

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

Additional documents for this item: none

Action required at this meeting – the Programme Coordinating Board:

Takes note of the report of the Committee of Cosponsoring Organizations (CCO).

Cost implications for implementation of decisions: none

**REPORT OF THE CHAIR OF THE COMMITTEE OF COSPONSORING ORGANIZATIONS
TO THE 44TH PCB DELIVERED BY DR NATALIA KANEM, EXECUTIVE DIRECTOR,
UNITED NATIONS POPULATION FUND**

**Mr. Chair,
Acting Executive Director,
Distinguished Delegates,
Colleagues,**

1. I am honoured to speak on behalf of the Cosponsors as Chair of the Committee of Cosponsoring Organizations (CCO). At the outset, I wish to thank colleagues from all Joint Programme organizations for their continued dedication and contributions towards ending AIDS as a public health threat by, or before, 2030.
2. The Report of the Secretary-General on HIV/AIDS, considered by the General Assembly on 3 June, reminds us of remarkable progress. Since 2001, new infections among adults have declined by 19 per cent, and by nearly half among children. Over 21 million people globally were receiving antiretroviral treatment, ARVs, at the end of 2017. Meanwhile, a significant decline in HIV-related stigma has been observed in multiple countries.
3. Yet, let us not be under any illusions. We have major challenges ahead.
 - 940,000 preventable deaths are still far too many.
 - 50 countries have growing epidemics.
 - 41 per cent of people living with HIV are either unaware of their status or lack access to ARVs.
 - 47 per cent of new infections were among key populations and their sexual partners.
 - At the same time, laws and policies criminalizing same-sex relationships still exist in more than 68 countries, and sex work is criminalized in more than 116 countries.
 - Knowledge about HIV prevention among young people has remained stagnant over the past 20 years.
4. The disease continues to have a disproportionate impact on adolescent girls and young women, who account for 1 in 4 HIV infections in sub-Saharan Africa, despite making up just ten per cent of the population. AIDS remains a leading cause of death for women of reproductive age. Gender inequality and prevailing gender norms continue to limit women and girls' ability to prevent HIV and mitigate its impact. We must meet these challenges in ways that are sustainable, reflecting the changing funding landscape and leveraging emerging opportunities in the development agenda.
5. We salute the Africa Group, who on 3 June at the General Assembly appealed to all countries to "implement the global partnership for action to eliminate HIV-related stigma and discrimination".
6. Let me now reflect on highlights of our work supporting countries in achieving the Sustainable Development Goals.
7. Adolescents and youth have a right to the knowledge needed to protect their health. Comprehensive sexuality education builds a foundation for their well-being and helps build healthy communities. As Angelina, an adolescent from my home country of Panama, put it:

“This knowledge serves not only us, but many others. The country needs this education.”

8. UNFPA, for example, recently concluded an extensive evaluation into the impact of CSE in Latin America over the last five years. One of the trainers of CSE peer educators reflected that the process had,
“Helped me to grow as a person and as a professional, and to understand adolescents better. We provide emphasis on not judging, avoiding prejudice, not singling out, and listening to young people – giving them a range of options so that they can decide.”
9. To support the delivery of quality CSE in sub-Saharan Africa, UNESCO launched its ‘Our Rights, Our Lives, Our Future’ programme. Over five years, this programme will reach 20 million learners, and support over 400,000 teachers in strengthening their capacity to deliver CSE. A key expected outcome is increased knowledge of HIV and sexual and reproductive health and rights, as well as reduced stigma and discrimination towards young people living with HIV and young key populations.
10. We know that by staying in school, many young people reduce their exposure to the high-risk behaviour that can lead to acquiring HIV. To increase retention and improve educational and health outcomes, the World Food Programme provides millions of children around the world with school meals. These programmes can be tailored to target the most vulnerable groups of children and can be leveraged to deliver additional HIV prevention and treatment services in countries with a high HIV prevalence. In 2018, over 1 million children in Malawi alone received meals.
11. The World Bank finances prevention projects and integrates them into its sexual and reproductive health lending operations. For example, in Zambia, by late 2018 nearly 50,000 women and girls from extremely poor households had benefitted from such initiatives, including through conditional cash transfers. This helped more than 16,000 girls return or stay in school.
12. Reaching young people out of school is also vital. UNICEF has been helping scale up programmes that provide a spectrum of quality services that respond to the varying needs of adolescents around the world. This includes adolescent clubs that promote well-being in Iran; gender-responsive and adolescent-friendly integrated health services in Indonesia; integrated cash plus care and social protection mechanisms in Tanzania; mobile health units in Brazil; and multimedia campaigns in Nigeria, such as #iSabiHIV.
13. UNDP is advancing inclusion of sexual and gender minorities and promoting their access to HIV and health services. Regional “Being LGBTI” programmes are building understanding of the issues that LGBTI people face and are helping advance their inclusion into national development efforts. Through South-South collaboration within and across regions, 53 countries have been supported to roll-out “Being LGBTI” and related initiatives.
14. WHO and UNFPA continue to work together to ensure that condoms are prioritized as essential HIV prevention tools. We work with Prevention Coalition partners to ensure that condoms are available alongside other prevention interventions, including pre-exposure prophylaxis (PrEP) and voluntary medical male circumcision.
15. Ultimately we need to look at how programmes can bring positive change to people’s lives.

16. The ILO is implementing transformative programmes for LGBTI populations in the Asia region. After a year of participating in an LGBTI-focused training course on entrepreneurship and economic development, Sethya, a 44-year-old transgender person in Indonesia, said,
"I never imagined that I would be able to have my own house. I thought I could not afford one. Yet by better managing my finances, I realized I do have sufficient income to take up a mortgage to buy a house".
17. Empowering and equipping often marginalized transgender populations with the right tools enhances their economic independence, reduces their vulnerability to HIV and allows them to live productive and dignified lives, the type of life anyone aspires to live.
18. For people who inject drugs, UNODC is building capacity by rolling out the implementation tool, I-DUIT, and disseminating guidance on gender-responsive harm reduction services. Their efforts have improved the implementation, monitoring and evaluation of HIV services in 16 countries, and have reached over 50,000 women. UNODC improves access to HIV and TB services in prisons and has reached nearly 40,000 prisoners in Egypt, Morocco and Tunisia.
19. UNHCR and UNFPA have been working to address the health and human rights needs of sex workers. In Cox's Bazar, Bangladesh, individuals can be stigmatized on several levels – as women, as sex workers, as refugees, and as people living with HIV. In 2018 the number of drop-in centres doubled from two to four. The centres provide information, condoms and negotiation skills training, referral to health and protection services, and outreach support. In the first four months of 2019, 700 female sex workers were reached, considerably expanding access to HIV prevention and other services in a very challenging environment. A woman, Rozina, told us of her experience:
"Light House Drop-In-Center is really a safe place for a sex worker where we can have services with honor, respect and a smile. Light House has shown me a new way of life, a life of hope and dignity."
20. Women's economic empowerment is key to reducing HIV risk, and mitigating its impact. UN Women promoted young women's access to economic empowerment and skills building, including for HIV treatment, care and support in nine countries. In Uganda, young women, including those living with HIV, increased their knowledge and skills on financial and technical aspects of starting a small business. They also learned about HIV prevention, and were linked to prevention, care and support services.
21. With an eye on sustainability and efficiency, WHO and UNFPA jointly led a call to action with 35 diverse organizations to attain universal health coverage by linking sexual and reproductive health and rights and HIV interventions. The call urges the global community to take 10 urgent actions to advance both SRHR, and HIV prevention, testing, treatment and care.
22. I would also like to note that several cosponsors are continuing to support Pakistan in responding to an outbreak of HIV in Larkana, which has affected more than 800 people. More than 80% of the new cases are among children under 15. WHO continues to lead the investigation into the outbreak, and the UNAIDS Secretariat, UNICEF and UNFPA are actively supporting the response on the ground.
23. These are but a few examples of the work of the cosponsors. More detailed results can be found in the UBRAF reports and on the UNAIDS Transparency Portal. These examples illustrate the range and value of the Joint Programme's multisectoral

approach, showing how the work of our organizations succeeds through partnership with each other, donors, governments, civil society and communities.

24. Mr. Chair, this year we celebrate both the golden jubilee of UNFPA, which is 50 years strong, and the 25th anniversary of the ICPD Programme of Action, which imagined a world where reproductive health and rights, women's empowerment and gender equality create the pathway to sustainable development.
25. The gains made since the Cairo Conference on Population and Development in 1994 have been remarkable. To cite just one example, we have halved the proportion of women dying during pregnancy or childbirth in least-developed countries. Yet there is still much unfinished business, and we still have a long way to go. The Nairobi Summit on ICPD25, from 12 to 14 November, will bring together thousands of stakeholders from across the globe with a common purpose and an expressed commitment to fully implement the ICPD Programme of Action and realize the world of rights and choices that was imagined. We invite you to join us.
26. Complementing the three zeros of the UNAIDS Strategy, UNFPA aims to achieve three zeros of its own by 2030:
 - zero unmet need for modern contraception;
 - zero preventable maternal deaths; and
 - zero gender-based violence and harmful practices, such as child marriage and female genital mutilation.
27. All based on a platform of high-quality data to zero in on the needs of the most marginalized so that no one is left behind.
28. These zeros will all add up to quite a lot. Collective action to achieve them is essential to achieve the SDGs.
29. This means that SRHR must be an embedded component of UHC, underpinning all prevention and primary health care. It means learning from HIV good practices, including around data and costing. It means doing the right intervention at the right place, and at the right time. It means joint programming – in education, health, access to justice, social services, advancing gender equality, youth inclusion and eliminating gender-based violence. It means stopping people from being pushed behind, let alone left behind. Inclusion of both key and marginal populations, and engagement with civil society, communities and youth is crucial.
30. Embodying the dictum, 'think global, act local', ICPD25 will look at the devolution of governance whereby local actors increasingly have operating budgets and power, and can plan effective multisectoral approaches that work for their communities.
31. So I hope you can join us in Nairobi, and also spread the word. More importantly, come with concrete commitments – political and financial – and help transform them into action on the ground.
32. Allow me to close with some thoughts on next steps for the Joint Programme. At our recent CCO meeting we discussed UHC and digital health interventions, highlighting a number of opportunities and challenges for HIV prevention and treatment. These include the potential for greater efficiencies and delivery closer to the patient or person, coupled with a cautionary note on preserving the right to privacy, including of one's own data.

33. The CCO also acknowledged the tremendous contributions of Dr Michel Sidibé to the AIDS response, wishing him well in his new role as Mali's Minister of Health and Social Services.
34. The Joint Programme stands in a shifting landscape, as it frames its contribution and place within the larger UN Reform, and eagerly awaits the appointment of the next Executive Director with a vision and ability to most strategically position the Joint Programme. As the CCO, we are working to ensure a smooth transition. The evolution of the Joint Programme will be clarified as we begin preparations for the next UNAIDS Strategy – one of the most important tasks of the incoming Executive Director.
35. Within the SDGs, UHC, and UN Reform, we need to recognize that vertical and integrated HIV programming are not mutually exclusive. Both have their place and can reinforce one another. The context has changed considerably since the original ECOSOC Resolutions were written creating the Joint Programme. It will be necessary to adapt to new realities while maximizing the value added of UNAIDS.
36. With respect to UN Reform, we need to embrace the new reality of the UN Sustainable Development Cooperation Frameworks (UNSDCF) - the old UNDAFs. These place an emphasis on principles of gender equality and human rights, leaving no one behind, and the strength of the UN family coming together. UNAIDS, as a Joint Programme, has much to contribute. UN Reform is also emphasizing the need for differentiated approaches – the right intervention, the right place, the right time. And the Joint Programme has justly been cited as a good example within the UN system.
37. Yet, this is no time for complacency. Part of good practice is the ability to adapt and to grow. As in any family, the members have different personalities and approaches, with change being the only constant. We are dedicated to ensuring that any change is for the better of those we serve.
38. Thank you, to all members and observers of the PCB, for your continued support and guidance.

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