

# REPORT BY THE CHAIR OF THE COMMITTEE OF COSPONSORING ORGANIZATIONS (CCO)

**Additional documents for this item:** N/A

**Action required at this meeting:** The Programme Coordinating Board is invited to:  
*take note* of the Report by the Chair of the Committee of Cosponsoring Organizations (CCO)

**Cost implications for implementation of decisions:** none

## Introduction

1. Chair, Executive Director Byanyima, Distinguished PCB Member, Colleagues, it is an honour to present this report on behalf of UNAIDS Cosponsors. Before I start, I would like to take this opportunity to thank the outgoing Principals since the last CCO report to the PCB including Phumzile Mlambo-Ngcuka from UN Women, my predecessor Henrietta Fore and Guy Ryder from ILO. I would like to welcome the new Principals to the Joint Programme including Ms. Sima Sami Bahous of UN Women and Gilbert F. Houngbo of ILO. I would also like to thank our outgoing PCB Chair Namibia, current Chair Thailand, Vice-Chair Germany and Rapporteur Kenya. Thank you all.
2. The past year was pivotal for the Joint UN Programme on HIV/AIDS. We delivered the adoption of the new Global AIDS Strategy 2021 – 2026 with its focus on inequalities, the 2021 Political Declaration on HIV and AIDS which set targets on ‘social enablers’ for human rights and gender equality, and the new Joint Programme Unified Budget, Results and Accountability Framework.
3. These high-level strategic developments lay out a vision to end AIDS as a public health threat by 2030 by ending intersecting inequalities that drive the epidemic, and by prioritizing the people who are unable to access life-saving HIV services. Effectively addressing inequalities will require targeted action from all Cosponsors based on our individual mandates and comparative advantages. The 2030 Agenda for Sustainable Development and the Common Agenda designed to strengthen global cooperation through inclusive multilateralism, as well as demand an interconnected response, across sectors and actors.
4. Now more than ever, harnessing our collective mandates and capacities is critical, as the world continues to face a series of interconnected challenges including COVID-19, climate change, humanitarian emergencies and other shocks that are becoming more the norm than the exception. Without enhanced collective attention to mitigate the impact of these shocks on the HIV response, much of the progress made over the last 20 years in the fight to end AIDS by 2030 could be undone.
5. Today I would like to offer reflections from Cosponsors on our efforts to regain lost ground and vision to accelerate progress in the current shifting health and development landscape.
6. Last month, the UNAIDS Committee of Co-sponsoring Organizations (CCO) Principals jointly committed to:
  1. Ensure HIV remains a priority within their organizations and galvanize their regional teams to take action;
  2. Proactively rally support for sufficient financial resources within the global development architecture to end AIDS by 2030, particularly towards the Global Fund’s 7<sup>th</sup> Replenishment; and
  3. Provide leadership to galvanize support to accelerate results on three Global Strategic Initiatives (GSIs) including ending paediatric AIDS, 10-10-10<sup>11</sup> to address punitive laws, and Education Plus.

7. Repositioning the Joint Programme to maintain the relevance of HIV on the global agenda is critical to realizing our vision.

### Leveraging Cosponsor Mandates to Maintain HIV on the Global Agenda

8. In March of this year, Cosponsor global coordinators, focal points and Secretariat staff held a retreat to deliberate on how to best position HIV in the current development context and support countries reach the ambitious targets of the 2021 Political Declaration on HIV and AIDS. The discussion recognized the opportunity that the Joint Programme has to strategically leverage co-sponsor mandates and advance serious dialogue with broader health and development partners to address the array of inequalities and rights violations that hamper the HIV response. Failing to do so may negatively impact efforts to end AIDS by 2030.
9. Adopting a regionally interconnected approach to our work was also highlighted during the retreat. Building on the momentum from the 2021 West and Central Africa summit under the leadership of the President of Senegal, the Joint Programme discussed enhancing the impact of regional Joint Teams through cross fertilization, political momentum, economies of scale and transborder issues.
10. Let me speak to three examples – education, social protection, and humanitarian response.
11. Firstly, through UNESCO and UNFPA's leadership, the Joint Programme continues to work closely with African governments to support commitments by Ministers of Education and Health to scale-up access to comprehensive sexuality education and to sexual and reproductive health services.
12. Secondly, in terms of social protection, ILO, WFP, the Secretariat and UNICEF are building the evidence base and programmatic framework for HIV-sensitive social protection. Evidence-generation includes mapping existing social assistance and social security programmes showing how they are integrating vulnerabilities exacerbated by HIV. It also involves designing an analytical and operational framework for HIV-sensitive social protection interventions in the context of COVID-19, linking social protection and public health beyond HIV. And it includes conducting a systematic review to leverage the growing evidence base on 'cash plus' programmes that target adolescents and young people through a combination of health and economic interventions.
13. Lastly, we are leveraging the capacities of WHO, UNICEF as a Global Fund Emergency Principal Recipient, UNHCR and others to alleviate the ongoing humanitarian crisis in Ukraine. Upholding every person's right to health requires us to provide life-saving HIV services and supplies to Ukraine's estimated 260,000 people living with HIV and other at-risk populations, many of whom have been displaced to neighbouring countries. The Joint Programme is working with governmental, civil society partners and community led organizations, the Global Fund and PEPFAR, to ensure continuity of HIV services and protection for key populations including people who use drugs and people in prisons and people living with HIV affected by the conflict.

## Optimising Joint Programme Capacity

14. However, Cosponsor capacity, including “boots on the ground,” is needed at sufficient levels to deliver on the Joint Programme’s mandate. Following the Independent Evaluation of the UN System response to AIDS 2016-2019 a Capacity Assessment of the Joint Programme was conducted. The Assessment unambiguously found that funding for critical Joint Programme staff has substantially declined. The current reduced UBRAF allocations limit Cosponsors’ capacity to leverage the necessary sectoral and partner responses to drive HIV-specific results.<sup>[2]</sup>
15. The assessment further determined that Cosponsors have fewer full-time staff dedicated to HIV than previously, and that most staff at country level are now multi-functional, covering other issues in addition to HIV.
16. The Secretariat is also being significantly impacted by funding reductions, which are limiting its capabilities at regional and country levels to drive the HIV agenda, leverage partnerships, and coordinate the UN response especially in regions with limited HIV capacity.
17. Some solutions to optimize capacity already exist, and others are being considered by a newly established working group. To ensure that the Joint Programme remains agile and effectively responds to new challenges, the group will regularly review the Joint Programme’s capacity requirements, develop practical solutions, and identify new resource mobilization strategies.
18. Cosponsors welcome the recommendations of the Capacity Assessment and stand ready to work with the Secretariat to build on the key findings, to support the Secretariat re-alignment process, and to tailor capacity plans to the needs of the response, particularly at country and regional levels. Cosponsors also look forward to contributing to the ongoing independent evaluation of the UNAIDS country funding envelopes to better focus our efforts at the country level on persistent inequalities.

## Rallying support for sufficient financial resources

19. To mobilize more flexible and secure funding for UNAIDS, a Strategic Funding Dialogue was held in November 2021, which highlighted the need for a fully funded UBRAF. However, we currently face a calamitous gap in funding for the 2022-2023 UBRAF.
20. Due to the current UBRAF funding shortfall, central core funding to support Cosponsor capacity on the ground to leverage country-level donor and domestic resources, political will and commitments, and enable civil society engagement, has been cut. This funding crisis has been exacerbated by substantial financial shocks due to COVID-19, the ongoing war in Ukraine, and fluctuating exchange rates for the Euro. We have just been informed that the committed 2022 central core allocation of US 2 million per Cosponsor will not be fully disbursed and that the 2023 central core allocation of US 2 million is now uncertain. This is extremely concerning. The proposed cuts would fundamentally impair the core capacity of the cosponsors to contribute to the Joint Programme and seriously impact our ability to deliver on the new Global AIDS Strategy.

21. To deliver on the Global AIDS Strategy, we need a fully funded UBRAF at the agreed ceiling for the Joint Programme. This will ensure full implementation of the new Strategy, and effectively leverage the over US\$ 20 billion in HIV resources currently available to countries annually, primarily through PEPFAR, Global Fund and domestic budgets, as well as additional resources in other sectoral programmes.
22. The potential for the Joint Programme to leverage results from these billions of dollars depends on the political and programmatic engagement of Cosponsor agencies, governments, civil society and other stakeholders, from the global level down to the country level, where priorities are defined and many of the funding allocation decisions are made.
23. Catalytic leveraging also involves articulating the Joint Programme's unique value-add to HIV investments. Working with and supporting the Global Fund, PEPFAR and other donors will continue to be a high priority. The Joint Programme will continue to engage regional and country leaders to galvanize support for increased domestic resource mobilization, and advocate at all levels (including at Heads-of-State level) for a successful 7<sup>th</sup> Global Fund Replenishment, and the investment case calling for a floor of US\$ 18 billion for 2023 – 2025, as we did in April 2022 in Nairobi with the Global Fund African Constituency Bureau (ACB).

### Providing leadership to galvanise support to accelerate results

24. In a landscape of decreasing UBRAF funding, the Joint Programme has developed global strategic initiatives to bolster core funding and engage donors with targeted, time-bound initiatives designed to catalyse progress. The GSIs will address result areas hampered by acute inequalities by combining political advocacy, resource mobilization and partnerships in selected regions, countries and countries.
25. Responding to the Global AIDS Strategy's emphasis on the role of gender equality and education in preventing new HIV infections in young women and adolescent girls in sub-Saharan Africa, the "Education Plus" initiative is being spearheaded by the UNAIDS Secretariat, UNESCO, UNICEF, UNFPA and UN Women. It is just one of several examples of the ways in which the Joint Programme is delivering a more interconnected approach to young women and adolescent girls' education and health.
26. The linkages between education and health will also be a key focus of the upcoming "Transforming Education" summit, through an action track on inclusive, equitable, safe and healthy schools – which will include issues related to HIV and the inequalities that continue to drive the epidemic.
27. Finally, during our PCB thematic day this week we look forward to considering in greater depth how we can harness the power of education to eliminate HIV-related stigma and discrimination, empower young people and mount a comprehensive HIV response.
28. We also have agreed on two more initiatives to be launched this year. The first is the Global Alliance to end Paediatric AIDS, a broad partnership convened by UNICEF,

WHO, and UNAIDS, including a wide range of stakeholders, which will be launched on 1<sup>st</sup> August at the International AIDS Conference in Montreal, Canada. This global strategic initiative supports actions necessary to close persisting gaps in ending paediatric AIDS and builds on lessons learnt from past global initiatives including the Global Plan to eliminate vertical transmission of HIV and keep mothers alive and the Start Free, Stay Free, AIDS Free framework.

29. The second global strategic initiative under development is the 10-10-10 initiative which is led by UNDP, UNODC and partners. It focuses on bold action to assess and scale innovative policies and practices on the path to removing punitive and discriminatory laws, including criminalizing laws, for PLHIV and other key populations.

### **Towards a new Joint Programme commitment**

30. Today, the Joint Programme is at a pivotal juncture. Decades of hard-won gains are being threatened by critical gaps in funding.
31. On 6<sup>th</sup> June CCO Principals were informed by the UNAIDS Executive Director via email that the Secretariat would not be able to release residual 2022 UBRAF core allocation to Cosponsors totalling USD 4.4 million.
32. Whilst we understand the situation we are in; cosponsor agencies have already made financial commitments for these funds.
33. UBRAF core funds are most critical funding for the Cosponsors and the minimum required to ensure adequate institutional capacity - especially at the regional and country level - and our ongoing engagement and oversight to support country-level results and impact.
34. Cosponsors are also concerned by the ambiguity in the mail around availability of the full core allocation for 2023. To maintain the credibility of the Joint Programme, without full core allocations for the biennium, Cosponsors can no longer ensure full delivery of the commitments within the UBRAF and may have to identify concrete reductions in programming.
35. This funding shortfall is a stark reminder that we must adapt to the realities of an increasingly complex environment to ensure a continued focus on the HIV epidemic.
36. The unique mandates of different agencies of the Joint Programme present critical opportunities to galvanize the multisectoral commitments necessary to get back on track towards ending AIDS by 2030.
37. This moment demands collective leadership across the Joint Programme to advance strategic partnerships and drive meaningful alignment among and integration with relevant sectors, by explicitly targeting policymaking and HIV programming. Cosponsors need continued political and financial support to deliver both HIV-dedicated and HIV-related programming.

38. Considering our increasingly constrained fiscal space, an increase in HIV funding is less likely to come from additional HIV-specific resources. We must make effective use of existing funds by promoting efficient resource allocation, smart investments, targeting inequalities and up-scaling innovations in HIV service-delivery to strengthen pandemic preparedness.
39. We look forward to working with the Secretariat, with countries, with communities and with all of you in this PCB on our journey ahead. Thank you.

<sup>[1]</sup> Less than 10% of people living with HIV and key populations experience stigma and discrimination, Less than 10% of people living with HIV, women and girls and key populations experience gender based inequalities and gender based violence, Less than 10% of countries have punitive laws and policies (as part of the Global AIDS Strategy 2025 targets).

<sup>[2]</sup> The assessment was undertaken by the international consulting firm, Oxford Policy Management (OPM), and included a desk review and interviews. A total of 130 persons were interviewed and a survey generated responses from a total of 187 informants from more than 70 countries across all six UNAIDS' regions.

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