

REPORT OF THE EXECUTIVE DIRECTOR

Outline

Introduction

- This Programme Coordinating Board meeting comes just two weeks before deadline to reach the 2020 targets within the Fast-Track UNAIDS Strategy and the UN General Assembly's 2016 Political Declaration on Ending AIDS.
- My report to you on the status of the global AIDS pandemic at this moment is one of deep inequality—of rapid progress for some and stalled or growing danger from HIV for others. A second pandemic in COVID-19 now makes the situation immeasurably more complex. Our choices are stark: Get back on track by tackling this inequality rapidly and head-on, with the expectation that progress for some can be realized by all, or watch as we slip further behind.
- For some the last decade has been transformative. But at a global level we will miss each of the 2020 targets because progress for some has been offset by countries and communities that are not seeing progress or are facing growing epidemics.
- Meanwhile, COVID-19 is further knocking us off course. Yet even as it does, we can see that strong and resilient AIDS responses are proving powerful tools to fight COVID-19 from a medical, social, and economic perspective. We cannot get back on track without tackling these pandemics together, and that even as we do so there is something broader in building pandemic-resilience at the heart of our work together.
- COVID19 is already having profound impacts on the AIDS response. Globally, fewer people are being diagnosed with HIV and fewer people living with HIV are starting HIV treatment.
- What do we do then in this moment? I want to say three things that drive the rest of my report.
 - First: As UNAIDS we are focused on what's driving HIV infections and AIDS deaths in 2020 and how that has changed and changing. We can learn from what's going well and from those for whom the AIDS response is succeeding. It is a combination of factors—it is cutting-edge medical technology widely available, it is high-quality services free and that work for people's lives, it is the absence of laws that drive people away, it is communities whose voices are strong and responded to, and more.
 - Second: In the face of inequality we need a response that meets that complexity. We do not need the same AIDS response in each region of the world or each geographic area of a country or for each population in a given city. We need detailed, focused strategies and we can build them.
 - Third: Pandemics are unique public crises. They require urgency. And they require a multi-sectoral response. We cannot focus only on the health sector, we cannot focus only social change, we cannot focus only on governance or finance. We need to focus on it all, and do so at the same time. As we move ahead in in the AIDS response and as UNAIDS we need to see at a granular level where we've failed to put all the pieces together and fill those gaps. As we do so we will not just end the AIDS crisis but we will build pandemic-resilient societies.
- Since we last met in June, UNAIDS has continued to engage with urgency to address the colliding pandemics of HIV and COVID19 and mitigate the socio-economic impact of COVID on people living with or at risk of HIV infection, while also maintaining our focus on supporting communities and countries to end AIDS and ensure a strong recovery from both pandemics. And in the midst of this unprecedented crisis, we have worked with you to develop the outline of a new global AIDS strategy, advanced a process of culture

change at the Secretariat, and are preparing for an alignment that will ensure we are fit for purpose for the future.

- In my report, I will share highlights on UNAIDS response to the colliding pandemics of HIV and COVID19 and our change agenda: the outline of the new global AIDS strategy, the alignment of UNAIDS staffing with the strategy and our culture transformation work.
- The inter-related change elements – strategy, culture transformation, alignment – will enable diverse stakeholders in the global AIDS response to respond to an evolving HIV epidemic, a disrupted global health architecture and development agenda, and review the institutional arrangements and funding modality of the Joint Programme and its Secretariat. I am committed to use these critically important elements to set a new strategic direction for the global response and to strengthen and maximize the impact of the Joint Programme and UNAIDS.

We are addressing the colliding pandemics of HIV and COVID19 and mitigating the negative impacts on people living with and at risk of HIV infection.

- COVID19 is a wake-up call for countries to strengthen their pandemic preparedness, health, education and social protection systems in order to deliver on the right to health of all. Had health systems and social safety nets been stronger, the world would have been better positioned to mitigate the impact of COVID19.
- For UNAIDS and the global AIDS community, it is also a wake-up call for the ‘unfinished business’ of the HIV response: we know that countries that had made less progress in differentiated service delivery, in community-led infrastructure, and in tackling equality, stigma and discrimination had, when COVID-19 hit, more challenges and shifts to make to maintain HIV services and prevent additional harm to key and vulnerable populations.
- We now know that our HIV responses will always be threatened and destabilized by new pandemics unless we are prepared and address long-term fragilities, inequalities and injustices. There is no tackling HIV and reaching 2025 targets without tackling COVID-19, supporting a resilient recovery and mitigating against the impact of future pandemics.
- COVID has shown the world that we need a far greater focus on pandemic resilience and preparedness. We know that HIV, COVID, pandemics are health issues that need tests and treatments and vaccines. And we also know that they are about more than just health--it takes communities, economics, political will, food and social protection, fighting stigma, mobilizing responsive funding and much more to prevent and stop pandemics.
- We know that the only effective pandemic responses are people-centered and rights-based responses—where any restrictions are evidence-based, time limited, subject to review and—perhaps most importantly—that provisions are made for those most vulnerable, so that they are not further marginalized and abused during moments of crisis.
- As we work towards ending the AIDS pandemic we must do it in a way that helps builds resiliencies: to prevent future pandemics, to respond effectively when they come across, and to finish the ‘unfinished business’ of HIV that will ensure no more backsliding when the next big challenge comes along.

- Our most recent modelling on COVID-19 pandemic's long-term impact on the HIV response shows that an estimated 123 000 to 293 000 additional HIV infections and 69 000 to 148 000 additional AIDS-related deaths will occur globally.
- In over 80 countries, UNAIDS staff have worked with communities, governments and partners to respond to the dual COVID-19 and HIV pandemics and build on the experience and infrastructure from the AIDS response to ensure a robust response to both pandemics.
- The flexibility of reprogramming 50% of funds for both the Joint Programme and the Secretariat, largely due to UNAIDS strong core support, helped to meet emergency needs of populations and communities at the beginning of the epidemic as well to catalyze larger financial resources from major donors, the World Bank, Global Fund and PEPFAR.
- Together with WHO and UNICEF, we have monitored service disruptions and have supported assessments by networks of people living with HIV to understand needs and difficulties.
- We have advocated for and supported countries to overcome barriers toward extensive differentiated HIV services that allow people to access treatment in ways that are compatible not only with the pandemic but with their everyday lives. This includes not just multi-month dispensing of drugs but community-based services, easier access to prevention tools, and more.
- We have supported rapid work on supply chains, brokered emergency supplies to AIDS providers and directly helped meet emergency needs of key populations and people living with HIV where gaps emerged.
- We have brought lessons on human rights from the AIDS response to the COVID-19 response, with a particular focus on key populations. We have followed up on our 16 country report on how COVID19 public health orders and restrictions on movement were impacting the response to HIV and the human rights of people living with and affected by HIV with work in 7 countries to address the human rights concerns and implement the recommendations of the Rights in a Pandemic report.
- We are collaborating with Africa CDC, national authorities and development partners in 6 countries to support the roll-out of the Partnership to Accelerate COVID19 Testing (PACT) initiative by mobilizing the HIV community to assist with contact tracing, awareness raising and demand creation in countries facing testing gaps for COVID19.
- A year ago, UNAIDS and the Global Fund signed a new Strategic Framework Agreement. In this new challenging context, we have advanced our work together. - We intend to collaborate even more around the five areas we highlighted in the 'Resetting Our Partnership' document. These areas are
 - Strategic Information
 - Sustainable Country Responses
 - Prevention and Treatment Access, and Community Engagement
 - Human Rights, Gender Equality and Community Service Delivery
 - COVID-19: Resilience and Innovation in Crisis Situations

We are also ensuring alignment of our strategic plans.

- The strength of our partnership is our complementarity, ensuring that Global Fund financing works for those people most affected by the HIV epidemic. UNAIDS provides

global technical guidance as well as political advocacy and active involvement through our network of country offices that participate as members in more than 72 Global Fund Country Coordinating Mechanisms.

- The UNAIDS Technical Support Mechanism (TSM) funded by PEPFAR adapted rapidly to country technical assistance demands. 82 % of GF Window 1-2 and 3 countries received UNAIDS-led technical support from multidisciplinary teams. The Global Fund has approved 90% of applications from UNAIDS supported Window 2 countries, with high success rates across all regions.
- In addition, UNAIDS TSM provided direct support to Kenya, Lesotho, Uganda, Zimbabwe, Chad and Kazakhstan to access over USD 100 million for critical Covid-19 adaptations for HIV programmes.

Getting the HIV response back on track; a new strategy and new 2025 targets

- With less than 2 weeks until the 2020 targets expire, it is unacceptable that none of the global targets will be met.
 - There were 3.5 million more HIV infections and 820,000 more AIDS-related deaths than if the world had achieved the 2020 targets.
 - We have failed to protect children from HIV- there were 150 000 children newly infected with HIV last year – almost 8 times higher than the target of less than 20 000 infant infections by 2020. There are 850,000 children living with HIV right now who are not on life-saving treatment.
- And while we have the tools and commitments to avoid every new HIV infection, we are failing on HIV prevention.
 - Every week, 5500 young women and girls aged 15-24 are still becoming infected with HIV.
 - Key populations and their sexual partners, including gay men and other men who have sex with men, sex workers, people who inject drugs and people in prison, make up 62% of all new HIV infections.
- We urgently need to get back on-track towards ending AIDS and I am grateful to the thousands of participants and partners that have contributed to cocreating the next Global AIDS Strategy.
- The Annotated Outline I am presenting to this PCB features the key components of the next Strategy. In line with Option 2, the outline reaffirms the vision of zero new HIV infections, zero HIV-related discrimination and zero AIDS-related deaths.
- Through a people centred, rights-based and community-led approach, the new Global AIDS Strategy will:
 1. Prioritize the actions that are proven to reduce new HIV infections, AIDS-related deaths and HIV-related stigma and discrimination.
 2. Achieve equitable outcomes for all populations and age groups. The strategy will combine HIV services with actions that break down the structural and legal barriers that prevent access to life-saving services and solutions. It will address–stigma and discrimination, punitive laws, marginalization and exclusion.
 3. Empower countries and communities to build and sustain momentum, action and resources for a stronger, more resilient, AIDS response.

- The outline presents 3 strategic priorities that are inter-related—we will not end AIDS without achieving all three.
 1. The first priority focuses on bringing HIV prevention, testing, treatment and other relevant services to all people who need them in an integrated manner.
 2. The second priority centers on strengthening community-led HIV responses and promoting human rights and gender equality in the context of HIV
 3. The third priority focuses on making HIV responses resilient, people-centred, agile and fully resourced, including in the context of other health or humanitarian crises.
- The Strategy puts people at the centre, especially the people most at risk and the marginalized— young women and girls, adolescent, sex workers, transgender people, prisoners, people who inject drugs and gay and other men who have sex with men.
- The strategy is designed to guide data-driven responses that are tailored to each epidemiological context and provide clear lines of accountability for different stakeholders. It includes a set of ambitious but achievable targets for the end of 2025.
 - These targets now include targets for the removal of societal and legal barriers to accessing services. We cannot reach 95% coverage of services if we do not address HIV-related stigma and discrimination and gender inequality, and if we do not get rid of laws that criminalize populations at highest risk of HIV infection and block access to justice.
 - Call for 95% coverage of a core set of evidence-based HIV services: testing, treatment and viral suppression, combination prevention, sexual and reproductive health services and elimination of vertical transmission.
 - Emphasize the importance of integrating the HIV response with efforts to achieve Universal Health Coverage and the SDGs.
- The next global AIDS Strategy, will inform the next UN General Assembly High-Level Meeting on Ending AIDS in 2021, as well as the Political Declaration which is expected to emerge from that meeting. It is therefore critical that the Strategy be adopted by mid-March 2021, in advance of the High-Level Meeting, which we expect to be held in June 2021.
- We have listened careful during the latest phase of the consultation process, including the PCB's discussion at the pre-meeting. The Zero draft of the Strategy that will come to the PCB at the end of January, will have a clearer convergence of areas of intervention and a higher level of prioritization.

Renewing and Financing the Joint Programme

- UNAIDS has welcomed the opportunity to learn and benefit from the findings and recommendations of the Independent Evaluation of the UN system response to AIDS 2016–2019.
- This has contributed to the Joint Programme's evolution and will help drive clearer alignment between roles, accountabilities and resource levels so that UNAIDS delivers ever-greater value for communities and countries as they pursue their 2030 goals.
- The experiences, diverse partnerships, and people-centred, data-driven approaches of the Joint Programme—which the evaluation recognized as key strengths and successes of UNAIDS—are needed now more than ever.

- The findings, conclusions and recommendations of the Independent evaluation are also timely contributions to staff and stakeholder discussions on the transformation of UNAIDS.
- The new 'UBRAF' will align to the global targets of the strategy and translate the Joint Programme priorities into action. It will have a fully articulated theory of change to inform prioritization and updated results and M&E frameworks to allow capturing of the Joint Programme's contributions and results at country, regional and global levels. It will feature gender equality-related targets, and will reflect more strongly the role of gender and actions to promote gender equality across all strategic results areas, as this is also key for prevention.
- The renewed Joint Programme's resource mobilization will be directly linked to its priorities and reflect different funding level scenarios. The core resource allocation processes across the Joint Programme will support a resourced, strategically prioritized and effective JP response, with enhanced transparency and accountability for results for people.
- The Joint Programme is committed and will work to strengthen the operational planning and performance monitoring systems so as to be able to capture contributions and results at all levels where the Joint Programme operates.
- The 'UBRAF' will be developed through an inclusive process, building on the systems and practices of the refined operating model, under the leadership of the CCO and PCB, in close consultations with stakeholders across the board, and supported by a strategic financing dialogue in 2021 with the aim to galvanize support for a fully funded Joint Programme during the next strategy period.
- Specifically, the development of the UBRAF will take place in the spring of 2021, and will be informed by the PCB's consideration of the annotated outline of the next UNAIDS strategy at its 47th meeting, as well as by the evaluation and management response. A multistakeholder consultation is planned as part of the iterative refinement of the proposed UBRAF. In May 2021, the proposed UBRAF will be submitted to the Committee of Cosponsoring Organizations for endorsement, ahead of its submission for consideration at the 48th PCB in June 2021.
- The financial situation has been stable during 2020.
 - Income mobilized to date for 2020 is US\$ 182 million, estimated to reach US\$ 194 million (with the full UK pledge of £15 million) and achieve US\$ 7 million above the core approved budget of US\$ 187 million.
- Core Secretariat expenditure and encumbrances as 30 November 2020 is US\$122 million against an approved core budget of US\$ 140 million, estimated to amount to US\$ 184 million for 2020 (US\$ 47 million for the Cosponsors and US\$ 137 for the Secretariat).
- Based on the above estimates the net fund balance at end of 2020 would stand at US\$ 107,4 million (in line with the approved min level of US\$ 107 million).

We must develop an organization that is fit to deliver on our goal of ending the AIDS epidemic, is relevant to the global context we are in and positioned to best leverage the resources of the reformed UN system in country.

- UNAIDS is pursuing an ambitious change agenda, with three major streams: new strategy for the global response; culture transformation; and alignment. They are all in the function of UNAIDS mandate, to deliver better and be our better selves.
- Equality is the change agenda's red thread. The strategy will have a greater focus on fighting the inequalities on which HIV thrives. The culture transformation is about equalizing our workplace and using a feminist approach, making it safe, equal and empowering. The alignment is about bringing us closer to our mission and those we serve.
- As the USSA statement shows, change can create anxiety. This can be allayed through strong, inclusive processes. Therefore, a set of principles underpin each change stream and are in themselves important organizational changes within UNAIDS: staff engagement; delegation and empowerment; and accountability. I am also glad that women from the global south are technical leads for each of the streams.
- I ask for the PCB's continued support in pursuing the change agenda.
- An alignment process has been launched. Its objectives are:
 - To align with the new strategy and achieve our highest impact
 - To be financially sustainable and cost effective
 - To increase diversity and gender equality so that we are credible and legitimate
 - To become a knowledge-driven secretariat optimizing the use of digital technology in our work
 - To increase our relevance by alignment with the UN Reform and especially within its work on pandemic preparedness
- Alignment is about getting the UNAIDS Secretariat we want and need in order to end AIDS by 2030.
- An Alignment Task Team (ATT) of 20 staff from different levels from across the Secretariat has been appointed to lead consultations with staff, and contribute to an open and transparent alignment exercise.
- The ATT is led by the Alignment Coordinator whose main responsibility is to lead strong staff engagement, so that our transformation is transparent, fair, inclusive, respectful and follows our objectives and ways of working. It must bring the best thinking of the entire staff into the process.
- HRM will ensure that the alignment follows due process, as set out in the staff regulations and rules, is consistent with UNAIDS policies and procedures and responds to relevant UN system-wide reform mandates.
- The alignment process will be an inclusive exercise moving at pace in order to minimize and put to rest staff concerns. We need to put in place an office and departmental structure, optimally shaped to deliver our objectives and to ensure the greatest impact of our work in the HIV response.

Internal transformation and building trust.

- As I mentioned in our last PCB meeting in June, we are transforming our internal culture in line with the objectives of the Management Action Plan. Informed by feminist principles, we are working to co-create an equal, safe and empowering UNAIDS which would enable all staff to deliver at their best and maximize their collective results.
- I am pleased to see colleagues raising issues, listening to each other, and reflecting together on how to live our values.
- Gender at Work, a collective of feminist organizational development experts, was commissioned to support UNAIDS on culture transformation. We are using a Gender Action Learning Framework, which combines feminist thinking and practice with insights from organizational development. The framework provides a platform for joint reflection, action and learning for an inclusive and just organization– a UNAIDS that is Equal, Safe and Empowering for all.
- The Gender Action Learning framework has also provided us an opportunity to respond to the call of the Secretary-General to address racism within our organization. I am proud that UNAIDS had responded quickly to the rise of BLM movement and has held conversations on racism across the organization. We have developed an action plan and will soon start to address the issues raised during our conversations.
- Even as culture transformation is a whole-of-UNAIDS effort, the greatest responsibility lies with management. It must work with and through managers. Those closest to teams and staff must be engaged and held accountable. Last week, members of the Senior Leadership Team developed a first set of personal commitments on culture transformation.
- We believe that our work in transforming our culture does not stand alone. It impacts on all that we do and it needs to be reflected across all our key work streams. For this to happen, our team leading this work is collaborating across other work streams such as the Strategy development, as well as the institutional alignment. How we will conduct the alignment, for example, will be a test case for our culture transformation.

Improving internal policies, systems and procedures

- I have placed a major focus on deepening and implementing the MAP. We are undertaking a review of our HR policies so that they drive incentives for new culture. We expect that some of these revised policies will come on stream in time to benefit the alignment project.
- Here are some steps we have taken this year;
 - Launched workplace, UNAIDS first internal communications platform enabling staff to share accomplishments, information regarding events, news and other issues.
 - Regular townhalls, including briefing staff after each PCB
 - Our Covid duty of care response was strong, a crisis committee met weekly and increased communications; all managers were encouraged to meet teams frequently and to review workloads.
 - Hired a wellbeing officer who has delivered individual and group sessions

- Institutionalized the Senior Leadership Team and Cabinet strengthening accountabilities and collective decision-making.
 - Delegated financial authority and now human resources- we are recruiting HR business partners for Asia-Pacific and in Sub-Saharan Africa
 - Appointed women to lead key processes (strategy, culture transformation and alignment) and made gender equality and diversity an important internal priority
 - Opened opportunity for national officers to join international category.
 - Took action on high profile cases and informed staff to signal an end to impunity. We are following a pending case.
 - Worked on harassment policy to be adopted before end of 2020
 - Launched a management led Global Staff Survey and have had good level of participation
- This is a journey, that we all understand will take time and commitment by all to accomplish our vision of an equal, safe and empowering UNAIDS for all. At the end of 2021, we will take stock of overall progress, that is, what has changed and how have we changed? We will also reflect on how to sustain the progress and build on it in the future – our transformative journey will not stop there.

Conclusion

- With the guidance and support of the PCB, over the next five years, UNAIDS will champion the implementation and accountability of a new Global AIDS Strategy and its link to the next UN HLM
- We will ensure that UNAIDS is equal, safe and empowering and that our staff are performing the right functions, in the right places to deliver strongly on our mandate.
- I would like to thank the incredibly committed staff of UNAIDS who in an extraordinary year have persevered and delivered strongly-my special thanks to our IT team, and our governance and strategy teams. UNAIDS staff have embraced change and adapted quickly to new mostly virtual ways of working. I am proud to be part of this dedicated team working towards ending AIDS.

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