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UNAIDS Programme Coordinating Board

# UNAIDS EXECUTIVE DIRECTOR REPORT



WE HAVE A CHOICE: WE CAN  
ACCELERATE NOW, DRIVE RATES  
DOWN, AND SUCCEED.

OR WE CAN GET DISTRACTED, FOCUS  
ONLY ON WHAT WE'VE GAINED SO  
FAR, AND MISS THE OPPORTUNITY.  
THAT IS NOT "SUSTAINABILITY." IT  
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Excellencies, welcome to the 54<sup>th</sup> meeting of the UNAIDS Programme Coordinating Board.

It is wonderful to see so many of you here in Geneva.

I would like to especially thank Kenya for chairing the PCB this year, Brazil for serving as Vice-Chair and Netherlands for serving as Rapporteur.

My thanks also to Audrey Azoulay, the Director General of UNESCO who is leading the Committee of Cosponsoring Organizations this year. My thanks to all Cosponsor colleagues for their critical engagement and contributions this year—together we demonstrate the impact of multilateralism at work in support of countries.

Let me also acknowledge UNAIDS colleagues around the world whose commitment and courage are a constant inspiration. UNAIDS staff are on the front lines with countries, communities standing with the people we serve.

I encourage the PCB to review the UBRAF report that we will discuss later on—many wonderful examples of the work of the Joint Programme to support communities and countries demonstrating that the Joint Programme is relevant and much needed now and into the future.

2024 marks 30 years since ECOSOC formally endorsed the establishment of this Joint Programme<sup>1</sup>. Thirty years ago, the birth of the Joint Programme was difficult—it was new, it was innovative, it was transformative. That disruption has always been part of our DNA and that same commitment to innovation will be essential for reaching epidemic control.

We meet today just months before the Summit of the Future and just six years before 2030 SDG 3.3 calls upon us to end AIDS as a public health threat by 2030.

This means that the world has six years to bring down HIV infection rates globally, and significantly. Six years to increase the number of people worldwide on antiretroviral treatment and six years to drop AIDS-related deaths. Six years to put into place all the measures we know are necessary to stop the pandemic. But only 18 months to reach our 2025 targets which will determine whether or not countries will be able to achieve their 2030 goals.

Because until there's a cure or a vaccine, we will need to sustain the AIDS response beyond 2030, in every part of the world, in the north and in the south.

That's why sustainability has become the centre of so many conversations on AIDS—what we have built together is remarkable: an AIDS response built on global solidarity, in which cutting-edge medical care reaches people around the world, even those in some of the most difficult situations of vulnerability.

I think of many of the people I have met since I took up this role—the young, Afro Brazilian women living in favelas, with so few material resources; the gay men in East Africa fleeing criminalization, refugees because of their sexuality; the migrant workers in Southeast Asia living at the economic margins; community leaders

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<sup>1</sup> ECOSOC Resolution 1994/24-26 July 1994 : [https://data.unaids.org/pub/externaldocument/1994/19940726\\_ecosoc\\_resolutions\\_establishing\\_unaids\\_en.pdf](https://data.unaids.org/pub/externaldocument/1994/19940726_ecosoc_resolutions_establishing_unaids_en.pdf)

in Belgium. All these people are reached by the AIDS response. So much of that is because of a partnership between governments of the North and South; leadership from civil society and community-led organizations; and solidarity within the international community and of the Joint Programme.

However, I am concerned because I hear different versions of what “sustainability” means. Some think it’s about pulling back, handing over, and dismantling key parts of the global AIDS response now, even though the work is not done.

But another version includes a robust vision of a holistic, integrated, and effective AIDS response that helps us stop the virus, secure the wellbeing of people living with HIV, and keep AIDS at bay in a post 2030 world. This requires political, programmatic and financial sustainability.

Today I want us to have a frank conversation about our collective vision on sustainability.

I want to ask you to support that vision of sustainability that can meet our goals. Now is the moment for that conversation in concrete terms because it is crucial for the years ahead. Thursday’s thematic discussion is an important opportunity for us to further define this agenda.

At UNAIDS we take sustainability very seriously.

With governments in the lead and in close partnership with the Global Fund and PEPFAR, we the Joint United Nations Programme on HIV/AIDS are supporting countries to develop roadmaps to sustain their national AIDS responses

The UN Secretary General has called for the development of these roadmaps as a critical tool for sustainability<sup>2</sup>. These nationally owned roadmaps are not just aspirational, they have concrete measures and tools to measure progress.

The SDGs envision how we can achieve “a systemic shift towards a more inclusive, just, peaceful, resilient and sustainable world for people and planet, for present and future generations.”<sup>3</sup>

Sustainability is at the heart of the vision of the Sustainable Development Goals, with the commitment that we, I quote, “meet the needs of the present without compromising the ability of future generations to meet their own needs.”<sup>4</sup>

This is a good way for us to think about the future of the AIDS response—the question to ask ourselves is: what can we put in place now that will truly end the AIDS pandemic as a public health threat and keep it ended for those who come after us?

At the last PCB I asked you to support what I called a “triple commit”. As we move into serious discussions on sustainability I hope you keep it in mind.

My call was and remains:

- For programme countries to step up now to build a vision of how you will manage up to 2030 and beyond. That will look different in each country, but we can see some key common threads.
- For donors to fulfill your duty to accompany this in solidarity through to 2030 and to support sustainability plans as we put them in place.

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<sup>2</sup> *The path to ending AIDS—progress report on 2025 targets and solutions for the future: Report of the Secretary-General* (UN Doc A/78/883), <https://undocs.org/A/78/883>. See para. 67: “Member States are invited to review the adequacy of their current HIV response with a view to ensuring long-term sustainability beyond 2030, including: (c) Developing HIV response sustainability road maps under country leadership, with the collaboration of civil society and international, regional and domestic partners.”

<sup>3</sup> [https://hlpf.un.org/sites/default/files/2023-09/A%20HLPF%202023%20L1.pdf?\\_gl=1\\*10bfbab\\*\\_ga\\*MTIzMjMzMDUzNC4xNzA2NzIxOTI1\\*\\_ga\\_TK9BQL5X7Z\\*MTcxNzQyNzE2Mi4xNC4xLjE3MTc0Mjc4NzUuMC4wLjA](https://hlpf.un.org/sites/default/files/2023-09/A%20HLPF%202023%20L1.pdf?_gl=1*10bfbab*_ga*MTIzMjMzMDUzNC4xNzA2NzIxOTI1*_ga_TK9BQL5X7Z*MTcxNzQyNzE2Mi4xNC4xLjE3MTc0Mjc4NzUuMC4wLjA).

<sup>4</sup> <https://www.un.org/en/academic-impact/sustainability> Quote attributed to the Report of the World Commission on Environment and Development: Our Common Future (Brundtland Commission, 1987). <https://sustainabledevelopment.un.org/content/documents/5987our-common-future.pdf>





- What can derail us now is noise about exiting before 2030.
- For us in the Joint Programme our role remains to do our part to support communities and countries to reach the 2025 targets, to achieve the Global AIDS Strategy vision and plan for a sustainable post-2030 future.

And the foundation must be people living with HIV, civil society and communities. They are a requisite part—indispensable and non-negotiable—that is how we'll end the pandemic, that is how we can sustain the response, and how we will be held accountable.

## **Let me address how the Joint Programme can best sustain the AIDS response together with partners.**

### **FIRST, THERE IS NOTHING SUSTAINABLE ABOUT AN EXPANDING PANDEMIC**

While there is incredible progress, our 2025 targets will be missed, without extreme urgency and acceleration.

By 2025 we aimed to have just 370 000 new HIV infections. But in 2022, we had 1.3 million.

We are still fighting an infectious disease and we still have no vaccine and no cure. HIV does not care about borders, geopolitics, aid trends or questions of architecture.

We have a choice: we can accelerate now, drive rates down, and succeed. Or we can get distracted, focus only on what we've gained so far, and miss the opportunity. That is not "sustainability." It is short sightedness. We must accelerate in order to sustain. In our meaning of sustainability, we mean acceleration.

We know what's working. We see it in trends that are going in the right direction in many places, but this progress is slow and uneven across geographies and populations.

### **We must throw everything we can on HIV prevention.**

Renew global and country political leadership for HIV prevention.

Intensify and accelerate our collective country support for implementation with four central foci:

Offer real choice and make new solutions available rapidly—we have so many HIV prevention options—and new ones coming, but we are not listening to what people want and we are not making these solutions available to them at the speed we need to.

Tailor HIV prevention services better—what young women need and want is not the same as what young men or key populations need or want.

Implement holistically

addressing biomedical, behavioral, and structural needs together to support access to HIV prevention.

And we must not forget that treatment is prevention as well.

## SECOND, WE HAVE TO FOCUS ON MAKING MEDICINES AFFORDABLE FOR THE LONG TERM

We won't reach our 2030 goal unless we get all the remarkable tools coming online to the people who need them the most as quickly as possible.

WHO's most recent report shows higher than expected resistance to first-line antiretroviral therapy.<sup>5</sup>

And people are still getting AIDS—in fact it is one in three starting antiretroviral therapy in low-and middle-income settings.<sup>6</sup>

We need a robust pipeline of medicines. This is a must.

Just last week we received the news of early trials showing Lenacapavir joining cabotegravir as effective long-acting antiretrovirals that could be game-changers.

But global access is still deeply worrying—CAB-LA is too long delayed and we cannot repeat this for Lencapavir.

At UNAIDS, we have built back our team on access to medicines and expanded our work supporting countries on this question. We are building powerful alliances with governments, civil society, clinicians, researchers, and influencers to accelerate the pace at which the best tools reach those who need them.

And we are seeing promising developments.

I recently spoke with the CEO of Gilead, Daniel O'Day, outlining a series of actions the company could take to ensure access. I am hopeful Gilead will soon license the technology and allow the AIDS response to do its work to make it affordable and available.

But we need a longer-term solution.

I was recently in Brazil for G20 preparatory meetings. I want to applaud very much the Brazilian Presidency for putting forward a bold idea of a G20 Alliance on local and regional production of medicines for diseases affecting vulnerable populations, including HIV, TB and neglected diseases like Dengue and Cholera.

This is what sustainability is about.

## MY THIRD POINT IS WE CANNOT BUILD AN AIDS RESPONSE ON A CRUMBLING HEALTH SYSTEM.

We are working closely with countries on sustainability road maps. Key elements of that include sharing best practices, ensuring HIV services are integrated into national Universal Health Coverage efforts and public health outreach efforts that they are accelerated. This is our part, and we are doing it.

But this agenda hinges on health systems that are resilient, inclusive, and easily accessible. That work for key populations and for young people.

And in today's global order, building this vision has increasingly been sidelined in favour of narrow insurance coverage for basic healthcare. That's not universal health coverage, this narrow view.

We cannot let the vision of rights-based, person-centred care pioneered for HIV disappear into just what the market will support. We will not allow that.

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<sup>5</sup> HIV drug resistance. Geneva: WHO; 2024 (<https://www.who.int/publications/i/item/9789240086319>, accessed 1 March 2024).

<sup>6</sup> Izco, S., Garcia-Basteiro, A.L., Denning, D.W., Boulware, D.R., Penn-Nicholson, A. and Letang, E., 2023. Management of advanced HIV disease in Africa. *The Lancet HIV*, 10(6), pp.e358-e360.

And we do not have to—I am calling on us to work together to build from what’s worked in AIDS to make health systems better. Not to take these precious achievements of the HIV/AIDS response to fit into what is a narrow, fragmented health system. It should be the reverse. Bring the best of HIV to improve the health system.

Sustainability should mean maintaining quality HIV services.

We can use data to measure if these systems are working for people, as we showed with 90–90–90 and 95–95–95. These are our innovations.

But it will need financing to do so.

## WHICH BRINGS ME TO MY FOURTH POINT: SUSTAINABILITY REQUIRES THAT WE MAKE PROGRESS ON WIDENING FISCAL SPACE AND ADDRESSING HIGH INDEBTEDNESS OF THE LOW AND MIDDLE INCOME COUNTRIES.

The current financial system is stacked against a sustainable AIDS response.

The gap in HIV funding is widening, with a shortfall of US\$8.5 billion.<sup>7</sup>

Approximately 60% of resources in 2022 came from domestic resources, a modest increase from 2010.<sup>8</sup>

Many low- and middle-income countries are not going to walk themselves into greater domestic investment in AIDS without action on debt.

Four out of every 10 people worldwide live in countries where governments spend more on debt interest payments than on education or health<sup>9</sup>

Half of sub-Saharan countries, where the pandemic is concentrated, spend three times more on servicing their national debt than on health. This is not sustainability.

For years, these nations have shouldered interest rates four to eight times those of high-income countries.<sup>10,11,12</sup>

To truly expand domestic funding further will require urgent and comprehensive debt restructuring, such as was recently achieved by Zambia with both government and private creditors.

And the AIDS response will continue to require funding by international donors in the short to medium term.

We stand firmly with our Secretary-General, who has called for a number of concrete measures to enable developing countries to get out from under what he calls a “steamroller of debt.”<sup>13</sup>

These reforms, and more, must happen in order to sustain the AIDS response.

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<sup>7</sup> UNAIDS Background Note for PCB.

<sup>8</sup> World AIDS Day 2023. Global AIDS Fact Sheet. Geneva: UNAIDS; 2023. ([https://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_FactSheet\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/UNAIDS_FactSheet_en.pdf)).

<sup>9</sup> <https://press.un.org/en/2023/sgsm21872.doc.htm#:~:text=Some%203.3%20billion%20people%20%E2%80%94%20almost,to%20the%20global%20financial%20system.>

<sup>10</sup> <https://www.ipsnews.net/2024/04/leaders-need-break-chokehold-debt-austerity-health-depends/>

<sup>11</sup> <https://www.project-syndicate.org/commentary/how-africa-can-escape-debt-doom-loop-by-hippolyte-fofack-2024-04>.

<sup>12</sup> [https://www.brookings.edu/wp-content/uploads/2021/10/21.10.07\\_Perception-premiums.pdf](https://www.brookings.edu/wp-content/uploads/2021/10/21.10.07_Perception-premiums.pdf).

<sup>13</sup> <https://www.un.org/sg/en/content/sg/speeches/2024-04-22/secretary-generals-remarks-2024-ecosoc-forum-financing-for-development-follow>.





And so I ask you as health leaders to raise the issue of debt and funding for others with your governments.

We will certainly be taking this to the Summit of the Future.

## FINALLY, HUMAN RIGHTS AND GENDER EQUALITY

Sometimes rights are treated as “nice to have” and UNAIDS as lucky to have space to work on human rights. This thinking will undermine sustainability.

Harmful laws, discriminatory health systems, deeply rooted gender inequality, and bad politics drive people away from HIV services. The globally coordinated anti-rights, anti-democracy push is having lethal consequences.

It breaks my heart when people tell me their stories of hate and rejection, simply for being who they are.

I think of one young LGBTQ person who had to flee her home country. A brilliant young lawyer who is trans. She had to flee into hiding in Zambia as her life was in danger. People are being evicted from their homes, even from shelters for LGBTQ+ people. Drop-in centers are being shut down, places that can provide a lifeline to people. And people are being killed.

It breaks my heart when I can’t mobilize the funds needed to defend them, to defend all people who are being denied their human rights and ultimately being denied their right to health and HIV services. Our Joint Programme teams around the world are heroic people, they inspire me, they stand ready to defend human rights. But we lack the resources to do that work, that important work of defending the lives of those under attack.

The AIDS movement has contributed to important progress,

Over the years, we have partnered with governments to reform harmful laws, build responsive clinics and health services, created community-led efforts, and supported communities to claim their rights.

The world is increasingly rejecting the criminalization of LGBTQ people. That heartens me. As of this year two thirds of countries do not criminalize. Two thirds of countries around the world. This is a major change since the early days of AIDS.

Just last week, Namibia’s High Court struck down as unconstitutional the colonial era law that criminalized same sex relations.

We succeed despite no cure and no vaccine because of this work. Work done by the communities themselves, the movement. It is not optional. And it is not free. It costs money and it even costs lives unfortunately.

As we talk about sustainability we have to talk about continuing good policy, maintaining supportive law, and sustaining human rights-based efforts as much as we talk about keeping pills flowing.

If we want a sustainable response to HIV we need to support movements working to help LGBTQ people, people who use drugs, children, girls and women in sub-Saharan Africa, sex workers, and others to claim their rights.

And so when we launched the Joint Programme’s appeal to increase funding to just 1% of total global AIDS funding, a key part of this was to fill our emergency capacities to respond to rights attacks and to build toward sustainability of rights structures.

## A SUSTAINABLE, RESILIENT AND FIT-FOR-PURPOSE JOINT PROGRAMME.

You asked us as a board to ensure that the Joint Programme remains sustainable, resilient, and fit-for-purpose, and that we revisit our operating model, supported by external facilitation and consultation, and to report back to you at our June 2025 meeting.

I am pleased to inform the Board that we the Secretariat are co-convening a high-level panel on a resilient and fit-for-purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response.

Ambassador Mailu, Former Cabinet Secretary for Health of Kenya and Permanent Representative to the UN until recently; Ambassador John Nkengasong, the United States Global AIDS Coordinator; and Erika Castellanos, Executive Director of GATE (Global Action for Trans Equality), a global network, have agreed to co-chair that panel. They have already started their work.

We are grateful for the support from donors, from the PCB Bureau and from the oversight committee, who have supported this initiative.

The Panel will bring together diverse stakeholders in the HIV response. It will work in an inclusive and collaborative manner.

The Panel will consider the evolution of the pandemic and the global response. It will consider the evolving country needs within the overall context of the Joint Programme's mandate as articulated by ECOSOC. We will look forward to updating you on progress of this panel when we meet in December.

## COVERING THE CORE UBRAF FUNDING GAP FOR THE 2024-2025 BIENNIUM

The financial outlook for 2024 continues to be tight. The ODA global financing situation has become more challenging and developments in exchange markets are aggravating the situation.

The 2024 projected core contribution amounts to US\$ 140 million, a shortfall of US\$ 20 million against the reduced agreed core operating budget of US\$ 160 million. Furthermore, it is projected that the 2025 core contributions would be lower than that which is projected for 2024 and would amount to approximately US\$ 135 million.

In order to maintain the ambition of an annual core budget at US\$ 160 million as agreed, the estimated funding gap for the 2024–2025 biennium is proposed to be covered in the following way:

One, by using the additional funds, from the core fund balance, previously set aside to ensure coverage of the organization's ASHI (After-Service Health Insurance) liability, but which is now fully covered from the regular accrued contributions; and

Second, by drawing from the core fund balance in line with the PCB decision at its 52<sup>nd</sup> meeting to review the minimum approved fund balance.

This further highlights the need for donors to maintain—and where possible increase—their contributions to enable the Joint Programme to implement its activities as outlined in the current UBRAF, and reduce the impact of drawing down the core fund balance.

Donors who have already made commitments we urge you to pay the outstanding amounts, and donors who have not yet done so we also urge you to pledge and pay your contributions for 2024 in full.

The forecast is difficult, but we are seeing positive momentum as well with Australia and France having increased their core contributions and the Joint Programme also receiving generous support from Côte d'Ivoire and Equatorial Guinea.

Yesterday Peter Sands, Executive Director of the Global Fund and I signed a new Strategic Framework for Cooperation and Collaboration for the period of 2024 to 2028. We are going to partner together in new and more impactful ways.

The Joint Programme will be building on this positive momentum to engage our current donors, and bring on new donors through significant resource mobilization action over the next year. We count on your support.

## CONCLUSION

In conclusion, I want to call on every one of you to embrace a bold vision of sustainability—one capable of ending the AIDS pandemic.

We at UNAIDS are transforming ourselves and working to very strict timelines. We are aiming to get 35 countries to 95–95–95 by the end of 2025.

There is still a need for a global response. We will start consultations on the next Global AIDS Strategy to take us to 2030 in early 2025.

Today, new infections outside of sub-Saharan Africa are not declining and they have surpassed the number of new infections on the African continent.

Some seem ready to give up because this is getting harder. That noise is getting louder. But we must counter it.

AIDS is not over and forgetting about HIV is not an option. 40 million people around the world are living with HIV. 1.3 million new infections every year.

We are at a crossroads now, either we keep the pressure on and take the right path to end AIDS by 2030 or we sit back and pay a much higher price in the future.

We have a formula and a vision for sustainability that can work:

If we meet our targets, then our newest estimates and projections suggest that approximately 29 million people will be living with HIV in 2050.

But if we don't meet our targets and remain at current levels of HIV services, there will be 46 million people living with HIV in 2050—and that will be far, far harder for the world to end AIDS

Thank you for being our partners on this path.

The only sustainable path in the AIDS pandemic is to accelerate and end it. We can win. We must. We must stay together.

Thank you.

**For updates on UNAIDS programme activities, please see the Performance Monitoring Reports:**

[https://www.unaids.org/en/resources/documents/2024/PCB54\\_UBRAF\\_PMR\\_Executive\\_Summary](https://www.unaids.org/en/resources/documents/2024/PCB54_UBRAF_PMR_Executive_Summary).

[https://www.unaids.org/en/resources/documents/2024/PCB54\\_UBRAF\\_PMR\\_Results\\_Report](https://www.unaids.org/en/resources/documents/2024/PCB54_UBRAF_PMR_Results_Report).

[https://www.unaids.org/en/resources/documents/2024/PCB54\\_PMR\\_Results\\_by\\_Region](https://www.unaids.org/en/resources/documents/2024/PCB54_PMR_Results_by_Region).

[https://www.unaids.org/en/resources/documents/2024/PCB54\\_PMR\\_Results\\_by\\_Organization](https://www.unaids.org/en/resources/documents/2024/PCB54_PMR_Results_by_Organization).



