

# 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 Winnie Byanyima, distinguished PCB Members, 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 previous CCO report to the PCB, including David Beasley from the World Food Programme (WFP) and David Malpass from the World Bank. I would also like to welcome the new Principals to the Joint Programme, including Cindy McCain of WFP, Ajay Banga of the World Bank and Gilbert Houngbo of the International Labour Organization (ILO). I would also like to thank our PCB Chair, Germany; Vice-Chair, Kenya; and Rapporteur, Brazil. Thank you all.
2. I would also like to take this opportunity to welcome Angeli Achrekar and Christine Stegling, who joined as UNAIDS Deputy Executive Directors in the first half of this year. Their passion and commitment to strengthening the Joint Programme is already clear, and we look forward to their continued efforts and the fresh and positive energy that they bring to the Joint Programme.
3. The Joint Programme, up to and including at the Principal level, recognizes that global progress on HIV over the past 30 years represents one of the world's greatest public health and development success stories, and that the end of AIDS as a public health threat, as put forward by Sustainable Development Goal (SDG) 3.3, is within sight. The work of the Joint Programme is multisectoral and accelerates progress beyond just the SDG3 targets, for example: promoting poverty reduction (SDG1) and the eradication of hunger (SDG2); ensuring inclusive and equitable quality education (SDG4); advancing gender equality (SDG5); contributing to non-discrimination and law reforms (SDG 10); and building more resilient and sustainable partnerships (SDG17). However, maintaining this progress requires all of us—communities, countries, multilaterals, donors and more—to stay the course. The United Nations (UN) has made a crucial contribution to the global response to HIV, especially since our efforts came together in the Joint Programme with the founding of UNAIDS. We still need the UN and the Joint Programme going forward.
4. Today I would like to share reflections from Cosponsors on our redoubled efforts to accelerate progress on addressing HIV in the current context of multiple, intersecting crises, and to revitalize the Joint Programme, its comparative advantage and its unique contribution to the global response to HIV.
5. Last month, the UNAIDS Committee of Co-sponsoring Organizations (CCO), in its 55th meeting held in Nairobi, Kenya, jointly committed to:
  - i. Revitalize the Joint Programme, by leveraging its multisectoral and inclusive model as a pathfinder for UN reform, re-enforcing decisions from the 54th CCO, and fostering more innovative and efficient ways of working and future planning to address inequalities. This could be achieved in the short term through strategic priority-setting in the Unified Budget, Results and Accountability Framework (UBRAF) 2024–2025 work plan, galvanizing the global strategic initiatives, and pursuing joint efforts for resource mobilization.
  - ii. Operationalize further the commitment of the Joint Programme to put those furthest behind first, as set out in the 2030 Agenda, by ensuring that those populations systematically excluded are proactively included across programmes, applying a human rights-based approach. Take forward the global strategic initiative on decriminalization to support the realization of the 10–10–10 targets of the 2021–2026 Global AIDS Strategy and, more broadly, foster the inclusive and rights-based implementation of universal health coverage and other related SDG goals and targets.

## Challenges facing the Joint Programme and the way forward

### Funding shortfall and its impact on the Joint Programme

6. We welcome the first-year reports on implementation of UNAIDS 2022–2026 UBRAF which demonstrate impressive results. Despite a challenging context and tight resources, across most of the 45 UBRAF indicators, progress is on-track to meet the milestones set for 2023. However, these gains are fragile and require continued efforts to maintain.
7. Thanks to additional organizational efficiencies and effectiveness achieved at all levels, as well as strong budgetary discipline and prioritized programmatic focus, the Joint Programme continued to deliver effectively for countries and communities, while also showing stronger accountability. As the 2022 Performance Monitoring Report demonstrates, this "high-value-for-money" approach allows the Joint Programme to deliver on wide outreach through country presence, regional and global partnerships and solid expertise. However, crucial capacities across the Joint Programme are being eroded by underfunding of the UBRAF. These funding levels are not sustainable: a fully funded UBRAF is essential for ending the AIDS epidemic.
8. Resources allocated to the Joint Programme represent a very small fraction of total international and domestic investment in the response to HIV, but they are a crucial catalyst for making this investment efficient and effective. This year, however, the Joint Programme has a funding shortfall of US\$ 44.5 million against the threshold of US\$ 210 million annually. This shortfall has had a considerable impact on the capacity of the Joint Programme—especially our ability to support country initiatives consistently.
9. As was laid out in the UNAIDS Joint Programme Capacity Assessment, the Secretariat and Cosponsors have seen a continuing decrease in HIV-dedicated human resource capacity at regional and country levels, with several cuts to the UBRAF core funding since 2015, and the loss of more experienced technical HIV staff. Cosponsors report that they have fewer staff dedicated (full-time or part-time) to HIV, with staff at country level typically covering a wide range of other issues in addition to HIV.
10. These capacity limitations have impacted joint programming and reduced Cosponsor engagement in the Joint Programme at regional and country level. This includes the ability to support countries and communities to achieve the global AIDS targets and the goals of the Global AIDS Strategy, as well as participating in and providing technical assistance to essential investment and planning dialogues to leverage domestic resources in Joint Teams. It also includes development and implementation of UBRAF country envelope funding which has included staff costs. The Joint Programme will be responding to the evaluation of the country envelopes later this year to build their effectiveness and sustainability.
11. Reduced regional and country presence has impacted Cosponsors' availability of technical capacity, and in turn its ability to implement joint work and operations, engage in policy dialogue with governments and policymakers, respond to country requests for technical and programming support, and, most importantly, support the communities that we serve. Cosponsors suggest that their capacity has already decreased to below what is needed to fully deliver their contribution to the Global AIDS Strategy, described by some as below "mission-critical" level, jeopardizing the continuity of our collective programmes and activities. The Joint Programme is in an increasingly precarious position.

12. Limited capacity also has implications for Cosponsor ability to leverage their comparative advantage to effectively integrate HIV into wider agendas that are relevant to the new Global AIDS Strategy, such as universal health coverage, primary health care, social protection, education, youth employment, justice, migrant health and humanitarian response, and public health emergencies such as the COVID-19 response.

## Revitalizing the Joint Programme by fostering more innovative and efficient ways of working and future planning to address inequalities

### Priority setting within the UBRAF 2024–2025

13. Over the next two years, the Joint Programme aims to focus on the following strategic priorities, which also reflect and map the existing UBRAF result areas: advancing progress on HIV prevention; accelerating access to HIV treatment and new health technologies; promoting community-led responses, including community-led service provision and monitoring; and ensuring equitable financing and sustaining the HIV response—all under the umbrella of addressing various forms of intersecting inequalities in the context of HIV. The Joint Programme is working to scale up crucial and indispensable work on human rights enablers, including gender equality and women's empowerment, LGBTIQ+ rights, and harm reduction programmes for people who use drugs.

### Stepping up the Joint Programme response to human rights and gender equality pushbacks to reach 95–95–95<sup>1</sup> and 10–10–10<sup>2</sup> targets

14. Structural inequalities continue to have an impact on women, including adolescent girls and young women, and key populations with respect to infection rates, access to evidence-based interventions and elevated levels of stigma and discrimination. The Joint Programme is well-placed to build on the interlinkages between inequalities and public health crises, ensuring that everyone, including the most marginalized, have access to quality health services.
15. The 2022 Global AIDS update, *In danger*, indicated that the global AIDS response has been pushed badly off-track. The declines in new HIV infections and AIDS-related deaths have notably slowed, and new infections are rising in many parts of the world. Resources for the response have stagnated at levels that are wholly inadequate to end AIDS as a public health threat by 2030. However, we also know that a fully-funded HIV response can have a huge effect not just on health and HIV, but also on social and economic development. According to the *UNAIDS/Economist Impact Triple Dividend* report,<sup>3</sup> if the HIV response was fully funded in 13 African countries that contributed to 47% of new infections globally in 2021, we could not only avert 480 000 new HIV infections annually, but could also improve educational outcomes, reduce gender inequalities, strengthen health systems and contribute to wider and sustained economic gains.
16. The human rights of many groups, such as adolescent girls and young women and particularly key populations, including LGBTIQ+, are under threat from well-organized and well-funded opposition. We need a coordinated response from the Joint Programme

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<sup>1</sup> 95–95–95 for treatment: 95% of people living with HIV knowing their HIV status; 95% of people who know their status on treatment; and 95% of people on treatment with suppressed viral loads.

<sup>2</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 legal and policy environments that deny or limit access to services.

<sup>3</sup> [https://www.unaids.org/sites/default/files/media\\_asset/a-triple-dividend\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/a-triple-dividend_en.pdf)

so that this does not imperil the gains we have made in the HIV response. To paraphrase the words of the UN Secretary General,<sup>4</sup> we need a pushback against this pushback on gender equality and the human rights of women, LGBTIQ+ people, and other key populations.

17. The populations being targeted are the same ones who continue to be most left behind in the HIV response. If we are to achieve the targets set out in the Global AIDS Strategy, we will need to ensure an enabling environment for everyone living with or at risk of acquiring HIV to access the health, social and legal services they might need without fear of violence, criminalization, stigma or discrimination.
18. Gender inequalities are a key driver of the AIDS epidemic. Adolescent girls and young women in sub-Saharan Africa are three times more likely to acquire HIV than their male counterparts. A recent study also found that women experiencing intimate partner violence in the past year were more than three times more likely to have recently acquired HIV.<sup>5</sup> Unequal power dynamics between men and women and harmful gender norms increase the HIV vulnerability of women and girls in all their diversity, deprive them of their voice and the ability to make decisions regarding their own lives, reduce their ability to access services that meet their needs, increase their risks of experiencing violence or other harms, and hamper their ability to mitigate the impact of AIDS. There is also strong evidence that age-sensitive and gender-responsive social protection, including food and nutrition support, can help tackle the drivers of new infections among adolescent girls and young women, while also mitigating the negative impacts of mortality and HIV-related morbidity on households.<sup>6</sup>
19. While transforming harmful gender and masculinity norms among men and boys will help reduce their HIV risks, it will also reduce risks and vulnerabilities to HIV among women and adolescent girls, including by respecting their sexual and reproductive health and rights and upholding zero tolerance for any violence against them.
20. The stigma, discrimination and criminalization that key populations face present serious barriers to global efforts to end AIDS as a public health threat by 2030, a price paid not just in missed targets but in lost lives. Key populations account for less than 5% of the global population, but they and their sexual partners comprised 70% of new HIV infections in 2021.<sup>7</sup> Neglect of the HIV-related needs of key populations contributes to considerable risks and needless suffering and death both for key populations and for their sexual partners. For example, while HIV incidence has declined since 2010 by 58% among adults (aged 15–49 years) in western and central Africa and 62% in eastern and southern Africa, a systematic review of data found no conclusive decline among gay men and other men who have sex with men in those regions over the same period.<sup>8</sup>
21. Similarly, programme and survey data in countries across different regions and types of epidemics show that various key populations have lower HIV service coverage compared to the general population. For example, current data indicates that only 1% of people who use drugs live in countries where they have adequate access to harm reduction services, including needle and syringe programmes, opioid agonist therapy, and overdose

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<sup>4</sup> <https://press.un.org/en/2023/sgsm21792.doc.htm>

<sup>5</sup> Kuchukhidze S, Panagiotoglou D, Boily M-C, Diabaté S, Eaton JW, Mbofana F et al. The effects of intimate partner violence on women's risk of HIV acquisition and engagement in the HIV treatment and care cascade: A pooled analysis of nationally representative surveys in sub-saharan Africa. *The Lancet HIV*. 2022;10/2.

<sup>6</sup> Social protection, food security and nutrition: Critical enablers for reducing HIV-related vulnerabilities amongst adolescents and young people. Rome: WFP; 2022.

<sup>7</sup> Dangerous inequalities—World AIDS Day report 2022. Geneva: UNAIDS; 2022.

<sup>8</sup> *Ibid.*

prevention and management, as part of a comprehensive package of HIV prevention interventions.<sup>9</sup> Key populations are also least likely to be prioritized in the national HIV responses of some countries, even though they comprise the majority of new infections in many regions. Urgent efforts are needed to eliminate these inequalities, including through community-led responses, accelerated scale-up of pre-exposure prophylaxis and immediate action to close access gaps for harm reduction services.

22. The principles of international solidarity and shared responsibility that have defined the HIV response must drive action during this challenging period. In addition to making essential domestic investments, the global community also must mobilize additional resources to get the HIV response on track. This will necessitate stepped-up contributions from traditional donors of health-related official development assistance while also exploring new funding opportunities.

#### *Global strategic initiatives and partnerships*

23. The Joint Programme seeks to leverage three high-priority global strategic initiatives where we believe it can make a particularly important difference in the next two years. These are designed to help accelerate efforts to reach the 2025 targets and are aligned to the most urgent areas of need in the HIV response, correlating to the most entrenched inequalities.
24. Co-led by UNFPA, UNESCO, UNICEF and UN Women and the UNAIDS Secretariat, **Education Plus** is focused on preventing adolescent girls and young women from acquiring HIV through access to comprehensive sexuality education and the fulfillment of having their sexual and reproductive health and rights. Achieving this will require bold domestic leadership, to make the national investments and changes required and to challenge discrimination and patriarchy, as well as strong international solidarity. Education Plus will seek to bring partners together to respond to the crisis that adolescent girls and young women face in sub-Saharan Africa. Adolescent girls and young women will not be just the beneficiaries of the initiative, but empowered agents of change driving it forward.
25. **The Global Alliance to end AIDS among children**, led by the UNAIDS Secretariat, UNICEF, WHO and partners, is about closing the treatment gap between children and adults living with HIV. Concerned by the stalling of progress for children, and the widening gap between children and adults, the Global Alliance seeks to ensure that no child living with HIV is denied treatment by the end of the decade and to prevent new infant HIV infections. The work of the Alliance will be aligned to four pillars: early testing and optimized comprehensive, high-quality treatment and care for infants, children and adolescents living with and children exposed to HIV; closing the treatment gap for pregnant and breastfeeding women living with HIV and optimizing continuity of treatment towards the goal of elimination of vertical transmission; preventing and detecting new HIV infections among pregnant and breastfeeding adolescents and women; and addressing rights, gender equality and the social and structural barriers that hinder access to service.
26. Cosponsors are working together to step up on the global strategic initiative on **decriminalization** in support of achieving the 10–10–10 targets. Countries that criminalize key populations saw less progress towards HIV testing and treatment targets

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<sup>9</sup> Degenhardt L, Webb P, Colledge-Frisby S, Ireland J, Wheeler A, Ottaviano S, et al. Epidemiology of injecting drug use, prevalence of injecting-related harm, and exposure to behavioural and environmental risks among people who inject drugs: a systematic review. *The Lancet Global Health*. 2023;11(5):e659–e672.

over the last five years—with significantly lower percentages of people living with HIV knowing their HIV status and achieving viral suppression than in countries that avoided criminalization. Even greater gains were achieved in countries where laws have advanced human rights protections, particularly those that protected rights to non-discrimination and responded to gender-based violence. Advancing against these barriers to create an enabling legal and policy environment in more countries will help us unlock further progress on ending AIDS, particularly for key populations.

### **Pursuing joint efforts for resource mobilization**

27. Multilateral funding is under pressure globally. The importance of articulating the comparative advantage and unique value added of the Joint Programme is critical to maintaining and growing funding. The Joint Programme is therefore working to operationalize the Resource Mobilization Strategy, leveraging joint fundraising opportunities towards a fully-funded UBRAF.
28. We look forward to working with PCB Members, the Secretariat, with countries, with communities and with all of you in this PCB on our journey ahead. Thank you.

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