Excellencies, distinguished guests, colleagues and friends. We are pleased to jointly present this update on the implementation of the decisions and recommendations from the 42nd and 43rd UNAIDS Programme Coordinating Board meetings and highlights of decisions from the 44th meeting.

The results achieved in the past year, as reflected in the written report, speak for themselves. UNDP’s partnership with the Global Fund has helped save 3.1 million lives. In 2018, 1.4 million people living with HIV received antiretroviral treatment through UNDP managed Global Fund grants. In that same year, 6.3 million people were counselled and tested for HIV, and 54,000 new smear-positive tuberculosis cases were detected and treated. UNFPA reached 2.7 million marginalized girls with life-skills programmes and supported 29 countries to operationalize school-based comprehensive sexuality education.
Let's have a look at the status of the epidemic first, starting with the good news. We’ve seen remarkable progress in many countries for treatment scale-up and progress is continuing towards the 90–90–90 targets. Some 79% of people living with HIV knew their HIV status in 2018, 78% who knew their HIV status were accessing treatment and 86% of people living with HIV who were accessing treatment were virally suppressed, keeping them alive and well and preventing transmission of the virus. There are early signs of success in reducing new HIV infections among young women. Globally, new HIV infections among young women aged 15-24 years were reduced by 25% between 2010 and 2018. However, large disparities continue to exist between young women and young men of the same age. HIV infections among young women are 60% higher than among young men of the same age. Targeted programmes for young women will need to be expanded in order to reach more high-incidence locations to maximize impact.
Despite these successes, the world is off-track to reach the 2020 Fast-Track targets. There is unequal and uneven progress in stopping new HIV infections and AIDS-related deaths globally and time is running out. HIV is on the rise in 50 countries worldwide. While impressive gains have been made in scaling up access to treatment, we have not seen the same success in HIV prevention and we are failing to reach key populations, especially young key populations with prevention and treatment.

In 2018, there were 1.7 million new HIV infections while the 2020 target is fewer than 500,000 new HIV infections annually. For the first time ever, over 50% of all new infections are among key populations - men who have sex with men, transgender people, sex workers, people who inject drugs, prisoners - and their sexual partners. Also worrying is that gender inequality continues to play a key role in the epidemic with 6200 new infections occurring every week in adolescent girls and young women.

We know what needs to happen - the inequalities which impede effective HIV responses must be tackled front and centre. Examples of success such as the recent decisions of the highest courts in Botswana and India can become the sparks which ignite the flame that ends unscientific laws and policies once and for all.
The gap between resource need and resource availability is widening—there is a collective failure in making available the resources needed for the AIDS response. For the first time ever, there was a decline of USD $1 billion across all sources of HIV funding between 2017 and 2018, leaving a $7 billion gap between resources and need in 2020.

The Joint Programme will continue to support donor and domestic resource mobilization and support countries in increasing efficiencies and effectiveness in their resource allocation.

This October, the Global Fund is organizing its Sixth Replenishment and is seeking at least US$ 14 billion for the coming three-year period. The Global Fund projects that such a level of funding will spur domestic investment of US$ 46 billion towards health programmes. The Joint Programme is strongly committed to support a successful Replenishment and provides a crucial role in providing technical support to countries to make the Global Fund money work.

At the same time, as of this week UNAIDS Secretariat has only raised 77 million USD towards its annual budget of USD $242 million. The low level of resource mobilization has sparked concerns about the financial stability of Joint Programme and related to this, the Joint Programme's capacity to adequately support Member States in achieving the 2020 targets. Using funds as strategically as possible becomes even more important in this context. The Joint Programme is at a critical point, and the new UNAIDS Executive Director will need to urgently focus on resource mobilisation.
UNDP and UNFPA welcome the appointment of Winnie Byanyima as the new UNAIDS Executive Director. Ms. Byanyima, a strong advocate for gender justice and tackling inequality and former member of Uganda’s parliament, is coming to UNAIDS from Oxfam International where she served as its Executive Director for the past six years. She is no stranger to the UN. Previously she worked with UNDP where she served for seven years as the Director of Gender and Development. She was also a member of the UN Secretary-General’s High-Level Panel on Access to Medicines. We are confident she will be a strong advocate and leader for ending the AIDS epidemic as a public health threat by 2030.
Looking ahead, the world has the tools to end AIDS as a public health threat. This will require a greater collective effort to:

- collect better disaggregated data to understand local epidemics and act effectively and urgently in response;
- scale up comprehensive HIV prevention programmes;
- address the social and structural determinants of HIV, especially human rights and gender equality;
- reach 15 million people with anti-retroviral treatment, focusing on key populations;
- strengthen integration with TB, sexual and reproductive health and universal health coverage efforts;
- protect civic space and support community based organisations who are on the frontlines of HIV responses; and
- act urgently on the latest science and evidence to reinvigorate and scale multi-sectoral HIV responses in the context of broader efforts to reach the SDGs and leave no one behind.

The 2019 ECOSOC resolution on UNAIDS reaffirms the pivotal role of the Joint UN Programme on HIV/AIDS as an innovative, multisectoral model for supporting Member States in their HIV responses. Working together, the UNAIDS Cosponsors and Secretariat can help countries to scale up HIV responses and bring to an end the worst epidemic the world has ever seen.
Under SDG 3 on ensuring health and well-being, all countries have committed to achieving universal health coverage by 2030. Ahead of the High-Level Meeting on Universal Health Coverage, the meeting of the UNAIDS Committee of Co-sponsoring Organizations and the thematic segment of the 44th PCB were dedicated to discussing the integration of comprehensive HIV responses into sustainable health systems for universal health coverage. One of the takeaways from the discussions was that universal health coverage efforts should leverage some of the key hallmarks of HIV responses such as:

- inclusive governance;
- community-based services;
- human rights-based approaches which prioritise the needs of the most vulnerable;
- innovative health financing, and;
- holistic efforts to address the social and structural determinants of health.

Experience has shown that integrating HIV in universal health coverage will require taking deliberate policy and programmatic steps to ensure we reach those left behind, particularly those left furthest behind, with rights-based HIV services.
Besides linking to broader SDG efforts, getting back on track will require all actors—including multilateral and bilateral partners, governments, civil society and the private sector—to coordinate and collaborate more efficiently, and make use of the latest technologies and innovation to implement programmes more effectively.

Greater collaboration is needed. The ‘Global Action Plan for Healthy Lives and Well-Being’ is a concrete commitment from the key multilaterals working on health to “align, accelerate and account”. Other examples of intensified collaboration include the Global HIV Prevention Coalition and the Global Partnership to end HIV-related Stigma and Discrimination. We hope to work together with governments, civil society, communities, key bilateral partners and the private sector to turn these initiatives into concrete results and impact for people. Only through multi-sectoral action can we end HIV as a public health threat and deliver universal health coverage.

UNDP would like to thank UNFPA for its leadership as CCO Chair during a critical year for the Joint Programme during the period of leadership transition. UNDP looks forward to taking up the mantle of CCO Chair in 2020, working with other Cosponsors and the Secretariat as we look towards developing the 2022-2030 Strategy.

Thank you