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10 December 2019,
Geneva, Switzerland

Opening of the 45th meeting of the
UNAIDS Programme Coordinating Board

UNAIDS EXECUTIVE DIRECTOR SPEECH



ACCELERATING THE PACE
TO THE FINISHING LINE IN 2030
BY FIGHTING INEQUALITY
AND INJUSTICE

INTRODUCTION

Good morning members of the Programme Coordinating Board, ministers, ambassadors, friends and colleagues.

Let me start by thanking the millions of people living with and affected by HIV for their inspiring leadership in the fight for health and social justice for the past 40 years.

I would like to thank each of you for your continued solidarity with this struggle.

It is a privilege to serve the United Nations and to be part of this unique United Nations Board—one that explicitly includes communities and civil society.

I feel honoured that you have all placed your faith in me to lead UNAIDS.

I am joining an iconic movement that began with gay men in the United States of America and Europe and then spread to Africa and all over the world. A movement of people claiming their right to life, to health, as equal citizens. Women holding families and communities together, caring for the sick and raising orphans. Courageous communities whose activism led to this Joint Programme. The movement has made huge advances. But now we must step up the pace, because we know that in any race the last mile is always the hardest. We need a new approach.

We have made enormous progress, for which we should be proud:

- Compared with a decade ago, the number of new HIV infections has declined.
- AIDS-related deaths have fallen dramatically.
- A total of 24.5 million people around the world are on HIV treatment—more than double the number in 2012.
- On the 90–90–90 cascade, four out five people living with HIV know their status, 78% of people living with HIV who know their HIV status are on treatment and 86% of people who are on treatment are virally suppressed.

But despite the progress, the world is not on the trajectory that we committed to at the United Nations General Assembly in 2016, and the end of 2020 is less than 13 months away.

In 2018, 770 000 people died of an AIDS-related illness. We are not getting treatment to the people who need it the most, including people living with HIV and tuberculosis (TB). We must address this inequality. It cannot be right that some people get treatment and live long lives, while others die.

People are starting treatment but are not supported to stay on treatment.

They are labelled “lost to follow up”, when in fact the system is failing them.

HIV prevention is so off-track that the world will not reach our target of a 75% reduction in new HIV infections by the end of 2020. While we have seen impressive reductions in new HIV infections in some countries, in others new infections are increasing.



We are not on track to meet our target of eliminating new HIV infections among children. Only 12 countries and territories have reached the milestone of eliminating mother-to-child transmission of HIV. About half of all children living with HIV (46%) are not on treatment.

It is an outrage that 6000 adolescent girls and young women newly acquire HIV every week. Women and girls are the face of the epidemic in sub-Saharan Africa, where girls represent four out of five new HIV infections among adolescents.

In other regions, particularly the Asia–Pacific region, Latin America and the Caribbean, the Middle East and North Africa, and eastern Europe, the majority of new infections are disproportionately among key populations. Globally in 2018, more than half of the 1.7 million people who acquired HIV were among key populations and their partners.

The rights of gay men and other men who have sex with men, people who use drugs, sex workers, transgender people, migrants, refugees and internally displaced people, people in prisons and people with disabilities are being violated.

We have profound gaps in our response and whole regions, such as western and central Africa and eastern Europe and central Asia, are lagging behind. These gaps arise from our collective failure to put equality at the centre of our struggle and to respect, protect and fulfil the rights of women and key populations. These gaps arise from our failure to put in place what we know works, for example making comprehensive harm reduction available to all people who inject drugs.

Too many countries continue to criminalize people living with HIV and key populations, despite the fact that such approaches have been proved to be both inhumane and counterproductive. Inequality and injustices are fuelling the HIV epidemic.

The axes of poverty, gender, sexual orientation, race, age and class intersect. Some are getting the benefit of science, but others are not.

Some are getting quality people-centred services, but others are not. We must therefore focus our efforts on addressing inequality in access and inequality in outcomes head on in this fight.

2020: A YEAR TO REFLECT ON HOW WE CAN WORK EVEN BETTER TOGETHER

The global response to HIV and the Joint Programme provide one of the strongest examples of the value of multilateralism and global solidarity. The year 2020 provides us with an opportunity to reflect upon how the Joint Programme can work even better.

I met with the executive heads of our Cosponsors last month and thanked them for their recommitment to collective action and collaboration through the Joint Programme. I am particularly proud of and grateful to Natalia Kanem, the Executive Director of the United Nations Population Fund (UNFPA), for her leadership in this transition year.

As we prepare for an accelerated decade of action to deliver the Sustainable Development Goals (SDGs), the United Nations Secretary-General has called on all of us to step up the pace of our work. For the UNAIDS Secretariat, 2020 will be mostly a year of planning and gearing up for the decade to come, to ensure that UNAIDS is fit for purpose to lead and coordinate the goal of ending the AIDS epidemic by 2030.

We will plan to step up our work in four areas:

- Transforming the internal culture of the UNAIDS Secretariat.
- Developing the next UNAIDS strategy.
- Increasing and maximizing resources for the Joint Programme.
- Emerging programmatic priorities for action.

AN INSPIRED, VALUES-DRIVEN UNAIDS STAFF LEADING AND COORDINATING THE RESPONSE

My first priority is this organization's greatest asset, its staff. I have already met many UNAIDS staff. They inspire me. They are mission-driven, resourceful and determined. Many have been fighting the epidemic from the very beginning. It is an honour to be one of them.

I would like to thank the Programme Coordinating Board and particularly our Chair, China, for guiding UNAIDS through the recent reputational crisis and thank my colleague Gunilla Carlsson and the management team for their efforts on the recovery path.

Ms Carlsson will leave UNAIDS at the end of her contract in early 2020. Please join me in thanking Ms Carlsson for her service to UNAIDS and wishing her continued success in her future endeavours.

The Management Action Plan welcomed by the Programme Coordinating Board provides the foundation for transformative change. Much has been done, but there is still a long way to go. Work must continue to restore trust among staff and with external partners, and to change the culture so that UNAIDS never tolerates any kind of abuse of power, such as harassment, sexual misconduct or bullying, and UNAIDS encourages staff to feel safe and to speak up.

We will build on the Management Action Plan to strengthen prevention and our response to all forms of abuse of power. Using a feminist approach, we will challenge power imbalances in the workplace and in all our operations, including programming, partnerships and fundraising.

We will drive incentives for a new culture, embrace new way of working and align our behaviour with the mission of UNAIDS and the values of the United Nations.

We will invest in the response side, strengthening reporting and investigations, and we will provide support to victims and survivors.

Rebuilding trust and recovery cannot start in earnest unless we can demonstrate that we are ending impunity. One of my immediate priorities is the resolution of outstanding cases. I want to assure you that since my arrival last month I have taken steps to bring closure to some cases.

UNAIDS must become a place where all staff are safe, empowered, equal and at their most creative. We will work hard to bring back the joy and pride of working at UNAIDS.

Some challenges confronting the Secretariat require United Nations system-wide change. I look forward to contributing to those reforms. I will be a voice for higher standards on tackling sexual harassment, exploitation and abuse, ensuring that the United Nations is a place of safety and dignity for all women and men who interact with it.

NEXT PHASE OF ENDING AIDS WILL BE EVEN MORE CHALLENGING: NEW UNAIDS STRATEGY

We are still on a journey—9.4 million people are waiting for treatment and there are 1.7 million new HIV infections every year. We have a job to do and the next phase of the global AIDS response will be even more difficult.

Sadly, we are seeing growing complacency and donor fatigue, and AIDS is sliding off development agendas in some places. Our response is also confronting pushback against many hard-won fundamental human rights, especially sexual and reproductive health and rights and the rights of lesbian, gay, bisexual, transgender and intersex (LGBTI) people. We see in many countries shrinking space for civil society and increasing attacks on human rights defenders. The climate crisis and violent extremism are eating up the health budgets in some countries in the Sahel.

The next UNAIDS strategy will provide a bridge to get from 2020 to 2025, and towards SDG 3 by 2030. UNAIDS is already leading a target-setting process for 2025 and we plan to integrate these targets in the new strategy.

The process for the development of the next strategy will be deeply data-driven and consultative, involving UNAIDS staff, our Cosponsors, civil society, people living with and affected by HIV, young people, faith institutions, ministers of health, finance and gender and parliamentarians, scientists, donors and the private sector.

We plan to present a draft strategy in time for the strategy to inform the United Nations General Assembly High-Level Meeting on AIDS in 2021.

After the strategy has been adopted, we will realign the structure of UNAIDS so that we are fit for purpose and have the right staff and resources in the right places, especially at the country level. At every stage of this task, I will seek the advice and support of Programme Coordinating Board members.

RESOURCING THE JOINT PROGRAMME

UNAIDS is known for providing strategic direction, advocacy, coordination and technical support across multiple sectors to deliver an effective and efficient AIDS response. We generate strategic information and analysis that increases the understanding of the AIDS epidemic and we monitor progress towards our shared goals.

Under my leadership, I am determined to strengthen the work of UNAIDS at the country level. The Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the United States President's Emergency Plan for AIDS Relief (PEPFAR) and UNAIDS complement each other and we can only be successful in delivering results for people together. I am looking forward to meeting with Peter Sands next week to explore how we can unite our strengths for maximum impact for people and I will make a trip to the United States of America early next year to meet Deborah Birx, the United States Global AIDS Coordinator and Special Representative for Global Health Diplomacy, and partners in Washington, DC.

This Programme Coordinating Board is well aware of the significant underfunding of the Unified Budget, Results and Accountability Framework (UBRAF) since 2015. With a 30% gap in core resources, it is difficult for the Joint Programme to deliver the required support to national AIDS programmes, to ensure successful development and implementation of Global Fund grants and to provide country support for bilateral programmes, such as PEPFAR.

The Joint Programme remains heavily reliant on a small number of donors, who deserve special thanks and recognition for their support during this critical period. Thank you.

We need to diversify funding sources and strengthen fundraising, with more outreach to additional Member States, the private sector, foundations and philanthropy.

As we revamp our fundraising strategy, we will also need to trim our operations to remain within our current budget envelope. UNAIDS is in a weak financial position and I am committed to ensuring prudent financial management of our precious resources.

EMERGING PROGRAMMATIC PRIORITIES TO GET THE GLOBAL AIDS RESPONSE AND UNAIDS BACK ON TRACK

How UNAIDS is structured and where we are focused has not kept up with the changing epidemic and trends in different regions. Our next strategy will help us to respond to these trends, but in 2020 we must step up our work in four priority areas.

WOMEN AND GIRLS IN AFRICA

First, we must make urgent progress on the rights of women and girls and gender equality. AIDS remains the largest cause of death for women of reproductive age in sub-Saharan Africa. Four out of five new HIV infections among adolescents in the region are among girls.

Worldwide, one in three women will experience physical or sexual abuse in her lifetime. In too many of our communities, a woman's first experience with sex is violent.

Millions of young people cannot access the simple health services they need: free condoms, an HIV test without parental consent and pre-exposure prophylaxis (PrEP).

It is our urgent duty to ensure that all women and girls can realize their sexual and reproductive rights and access services.

Keeping girls in schools reduces their risk of HIV. We need to ensure that all young people can stay in school and that every school provides quality comprehensive sexuality education.

We will intensify our work with our Cosponsors (particularly the United Nations Educational, Scientific and Cultural Organization, UNFPA, the United Nations Children's Fund and the United Nations Entity for Gender Equality and the Empowerment of Women) to address sexual and gender-based violence and the social norms and policy gaps that lead to the higher vulnerability of women and girls to HIV infection. It is simply absurd that HIV and family planning services are not integrated and I want our Joint Programme to commit to changing this now.

We plan to launch a step-up initiative during 2020—the year of Beijing+25. An initiative that will mobilize governments and rally women's movements, the HIV movement and other human rights movements behind our goal of ending the AIDS epidemic as a public health threat by 2030, focusing on the rights of women and girls.

DEFENDING THE HUMAN RIGHTS OF EVERYONE, EVERYWHERE, FOR ACCESS, EQUALITY AND DIGNITY—TODAY ON HUMAN RIGHTS DAY, AND EVERY DAY

Second, our response to HIV is finally working for millions of people living with HIV, but it is still failing those who are marginalized. The rights of key populations are being denied and their health compromised.

Without judgement, we must ensure that key populations can access HIV services. We must treat them as equal citizens so they can enjoy their right to health and get services to protect themselves and their partners.

A world where the AIDS response is effective for everyone is a world where laws work for people's rights, not against them, where everybody has the right to quality universal health coverage and the right to be treated with respect and dignity.

We need to invest more in human rights and key population organizations and engage governments on guaranteeing rights to all without discrimination. We need to deliver services using a rights-based approach and in ways that work for key populations. We need to fully integrate services, from HIV to TB, from noncommunicable diseases to cervical cancer, and beyond. And let us promote the science for innovations, medical tools and delivery systems that work for key populations.

The crackdowns and restrictions on LGBTI people, groups and campaigns are unacceptable. Young people are being judged and punished for who they are and who they love.

At UNAIDS, we will focus on reforming laws, policies and practices and will prioritize our support for key populations.



PUTTING SCIENCE, INNOVATION AND TECHNOLOGY IN THE HANDS OF PEOPLE

Third, the AIDS response has always been at the forefront of innovation—moving from eight pills a day to one pill a day. Moving from a treatment regimen that cost US\$ 10 000 a year to one that costs US\$ 74 a year, and from facility-based delivery to community-led service delivery.

But today we can see from the data that we need further innovation. We need a cure and a vaccine, as well as new tools for prevention, diagnosis and treatment.

Millions of people started HIV treatment last year, but some were not retained in care. PrEP is working for some, but for far too few.

We need cutting-edge science translated in ways that work for all people, that work for young people and that work equally for women and men, including transgender people.

When I visited clinics on World AIDS Day, I saw the incredible progress and innovation in the South African response, like vending machines for antiretroviral medicines. And I also saw the struggles of people facing long waits and poorly equipped care.

UNAIDS has a critical role to help countries identify and leverage the power of science, innovation and technology to save lives.

In the coming year, I want our teams to focus on three areas to tackle inequalities with innovation:

- First, the near-term opportunities to speed up the distribution of innovations from the extraordinary, such as artificial intelligence, to the simple, such as TB LAM tests, to reach the front lines faster.
- Second, getting a package of integrated HIV services to every clinic in high-burden settings so we can halt the unnecessary deaths.
- Third, making HIV treatment and prevention simpler and more accessible to how people live their lives.

FINANCING THE GLOBAL RESPONSE

The fourth issue concerns financing. In October, when I was preparing to join UNAIDS, I welcomed the news of the Global Fund replenishment. It was so encouraging to see many of the same donors that sit around this table respond to the bold call of the President of France, Emmanuel Macron, and commit more than US\$ 14 billion to the fund. The replenishment saw 23 implementing partners contribute—many for the first time.

This shows that the resources exist to end AIDS, so we need to be more effective at making the case. But we also need to do a much better job at optimizing the efficiency of each dollar we spend.

However, I was concerned to learn that 2018 saw a decline in global HIV resources of US\$ 1 billion. We are now facing an annual funding gap in the AIDS response of more than US\$ 7 billion.

In this respect, the continued support of PEPFAR to the global AIDS response and to UNAIDS remain critical. Thank you Ambassador Bix for working to maintain bipartisan support.

Africa, the region with the highest HIV burden, is facing a critical financing crisis. We must address four challenges that undermine its ability to invest in health for all its people:

- International tax avoidance. Billions of dollars of profits are channelled from Africa to offshore tax havens, shrinking the capacity of governments to invest in vital priorities, such as health.
- Stagnation and decline in domestic revenue mobilization. Despite a decade of economic expansion, progressive tax reforms that could allow for bigger budget allocations for social investments have not happened. African countries lack the systems to capture tax from private investments, especially from international companies. We welcome the work led by the President of Rwanda, Paul Kagame, and the African Union on health financing.
- Debt. In the decade leading to 2017, while tax collection has diminished and borrowing has allowed economies to expand, half of African low-income countries are in debt distress or at a high risk of being so. Africa has entered a new debt crisis. Debt repayments are now eating up public budgets, at the cost of what we care about most: investments in public health, including the AIDS response.
- Shared responsibility. I call on all development partners, foundations and the private sector to not step back at this time of need. Even with the Global Fund replenishment and the remarkable support of PEPFAR, we still need to close the growing funding gap, once and for all.

And Africa is not alone. UNAIDS will ramp up its capacity to support countries on issues of taxation and debt relief and to chart pathways that protect and increase investments in health.

TO CONCLUDE

I have outlined my emerging priorities for 2020.

I intend to appoint a strategic advisory group to assist me to bring out some of the best thinking from inside and outside the AIDS community. I am grateful to Quarraisha Abdool Karim, Associate Scientific Director of the Centre for the AIDS Programme of Research in South Africa (CAPRISA), Rico Gustav, Executive Director of the Global Network of People Living with HIV, and Matthew Kavanagh, Global Health Professor at Georgetown University, who have kindly agreed to co-chair this group.

I will count on it to ensure the strategy development process is based on evidence and data, consultative and informed directly by affected communities and communities we have not engaged in the past.

It will also provide guidance to UNAIDS' process of healing and reconfiguration—and ensure that this is fully aligned with our resource mobilization strategy. Importantly, it will help us to find the best way to ensure that the Joint Programme has the biggest possible impact in countries, ensuring that every UNAIDS joint team on the ground is focused on the specific goals of that country, is fit for purpose and brings expertise and rigour to its work.

I am very excited to be working with you on the frontline of the battle for health, dignity and social justice for all.

I intend to work closely with you. Together we will pick up the pace until this race is won.

