights and in that context ensure, as a matter of urgency, that all girls get a comprehensive rights-based secondary education.

What the HIV movement brings to tackling the COVID-19 crisis, and how we need to change to harness this

The HIV movement, rooted in solidarity and with vast experience, has made a vital contribution in the responses to COVID-19 around the world – at the global, regional and local levels. HIV scientists, community groups, civil society organizations, governments and United Nations staff working on the HIV response have quickly responded to the call for help in tackling the pandemic. Joint Programme teams have gone into emergency mode, supporting communities and governments through partnering and redeployment.

We have supported countries to tap into the World Bank COVID-19 Fast-Track Facility to support HIV programmes, we provided inputs to the Global Fund guidance for COVID-19 funding opportunities and targeted technical support to countries to access Global Fund resources, and similarly, we continue to work with PEPFAR to optimally serve HIV clients. In Zimbabwe, for example, the UCO meets weekly with PEPFAR, and in Tanzania, the UCO is facilitating the use of PEPFAR supported programmes to adapt to COVID-19 challenges.

UNAIDS has provided vital strategic information, taken forward urgent political advocacy and supported efforts to put people at the centre of the response through rights-based and gender-transformative approaches.

UNAIDS has been at the forefront of calling for a human rights approach to COVID-19, drawing on the knowledge and lessons from the HIV response. We are continuing to work with partners, such as Georgetown University, to monitor and document the human rights impacts of laws and policies in the pandemic, including for key populations, women and girls. We must ensure that the lived experience of the most vulnerable, and the real effects of diverse governmental approaches are understood, and can be duplicated where they are effective and human-rights based, and reformed where they are not.

On the People's Vaccine and other people-centered solutions

One area that the COVID-19 crisis has highlighted for transformation is how we organize the production and distribution of essential treatments. Despite the lessons from AIDS, monetizing of intellectual property has brought a system of huge private monopolies, insufficient research into key diseases and prices that a majority of the world can't afford.

There needs to be prior international agreement that any vaccines and treatments discovered for COVID-19 will be made available to all countries, making it impossible for any one company or country to monopolize them and enabling the multilocational simultaneous mass production that alone can ensure that any new vaccine is produced at the speed and scale that will be needed. Developing countries must not be priced out or left standing at the back of the pharma queue.

Rooted in UNAIDS's experience and learning, and harnessing our deep connections with communities, we are pleased to have been able to make progress on two complementary tracks: firstly, helping to open the enabling space by amplifying global popular demand that no one be left behind in accessing any COVID-19 vaccine and treatment; and, secondly, supporting the intergovernmental and interagency technical work advancing this agenda.

From the painful lessons of the HIV response and our experience in medicines policy, UNAIDS convened key partners to support an open call for a People's Vaccine, which was signed by more than 150 global leaders and experts, including the Presidents of South Africa, Ghana and Senegal, and the Prime Minister of Pakistan, as well as more than 50 former heads of state and government from Africa, Europe, Latin America and Asia and the Pacific. Those leaders urged that all COVID-19 vaccines, treatments and tests be patent-free, mass produced and distributed fairly and free of charge and reminded the world that we cannot afford monopolies and competition to stand in the way of the universal need to save lives. The Secretary-General has endorsed this call and made securing a People's Vaccine a United Nations system-wide objective.

UNAIDS stands behind the WHO/Costa Rica Solidarity Call to Action for the establishment of a COVID-19 Technology Access Pool (C-TAP). It aims to pool together all information, data, know-how and intellectual property, so that all products to prevent, diagnose and treat COVID-19 can be sublicensed to companies that have safe manufacturing capacity without IP strings attached, therefore allowing wide-scale production and affordability through generic competition.

The normative argument has been won, but the success of efforts for a People's Vaccine and related solutions remain at risk from backdoor deals between countries and pharmaceutical companies. It is vital to maintain a collective approach. This is not just a case of it being the right thing to do,

it is also ultimately in everyone's enlightened self-interest too: pandemic vaccines and treatments depend on mass use, so no one is safe until everyone is safe.

And to make everyone safe we need to get vaccines and tests to all people who need them. The African Union called upon UNAIDS to support the Africa Centres for Disease Control and Prevention's African Partnership to Accelerate COVID-19 Testing, which aims to close the gap in testing by supporting the efforts of African countries to rapidly scale up their capacity to test and trace, specifically through support for efforts to mobilize communities.

UNAIDS was pleased that its proposal to include a social cohesion and community resilience pillar in the Secretary General's Framework for the Immediate Socio-economic Response to COVID-19 was accepted, and it provides a set of practical recommendations for countries.

Community-led responses have been critical to HIV response and, as a result, we have advocated for commensurate investments in them. The same holds for communities during the COVID-19 pandemic. They hold the key to flattening the curve, to supporting people impacted by the pandemic and to ensuring recovery. We know from decades of experience that ultimate success will hinge on how we ensure that affected communities are part of governance and policy, service delivery and monitoring and accountability.

Strong community systems are in place in many countries. We have shown that there is a skilled workforce that is already providing, or is fully ready to provide, community-led service delivery on COVID-19, as well as HIV, but they need to be paid fairly. There is a need for governments to change national policies that prevent communities realizing their full potential due to lockdown practices, restrictive social contracting policies and constraints on their operations and funding.

The challenges we face are much more than technical. Many countries' initial HIV responses were top-down and rights-disregarding. Experience showed that change should be people-powered—the HIV response turned around and started to win when rights and its voice were put at its heart. In the COVID-19 response, UNAIDS has supported the work of human rights defenders in all regions to ensure that the rights of everyone are fulfilled. We have provided joint guidance and policy and material support on rights.

The hard-learned lessons of the struggle against AIDS provide an invaluable practical guide as we confront COVID-19: the importance of empowering communities; that the only effective public health response is a right-based response; how pandemic responses must go beyond health interventions and harness economic and social capital; and the vital role of solidarity. Aspects of these lessons have already successfully been applied in some COVID-19 responses, but overall there is still a great deal of catching up to do. In too many cases the same mistakes made in the earliest damaging days of HIV are being remade, and it is vital that COVID-19 responses shift to apply what was learned. The HIV response proves that only a rights-based approach rooted in valuing everybody equally can enable societies to overcome the existential threat of pandemics.

PCB members have a vital role to play in helping to harness the contribution of the AIDS movement to the COVID-19 response. I ask the PCB to:

- Lean on UNAIDS. It is incumbent on us all to make sure that investments in the COVID-19 response reflect the vital lessons learned from the HIV response. UNAIDS has a unique combination of experience and expertise to help make that happen, but only if we are brought to the table.

- Help to ensure the achievement of a People's Vaccine and draw on UNAIDS to support efforts to ensure rights-based and community engagement in related discussions, for example on the Access to COVID-19 Tools (ACT) Accelerator, given that pandemic tests, treatments and vaccines depend on mass uptake.
- Work through communities and support community-led responses by funding community organizations, designating community organizations as essential to the response and ensuring the civic space to facilitate their potential.
- Ensure that the rights of everyone, especially the most marginalized and vulnerable, are respected, protected and fulfilled, including by putting an end to criminalization.

The return on these comparatively small investments are substantial in terms of efficiency, sustainability and, notably, preparedness and prevention. Conversely, ignoring or rescinding from supporting this work carries great risks.

How the confluence of crises generates a need and opportunity for transformation in how we meet the SDGs by tackling inequalities

We face now an exceptional confluence of crises: economic, social and political. It is clear that they generate the need for transformational change. They have also opened a window of opportunity for doing so. Contrary to conventional wisdom that responding to a crisis takes away the capability needed for major reforms, the biggest steps forward have often happened in response to a major crisis. Now, in this crisis, leaders across the world have an opportunity to take the steps that were always needed and which now cannot be delayed any longer.

COVID-19 has highlighted our inter-dependence, and that the health care is a shared investment. We must insert 'public' before 'health'.

As well as a People's Vaccine, the confluence of crises highlights the need for countries to ensure people's health through free universal health coverage that is not dependent on cash or employment. Every year, one billion people are blocked from health care by user fees. This exclusion from vital care doesn't only hurt those directly affected, it puts everyone at risk, as a virus can't be contained if people can't afford testing or treatment.

COVID-19 has shown that it is in everyone's interest that people who feel unwell should not check their pocket before they seek help. As the struggle to control an aggressive coronavirus rages on, the case to end user fees in health immediately has become overwhelming. The inevitability of future pandemics makes permanent the need for strong universal health systems in every country in the world.

The need for massive investments in health systems highlights the need to ensure that developing countries have adequate fiscal space. Aid, while crucial, will not be enough to enable the world to defeat and recover from COVID-19. Debt cancellation will be essential for developing countries. Even before the COVID-19 crisis, many developing countries were already facing debt stress, leading to public health-care cuts. Lender governments, international financial institutions and private financial actors need to both extend and go beyond the temporary debt suspensions that have recently been announced. Now too is the time for corporate tax reform, nationally and globally, to tackle the exemptions, havens and loopholes that deprive countries of the resources they will need to ensure public health and a social safety net.

The COVID-19 pandemic has worsened existing inequalities and made those inequalities even more visible. The International Labour Organization predicts that 5 million to 25 million jobs will be eradicated and that US\$ 860 billion to US\$ 3.4 trillion in labour income will be lost. Given the interconnectedness between health and livelihoods, all countries will also need to strengthen social safety nets to enhance resilience. COVID-19 has reminded the world that we need active, accountable, responsible governments to regulate markets and deliver essential public services to steadily lessen inequality.

PCB members have a vital role to play in seizing this moment of transformation. I ask the PCB to:

- Guarantee people's health through stepped up investments in strong health systems and universal health coverage and end user fees.
- Enable the fiscal space needed for investment in health and social protection by going further on debt cancellation and carrying out ambitious tax reforms.
- Take action to build back better by reducing inequalities in the health sector and beyond.

Unfinished business; business unusual

COVID-19 makes tackling HIV even harder and increases the need for further support, and necessitates major changes in how we do so. At the same time, the HIV movement provides a vital skills resource and treasury of learning for tackling COVID-19. The disruption caused by the colliding pandemics necessitates bold action but also provides both the impetus and agenda for doing so.

Today, millions of people around the world are alive and thriving because the world rose to address the global AIDS crisis. Now it is vital to strengthen the HIV response so we are not blown off track, to harness the contribution of the HIV movement in tackling COVID-19 and to take the bold actions that are essential if we are to beat both pandemics and meet the SDGs.

COVID-19 and HIV are impossible for any one country, or even group of countries, to overcome alone. They are impossible to beat with business as usual. UNAIDS is excited to be strengthening our collaboration with PCB members and other partners to pursue transformative change—a race to the top and not the bottom—for people everywhere.

