Speech

Check against Delivery

UNAIDS

Programme Coordinating Board

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Friends and colleagues – welcome to this twentieth meeting of the UNAIDS Programming Coordinating Board.

Let me start by thanking Sweden, represented by Ambassador Lennarth Hjelmekar, for a truly active year as Chair of the Board. Your emphasis on HIV prevention, gender and UN coherence has had a clear impact on the programme. I am happy that Minister Mongkol Na Songkhla is chairing this meeting and leading Thailand's activities as Board Chair for the next twelve months. We will all benefit from Thailand's long and successful experience in the AIDS response. And I look forward to working with Ambassador Mark Dybul as the new vice-chair of the Board, and leader of the world's largest AIDS effort. It's good to have you with us Mark. I know you will make a great contribution to our joint efforts over the year to come.

Let me also thank WFP, represented here by Deputy Executive Director Sheila Shisulu, for a very constructive chairing of the Committee of Cosponsoring Organizations. I am looking forward to an equally active engagement from UNHCR as the new chair as of next week.

And then, before we go any further, I want to ask you to join me in remembering someone who was with us at the very first PCB meeting back in 1995, my friend Arnaud Marty Lavauzelle. Arnaud was President of Aides Fédération and was a non-governmental organization representative on the Board until 1999. He also worked with us in Africa and Europe. Sadly, he died in February this year. Everyone who knew him will recall his readiness to act against injustices. We will miss him sorely.

(*minute silence*)

Now, let's look at some key things that have happened since we last met – starting with important political developments. The year started off in the Philippines, where the 12th ASEAN Summit of Heads of State approved a new blueprint for action on AIDS – a landmark commitment by South-East Asian leaders.

Two months later, at the European AIDS Conference in Bremen, Chancellor Angela Merkel announced that AIDS would be a priority issue during Germany's term as chair of the European Union Council, and through its tenure as chair of the G8 – heralding a new era of leadership on AIDS in Europe

One of the most remarkable positive developments has taken place in South Africa where 800 people die every day, and 500,000 new infections occur every year. There has recently been a sea change in the way the country is responding to AIDS. Earlier this month I addressed the National AIDS Conference in Durban, alongside Deputy President Phumzile Mlambo-Ngcuka, chair of the new National AIDS Council. The Council has recently launched an ambitious national AIDS plan, a joint venture between government, civil society, business and science. Implementation of this plan will have a profound impact not only on South Africa but on Africa and the wider world. .

At the international level, last month my new boss Secretary-General Ban Ki-Moon shared his vision on AIDS with the United Nations General Assembly. He pledged to make AIDS a system-wide priority for the United Nations, and made a personal commitment to focus on AIDS in Asia. The Secretary-General also met with the UN-Plus group – a group of UN staff members living with HIV. Last week, the Secretary-General's Policy Committee recommended a series of specific actions to strengthen UN support for the AIDS response. We also welcome his appointment of Elizabeth Mataka as the new Special Envoy for AIDS in Africa. This is the first time we have a Special Envoy from Africa and from civil society.

I also welcome the election of my friend Michel Kazatchkine as Chief Executive of the Global Fund. We have already embarked on some important discussions with the new leadership at the Fund. Strong cooperation between UNAIDS and the Global Fund is one of the cornerstones of an effective global AIDS response .

On the funding front, we estimate that this year, $10 billion will be spent on AIDS in low and middle-income countries – a billion dollars more than was spent last year. This includes money from international donors as well as domestic spending. However, $18 billion is actually needed, highlighting the urgent need to increase funding and identify alternative financial sources.

It's ten years since the World Bank launched the Multi Country HIV/AIDS Programme for Africa, five years since the Global Fund was established, and four since the creation of PEPFAR. Each of these landmark steps has released billions of dollars for AIDS and has a major impact. Last week in Kigali, the World Bank reported that this groundbreaking programme had made significant advances in some 25 countries.

Finally, last month President Bush announced his aim to commit $30 billion to PEPFAR over the next five years. This sent an important signal around the world.

Mr Chairman, let me now turn to our achievements as a Joint Programme. Our Annual Report for 2006 gives details of our activities up to the end of December, so I won't repeat them.

The last six months have been a period of further consolidation of the programme. I will start by focusing on five areas where particularly significant steps have been taken.

The first of these is action towards Universal Access to HIV prevention, treatment, care and support, for which a year ago, UN Member States agreed to set national targets. Since then, one of the prime tasks for UNAIDS country offices has been to help set targets. So far, 92 countries have set targets and 36 have translated these into costed and prioritized national plans. The quality of these plans varies, but in most cases they represent significant progress.

More importantly perhaps than the planning, we are now helping ensure those plans get implemented effectively – by encouraging different players to align around them, helping leverage funding (through Global Fund processes, for example) and through efforts to make the money work.

Second, five regional technical support facilities for AIDS are now up and running, covering 60 countries in Africa, Latin America, and South-east Asia. The aim is to provide high-quality planning and management assistance, most of which comes from people and organizations in the regions. Increasingly, the facilities are also drawing on the private sector. In East and

Southern Africa, for example, we joined forces with Accenture to speed up the flow of funds from national to district and local level.

Third, we have taken steps to increase the active and meaningful involvement of civil society. We supported the compilation of *Guidelines on the Involvement of the Community Sector in the Coordination of National AIDS Responses* by the International Council of AIDS Service Organizations (ICASO), the African Council of AIDS Service Organizations (AfriCASO) and the International HIV/AIDS Alliance. The often poor involvement of civil society in the recent universal access target setting, illustrates that we still have a long way to go.

Fourth, as part of the effort to "know your epidemic", the UNAIDS secretariat and WHO have been refining monitoring and evaluation methods to produce the best available information, The process of accumulating and evaluating data to produce HIV estimates is complex. Methods used to collect HIV prevalence data are continually being refined and countries are constantly putting better systems in place. Because there is no single, infallible source of data, we believe all relevant data sources should be used, and methods selected in light of the type and quantity of the information available.

At the same time, we have been re-estimating the financial resources required, incorporating some new elements including male circumcision, technical assistance, and activities to reduce violence against women.

Fifth, you have all heard me talk about the need to do more on HIV prevention.

So I am pleased that since December we have issued normative guidelines on a number of HIV prevention issues. In March UNAIDS and WHO published joint recommendations to include male circumcision as part of comprehensive HIV prevention packages. Last month we put out guidelines on provider-initiated counselling and testing in health facilities. These recommend supplementing traditional voluntary testing and counselling with provider-initiated testing in all health settings in generalized HIV epidemics, and in selected health facilities. A three-day experts' meeting in Cambodia at the beginning of June, [hosted by UNAIDS, UNICEF and WHO] discussed ways to implement the guidelines in Asia.

In addition, under the leadership of UNFPA, the UNAIDS family has recently issued internal guidelines for working with sex workers.

HIV prevention is a truly multi-sectoral and multi-agency effort. I will give some examples, As part of the Unite for Children, Unite against AIDS campaign, UNICEF is now engaged in a major organizational effort to improve prevention of mother to child transmission of HIV. UNFPA has stepped up efforts to make male and female condoms more available among young people and uniformed services, UNDP has developed HIV prevention programmes for women, in the context of a series of national consultations on gender and AIDS, and UNODC has greatly beefed up its support to harm reduction programmes for injecting drug users.

In addition, ILO is developing a new legal instrument on AIDS and the world of work, which will be discussed at the International Labour Conferences in 2009 and in 2010. UNHCR and UNAIDS hosted the first Global Consultation on HIV and internally displaced people in Geneva in April.

Following your request for greater coherence in our programmes for young people, UNFPA and the UNAIDS Secretariat brought the deputies of all UNAIDS cosponsors together in New York last month. Key recommendations included setting up a serious coordination group on young people and developing a more explicit division of labour on youth issues – just as we have on AIDS.

As we will discuss later, we have also followed up on your request that we carry out gender assessments of national AIDS plans and develop practical gender guidelines. Although there is greater recognition that gender inequality and harmful gender norms are major drivers of the epidemic, the assessments show we are far from addressing gender issues adequately. Gender is often still an add-on (if it is there at all) to national HIV responses. In addition, the “how to” of gender is not always clear.

Earlier this month the Global Coalition on Women and AIDS organized a tour of five Eastern European countries to highlight the urgent need to scale up HIV service provision for women

in the region. The Coalition has also released practical report cards outlining the opportunities and gaps in HIV prevention for young women in 14 countries, and documented the links between women's property and inheritance rights and AIDS in South Asia. Next week, the Coalition will support an International Women's Summit on leadership around AIDS in Nairobi, organized by the World Young Women's Christian Association and the International Community of Women Living with HIV.

Besides the challenges mentioned above, formidable challenges related to HIV treatment and tuberculosis remain.

The WHO, UNAIDS and UNICEF progress report *Towards Universal Access* published in April revealed that by the end of 2006, 2.2 million people living with HIV in low and middle-income countries were receiving anti-retroviral treatment. That is 28 per cent of the 7 million estimated to need it today. A few countries which already had strong treatment programmes have now achieved more than 80 per cent coverage. These include Botswana, Brazil, Chile, Costa Rica, Cuba, Suriname and Thailand.

The annual rate of global scale-up remains relatively stable – between 650,000 and 700,000 people per year. But it is still too slow. If we keep going at this pace, there will be fewer than 5 million people on treatment by 2010 – just over half the people who will need it. That's a long way from universal access!

What is also sobering is that for every person who starts taking antiretroviral treatment, another six become infected with HIV. If this continues, the queues for antiretroviral treatment will just get longer and longer, pointing to an urgent need to reassess and revitalize HIV prevention, and to accelerate access to second and third-line anti-retrovirals.

Meanwhile, tuberculosis is still the leading cause of illness and death in people living with HIV. We continue to miss valuable opportunities to detect tuberculosis and prevent it spreading among people living with HIV. The emergence of extremely drug-resistant tuberculosis strains is a dramatic wake-up call: if we don't factor and integrate tuberculosis into HIV treatment programmes, we will get nowhere.

Lastly, as part of UNAIDS' ongoing efforts to improve management and accountability, we have made some structural adjustments within the Geneva office and are establishing a new office of internal oversight in the Secretariat.

Now let me turn to the future. In December, I shared with you my concerns about our capacity to sustain an effective AIDS response over the longer term. Since then I have taken the initiative to launch AIDS 2031 – 2031 because that will be 50 years since AIDS was first identified. Over the past few months, different institutions from all over the world have agreed to lead work on seven critical issues: modelling the epidemic and its impacts; tackling the drivers of the epidemic and social change; sharpening or refining the programmatic response; anticipating science and technology; financing the response; sustaining leadership, and taking a special focused look at Southern Africa.

As for the UN system, the future must be more coherent than it is today. Some skeptics dispute the UN's capacity to deliver as one. AIDS, however, proves that we can do it. I want to highlight the momentum that is gathering around coherence and implementation.

As Sheila Sisulu just said, from the start UNAIDS was regarded as a pathfinder for UN reform. No other UN entity serves such a cross-cutting function as UNAIDS, rallying different UN bodies around a common cause to "deliver as one".

We will talk about progress in "One UN" pilot countries later on. But I would like to at least highlight that we have been participating actively in six of the eight pilots - as well as on the creation of joint programmes and teams. In addition, there are currently more than 65 Joint UN Teams on AIDS, half of which have developed joint programmes. In countries such as Cambodia, the Democratic Republic of Congo, India, Myanmar, and Zambia, joint teams have put together solid, collaborative programmes to support national strategic AIDS plans.

There can be no doubt that UNAIDS has most impact when each part of the joint programme fulfills its designated role - when the secretariat focuses on the five core functions the Board approved several years ago, and when each cosponsor delivers according to the agreed division of labour.

We will also be discussing the review of the Global Task Team – probably the most advanced stage of coherence in the international system. This reveals that although we are still at a very early stage in the process, some advances are being made. Clearly, however, there's a lot of work to be done – something we will address in our management response. This is not something the UN system can pull off on our own, so once again I reiterate my plea to all international and domestic actors to play their part.

Last week, many of us attended the 2007 HIV/AIDS Implementers' Meeting in Kigali. For the first time this meeting was co-sponsored by PEPFAR, the Global Fund, UNAIDS; the World Bank, WHO, and UNICEF. The meeting is further proof of the new spirit of collaboration that is growing around AIDS.

Mr Chairman, now we come to a key moment in the lifecycle of any organization: debate on the budget and on what it will deliver.

As you know, six months ago, the Board agreed on a four-year strategic framework for the Joint Programme.

The Unified Budget and Work-plan we will present this week demonstrates how we aim to turn that framework into action on the ground over the next two years – to make the money work towards universal access to HIV prevention, treatment, care and support, with the overarching theme of making the money work for people.

Mr Chairman, this is not the time for new initiatives but for consolidation. It is time to concentrate on results and on accountability.

There are, however, some new elements within the budget and work-plan. The architecture of the 2008-2009 unified budget and work-plan is more tightly focused than ever before. It is based firmly on the agreed division of labour among agencies and includes a shift in resource allocation within and among cosponsors to better reflect that division of labour. There is a major investment in joint programmes and in UN system coherence. And there are new tools to monitor progress and evaluate impact at country level.

Most important of all, this should lead to better delivery of better HIV services to more people.

Mr Chairman, I am looking forward to the members' comments on our plans, and trust the Board will approve our budget request for $469 million. That's a seven per cent increase on comparative figures for 2006-7 – taking the figures contained in the original budget plus several extra budget lines the PCB approved - as a baseline. We believe this is modest – given the overall funding coming in to support the AIDS response. We believe it is pragmatic – and in line with current resource mobilization trends. And lastly, we know it will leverage funding from other organizations: in general, one dollar contributed to the UBW leverages six dollars of funding in co-sponsors.

Finally, UNAIDS is now more than 10 years old. This budget reflects the fact that we are maturing. I believe that it is time for a second independent evaluation of UNAIDS.

As you know, the last UNAIDS evaluation took place in 2001-2002, and it led to some major adjustments in the way we work. Since then, much has changed – both in the epidemic and the response. It's truly a new world out there which makes it all the more critical to re-assess how we can play a more effective role in the future.

Mr Chairman, friends, I am looking forward to a constructive Board meeting. We have a complex job ahead of us, and it will be important not to lose sight of the need to steer a steady and coherent course through the next two years. We must also remember that this is a Joint Programme for which we are all responsible.

Each of us here today is responsible for keeping universal access to HIV prevention and treatment on global and national agendas.

Each of us has a part to play in achieving universal access targets.

Each of us has a duty to make AIDS money work for the people who need it.

Thank you.