

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 CCO Chair

Cost implications for the implementation of the decisions: none

Report of the Chair of the Committee of Cosponsoring Organizations to the 48th Meeting of the Programme Coordinating Board

1. Chair, Executive Director, Distinguished Delegates, Colleagues, it is an honor to present this report on behalf of UNAIDS Cosponsors.
2. Cosponsors welcome the 2021 Political Declaration and in particular the incorporation of all of the 2025 targets from the Global AIDS Strategy into the Declaration.
3. And while we are disappointed that we did not achieve a consensus adoption, we commit to working with **all countries** towards our collective vision of ending AIDS.
4. Today I would like to offer reflections from Cosponsors on 25 years of our experience, expertise and mandate and share some examples of how we are already moving to implement the Strategy and Political Declaration.

Building the Joint Programme

5. As we look back to 1996 we note that UNAIDS was built on more than 10 years of pioneering work and leadership on HIV and AIDS across a number of United Nations agencies.
6. UNICEF, UNDP, UNFPA, UNESCO and the World Bank had served for some years on the management committee of WHO's Global Programme on AIDS – a structure that would evolve to become the first phase of the Joint Programme.
7. The Joint Programme came together in recognition of the need for a truly multisectoral approach as politicians in many countries turned their backs on AIDS.
8. And at a time when affected communities around the world were providing the leadership and expertise required to drive a global response to HIV.
9. It was also formed as combinations of existing HIV medications were found to reduce AIDS-related deaths by up to 80%. People living with HIV in high income countries rapidly started combination therapy yet high costs denied the same opportunities to people in most low- and middle-income countries.
10. These unacceptable inequities fueled the advocacy and activism that remain at the heart of the HIV response and this Joint Programme.
11. In 2003 the UNAIDS Joint Programme, led by WHO, announced the “3 by 5” initiative with the aim of providing HIV treatment to 3 million people in low- and middle-income countries by 2005.
12. Since then the Joint Programme's successes in driving testing and treatment scale-up have been facilitated through close partnering with the United States' President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNITAID and other partners.
13. Thanks to these partnerships, and with countries in the lead, in 2020 27.4 million of the 37.6 million people living with HIV were on treatment.

A holistic and multisectoral focus on people living with and affected by HIV

14. Yet treatment access is only one part of the response required to end AIDS.
15. Over the past 25 years the Joint Programme has made important contributions across multiple sectors and through both HIV-specific and HIV-related programming - applying a holistic focus to the needs of people living with and affected by HIV.
16. The diverse mandates of the 12 UN system organizations that form the Joint Programme ensures a comprehensive and truly multisectoral response.
17. Let me share some examples:
18. Last year WFP was awarded with the Nobel Peace Prize for its efforts to ensure food security for all. WFP's care and treatment programmes improve the nutritional status of people living with HIV and tuberculosis, while also supporting affected households with mitigation and safety net support through food, cash, and voucher transfers.
19. And, thanks to the leadership of UNHCR, there has been increased capacity in humanitarian actors driving significant improvements in the integration of HIV into emergency preparedness and response mechanisms.
20. Since 1996, under UNESCO's leadership, the education sector's role in the response has evolved – in the first years the focus was on supporting children orphaned by AIDS, educating about the basic HIV facts and how to prevent transmission, and defending the rights of learners and teachers living with HIV. Today, the sector focuses not just on HIV but also on how to transform the norms, values and attitudes amongst learners that can fuel the epidemic.
21. UNFPA's work on condom programming and integrated comprehensive SRHR service delivery helps drive down new infections and increase HIV testing uptake. And UNFPA's work on child marriage, comprehensive sexuality education, adolescent sexual and reproductive health and family planning generates HIV impact through delaying the time of sexual debut, increasing women's bodily autonomy, and increasing the engagement of adolescents and young people in decision making.
22. UNODC leads on providing countries with policy guidance and technical support for HIV prevention, treatment and care among people who use drugs and people in prison bringing together stakeholders including policymakers, harm reduction service providers, prison authorities, judiciaries, law enforcement and civil society and community based organizations. And UNODC, in close collaboration with WHO, leads Joint Programme efforts to champion comprehensive harm reduction policies and practices.
23. UN Women leads the efforts to transform unequal gender norms that fuel the HIV epidemic including by influencing the governance of the HIV response and promoting meaningful engagement and leadership of women and girls living with and affected by HIV in all their diversity. Since joining as a cosponsor, UN Women has increased capacities of national AIDS coordinating bodies to integrate gender-responsive actions in HIV strategies, policies and programmes in 48 countries benefiting 13.5 million, or 70%, of the world's women living with HIV.

24. The ILO has continued to lead on promoting social justice and the rights of workers, including those living with HIV. Through the International Labour Standard on HIV and AIDS in the workplace ILO has scaled up two major initiatives including the VCT@WORK Initiative which has provided access to HIV testing for millions of workers and the promotion of social protection floors also address the needs of people living with HIV.
25. The World Bank works to 'connect the dots' by catalyzing investment for a sustainable HIV response; supporting data-driven targeting for impact; and addressing HIV as a multi-dimensional development challenge.
26. Between 1986 and 1996 the World Bank was the largest source for HIV financing and has since provided more than US\$ 750 million for projects around the globe while also continuing to advance appropriate integration and progress on other dimensions of human capital that improve HIV outcomes.
27. And UNICEF focuses on driving technical, advocacy and programmatic partnerships for the prevention of vertical transmission and the response to pediatric AIDS. UNICEF has provided leadership through campaigns and the promotion of evidence-based policies, data and context-driven solutions to improve access and quality of services to prevent and treat HIV in children and adolescents. UNICEF estimates that between 2000 and 2019 2.2 million HIV infections among children 0-14 years were prevented globally.
28. And WHO leads the health sector response to HIV including through the implementation of global health sector strategies, the development of clinical norms and guidance and technical assistance to countries and partners.
29. WHO ensures that common co-morbidities including tuberculosis, non-communicable diseases and mental health, are prioritized for action and that synergies with work to strengthen health systems are optimized.

Leveraging Cosponsor mandates for HIV Prevention

30. Since 2017, UNFPA and UNAIDS have jointly convened the Global HIV Prevention Coalition to support global efforts in sustaining and accelerating political commitment for primary HIV prevention to achieve the targets of Ending AIDS by 2030.
31. Under this umbrella UNICEF, WHO and the UNAIDS Secretariat are active in the PEPFAR-led Global Plan to eliminate mother to child transmission of HIV and the 3-Frees partnership.
32. And UNODC has defined comprehensive packages of interventions for HIV prevention, treatment and care services among people who inject drugs and for people in prisons and other closed settings.
33. UNDP and UNFPA are supporting countries in addressing violence and discrimination against key populations and developing evidence and rights-based strategies for advancing access to HIV services for key populations.

34. WHO leads on biomedical prevention including PrEP programmes globally and the roll out of voluntary medical male circumcision in East and southern Africa. About 27 million adolescent boys and men in the region have received prevention services including voluntary medical male circumcision.
35. And UNICEF is providing technical support to the Global Fund as a strategic partner for their country investment on prevention of HIV adolescent girls and young women. Since 2010 there has been a 35 percent reduction in new infections in women.

Evidence and Data-informed Action

36. Strategic information and real time data is essential to guide programme planning, sustain commitment, and ensure accountability. WHO, UNICEF and the UNAIDS Secretariat develop standards, guidelines and tools to improve HIV surveillance and generate the best estimates of the HIV epidemic in countries.
37. Using various sources of data, including HIV prevalence in different population groups and household surveys, WHO and UNAIDS work with National AIDS Programmes to generate and publish country and global updates on a regular basis.
38. And UNHCR and partners have collected, analyzed, reported and published HIV-related data which debunked myths relating to HIV and refugees and other displaced populations, resulting in strengthened protection.

Implementing the Global AIDS Strategy

39. Cosponsors are wasting no time in delivering on the Global AIDS Strategy.
40. As soon as the strategy was adopted, UN Women convened Cosponsors and other partners to identify critical actions addressing the social and structural drivers of HIV to be included in the biennial work plans that will accompany the 2021-2026 UBRAF.
41. Key recommendations included prioritizing support to community-level and community-led interventions to foster sustainability and encourage innovation, as well as to facilitate stronger cross-sectoral collaboration and alliance-building to recognize and address the intersectionality of social and structural drivers that fuel the epidemic.
42. Just last week UNDP convened an expert panel on Removing Legal and Structural Barriers to Ending AIDS by 2030: Lessons from the Global Commission on HIV and the Law.
43. Building on the findings of an external evaluation of the Global Commission, key conclusions highlighted the importance of: sustained dialogue between those who make and enforce the law and those affected by the law; the need for on-going engagement with the judiciary and political institutions; and accelerating efforts to address criminalization, access to justice, stigma and discrimination and shrinking civic space.
44. The Global Partnership for Action to Eliminate All Forms of HIV-Related Stigma and Discrimination co-convened by the UNAIDS Secretariat, UN Women, UNDP, Global Fund, GNP+ and the PCB NGO Delegation continues to grow with 20 countries now taking part.

Country implementation brings together governments and communities to take evidence-based action against stigma and discrimination.

45. UNODC established the first informal civil society group working on HIV in prisons.
46. And in May this year the World Health Assembly requested 2022-2030 health sector strategies on HIV, viral hepatitis and sexually transmitted infections are developed and fully aligned with the Global AIDS Strategy.

Towards a new UBRAF

47. Given the challenges of COVID-19 multisectoral action and leveraging resources and action for HIV impact across our agencies and sectors is more critical today than at any other time in the AIDS response.
48. UBRAF funds have been transformative - allowing Cosponsors to deliver HIV programmes and leverage the broader efforts and mandates of their organizations and sectors for HIV Impact.
49. For example, UBRAF funds have enabled UNHCR to raise additional critical resources for its public health programmes including those focused on TB, sexual and reproductive health and HIV and have supported programmatic activities at country level.
50. Cosponsors need continued political and financial support to deliver both HIV-dedicated and HIV-related programming.
51. Future UBRAF allocation models must prioritize maintaining core HIV-dedicated capacity in Cosponsoring organizations to enable them to leverage broader resources for HIV-related impact through our focus on ending inequalities.
52. Finally, while it is important to commemorate 25 years of the Joint Programme we note that too many of the challenges we faced in 1996 remain, including the widening of existing inequalities and the shrinking of civic space - trends that block and frustrate further progress.
53. We need to maintain a strong and multisectoral Joint Programme to support the delivery of the 2021-2026 Global AIDS Strategy.
54. 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.

[End of document]