

REPORT OF THE UNAIDS STRUCTURED FUNDING DIALOGUE

BACKGROUND

1. In accordance with Decision Point 4.4 from the Special Session of the Programme Coordinating Board (PCB) held on 24–25 of March 2021, the Joint United Nations Programme on HIV/AIDS (UNAIDS) organized a Structured Funding Dialogue with PCB members on 15 November 2021.
2. The Dialogue was in line with the United Nations (UN) General Assembly Resolution 71/243 of 21 December 2016 on the Quadrennial Comprehensive Policy Review of operational activities for development of the UN system, and with the UN Funding Compact, formally agreed by ECOSCO in May 2019 (A/74/73/Add.1 -E/2019/4/Add.1).
3. The purpose of the Dialogue was to consider resource trends, current and future funding situations, and scenarios for the 2022 – 2026 UNAIDS' Unified Budget, Results and Accountability Framework (UBRAF) and 2022-2023 Budget approved by the PCB in October 2021. The specific objectives were to:
 - create further momentum for UNAIDS priorities, mutual commitments and accountability of the new Global AIDS Strategy 2021–2026, and position the Joint Programme for the future;
 - strengthen understanding of the purpose and the funding situation of the Joint Programme; and
 - galvanize actions to secure adequate flexible and predictable funding for UNAIDS.

INTRODUCTION

4. The Chair, Ambassador Julia Imene-Chanduru, Ambassador and permanent representative of Namibia to the UN Office at Geneva, welcomed participants to the Strategic Funding Dialogue.
5. She described the support UNAIDS has provided to Namibia to cope with the disruptions of the COVID-19 pandemic, including support to affected communities. Noting the resistance to scientific knowledge across the world, including in communities, she reminded the meeting of the importance of community leadership and engagement for tackling issues that can be culturally and politically sensitive. She commended UNAIDS for insisting on rights-based and evidence-based responses, even when such approaches were not universally popular.
6. Ms Imene-Chanduru told the meeting that the world was far from ending AIDS as a public health threat. Challenges included the increasing incidence of new HIV infections among key populations and their sexual partners. This required focusing on HIV prevention among key populations, a sensitive topic in many countries. She said the Joint Programme played a crucial role supporting the mobilization of leaders to address these difficult aspects of the HIV response.
7. The Chair noted her concern about the continuing UBRAF funding gap and urged members to bring funding to a level commensurate with the ambitions laid out in the Global AIDS Strategy. She said she hoped that the funding dialogue would help restore a sense of urgency to the global HIV response. The world had no time to waste: a fully-funded Joint Programme was vital for collective progress, she said.
8. The Chair then shared key logistical details for the meeting.
9. The Deputy-Secretary General of the UN, Amina Mohammed, speaking via video, told the meeting that health was a bedrock for development progress and that UNAIDS

played a critical role as a catalytic force galvanizing collective actions to end AIDS.

10. Ms Mohammed urged contributors to increase their core contributions to the Joint Programme and reminded participants that UNAIDS funding helped generate billions of dollars more for HIV responses. Every death from AIDS was avoidable, she said, yet AIDS still claimed a life every 60 seconds.
11. Winnie Byanyima, the Executive Director of UNAIDS, welcomed participants to the Funding Dialogue. She said the new Global AIDS Strategy and 2021 Political Declaration had brought fresh momentum to the HIV response. The Joint Programme had played a leading role for 25 years against the AIDS epidemic, but it was now operating in a complex environment and facing new challenges, including the COVID-19 pandemic.
12. New HIV infections were increasing in some regions of the world, Ms Byanyima told the meeting. Referring to a recent visit to western and central Africa, she said there had been approximately 150 000 AIDS-related deaths in the region in 2020 and 250 000 people had newly acquired HIV. Only 35% of children living with HIV in the region were on HIV treatment and many people still lacked access to affordable health-care services. The COVID-19 crisis was stretching already-weak services and worsening inequalities. As countries fought COVID-19, UNAIDS would continue to remind them of the urgency to fight HIV and of the wider benefits of doing so, she said.
13. Many of the measures needed to accelerate the HIV response also contribute to the COVID-19 response and to pandemic preparedness, the Executive Director said. The Joint Programme played a key role in leading and focusing those actions. Its core work included collecting quality epidemiological data for decisions; ensuring rights for all and supporting community-led responses; unblocking barriers to services for all; and ensuring sustainable, adequate financing. Investing in the HIV response meant investing in preparedness and strengthening the capacity of other health services, Ms Byanyima said.
14. The global response needed a strong UNAIDS that continues to innovate to deliver the biggest impact, the Executive Director continued. Her vision was for UNAIDS to be the world-renowned knowledge leader in the areas where it works best. The ongoing alignment was organizing UNAIDS' work around four best practice areas: generating and using strategic information to make an impact; striving for services and systems that serve everyone; promoting and upholding the rights and voice of all, and strengthening the role of communities; and building pathways to sustainable financing for HIV, pandemics and health care for all.
15. Delivering in those areas over the long term required reinventing how UNAIDS works and how it leverages knowledge networks, she said. But current funding limited what was possible. The UNAIDS Secretariat's "footprint" in countries therefore would shrink due to alignment as it reduced its core staff costs, although efforts would be made to protect key capacities and support countries to the maximum extent possible.
16. Recent funding reductions had imposed very difficult choices that also reduced UNAIDS's ability to do the work it excels at and that countries need. That includes facilitating investments in HIV and ensuring they are invested for maximum impact; generating strategic information; empowering young women and adolescent girls; working with communities and standing with key populations; enhancing the provision of lifesaving HIV prevention and treatment services; reinforcing global health security through strong health, social protection and community systems; and strengthening pandemic preparedness. The resources had to be found to perform those roles.

17. The hardest work to end AIDS still lay ahead: the next decade was the "last lap", she told the meeting. But the risk of political neglect was increasing as the epidemic became concentrated increasingly among populations who are marginalized, discriminated against and criminalized. It was crucial to invest fully in driving the response forward.
18. Ms Byanyima thanked donors and partners for their contributions and strongly encouraged greater effort to achieve a fully-funded UBRAF. The Joint Programme was needed more than ever. Investing and funding it fully would enable it to continue driving and focusing multisectoral action, supporting national responses to deliver services for all, helping realize human right for all—and, eventually, to end the AIDS epidemic.
19. The Chair introduced the moderator for the meeting, Efraim Gómez, Chief of Staff, UNAIDS. Mr Gómez welcomed participants and called on Rosemary Museminali, Director of External and Donor Relations, UNAIDS, to lay out the objectives of the Funding Dialogue.
20. Ms Museminali said the objectives were to: build momentum around new opportunities, commitments and accountability; position UNAIDS to fully contribute to implementation of the Global AIDS Strategy; improve understandings of the Joint Programme's vital role and funding situation; and galvanize adequate and sustainable funding for UNAIDS, preferably through multiyear agreements for core and noncore funding.
21. The Dialogue was an opportunity for partners and stakeholders to take full responsibility for ensuring that the necessary funds are available to implement the Strategy, she told participants. It was also an opportunity to increase transparency and strengthen accountability. She reminded the meeting that UNAIDS was funded entirely through voluntary contributions, which brought a degree of unpredictability. The global economic, social and health disruptions caused by the COVID-19 pandemic had affected UNAIDS' ability to mobilize resources. UNAIDS needed to secure adequate, flexible and predictable funding, preferably through multiyear agreements of core and non-core funding, she said in conclusion.
22. A short video was screened, celebrating 25 years of UNAIDS' work.

PRESENTATION 1: UNAIDS' RESULTS AND IMPACT ON THE HIV RESPONSE

23. Eamonn Murphy, incoming Deputy Executive Director, Programme, UNAIDS, summarized the status of the global HIV response. HIV treatment access had risen enormously, about 85% of pregnant women living with HIV were receiving antiretrovirals to prevent vertical transmission of HIV and protect their own health, and new infections were decreasing in sub-Saharan Africa.
24. However, progress was neither sufficient nor even, Mr Murphy said, noting that only 11 countries had reached the 90–90–90 Fast-Track targets in 2020. Young people accounted for 28% of new infections, but represented only 17% of the world's population. Children were being left behind and the epidemic was growing in some regions, especially among key populations, who accounted for over 60% of new infections in 2020. A significant renewal of efforts was needed, which required fully funding the Joint Programme and the global response.
25. Inequalities in and across countries and regions continued to drive the HIV response off-track, Mr Murphy said. A second wave of HIV epidemics was underway among

young people in some countries and the impact on key populations was increasing. These developments called for the right mix of focused, evidence-based interventions, at the right scale, targeted at the right people in the right places. He described examples of where this was being done and the results that were being achieved, including in Eswatini, Thailand and Uganda.

26. The HIV response was underfunded, Mr Murphy told the meeting. Domestic resources amounted to 61% of total resources for HIV, but they had levelled off, with the COVID-19 pandemic affecting government revenues. Combined domestic and external resources had also levelled off. Total HIV resources available in 2020 were almost US\$ 8.0 billion lower than the US\$ 29 billion required to reach the 2025 targets, he noted.
27. The Joint Programme brought together the expertise and efforts of 11 Cosponsors, he reminded the meeting. It supported countries with demand-driven assistance to achieve bold targets which members had agreed to in the Global AIDS Strategy. It produced authoritative, trusted data on the epidemic and response, which enabled countries to focus resources and interventions for maximum effect. And it used an inequalities lens to reveal and focus on the inequalities driving the AIDS epidemic and holding back the response.
28. Stressing the importance of domestic resources for HIV, Mr Murphy said the Joint Programme provided vital support to ensure that those resources can achieve the greatest impact. It also helped ensure that programmes were based on the latest data, responded to changing realities and needs, and were accountable. The United States President's Emergency Plan for AIDS Relief (PEPFAR), for example, used UNAIDS' HIV estimates for its annual country operational plan (COP) process to set service coverage targets, and the Global Fund relied on UNAIDS data for its grant approval process. He referred to Nigeria as an example of how the Joint Programme pooled expertise and resources to provide timely and relevant support for country partners, including high-level advocacy, technical support, and empowering and working with communities affected by HIV.
29. UNAIDS worked with people at risk or affected by HIV to ensure their involvement in the design, implementation and monitoring of the HIV response, he continued. It also helped address human rights violations and other barriers to service access through initiatives such as Education Plus, the Global Partnership to eliminate all forms of HIV-related stigma and discrimination, the Stigma Index and more.
30. Anne Githuku-Shongwe, Director of the Regional Support Team in eastern and southern Africa, described recent developments in the region, including the Joint Programme's response to the COVID-19 pandemic (e.g. reprogramming USD 9 million to support that response). Citing experiences in a number of countries in the region, she said dealing with structural barriers to service access was hard and required intensive and long-term investments. Some countries were moving along this path, but were unable to sustain the work without additional support.
31. Ms Githuku-Shongwe said there had been a surge in teenage pregnancies and increases in HIV infections in eastern and southern Africa in the past year. It was vitally important to invest more in enabling teenage girls to stay in school, which has been shown to have a protective effect against HIV. Investments in social enablers were badly needed, especially in context of COVID-19 pandemic. New HIV infections appeared to be rising in some countries (e.g. Madagascar and South Sudan) where HIV investments have been focused mainly on treatment, with prevention neglected, she said.

32. Mr Murphy said the COVID-19 pandemic had caused serious setbacks. The Joint Programme had mobilized responses to COVID-19 by redeploying staff, supporting service innovations and adaptations to ensure HIV services were available, and through resource mobilization (including reprogramming some of its own funding). These actions were also important for the COVID-19 response. He concluded by emphasizing that the numbers of AIDS-related deaths and new HIV infections remained unacceptably high, and warned of the risk of reversing the gains made thus far. It was not the time to reduce funding, but the time to step up and put the HIV response back on-track.

PRESENTATION 2: QCPR AND PROGRESS TOWARDS THE UN FUNDING COMPACT

33. Tim Martineau, Deputy Executive Director, Management and Governance, UNAIDS, located the work of the Joint Programme in the wider UN context and the Quadrennial Comprehensive Policy Review (QCPR), in particular. Additional information was contained in a conference paper which had been prepared for the June 2021 PCB meeting, he said.
34. The QCPR focused on enhancing system-wide coherence to support countries to fulfil the 2030 Agenda and focused centrally on leaving no one behind. UNAIDS had many opportunities in the years ahead to contribute to and benefit from wider reforms in the UN system, he said.
35. Mr Martineau mentioned several aspects in which UNAIDS was aligned to the QCPR mandates. It promoted country ownership and leadership in the HIV response, he said, and it partnered with civil society in ways that increased their voice and influence. The updated division of labour recognized the mandates and advantages of Cosponsors, and enhanced their collective effectiveness. The UNAIDS Evaluation Office met UN evaluation standards, and UNAIDS had high compliance on gender equality and the empowerment of women, he added.
36. Ending the AIDS epidemic by 2030 required coordinating progress across related Sustainable Development Goal areas, he said, drawing attention to five of them: health, gender equality, reducing inequalities, strong institutions and good governance, and partnerships and global solidarity. SDG 10, reducing inequalities, was a central lens of the Global AIDS Strategy, he reminded, and people living with and affected by HIV were the central focus of UNAIDS' work.
37. UNAIDS contributed to strengthened UN Sustainable Development Cooperation Frameworks and had innovated in joint programming, joint country teams and unified workplans. Its experience had guided country working teams and interagency cooperation. It participated in 87 cooperation frameworks in 2020. Joint UN plans and joint UN country envelope resource allocations from the UBRAF were endorsed by UN country teams and UNAIDS was strongly committed to the success of the Resident Coordinator (RC) System, he told the meeting. Despite the small size of UNAIDS Country Offices, many Country Directors played active roles in country-level RC coordinating systems and Secretariat staff have done well in the RC Assessment Centres, leading to five staff recently being appointed as RCs.
38. Regarding the Funding Compact, Mr Martineau referred the meeting to the relevant conference room paper for full details. For 2020, UNAIDS had reported against 13 commitments. UNAIDS was doing well in most areas, and further synergies were being built into several areas. While the Sustainable Development Goals are at the centre of UNAIDS work since their adoption, more specific reporting against specific

Sustainable Development Goals will be done from 2022 onward, in line with the new Funding Compact reporting requirement and related UN system guidance. UNAIDS was also tracking efficiencies and contributing to UN system-wide efforts on this topic. It would find opportunities to further highlight this in its reporting to the PCB.

39. In closing, he said UNAIDS was keen to use the UN reform agenda to help it in its work—mobilizing evidence, offering policy guidance and support, providing countries with useful advice, engaging civil society, and making the money work.

PRESENTATION 3: FINANCING THE JOINT PROGRAMME

40. Ms Museminali briefed the meeting on the financing situation. UNAIDS relied on voluntary contributions from donors, which can lead to unpredictability and funding fluctuations, she said. Core, predictable funding enabled UNAIDS to drive the global HIV response, mobilize further resources and allocate flexible funding to Cosponsors and was therefore vital for the Joint Programme to support countries.
41. She told the meeting that Joint Programme funding had not increased in step with funding for the global HIV response (total HIV resources in low- and middle-income countries came to about US\$ 21.5 billion in 2020). During 2014–2020, UNAIDS' funding revenues had been fairly stable, but had not been sufficient to fully fund the UBRAF. Stability had been achieved thanks to commitments and support from core donors. Despite that, core funding was now lower than in 2014 and was projected to continue to decline, she said. Combined with other uncertainties, this would substantially impede the Joint Programme's efforts to plan its work and implement the Global AIDS Strategy.
42. UNAIDS funding relied heavily on a few key donors and it was very grateful for their support over the years, Ms Museminali continued. More than 99% of total funds came from 28 donors, with 13 donors providing more than US\$ 1 million each in 2020 and another 13 donors providing less than US\$ 1 million each. UNAIDS currently had ten multiyear agreements with core donors, providing about 59% of contributions.
43. She then laid out the key priorities for resource mobilization: increased growth in core funding from existing donors (including through multiyear agreements for core funding); diversifying the UNAIDS donors base; strengthening internal systems, guidance and staff capacities; leveraging partnerships; and further strengthening joint resource mobilization with Cosponsors. Further details regarding resource mobilization would be spelt out in the next resource mobilization strategy, which was being prepared.
44. Turning to the 2021 budget, Mr Farhat, Director of Planning, Finance and Accountability, UNAIDS, said that the PCB had approved a budget of US\$ 242 million (a core budget of US\$ 187 million and supplemental funds of US\$ 55 million). The year 2021 had started well due to core resources mobilized in 2020 (in particular, a one-time contribution from Germany). This had enabled the transfer of funds to Cosponsors.
45. Thus far in 2021, US\$ 163 million had been mobilized and the expectation was that this would rise to US\$ 167 million—US\$ 20 million less than the 2021 target of US\$ 187 million. Estimated core expenditures and encumbrances stood at US\$ 185 million against the core budget. By way of comparison, he added, US\$ 233 million had been mobilized in 2014, US\$ 177 million in 2017, and US\$ 194 million in 2020.
46. Mr Farhat reminded the meeting that the PCB had adopted an ambitious Global AIDS

Strategy and that its implementation depended on adequate financing of the Joint Programme. The 2022–2023 budget provided estimates of the resources needed to achieve the results set out in the UBRAF, he said. A US\$ 35-million funding gap was anticipated for 2022, based on the expectation of raising US\$ 175 million in 2022 (US\$ 210 million was need for 2022 to fully fund the core approved budget). Core expenditure was projected to exceed funds mobilized, Mr Farhat said in conclusion.

47. Meg Doherty, Director, Global HIV, Hepatitis, STI Programmes at WHO, spoke on behalf of the Cosponsors. She said the populations most affected by HIV were not being reached by central services. Cosponsors, while remaining committed to protecting and sharpening their HIV responses, were under great stress to effectively deliver on the key mandates, and the Joint Programme was being weakened due to Cosponsors' loss of HIV-focused staff. UNAIDS funding, delivered through the UBRAF, was catalytic and essential for the Cosponsors to deliver and leverage their country, regional and global response.
48. Addressing the inequalities in HIV response requires a multisectoral response at all levels, along with synergies across Cosponsors, she explained. Preliminary results from a Joint Programme capacity assessment showed that the 11 Cosponsors had seen a reduction in UBRAF core non-earmarked contributions, from US\$ 174 million in 2016/17 to US\$ 44 million in 2020/21. This had weakened their capacities and significantly reduced needed flexible but critical funding for certain key issues. Although welcome, the US\$ 50 million biennial allocation through country envelopes for the 2022-2023 Workplan and Budget does not replace non-earmarked, flexible core contributions which are vital for the catalytic work of the Cosponsors, she highlighted. She noted that non-core cosponsor funding for the HIV response has also decreased and securing those funds has become challenging.
49. Ms Doherty told participants that the Cosponsors were pleased that the Secretariat's total UBRAF budget had stayed relatively stable, but that more had to be done to shore up the collective Joint Programme.

DIALOGUE AND DISCUSSION

50. The moderator opened the floor for discussion.
51. Speakers thanked UNAIDS for organizing the Funding Dialogue and thanked donor countries for supporting the Joint Programme. They highlighted the Joint Programme's unique and critical role in the HIV response, and acknowledged that it performed this role with less than 1% of funding going towards the global HIV response.
52. The Joint Programme's two largest donors reiterated their strong support for UNAIDS and urged other members to contribute additional core and noncore funds. They stressed that the Joint Programme played a major role, including in ensuring equity of access to health services for vulnerable and marginalized populations. The job of ending AIDS was not yet done, they said.
53. Other speakers also emphasized that the AIDS epidemic remained a great concern and agreed that the Joint Programme had a crucial role in ending the epidemic. A fully-funded UBRAF, UNAIDS and HIV response was essential to put the global response on-track. Several members reiterated their commitment to continue supporting the Joint Programme.
54. The inequalities that fuelled the epidemic and held back the response had to be addressed, and it was vital for UNAIDS to focus on the prevention agenda, speakers

said. They cited children and HIV as an example of stalling progress. Even though the means existed to prevent new HIV infections in children, the reduction in new infections had slowed considerably in recent years. Treatment coverage for children was also still low. Every new infection added to the huge burden of treatment in countries (which, in some cases, compromised the fiscal space for health spending generally). Reduced funding to the Joint Programme would stand in the way of mounting the strong actions needed to improve those trends.

55. Noting that the world faced several coinciding crises, speakers said the Joint Programme was the best vehicle yet invented to lead the push to end AIDS as a public health threat. The world could not afford to see the HIV response fail, they stressed: the HIV response needed UNAIDS and UNAIDS needed to be fully funded to enable that response to succeed. The members present at the Funding Dialogue had the means to achieve that, speakers insisted.
56. The outcome of the Dialogue mattered for tens of millions of people affected by HIV. Countries' policies and commitments were only as good as their budget lines allowed them to be, speakers said, and the dialogue was an opportunity to step forward with new funded commitments for the HIV response. They supported mobilizing increased resources from a larger donor base and reiterated calls for funding to be both predictable and sustained. Speakers also noted that UNAIDS was an important partner for the Global Fund and they welcomed efforts to explore further, closer cooperation.
57. Some speakers said that, while current conditions meant UNAIDS increasingly would have to do more with less, it was also important for funding to be provided in ways in which UNAIDS could use it most effectively.
58. A speaker noted that the multisectoral approach of the Joint Programme had been vindicated, but suggested that it also posed an important question. While multiple streams of developmental, HIV-related work were being funded through HIV budgets, how could other sectors be brought on-board to also support HIV work? the speaker asked.
59. Another speaker noted that UNAIDS had been facing some management issues which may have detracted from focusing its efforts fully on the HIV response. Participants welcomed the Joint Programme's efforts to strengthen internal processes and systems, as well as the ongoing work on the new UBRAF—all of which were important for ensuring that the organization can deliver on its mandate and attract additional funding.
60. Mr Gómez invited presenters to respond to comments from the floor.
61. Mr Murphy agreed with speakers that HIV prevention was largely underfunded; new tools and innovations had to be taken to scale. He said the inequalities highlighted in the HIV response were playing out also in the COVID-19 pandemic and response; HIV-related actions that addressed those inequalities therefore also supported other pandemic and disease responses.
62. A reduction in UNAIDS staffing at country level would have a major impact, Mr Murphy said. A strong Joint Programme was necessary for building and managing the multisectoral response that was needed to end the AIDS epidemic. The Global Fund was a critical partner at country level, for example, but UNAIDS' presence on the ground (for technical assistance and other support) was vital to make that partnership have the biggest impact possible. He suggested to the meeting that a funding gap of US\$ 35 million was, in comparative terms, not huge.

63. Shannon Hader, Deputy Executive Director, Programme at UNAIDS, said the Funding Dialogue was not competing with other fundraising for HIV. UNAIDS fully supported the Global Fund's funding drive, for example, and that relationship remained fundamentally important for both the Joint Programme and Global Fund.
64. UNAIDS shared data and other strategic information with the Global Fund, ensured that civil society could participate fully in its processes, provided technical assistance and more, she elaborated. The Joint Programme was making strong progress in its relationship and alignment with the Global Fund, and it was important that the new Global Fund Strategy was also aligned with the Global AIDS Strategy. She said the next Global Fund replenishment and the current funding round for the Joint Programme should not be allowed to be an "austerity round", they had to enable the world to take the HIV response to its necessary conclusion, to end the AIDS epidemic.
65. Ms Githuku-Shongwe agreed that the HIV prevention agenda had suffered during COVID-19. Referring to a rise in teenage pregnancies during the pandemic, she said the UNAIDS Regional Support Team in eastern and southern Africa was devoting increased attention to improve access to sexual and reproductive health services, especially for girls and young women. Some countries had been changing laws to facilitate such improvements. The Education Plus initiative, which focuses on enabling girls to stay in school, whether pregnant or not, could help ensure they have livelihood paths available when they leave school. The prevention of gender-based violence was a vital part of this work, she added, which also involved Cosponsors at country level and the engagement of men. Several major meetings bringing together ministers of education, health and finance were being organized in the region to drive the necessary interventions.
66. Ms Doherty said it was important to step up interventions that address both young men and women, including teens, and mentioned a resurgent interest to bring prevention options such as pre-exposure prophylaxis to as many young women in sub-Saharan Africa as possible.
67. Ms Hader, replied to a question regarding how other sectors might be drawn in to also support HIV work. She said the HIV world had invested a great deal in demonstrating, for example, that staying in school could reduce adolescent girls' risk of acquiring HIV risk, along with the other more obvious benefits of such interventions. She suggested that it was necessary to combine health financing work to show that financing for many structural and societal enablers should be mobilized from multiple sectors, not just from HIV programmes, for example. Ms Hader emphasized the importance, over the decades, of the Joint Programme and the UNAIDS response in highlighting and building such cross-sectoral efforts.
68. Mr Gómez said in summary that the case for increased funding support was very strong. Many speakers had emphasized the urgency for stronger actions, that the global response was off-track, and that the world needed a fully-funded UBRAF to end AIDS as a public health threat. There was also strong support for an even closer partnership with the Global Fund.

CONCLUDING REMARKS

69. Ms Byanyima, in her concluding remarks, said she was encouraged to see the commitment in countries to understand and overcome their AIDS epidemics. She was also touched to hear civil society's insistence that this work was fundamentally about people's lives; ultimately, the Joint Programme's mandate was to save lives.

70. It was important to consider what it would mean if the world failed to end the AIDS epidemic: the cost was unacceptably high in terms of human lives and for fighting future pandemics. The world could not afford to fail, she stressed. That meant putting available resources to the best possible use, by focusing on prevention and on the conditions and factors that make people vulnerable and put them at risk. It also meant creating coalitions like Education Plus to shift policies so they aligned with the science and helped make people's lives safer. It did not require huge amounts of money to do that work, she emphasized, since the work was hugely catalytic. But UNAIDS needed the funding to take on the challenges and make the kinds of differences that were needed to overcome HIV and other current and future pandemics.
71. The Chair thanked the Secretariat for arranging the Funding Dialogue. The meeting had underscored the vital role of the Joint Programming and its need for predictable, full funding to deliver on its mandate, Ms Imene-Chanduru said. A lot was at stake. The world could not reach the 2025 AIDS targets or the 2030 goal of ending the AIDS epidemic without good-quality data, high-level advocacy and political mobilization, technical guidance based on evidence, and involved communities—in other words, without the support the Joint Programme delivers, she said in conclusion.
72. The Chair declared the meeting closed.

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ANNEX 1. AGENDA

15 November 2021, Monday

- 13:00 –13:10 Welcome by the Chair of the UNAIDS Programme Coordinating Board
- 13:10 – 13:15 Remarks (video) by the Deputy Secretary-General of the United Nations
- 13:15 – 13:30 Remarks by the UNAIDS Executive Director
- 13:30 – 13:35 Introduction and objectives of the Structured Funding Dialogue
- 13.35 – 13.40 Short video on UNAIDS work and impact
- 13:40 – 14.10 Presentations
- UNAIDS' results and impact on the HIV response
 - QCPR and progress towards the UN Funding Compact
 - Financing the Joint Programme
- 14:10 – 14:50 Dialogue and discussion, reflecting on presentations made and objectives of the Structured Funding Dialogue
- 14:50 – 15:00 Break
- 15:00 – 15:45 Dialogue and discussion (continued)
- 15:45 – 16:00 Wrap-up by the PCB Chair