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Opening of the 57th meeting of the
UNAIDS Programme Coordinating Board

UNAIDS EXECUTIVE DIRECTOR REPORT

THE PREREQUISITES FOR KEEPING THE RESPONSE ALIVE: POLITICAL AMBITION, INNOVATION, SETTING TARGETS AND TRACKING PROGRESS, MULTISECTORAL ACTION, AND GOVERNANCE WITH CIVIL SOCIETY AND COMMUNITIES.

THE CHALLENGE BEFORE US IS HOW TO GET THERE—AND HOW QUICKLY WE CAN GET THERE WITHOUT RISKING ALL THAT WE HAVE GAINED.

Thank you Chair.

Excellencies, distinguished delegates, friends welcome to the 57th meeting of the UNAIDS Programme Coordinating Board.

I start by thanking very much the government of Brazil for hosting us in this beautiful city of Brasilia. It's appropriate to meet here. This is one of the places where the struggle for life with dignity was launched.

We are meeting at a time of huge disruptions to the HIV response in many countries and disruption to the work of the UNAIDS Joint Programme as well.

These disruptions have resulted in people living with HIV dying, millions of people at risk of acquiring HIV have lost access to the most effective prevention tools available, over 2 million adolescent girls and young women have been deprived of essential health services, and community-led organizations have been devastated, with many being forced to close their doors.

The stakes are incredibly high.

In spite of this or should I even say because of this, , during this meeting, you will consider a new Global AIDS Strategy geared towards delivering a global HIV response that at national level is country owned and -led, resilient, and ready for the future and as always with people living with HIV and communities at the centre. This strategy, like every global AIDS strategy before it, sets ambitious targets for the next five years.

Thank you to all of you who have helped us develop a new strategy that focuses sharply on fixing HIV prevention gaps and expanding testing and treatment, including through addressing the economic, policy, legal, and inequality drivers and building community leadership.

Inaction is not an option. If we stall and fail to reach the targets laid out in the strategy, 3.3 million more people will be newly infected by 2030. We cannot allow that.

But let me remind us UNAIDS was born into crisis. And in the course of the global AIDS response, we have shifted radically several times to meet the needs of the changing HIV epidemic. We can do it again.

At this critical juncture, I want us to reflect on three things:

1. Why the Joint Programme was created.
2. What we can learn from all that we—member states, communities, co-sponsors, and the secretariat—have achieved together; and
3. The essential pieces we must all protect as we plan and shift in the months ahead.

THE JOINT PROGRAMME WAS CREATED TO RESPOND TO AN UNPRECEDENTED GLOBAL CRISIS

In the mid-90s, AIDS was tearing through communities, overwhelming health systems, and deepening inequalities.

By the time UNAIDS opened its doors in 1996, almost 7 million people had died from AIDS and over 20 million were then living with HIV—the majority in Africa.

Experts, not just in public health but military and economic officials, were talking in catastrophic terms about the potential impact.

The conventional wisdom at the time was that widespread treatment was not feasible in low-and-middle-income countries. Denialism held back the response in many countries, while stigma pushed communities to the margins.

At the UN, we faced a crisis of legitimacy—our efforts were too medicalized, agencies were competing for funding and delivering different messages. There was no coordinated global response.

UNAIDS was established by ECOSOC with a bold new approach: a united UN response, multisectoral in nature, governed by members states and communities working together. Its role: to provide global leadership, to convene and coordinate, to engage communities, and to keep the response accountable through data and targets.

This collective effort has accomplished so much—and, as our latest World AIDS Day report shows, we are closer than we have ever been to ending AIDS as a public health threat.

- People living with HIV and communities have fought and continue to fight for their right to health.
- 77% of all people living with HIV in the world are on treatment, with almost 27 million lives saved.
- New infections are down 61% from the peak in 1996 and AIDS-related deaths are down by 70% since the peak in 2004.

But AIDS is not over- there were 1.3 million new HIV infections and 630 000 AIDS related deaths last year- every single one of them preventable. 9.2 million people are waiting to get on treatment.

We are meeting in Latin America, a region where new infections aren't declining—they're rising. 120 000 people on this continent acquired HIV here last year—a 13% increase since 2010.

Distinguished Board members, you are all well aware of the crisis we now face: a major gap in funding for the United Nations, very acute for UNAIDS. Wars and other crises that have dramatically shifted political priorities.

The Joint Programme must and indeed is shifting. It is shifting in a way that meets the ambition set out by the Secretary General in the UN80 reform. And in so doing, we must make the Joint Programme fit for the future, safeguarding five elements of the response that are critical for its success. The five are:

1. Mobilizing political ambition
2. Driving for innovation
3. Setting bold targets and tracking progress
4. Ensuring the response is multi-sectoral
5. Guaranteeing inclusive governance with civil society and communities

In moments of crisis, there must be priorities: Those things that we must protect at all costs. If we do not, we risk failure, risk abandoning people who count on us, risk turning incomplete progress into a resurgent pandemic.

I will know that we are in a good place when we have concrete, clear, and funded plans to ensure that each of these five elements is properly safeguarded. That will be when we can point to and know that the United Nations is not abandoning its role to lead and coordinate a response against HIV/AIDS.

AIDS is not over. Millions of lives depend every day on a well-coordinated global response. The risk of a resurgent pandemic is real. And yet we are seeing resilience. Communities are rallying to support each other and the AIDS response. Although the most impacted countries are also some of the most indebted, limiting their ability


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to invest, some countries have maintained or even increased the number of people receiving HIV treatment this year.

Let me touch on each of these five briefly:

1. Mobilizing Political Ambition

Creating the Joint Programme was a political exercise to create the platform for a new level action. Bringing together first six and eventually 11 co-sponsoring agencies alongside a secretariat gave UNAIDS the capacity to mobilize the UN for impact.

AIDS began to be taken as seriously as it always should have been:

- The Security council recognized the pandemic's "uniquely devastating impact on all sectors and levels of society" and drew global attention to the reality that, as the resolution stated, "if unchecked, [AIDS] may pose a risk to stability and security."
- The UN General Assembly declaration set out a concrete plan for the world's first truly multi-sectoral global disease response.
- Nelson Mandela and other African leaders joined together to secure what called "all the energy and resources" needed to fight AIDS (**Mandela.gov.za**)
- When Secretary-General Kofi Annan called for a "war chest" to fight AIDS, tuberculosis and malaria—he changed the expectation of global solidarity and worked with a united UN family mobilized leadership to achieve it.
- French President Chirac and President Lula of Brazil worked together on the airline tax that created Unitaid to reshape medicine markets.
- The Global Fund's innovative model that countries just weeks ago showed remains a beacon as they pledged more than $11 billion.
- US President Bush set up PEPFAR, the world's largest international health programme dedicated to one disease. PEPFAR would go on to support antiretroviral treatment for more than 20 million people, enabling more than 5 million babies to be born HIV-free to mothers living with HIV (**US State Dept**)

TODAY, POLITICAL MOBILIZATION REMAINS ESSENTIAL—AND, EVEN IN THE CURRENT CLIMATE, IT HAPPENS

We are honoured to be here today in Brazil—a country that, in 1996, refused to accept the so-called "conventional wisdom" and became the first middle-income country to guarantee free access to antiretroviral therapy, when these medicines were still confined to high-income countries—shattering myths and saving lives.

Brazil's leadership inspired a global movement for universal access—built by many of the champions in this room.

I have just returned from the G20 Leaders' Summit where I presented two reports on the inequalities that drive the HIV epidemic and so many other crises. I must salute both Brazil and South Africa who have used their Presidencies to bring out bold ideas that matter for the AIDS response like a global coalition on regional manufacturing and new global action on debt. We were proud to work with both governments as they made AIDS a part of the G20 thinking again.

Political mobilization remains essential. Look at new long-acting medicines, where companies at first dragged their feet. UNAIDS and partners pushed them to license.

It took us using big conferences like the International AIDS Society Conference in Munich to put pressure on Gilead, to show that thiis medicine could be made for just $40, and to bring the price down and license generic production.

Even now, Latin America is currently locked out.

This political function remains among the UN's unique contributions to the AIDS response—and we must be concrete on what it will look like in the years to come.

2. Driving for Innovation

12 million Africans died after the development of effective HIV treatment (that's between 1996 and 2004—12 million) because antiretrovirals were too expensive and there was limited supply. Millions more were infected. That is why the high burden countries of Africa still struggle.

UNAIDS was at the centre of creating a new model out of the ashes of that failure. The Joint Programme worked with

- governments to use their laws to allow generic production
- generic companies to produce under those laws at scale to meet the world's needs
- companies to license and transfer technologies
- global health funders and innovators to ensure a robust pipeline.
- Year after year, science is delivering new medicines that deliver for the AIDS response.

In that way, we have achieved both access and scientific innovation.

Today multiple cutting-edge medicines are not only available for treatment and prevention, they are available for less than $50 per year per person, and they reach many of the most marginalized people in the world. Whether you live in Brasilia, Boston, or Bangalore, you get the same highly effective medicines but priced differently.

The AIDS response transformed global health, more than any disease response ever has. It took treatment out of hospitals and clinics and into communities; nurses led world-class care; these are innovations that started in AIDS and then spread.

These innovations have been produced through partnerships. The United Nations played an important role in bringing the partners together, a convening role, a catalyzing role.

The Joint Programme through Cosponsors and the Secretariat has played a crucial role in spurring innovation

INNOVATION MUST CONTINUE IN ORDER TO END AIDS

For example, we have long-acting antiretrovirals like Lenacapavir that we are going to talk about on Thursday. And I was talking just now with Mariangela about the struggle Brazil is in to produce and deliver lenacapavir for its people. If we do not innovate in delivery and access, these tools will not deliver the HIV prevention revolution that they can and they should. We have rising misinformation and stigma online, and new challenges, also we are offered new opportunities with artificial intelligence. The UN has a unique role to play here—and this role it must continue to play.

3. Setting bold targets and tracking progress

Facing this virus, we learned the power of two tools: setting ambitious targets and then identifying ways to measure them. Even when many believe it was not possible and even when some in global health said Member States would not engage and share their data.

Let me give an example. In 2011, the Joint Programme set out to not just reduce vertical transmission—mother to child transmission, as it was then—but to eliminate it even without a cure or a vaccine. We launched the Global Plan for Elimination of


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Rompendo o ciclo da desigualdade-pandemia
Breaking the inequality-pandemic cycle
Rompendo o ciclo da desigualdade-pandemia

Mother to Child Transmission that set bold, concrete goals and specific actions and worked with countries to create new ways to track progress. By 2015, four years later, new infections had fallen by more than a half, and WHO began certifying countries that met elimination standards.

Today, 16 countries have achieved dual elimination of vertical transmission of HIV and syphilis. And around 20 countries are on track to join The Maldives, which in October became the first country to achieve triple-elimination of HIV, syphilis and hepatitis.

I am delighted that Brazil has just been certified by WHO-PAHO for eliminating vertical transmission—the first country of more than 100 million people to do so. And they did it by doing what we know works—prioritising universal healthcare, tackling the social determinants that drive the epidemic, protecting human rights, and even—when necessary—breaking monopolies to secure access to medicines.

Thank you, Brazil.

In 2014, data showed that just 66% of those who know their status were on treatment and many of those on treatment were not virally suppressed, which is what is needed to stop transmission and protect health.

The Joint Programme set out to not just measure medicines being delivered but to track if they were actually working for people. That was revolutionary.

We set targets to reach 90–90–90 in 2016, which many said were impossible. It required us to create whole new ways of thinking, of data collection systems, and people-centred models of care. But we did, and it worked. We transformed global health again.

Today, seven countries with some of the highest HIV burdens, Botswana, Eswatini, Lesotho, Namibia, Rwanda, Zambia, and Zimbabwe have already reached 95–95–95, which were the targets set in the 2021 Political Declaration.

Other examples include:

In 2003, just 708 000 people living with HIV were on treatment. Together, we set a target to get to 3 million by 2005. We developed a plan to train 100 000 health workers, strengthen health systems, build a global health infrastructure, and close a US$5.5 billion funding gap. It took us until 2008 to get there, but we did get there—massively expanding treatment.

In 2011, when 9.3 million people were on treatment, we did it again—setting a 15 by 15 target—to reach 15 million people by 2015—and we succeeded.

In 2021, UNAIDS introduced the 10–10–10 targets to confront the structural barriers that hold back progress. They called for fewer than 10% of countries to have punitive laws and policies, fewer than 10% of people living with HIV to experience stigma and discrimination, and fewer than 10% of women and girls to face gender-based inequalities and violence.

UNAIDS also set the 30–80–60 targets to ensure that prevention and treatment reach those most at risk. The aim is for 30% of all HIV services to be community-led, 80% of people at risk to have access to combination prevention options, and 60% of people living with HIV to benefit from differentiated service delivery tailored to their needs.

LET ME BE CLEAR: WITHOUT DATA, WITHOUT TARGETS, THERE IS NO GLOBAL RESPONSE AND NO ACCOUNTABILITY

The role of the Joint Programme is to set the North Star that drives momentum, that measures progress, and keeps governments, funders and other stakeholders accountable.

Every year, UNAIDS publishes authoritative data on the status of the response- the Global AIDS Update. Epidemiologists, clinicians, programmers, researchers, funders, communities, and governments wait for this update as it is that which guides the response—day in, day out, in country after country.

4. Ensuring a multi-sectoral response

The Joint Programme has succeeded because ours is not just a health-based response. And our global jointness and multi-sectorality is mirrored at the country level. That's a critical factor for success.

Whether it is social protection through Brazil's Bolsa Familia programme, engaging girls in South Africa through the education sector, protecting the rights of key populations in courtrooms—we have been successful because the Cosponsors and the Secretariat work on many fronts, not just health. Indeed, when COVID hit, UNAIDS was on the ground in countries, advising governments to design inclusive, multi-sectoral, all of society responses. In many countries, it is HIV infrastructure that was the backbone of the COVID response. UNAIDS worked with Africa CDC in many countries to develop and implement community-based information and vaccine demand programmes, and to accelerate testing and contact-tracing, especially among populations in informal settings.

Today: HIV still requires a multi-sectoral response. Even in a new form, even with reduced resources, even in a complex political environment this is not a "nice to have." This is a prerequisite.

5. Guaranteeing inclusive governance with civil society and communities

The HIV response was built by people living with HIV and their communities, let's be clear. Yes. From the earliest days, they knew more than the doctors and policymakers. And they still so often do. From Pretoria to New York, Brasilia to Paris to Mumbai, it was AIDS activists who broke the conspiracy of denialism, declared that "silence equals death", and demanded and got an HIV response rooted in their lived experiences.

UNAIDS was built to reflect that powerful movement, with civil society serving as fully-fledged members of its board. We, the UN, did not invite civil society to our Board- we were created to look like the HIV movement that was led by civil society.

I have seen how that has helped entrench civil society participation across all our work at the global, regional and country levels. This is the real benefit from inclusion in governance. It is symbolic and substantive. It brings the lived experience of people living with HIV and the expertise of HIV organizations.

And let me be clear: fully engaged communities in all aspects of our work is why we have succeeded. It's not communities alone, it's not the UN alone, it is the synergy. This distinguishes us from the rest of the United Nations. Inclusion at the global level gives power, legitimacy, and credibility to networks of people living with HIV in their countries. And it translates into voices not just in this global room, but at planning tables all over the world, sometimes even where people living with HIV and at risk are criminalised!

This is the challenge now. As we are looking to transfer functions to the rest of the United Nations, is the rest of the system of the United Nations ready to transform to look like us? Because this is a prerequisite for success of the AIDS response.

DISTINGUISHED BOARD MEMBERS: YOU KNOW WELL THAT THIS JOINT PROGRAMME HAS BEEN ON A TRANSFORMATION JOURNEY WELL BEFORE THE CURRENT CRISIS, SINCE DECEMBER 2023 WHEN THIS BOARD COMMISSIONED THE HIGH LEVEL PANEL

The UN Secretary-General, Antonio Guterres, has proposed an accelerated pathway.

The Board, you, have already set a two-phase roadmap and endorsed a revised operating model. With lead Cosponsors (UNDP, UNFPA, UNHCR, UNICEF, UNODC, WHO) and affiliate Cosponsors (ILO, UNESCO, UN Women, WFP, World Bank), and a streamlined Secretariat focused on four core functions.

You also have embraced the call of the Secretary General for a more ambitious timeline.

We are implementing and are on course to deliver on the first phase of this ambitious change by April 2026; reducing Secretariat staff by 55%, sharply lowering costs, and consolidating our country footprint, integrating it into the RC system in 20 countries.

We've been faithfully executing this first phase.

I have to be honest, this has been incredibly difficult—it has been painful and the pain has been felt through the Joint Programme.

I'd like to thank my team very much and all the UNAIDS staff for their professionalism, their kindness and grace to each other through this period of extreme uncertainty. We will complete this phase in April next year.

The Secretary General's UN80 ambition is achievable. We can guide the response through a second phase to a safe landing, while transitioning UNAIDS' functions into the wider UN and beyond.

It is up to the PCB to set the pace and the path of our transformation. You have been empowered by ECOSOC to guide this Joint Programme—and you can shepherd it through a responsible transition that safeguards the progress we have made, prevents backsliding, and delivers on our promise to end AIDS as a public health threat.

What I commit is the professionalism, the passion and commitment of my staff and myself to deliver on what you ask of us.

I want to be very direct with you: this is not a time to walk away. You have put in 30 years of hard work, billions of dollars, and countless hours of negotiation and coordination. The UN's role of supporting the AIDS response cannot just fade away. This is a time to work carefully to define the next phase.

I restate my confidence in this multisectoral Board. Time and again, you have been bold and clear—offering guidance, tough love, and unwavering support. You have faced divisive issues, assessed the evidence, and reached consensus to save lives. That principled pragmatism is rare in the United Nations, and it is what makes this Board indispensable.

I have laid out the prerequisites for keeping the response alive: political ambition, innovation, setting targets and tracking progress, multisectoral action, and governance with civil society and communities.

The challenge before us is how to get there—and how quickly we can get there without risking all that we have gained.

Time after time, we have overcome the odds, transformed the HIV response, and delivered for people living with, affected by, and at risk of HIV.

We are here this week to do it again. And yes, we can.

Thank you.