FROM AIDS TO SUSTAINABLE HEALTH: OUR MOMENT OF COURAGE AND AMBITION

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"I have cherished the ideal of a democratic and free society in which all persons will live together in harmony with equal opportunities. It is an ideal which I hope to live for, and to achieve. But if needs be, it is an ideal for which I am prepared to die."

Nelson Mandela

UNAIDS

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Ladies and gentlemen, dear friends, members of the Programme Coordinating Board. Good morning and welcome to the 32nd meeting of the PCB.

I want to begin by welcoming India as the new Chair of the PCB. Millions of people living with HIV are alive today because of our global solidarity, which is exemplified by India's extraordinary commitment to produce and supply high-quality medicine at costs that have extended lifesaving HIV treatment to people around the world. It is my honour to welcome Mr Verma, Secretary, Department of AIDS Control of the Ministry of Health, as Chair of the PCB. I thank India for its leadership and support.

It is also my pleasure to welcome new members of the PCB: Australia, Belgium, Guyana, Sierra Leone, Switzerland and Zimbabwe. I also want to welcome two dear friends from civil society, Bryan Teixeira and John Rock.

This PCB could not be more timely. We have less than 1000 days to report on our progress to achieve the Millennium Development Goals. Today we must take time to reflect on and shape our future—to look at what could be the way forward, not just for the global AIDS response, but for global health and development more generally.

Allow me to highlight the historic opportunity of the post-2015 agenda, which we will discuss in more detail this afternoon. I want to acknowledge what the MDGs have enabled the world to deliver. They compelled us to set clear goals. They inspired us to bring countries together in an unprecedented framework of global accountability.

Too often, we adopt targets and then we move on. The unfinished business of the MDGs should remain central to our objectives post-2015. That is why we were so pleased with the Secretary-General's recent report to the UN General Assembly focusing on progress towards the targets of the United Nations 2011 Political Declaration on HIV/AIDS.[1] The Secretary-General's findings were based on data provided from 186 countries that reported on and accounted for their progress towards the targets and commitments adopted at the UN High Level Meeting on AIDS in 2011.

The report shows clearly that we are seeing continued, significant declines in the number of new infections and AIDS-related deaths.[2] If we manage to accelerate and focus our collective efforts—for example, by supporting country-level progress in Nigeria and the Democratic Republic of Congo—we will be on track to eliminate mother-to-child transmission of HIV by the end of 2015. I am so pleased that last week PEPFAR—and the world—celebrated the one-millionth baby born free of HIV.[3] Before we launched the Global Plan in 2011, who could have believed that this kind of progress was possible?

At the 10th anniversary of PEPFAR last week, US Secretary of State John Kerry announced that 13 African countries are close to the "tipping point."[4] I recall saying just a few years ago that we need to push for an AIDS transition. At that time, there was only one person starting treatment for every four people newly infected with HIV. Now, from Zimbabwe to Namibia, to Botswana, to Malawi and more, countries are reaching the point where the number of people newly accessing HIV treatment is greater than the number of new HIV infections. The AIDS transition is already taking hold. We are winning and we must build on this momentum.

It is also important to mention the serious risks of what could happen if we fail to reach these targets. If we do not achieve them, it will be very difficult to build on our momentum to frame the post-2015 agenda. This is why I want to recognize the efforts at country level to take stock of and accelerate progress towards the 10 targets by 2015. 120 countries have committed to conduct mid-term reviews of their national AIDS strategies and programmes, and 92 countries have already completed them.[5]

In recent months, UNAIDS had the privilege of working with the African Union and NEPAD to produce the first accountability report on the G8-Africa partnership commitments.[6] This joint report shows clearly that the G8 has kept its promises, providing US$ 60 billion for health in Africa between 2007 and 2012, including for the AIDS response. The report also reveals how these resources helped Africa to shape the response to AIDS, tuberculosis and malaria differently, enabling national partners to focus and prioritize. In the area of

treatment, there was an increase of 800 percent in the number of people on HIV treatment in Africa.[7] This was unimaginable just 10 years ago.

The success in Africa is not just programmatic. There is unprecedented progress towards shared responsibility and global solidarity. Domestic spending on AIDS in Africa has increased by more than 150 percent in the last five years. In South Africa, domestic investments for the AIDS response have increased by 500 percent, rising to US$ 1.9 billion in 2012. This country is now making the second-largest national AIDS investment in the world.[8]

The upcoming special summit of the African Union in July, Abuja +12, will unite African leaders around the agenda for strong, sustained leadership for AIDS and health. Twelve years ago, Abuja was where the Global Fund began, and where African leaders prioritized HIV and health. At that time, African leaders made a commitment to allocate 15 percent of their annual budget for health.[9] The special summit in Abuja will provide an important opportunity to track progress and discuss accountability for the future. UNAIDS is proud to be a partner.

Abuja+12 will also enable us to engage in discussions on how we can finance health beyond ODA. We cannot accept any move to undermine public responsibility and global solidarity. Abuja+12 will be a new platform to engage leaders around long-term issues of funding and sustainability. Abuja+12 will also be our moment to call for the successful replenishment of the Global Fund this year, which is our urgent, shared priority.

Reducing the burden is not enough

All of these opportunities and transformations are occurring at a historic moment when we can and must shape the global agenda post-2015. This is the time to be very ambitious.

Reading the report of the Secretary General's High Level Panel,[10] it strikes me that after 30 years, talking about simply *reducing* the burden of HIV, malaria and TB is even weaker than the goal that has driven the progress of the AIDS response in the MDGs. The MDG6 target for AIDS was more ambitious: to *halt and reverse* the spread of HIV/AIDS by 2015.

Today we need to be just as courageous and ambitious. Science is showing us what can be achieved things that we could not even imagine just a few years ago. Consider the implications of the miracle "Mississippi Baby" who was functionally cured of HIV.[11] This is why UNAIDS convened an urgent meeting of scientists and researchers under the leadership of Salim Karim at CAPRISA in Durban to discuss how these exciting developments can be put into practice.[12]

We also have important results from the recent Bangkok Tenofovir Study. The study shows that daily adherence to tenofovir significantly reduces the risk of HIV infection among people who inject drugs.[13] We need to think urgently about how this new tool can be used in Eastern Europe, Central Asia and other regions as part of our prevention arsenal to halt HIV transmission among drug users. PrEP is not a substitution for our continued commitment to promote harm reduction and substitution therapy. But with such strong evidence from Bangkok, we have an urgent obligation to put it into practice.

I want to highlight the critical importance of the forthcoming revised HIV treatment guidelines from WHO. This will require us to revisit our approach to planning and monitoring universal access to HIV treatment.[14] We are already working to ensure that 15 million people have access to HIV treatment by 2015. With the new guidelines, the number of people eligible for HIV treatment will grow dramatically. If we are going to refocus on this new challenge, we will need to make a new investment in innovation and create new partnerships with the pharmaceutical industry and emerging nations.

I see these developments as very positive. We should not be scared to propose a bold target for the post-2015 framework: to control the AIDS epidemic by 2030. If the report of the High Level Panel proposes the ambitious target to end poverty,[15] why can we not be equally ambitious and set the goal to end AIDS? I encourage this bold thinking, because I believe that by 2030 we *can* control the AIDS epidemic. And we should all have the courage to say that we will.

This is why the debate in Botswana on the future of health post-2015 was so important.[16] This group united under the leadership of Sweden and Botswana to have a bold and far-ranging discussion on health in the post-2015 agenda.

Last week I had the pleasure of meeting with the Ambassador of Hungary in New York who, with the Ambassador of Kenya, is

facilitating the Open Working Group on the Sustainable Development Goals. He indicated that the Health Thematic Report on post-2015 was the best input they received so far.[17] Now our priority must be to leverage our strategy for AIDS and sustainable health in this process.

Progressive partnerships

I am encouraged that everywhere I go, I see our new partnerships growing. Last month, UNAIDS signed a new memorandum of understanding with the League of Arab States, calling for the development of an Arab AIDS Strategy to address one of the fastest-growing HIV epidemics in the world. This MOU will mobilize regional political leadership and enhance accountability among the different stakeholders. The agreement also calls for the meaningful involvement of civil society and people living with HIV as key players for accelerating the HIV response in the region.[18]

For the first time, we have established a new partnership with the Russian Government to implement a three-year program focusing on surveillance and prevention among key populations in four countries: Armenia, Kyrgyzstan, Tajikistan and Uzbekistan.[19] Also, I was honoured to be invited to address the opening of the recent G20 Civil Society Summit in Moscow—an unprecedented opportunity to promote civil society in global governance.[20]

We are also seeing a new working approach with our partners. We are refusing duplication, pushing for integration and pursuing cost efficiency. We will be even more innovative and strategic with our next global report in 2013. For the first time, this report will focus on "hot spots" within countries. In the case of Indonesia, we know there are millions of people at risk of infection. But when we look at where 90% of new HIV infections are occurring, we see the importance of focusing efforts in the region of Papua.[21] We face a similar situation in South Africa, where KwaZulu Natal has a pivotal importance in the national epidemic.[22]

This is why we are working to revise and refocus our approaches and partnerships with the Global Fund and PEPFAR to best leverage their resources and roles to produce even greater results. I was so pleased that Mark Dybul and Ambassador Eric Goosby were able to join me for our address to African Heads of State at the recent meeting of AIDS Watch Africa in Addis.[23]

INCLUSIVE SOCIETIES

UNAIDS is working more closely than ever with the Global Fund. Under the bold leadership of Mark Dybul, the Global Fund and UNAIDS are revisiting how to support country partners in the development and implementation of the Global Fund's new funding model.

With our partners in the Southern Africa Development Community, I have called for zero parallel systems between HIV and TB. This is essential to avoid waste and put the person at the centre of our programmes for diagnosis, treatment, care and support. UNAIDS is committed to working closely with countries, donors and partners, particularly the Stop TB Partnership, the Global Fund and PEPFAR, to produce sustainable solutions to fully integrate HIV/TB services and systems.[24]

We are also building new partnerships with the world of work. With Guy Ryder, the new Director-General of the ILO, we launched a workplace initiative to reach 5 million workers with voluntary and confidential HIV counselling and testing by 2015.[25] And we are advancing our relationships with UNFPA and other partners. We have already deployed our support to 75 countries to initiate programmatic links between HIV and sexual and reproductive health and rights.

Inclusive societies

The most important opportunity I see to link the future of the AIDS response with the larger agenda for post-2015 is to promote more inclusive societies.

I am very concerned by the growing forces of conservatism. We need to mobilize civil society and links with larger constituencies—the private sector, parliamentarians, politicians—to ensure we deal with human rights issues so that people who do not have access to services—because of their social status, their sexual orientation or other reasons—are brought within easy reach. We have to work to change the laws.

These forces of change and conservatism are clashing every day, in every space—even in the UN General Assembly. I was pleased to learn that in the United States, the US Supreme Court struck down restrictions on US foreign aid related to prostitution.[26] This is a very strong signal that we can advance a positive agenda with implications for human rights and ODA.

THE LAST MILE IS PAVED THROUGH INCLUSION

We know by experience—we have all the data to prove it—that punitive laws are ineffective at halting HIV transmission. Too often they have the opposite effect—driving people and populations most at risk underground, into hiding, where they don't have access to lifesaving HIV services. With everything we know, I am dismayed that several countries are still exploring new laws to criminalize key populations. We cannot continue to use 19th-century laws to deal with a 21st- century epidemic.

If we are going to end the AIDS epidemic, we need to shape a new world. We need a more strategic approach that will help us deal with issues of inequity by looking at how we ensure access to HIV services to every single person in need.

In today's world, no one should be afraid or excluded because of stigma and discrimination. In the post-2015 era, we cannot end AIDS only by having more pills or incrementally increasing coverage. We will end AIDS only if we address the more fundamental social and economic factors that put people at risk and perpetuate inequality and injustice.

The last mile is paved through inclusion

We are still not making adequate progress in reaching the most vulnerable populations. Ending the AIDS epidemic is about this last mile. It is our collective duty, our shared responsibility, to save the lives of people who are most vulnerable and to restore their dignity. This includes ending violence against women and girls by making gender equity a key pillar of our agenda.

Again this will take courage. Our challenge is not easy—it is profound. We need to shift the dialogue on AIDS away from applauding incremental scale-up of service to determining how to address the fundamental social drivers that are blocking us from delivering sustainable health.

This is exactly what we will explore in the UNAIDS/Lancet Commission: From AIDS to Sustainable Health.[27] I want this platform to help us debate a more holistic approach to sustainable health—not just concerning the biomedical status of patients, but how they live a good-quality life. We need to go beyond epidemiological markers and consider how to add equity, gender and human rights markers. If we are able to advance this approach to shape post-2015, we can begin a new era that expands from AIDS to sustainable health.

QUALITY OF LIFE AS A KEY INDICATOR

The new era needs to start with a debate on repositioning the AIDS agenda within the broader health and development framework; for example, how we link to the comorbidities brought about by an aging population and the huge increase of chronic diseases among people living with HIV—especially hepatitis B and C and non-communicable diseases like cardiovascular disease, diabetes and dementia. We must redesign the global AIDS response to reflect a new paradigm for sustaining human health and quality of life.

Within this paradigm, we must also have the courage to ensure that intellectual property rules are in line with international human rights laws. The next generation of treatment for HIV and hepatitis will be very expensive. We need to engage now on how to fast-track life-saving treatments to people that cannot afford them. In the AIDS response, we are already facing the challenge of commodity security, and in the future it will be a problem for other diseases as well.

Quality of life as a key indicator

Ladies and gentlemen, we need to change the paradigm. Instead of looking only at coverage as an indicator, we need to start thinking about other indicators that will measure our impact for example, the percentage of people living with HIV with undetectable viral loads. Another indicator could be universal sexuality and health education, which can equip young people to lead healthy lives now and into adulthood.

Focusing on services that improve quality of life will have a profound impact on our agenda for primary care and our service delivery approach. Health care must move away from expensive doctors and hospitals and tap into community-based care, leveraging community health workers and new technologies. We have an opportunity today to forge a strategic partnership to establish 1 million community health workers to reach poor people in rural areas—not as an add-on, but as an integrated part of the health system.

Fundamentally, the debate on the future of AIDS and global health should be guided by principles of equity and inclusiveness, the notion of dignity and the centrality of justice in ensuring the right to education and health. I am convinced that if we manage to make this shift happen, it will be an invaluable contribution to the future of health and development.

UBRAF RESULTS ARE ALREADY EVIDENT

I fear, however, that this will not happen unless we can translate this into action-oriented goals with clear milestones between now and 2030. Without ambitious goals we will not succeed. We must measure what we treasure. We should have a marker for equity, a marker for stopping gender violence and a marker for human rights in all of our work areas.

UBRAF results are already evident

Two years ago, this PCB approved a radical new approach to resource planning, management and reporting. Now we are seeing the concrete results that were inspired by your bold confidence in UNAIDS' future.

Over the past year, the 2012-2015 Unified Budget, Results and Accountability Framework has transformed the way UNAIDS Cosponsors and Secretariat work together. We are achieving greater coherence, enhancing accountability and delivering measurable results.

One year may seem too soon to perceive real results from a fundamentally new approach like the UBRAF, but the ramp-up has been quick and focused, and you can clearly see from the reports and case studies prepared for this PCB that there is already significant, measurable progress against the UBRAF's goals and targets.

The UNAIDS budget for 2014-15 is once again built on a zero-growth platform to reflect the current financial climate. It takes into account the external reviews of UNAIDS and a multi-stakeholder consultation that took stock of lessons learned through the UBRAF implementation. Maintaining the core UNAIDS budget at the same level—which will mean eight continuous years of zero growth—represents a significant reduction already: approximately 6 percent, or about US$ 30 million, in real terms.

The development of the budget was also guided by the QCPR, which strengthened our focus on results-based planning, concrete goals, joint work, improved coherence, effectiveness and transparency. This is a "shared responsibility" budget, and I look forward to your approval tomorrow.

Thanks to your support and diligent oversight, UNAIDS' overall financial situation remains very strong. Even in the difficult financial climate we now face, we reached 90 percent of our target for resource mobilization last year against the core budget.

UNAIDS SECRETARIAT PURSUING A PROACTIVE CHANGE AGENDA

Of course, all of us must intensify our efforts collectively to achieve the 2015 targets and advance the vision of the Three Zeros. Ensuring that the UBRAF is fully funded this biennium, as well as next biennium, is an essential passage on our journey to an AIDS-free generation.

UNAIDS Secretariat pursuing a proactive change agenda

Within the Secretariat, we have been working diligently to make UNAIDS fit for purpose to meet today's challenges and navigate tomorrow's world. I am happy to report that we are on track to meet our ambitious goals.

- We have positioned our resources and decision-making authority closer to the epidemic to ensure results are delivered effectively, efficiently and creatively.
- In our strategic realignment, we have reprofiled functions and redeployed more staff to regions and countries.
- We are on track to reach our goal of having 70 percent of UNAIDS staff at regional or country level and only 30 percent of our staff at Headquarters in Geneva. As part of this process, we have reduced the overall number of Secretariat staff by 10 percent, saving US$ 5.5 million in one year alone.

Other measures to streamline operations at Headquarters and enhance efficiency helped reduce overall operating costs of the Secretariat by 13 percent in 2012. We achieved cost reductions of almost US$ 42 million in 2012 compared to 2011, with the majority of savings in contractual services (US$ 21 million) and travel (US$ 6 million).

Throughout this process, UNAIDS has prioritized its policy of "change with a human face." For this, I am very grateful to the UNAIDS Staff Association, whose constructive, proactive engagement has enabled us to plan and implement these changes in a way that advances the interests of the organization alongside the needs of each individual staff member.

The PCB has my assurance that these efforts will continue in 2013 and beyond. We will maintain our forward movement with several new initiatives:

- We will strengthen accountability for optimal staff performance. Our new online performance and learning management tool (PALM) will cover all aspects of the performance appraisal process.

DONOR CONFIDENCE IN UNAIDS

- We are setting and evaluating individual staff performance objectives that are solidly linked to UNAIDS targets and work plans.
- We will implement a strategic, proactive Gender Action Plan to further strengthen the role and leadership of women across the Secretariat.
- A new global IT innovation centre in Nairobi will provide support at lower cost.

Donor confidence in UNAIDS

Donors have expressed confidence in UNAIDS' renewed attention to changes and results, and many are responding with concrete action. Increased contributions have been announced by the Governments of Belgium, China and Switzerland. Just yesterday, UNAIDS received its annual contribution from Norway, which increased by almost US$ 3 million for 2013. I am very grateful.

Please also allow me to recognize the first-ever contributions to UNAIDS from the Governments of the Republic of the Congo and the Republic of Senegal.[28] These are the first countries to follow through on the recommendations of the African Union Summit, and the first time UNAIDS has received core contributions from African Member States.

I also want to highlight the first-ever extra-budgetary multi-year contribution to UNAIDS of US$ 16 million from the Russian Government.[29] This initiative is a new opportunity to work in partnership with Russia to halt and reverse the HIV epidemic in the region of Eastern Europe and Central Asia by 2015.

Conclusion

Please allow me to take a moment to formally introduce Dr Luiz Loures in his new capacity as UNAIDS Deputy Executive Director—Programme. I am very grateful the Secretary-General appointed Luiz to this post as of 1 January, and he is already driving our Programme in exciting, bold new directions.

CONCLUSION

I am also pleased to share with you the decision of the Secretary-General to appoint Ms Wandira-Kazibwe of Uganda as his new Special Envoy for HIV/AIDS in Africa. As the former Vice President of Uganda and a leader for women's rights, she will be a powerful advocate to advance the AIDS response in Africa.

I am also pleased to announce that I have convinced Simon Bland, the head of the Global Fund Department at DFID, to join us as the new Director of the UNAIDS office in New York.

I am sad today to say goodbye to Bernhard Schwartländer. Bernhard is a dear friend, a true professional and an outstanding leader, not only for UNAIDS, but for the AIDS movement in general. He will represent WHO in China, but I am sure he will continue to represent all of us there. Our thanks and best wishes go with him.

Finally, I would like to leave you with the words of Nelson Mandela. This is from the speech he delivered in the Rivonia Trial on 20 April 1964:

> *I have cherished the ideal of a democratic and free society in which all persons will live together in harmony with equal opportunities.*
>
> *It is an ideal which I hope to live for, and to achieve.*
>
> *But if needs be, it is an ideal for which I am prepared to die.*[30]

May Madiba's vision, passion and commitment continue to inspire this PCB and each of us. Let us pray for him.

Thank you.

Michel Sidibé
Executive Director UNAIDS

Endnotes

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