

We must be the change we wish to see

Michel Sidibé

30th Meeting of the
Programme Coordinating Board
June 2012





Madame Chair, Vice-Chair, honourable delegates, ladies and gentlemen. Good morning and welcome to the 30th meeting of the Programme Coordinating Board (PCB).

Let me begin by offering my condolences to the people of Nigeria for the tragic loss of life in Lagos.

It is my honour to welcome Poland as the new Chair of the PCB. Her Excellency Agnieszka Pachciarz, Under-Secretary of State, Ministry of Health of Poland, is one of the most experienced public health leaders in Eastern Europe.

I also want to welcome India as the new Vice-Chair of the PCB.

I would like to congratulate my sister Dr Margaret Chan for her recent re-election as the Director-General of the World Health Organization (WHO). I am so proud to have you with us today. Thank you for representing the World Bank as Chair of the Committee of Cosponsoring Organizations (CCO).

I would like to acknowledge the new leadership of His Excellency Jean-Marie Ehouzou, Ambassador, Permanent Observer of the African Union Mission to the United Nations, Geneva. My brother and friend, Ambassador Ehouzou, has served previously as the Minister of Foreign Affairs of Benin.

I also want to recognize the new UN Heads of Agencies of the UNAIDS Cosponsors— Ms Etharin Cousin, the new Executive Director of the World Food Programme, and Mr Guy Ryder, newly elected Director General of the International Labour Organization. Finally, I want to recognize the selection of my friend Dr Jim Kim as the incoming President of the World Bank.

"You must be the change you wish to see in the world."

Mahatma Gandhi

My inspiration for UNAIDS

Let me begin by sharing a quote that has always inspired me. Mahatma Gandhi said, "You must be the change you wish to see in the world."

Indeed, this is my inspiration for UNAIDS. This is my conviction for the AIDS response. And this is my call to the Programme Coordinating Board.

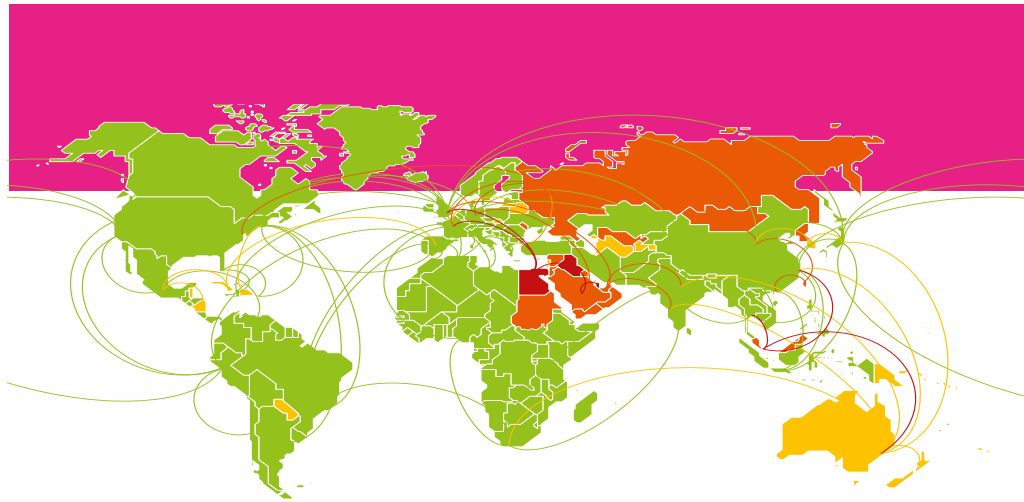
Our Board meeting is happening just two weeks before the Rio+20 Conference on Sustainable Development. At a time when global leaders and communities are reflecting on what will be the agenda for global development post-2015, we need to start the discussion here in this Board meeting on how we will position AIDS with global health and development in the future.

Today's world is characterized by global discontent with elite power structures and the status quo. People everywhere are demanding greater equity. Our debate should articulate how to go beyond disease-specific approaches and put people at the centre of our new paradigm for health and development. This is why I called for taking AIDS out of isolation to fast-track progress towards the Millennium Development Goals (MDGs).

We should rally all hard and soft powers, not only to deliver health services and ensure their sustainability, but also to ensure global stability by addressing the social determinants of health and development. Taking inspiration from Finland, this should be a socially sustainable agenda that treats all members of society fairly and reinforces participation and a sense of community.¹

Continued progress: Secretary-General's report to the UN General Assembly

We are seeing continued progress and renewed commitments. In January, the Secretary-General began his second term with renewed commitment to the global AIDS response and to UNAIDS. In his five-year action agenda, he committed to the elimination of new pediatric HIV infections by 2015 and the full implementation of the global strategy on women's and children's health.²



I would like to commend the progress of individual countries. As of today, 184 UN Member States have submitted country progress reports to UNAIDS this year—the highest response rate in the history of UNAIDS.

The Secretary-General's latest report to the United Nations General Assembly provides a clear update on the world's challenges and progress towards the targets of the Political Declaration of the 2011 High Level Meeting.³

The Secretary-General reminds us that AIDS remains one of the greatest challenges of our time. Thirty-four million people are living with HIV—68% of them are in sub-Saharan Africa. More than half of people eligible for treatment in low- and middle-income countries are not getting it.⁴

There is still great regional diversity of the epidemic and the response. For example, new infections are declining in sub-Saharan Africa and the Caribbean, but incidence is rising in Eastern Europe and Central Asia, the Middle East and North Africa, and some Asian countries.⁵

Mortality has fallen dramatically in sub-Saharan Africa, from 1.8 million deaths per year in 2005 to 1.2 million deaths in 2010, but there is no decline in AIDS mortality in Asia, where treatment coverage is still low.⁶

The overall impact of HIV treatment is clear and dramatic. In low- and middle-income countries, 2.5 million AIDS-related deaths were averted between 2005 and 2010.⁷ This is why we cannot compromise on reaching the target of the Political Declaration of 15 million people on treatment by 2015.

New political commitments

I am pleased to share a series of positive new political commitments that build on the progress of last year's High Level Meeting. In January, I addressed African Heads of State and Government at the African Union (AU) summit in Addis with a call to revitalize AIDS Watch Africa (AWA) as a continent-wide advocacy and accountability platform. I called on

African governments to develop more sustainable financing models and accelerate access to essential medicines. The AU adopted a decision requesting the African Union Commission and the New Partnership for Africa's Development (NEPAD) agency to work with UNAIDS to develop a roadmap for African ownership that leverages the contributions of all partners. This is a clear demonstration of Africa taking the lead on creating sustainable solutions for the AIDS response.

This is why UNAIDS and NEPAD signed a new Memorandum of Understanding, which calls for our strategic collaboration on HIV, health and development across the African continent.⁸

Tomorrow the President of Togo is hosting the 16th Session of the West African Economic and Monetary Union (UEMOA) in Lomé. The President has kindly invited me to address the Heads of State of West Africa to advance this agenda.

In the Asia-Pacific region, governments met at the United Nations Economic and Social Commission for Asia and the Pacific. Under the Chairmanship of His Excellency Ratu Epeli Nailatikau, President of Fiji, this high-level intergovernmental meeting endorsed a new, bold framework for Asia-Pacific nations to achieve the global targets and commitments by 2015.

I was very impressed with my recent visits to Algeria and Morocco. The King of Morocco, His Majesty Mohammed VI, has introduced RAMED,⁹ which provides medical insurance for 8.5 million Moroccans living below the poverty line, or almost 30% of the population. Her Royal Highness Princess Lalla Salma, President of the *Association Lalla Salma de Lutte Contre le Cancer*, is advancing advocacy and support for programmes aimed at improving the health of women. UNAIDS is also working with the Government of Algeria to establish a new research institute on AIDS in Tamanrasset—the first of its kind in the Middle East and North Africa region.

I want to commend the Arab Parliament for adopting an unprecedented “Arab Convention on the Prevention of HIV/AIDS and the Protection of Rights of People Living with HIV.”



REDUCE SEXUAL TRANSMISSION



PREVENT HIV AMONG DRUG USERS



ELIMINATE NEW HIV INFECTIONS AMONG CHILDREN



15 MILLION ACCESSING TREATMENT



AVOID TB DEATHS



CLOSE THE RESOURCE GAP



ELIMINATE GENDER INEQUALITIES



ELIMINATE STIGMA AND DISCRIMINATION



ELIMINATE TRAVEL RESTRICTIONS



STRENGTHEN HIV INTEGRATION

Though the Pan Caribbean Partnership against HIV and AIDS, Caribbean governments reaffirmed their support for the 2011 Political Declaration, with a focus on the elimination of mother-to-child transmission and keeping mothers alive.

In Latin America, Chile and Argentina adopted new legislation to end HIV stigma and discrimination, while eight countries in Central America are developing recommendations to ensure the financial sustainability of their HIV responses.

In Eastern Europe, the MDG 6 Action Plan is moving ahead, with the Russian government allocating donor funds to advance MDG 6 in key countries of Central Asia and the Caucasus.

In April, the G8 renewed their commitment to the AIDS response when G8 Foreign Ministers supported the call for an “AIDS-free generation and efforts to achieve universal access to prevention, treatment, care and support with respect to HIV/AIDS.”¹⁰

Progress towards goals and targets of the High Level Meeting

These political commitments underscore the strong progress we are making towards the goals and targets adopted at the High Level Meeting. Allow me to focus on progress in just three key areas.

1. Eliminate new HIV infections among children by 2015 and substantially reduce AIDS-related maternal deaths

First, the *Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive* is on track. With my Co-chair, Ambassador Eric Goosby, we led a mission of the Global Steering Group to Nigeria, which has the world’s largest burden of mother-to-child transmission of HIV.

With Margaret Chan of WHO, Babatunde Osotimehin of UNFPA, Geeta Rao Gupta of UNICEF and Ray Chambers, the Secretary-General’s Special Envoy for Malaria, we joined the Secretary-General in India to promote Every Woman Every Child.¹¹

The Secretary- General's visit to Mumbai brought a renewed focus to ending new infections among children and keeping their mothers alive. I am pleased the Ministry of Health of India is joining other countries to phase out the use of single-dose nevirapine.

In my audience with Pope Benedict XVI, we discussed how the Catholic Church can be a major partner for an HIV-free generation. The Business Leadership Council for a Generation Born HIV Free,¹² led by John Megrue, has mobilized some of the world's most powerful CEOs to accelerate the countdown to this urgent goal.

UNAIDS recently launched the "Believe it. Do it." campaign with CNN and online, which is aimed at the general public who have little awareness about this issue.¹³ We are also working on a new initiative with women living with HIV, building on the Agenda for Accelerated Action.¹⁴ This will ensure women have access to HIV treatment, and that the voices of women with HIV are taken fully into account.

I was very pleased that representatives from 29 countries, including 18 Ministers of Health from the 22 priority countries, participated in the first face-to-face meeting on the Global Plan during the World Health Assembly to review national progress.

Let me be clear: with your continued support, by the end of 2015 we will end infections from mother to child, and we will do all we can to keep women living with HIV alive and healthy.

2. *Active involvement and leadership of young people*

Second, we have kept our promise to create space for young people to have real decision-making power and influence. With the support of Her Royal Highness Crown Princess of Norway Mette-Marit, young people have developed the new youth strategy for the UNAIDS Secretariat. Entitled CrowdOutAIDS, this is the first crowdsourced strategy in the United Nations. More than 5 000 young people from 79 countries collaborated online, in real time. I was proud to launch this innovative strategy with young people in Nigeria. It will guide and inspire our work with young people until 2015.



3. Eliminate gender inequalities and increase the capacity of women and girls

Third, we are advancing our commitment to women and girls. HIV is still taking a tragic toll on women and girls, undermining their ability to shape the future they want. We must deliver on gender equality and the empowerment of women and girls, so they can protect themselves from HIV and violence and lead our world to create better opportunities for their daughters.

On International Women's Day, Helen Clark and I had the honour to open the new offices of Positive Women in Auckland, New Zealand.¹⁵ I am pleased to recognize Jane Bruning here today. Your life and your work remind us all every day that women living with HIV need more than policies and protection. You also demand and deserve empowerment and respect.

This is why we are still concerned with the vulnerability to HIV facing women, girls, and other populations, as well as peacekeepers, in conflict- and post-conflict environments. We are collaborating with Hervé Ladsous and the UN Department of Peacekeeping Operations, and the six largest UN peacekeeping missions, to guide the implementation of the historic UN Security Council Resolution 1983. As part of the UNAIDS realignment, I have established new Humanitarian Advisers in key countries to advance this important work.

Last month in Harare, UNAIDS was proud to join with the African Union to establish the GlobalPOWER Women Network Africa. Under the patronage of Her Excellency Joyce Banda, President of Malawi, and presided over by Hon Khupe, Deputy Prime Minister of Zimbabwe, this powerful network of African women leaders issued the Harare Call to Action to Accelerate Action for Women's Empowerment and Gender Equality in HIV and Sexual & Reproductive Health & Rights.

This is why this Board is requested to consider the approval of UN Women to join UNAIDS as the eleventh Cosponsor. In April, the CCO unanimously approved the application by UN Women. I sincerely hope this Board will do the same.

Three major challenges

As we prepare for the International AIDS Conference to return to the United States for the first time since 1987, I want to highlight three major challenges facing the future of the global AIDS response.

1. *Dependence on external resources*

First, the dependence on external resources is a key risk to the stability of the AIDS response. For example, in Africa, two-thirds of all AIDS expenditures are from external sources, and these investments are falling.¹⁶ As you will see from our recent publication,¹⁷ it is essential to reduce Africa's dependency on imported medication to ensure sustained access to life-saving medicines for HIV and other illnesses.

Ending dependency is not an exit strategy for external donors. It is a bold agenda to ensure African ownership for the health of their people and their programmes. It is also a call for global solidarity.

I have taken this issue to African Heads of State. With Margaret Chan I am working to make links between Ministers of Health and Finance on how to consider resources for AIDS and health as smart investments in people.

2. *Potential for market failure in the development and supply of HIV medication*

Second, we have to be aware of the potential for market failure in the development and supply of essential medications for HIV. This is a looming crisis that can threaten the health of millions already on treatment and millions more in need.

Today, the majority of generic drugs for HIV treatment are produced in India. As we move from 6.6 million to 15 million people on treatment in low- and middle-income countries, we must safeguard India's role as a leading supplier of low-cost, high-quality generic drugs. We also must diversify development and production to ensure long-term access to meet growing needs. Today, few firms in Africa meet Good Manufacturing Practice standards and are prequalified by WHO.



To address this challenge, I propose three strategic actions: first, we must encourage manufacturers in developing markets to serve both national and regional markets and rapidly progress to world-class manufacturing standards, around which centres of excellence—hubs—can emerge. UNAIDS is already working with WHO to ensure that successful models for research and development and generic production from Brazil, China and India are shared with governments and the private sector in other parts of Africa, Asia and Latin America.

Second, with a leading role from WHO, we need to transform regulatory capacity. We need stronger national and regional regulatory authorities to fast-track the registration of new drugs and ensure their quality.

Third and finally, we need a coherent global policy on the use of flexibilities in Trade-Related Intellectual Property Rights (TRIPS). As I have written to the G20, the international community has the obligation to improve global access to affordable medicines, including essential generic drugs for HIV treatment. I call on countries to reject data exclusivity clauses and to make sure countries have access to the necessary knowledge and capacity to know how to navigate through complex TRIPS measures.

If we take these steps in a coordinated manner, millions of people in low- and middle-income countries will continue to have access to treatment for HIV and other life-threatening illnesses, now and in the future.

3. Ensure consistent progress on HIV and human rights

Our third major challenge is to ensure consistent progress on HIV and human rights. In recent months, I have been concerned about cases of harassment of sex workers—even in countries with high standards for human rights, like Greece and the United States.^{18,19}

I am also concerned that continued use of compulsory drug detention and rehabilitation centres is on the rise in some countries. This is why UNAIDS convened 11 other UN entities to issue a strong statement calling for the closure of these centres.²⁰

I am heartened by the recent commitments by two of the world's leading women Heads of State—the Prime Minister of Jamaica and the President of Malawi—to decriminalize homosexuality. They are demonstrating why human rights are essential to promote health and dignity.

Addressing the human rights barriers to the AIDS response is key to advancing HIV prevention and treatment efforts in generalized and concentrated epidemics. The People Living with HIV Stigma Index shows that employment-related stigma and discrimination impedes workers living with HIV from accessing essential services as well as securing a regular source of income to live productive and dignified lives.²¹

The UNAIDS position on HIV and human rights is clear and simple: We don't want any person to be infected by a virus that is preventable. We don't want any person to die from a virus that is treatable.

We have so many tools to stop HIV transmission and to stop deaths. Human rights demand that we deliver these tools and remove the obstacles so that every person can have access to life-saving services. By doing so, we help to transform societies into the inclusive places they should be. Investments in human rights are an essential part of investments in the AIDS response.

Four major opportunities

Allow me to also share four major opportunities that we must seize and enhance to strengthen the global AIDS response.

1. *Strategic investment*

First is the importance of the discussion in this Board on strategic investment. In support of this discussion, UNAIDS developed a new, revised investment tool.²² This tool aims to empower national partners to make investment decisions that will accelerate their progress towards the goals of the Political Declaration. It is a tool to help guide investment priorities



that are cost-effective, based on evidence, efficient and produce maximum impact for people. And as a tool, it is flexible. It allows for context-specific analysis and response, and it is inclusive of all partners.

I would like to recognize the outstanding leadership of my brother, His Excellency Tom Mboya, the Ambassador of Kenya to the United Nations, Geneva, as well as the extensive guidance and input from Member States and civil society. Without your support, we would have never completed this tool for this Board meeting.

The strategic investment discussion at this meeting, as well as this investment tool, are opportunities for countries to turbo-charge their responses and deliver the maximum return for their investments in AIDS.

2. Innovation

Second, I want to highlight the critical importance of innovation. Today, the term “innovation” is used to describe ideas and products that want to be at the cutting edge, when too often the changes are more incremental than monumental.²³

The Secretary-General’s report shows that we are making unprecedented progress. But if we are going to make the next breakthrough to reach universal access and sustainability, we must deliver genuine innovation.

In my Letter to Partners, I talked about nine areas where we must leverage the potential of innovation to transform the future of HIV treatment access.²⁴ We are losing people to treatment follow-up due to a lack of rapid diagnostics. Second-line drugs are still too expensive. We are already working with the pharmaceutical industry to develop the next phase of the treatment access revolution to develop radically better, smarter and simpler HIV medicines and point-of-care solutions.

We must also innovate delivery. Innovation is not just essential to scale up access to treatment—it is about making HIV treatment, care and support services simpler to deliver, longer-lasting and more efficient. We need to be smarter and more strategic in how we apply

the results from clinical trials to realities at country level. We must reduce the time from research findings to policy implementation. And we need to think today about which fall-back options we may need in the future.

That is also why tomorrow's thematic session on combination prevention is so important. It is not only about what tools we have available to stop HIV transmission. It is also about how to be innovative in the design and implementation of the right prevention package to break the trajectory of the epidemic at the country and community levels.

3. Commitment of partners

As a third opportunity, I want to highlight the renewed commitment of partners. It will be impossible to achieve global targets of the Political Declaration without sufficient financial resources. To reach the target of US \$22 billion to \$24 billion per year by 2015, we need to increase investments by 50%.²⁵ All countries and partners must work to meet this commitment.

At the Global Fund Board, I commended the new managing director for getting the Global Fund back on track. The Global Fund now has US \$1.6 billion available for new commitments over next three years.

I also want to recognize the commitments of the BRICS countries.²⁶ By significantly increasing their domestic funding for AIDS, the BRICS are rapidly phasing out their dependence on development assistance and thus are demonstrating their readiness to share responsibility for the AIDS response.

In this time of economic uncertainty, I want to recognize the solidarity of the United States. Through the continued support of the United States for the Global Fund, the President's Emergency Plan for AIDS Relief (PEPFAR) and UNAIDS, the global AIDS response is moving ahead. But the United States cannot carry this burden alone.

The majority of our donors have maintained—and in some cases increased—their financial commitments to UNAIDS. I want to particularly recognize those governments that have increased their financial contributions to UNAIDS in this difficult period—Australia, China,



Japan, Norway, Republic of Korea and Sweden. I thank all our donors and partners for your confidence and investments in our shared agenda, which we can only achieve together.

I would also like to highlight the results of the recently published Australian Multilateral Assessment, in which UNAIDS received a positive rating. A number of other multilateral-bilateral reviews have been undertaken, but in particular, I would like to draw your attention to the joint assessment of the Multilateral Organisation Performance Assessment Network (MOPAN), a network of 16 donor countries.

These commitments and feedback are positive opportunities for UNAIDS to advance a new global compact for shared responsibility and global solidarity. This is what I called for at the recent Global Fund Board meeting: a new compact that features strong country ownership and leverages every opportunity for innovative financing.

This compact is a pivotal opportunity for civil society. Your function as a contractor of programmes and services must not come at the cost of your independence and your role as the moral conscience of the AIDS response. UNAIDS will continue to support and invest in civil society networks in ways that protect your unique purpose and contributions.

4. Potential for political and cultural organizations to advance the Political Declaration and goals of the High Level Meeting

Ladies and gentlemen, I also want to highlight the potential of political and cultural organizations as the fourth major opportunity. In my address to the 6th Francophonie Conference on HIV/AIDS in Geneva, I called on the Francophonie to build on and enhance its leadership role on AIDS in the French-speaking world.²⁷ But this engagement should not be limited to the Francophonie. The high rates of HIV in the Commonwealth of Nations, the Comunidade dos Países de Língua Portuguesa, the Commonwealth of Independent States, and some members of the Organization of Ibero-American States are also a serious cause of concern.

I call on relevant country leaders to transform the Political Declaration and goals of the High Level Meeting into political commitments and action in these important political and cultural organizations.

UNAIDS' groundbreaking transformation

Since our last meeting, the UNAIDS Secretariat has undergone the most comprehensive process of internal review and restructuring since its creation. This strategic realignment comes during a critical turning point in the global AIDS response, when the global economic downturn has exacerbated budget pressure from key donors.

With external support from McKinsey & Co., the strategic realignment was designed to enable UNAIDS to help countries more effectively achieve targets and commitments set forth in the Political Declaration, and to meet the need for ever-greater efficiency and effectiveness.

To guide the review, UNAIDS outlined three objectives:

1. Align UNAIDS' internal structure to its vision, strategy and the goals of the 2011 Political Declaration;
2. Strengthen staff skills and deployment at headquarters, regional and country levels to achieve results; and
3. Lower overall operating costs and demonstrate UNAIDS value for money.

As a result of the strategic realignment, UNAIDS will be increasingly country-focused. Regional offices will now work with greater authority, responsibility and accountability to provide for country-led and country-owned solutions to the epidemic. UNAIDS' seven Regional Support Teams (RSTs) will be empowered to drive strategy and implementation, with staff being redeployed to RSTs and 30+ high impact countries, including the BRICS. This will increase technical capacity and policy expertise, while being more responsive to local needs; enable UNAIDS to support key partners like the Global Fund and PEPFAR more effectively; and increase focus on issues of shared responsibility and country ownership.

Temporary staffing measures began in April 2011 to limit recruitment and to reduce staff numbers on a voluntarily basis, wherever possible. This has enabled us to implement the realignment "with a human face." For example, I approved 38 requests from staff members for voluntary separations.



The headquarters structure of the UNAIDS Secretariat in Geneva is being simplified for less bureaucracy, improved focus and faster action. The number of posts in Geneva will be reduced over time by roughly 100, through the abolition of vacant posts, phasing out of short-term posts, retirements and mobility and reassignment of staff from Geneva to RSTs and country offices. These measures will enable us to get to a target of about 850 Secretariat staff by the end of the biennium and will meet the objective of increased country focus, with a distribution of 30% in Geneva and 70% in the field.

The full implementation of the changes will span the next several years, although much will be accomplished over the coming 12 months. Realignment is expected to generate a total net savings of US \$40 million by 2014–2015. This is enough to offset the increases in exchange rate-driven costs.

The strategic realignment of the UNAIDS Secretariat introduces several innovations. The new Department for Rights, Gender and Community Mobilization gives greater prominence to UNAIDS' leading efforts to promote social change by advancing human rights and gender equality in the context of HIV, reaffirming our commitment to the GIPA principles and mobilizing communities to advance the next generation of the HIV response.

Budgets are now allocated against activities directly linked to the targets of the Political Declaration, strengthening UNAIDS' focus on risk management and compliance. UNAIDS' externally focused advocacy, communications, political and resource mobilization efforts are united into a single branch—Political and Public Affairs. Technology will be leveraged to support programmatic delivery and drive operational change. And the Human Resources Management Department has been reconfigured to focus on value-added activities. UNAIDS is also enhancing its participation in intergovernmental and interagency bodies.

Throughout the realignment, UNAIDS senior management has maintained a close and productive dialogue with the UNAIDS Staff Association. I reaffirm our strong commitment to support UNAIDS staff as our most important asset.

Conclusion

Madame Chair, honourable delegates, ladies and gentlemen. I am pleased to highlight two recent appointments by the Secretary-General of his new Special Envoys on HIV/AIDS. It is my honour to recognize Dr Eddie Greene, the Secretary-General's Special Envoy for HIV/AIDS in the Caribbean region, and Mr Prasada Rao, the Secretary-General's newly appointed Special Envoy for HIV/AIDS in Asia. Gentlemen, you can count on the full support of UNAIDS, our Cosponsors, and the members of this Board for your important work.

In conclusion, I am honoured to pay tribute to the career and achievements of Dr Nafis Sadik, who has made outstanding contributions to the work of the United Nations. As Executive Director of UNFPA, and most recently as the Secretary-General's Special Envoy for HIV/AIDS in Asia, you have served the Secretary-General with distinction, and you have advanced the global AIDS response through your passion and commitment. You have been one of my most trusted advisors, whose guidance and vision have been indispensable. I will cherish our friendship forever.

Ladies and gentlemen of the Programme Coordinating Board, please join me in thanking Dr Nafis Sadik.

Thank you.



Michel Sidibé
Executive Director

End notes

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UNAIDS
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20 Avenue Appia
1211 Geneva 27
Switzerland

+41 22 791 3666
distribution@unaids.org

unaids.org