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Towards a United Nations Comprehensive Policy Response To Global Health Challenges

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The AIDS Response: UN Reform in Action

I applaud the decision by the Council to bring several United Nations heads together on the important matter of coordinating our efforts and our knowledge across priorities and across regions and countries.

Finally now there is now a universal recognition that health problems require responses that stretch beyond the health sector. The AIDS response has pioneered this approach, demonstrating the need and the value of bringing together various sectors and stakeholders.

UNAIDS—with its 10 Cosponsors and the Secretariat, is a unique model of UN agencies working together in response to an urgent development challenge. This is truly UN reform in action, and the UN Joint Teams in countries exemplify this.

This was the same spirit that gave rise to UNAIDS' **Outcome Framework**, a plan that takes us into 2011 and holds the Secretariat and its Cosponsors accountable for making the resources of the UN work for results in countries. The Outcome Framework is an excellent tool for keeping our "eyes on the prize." It has focused us. It has prioritized where we work. It has helped us ensure we reach the right people with the right interventions. It has changed how we work at the country level.

The Joint UN Teams and national partners in every country have narrowed down—with a budgeted workplan—three to five priority areas for accelerated action. This approach was reinforced by a letter from Helen Clark, the UNDP Administrator, and myself to all Resident Coordinators which aims to spur implementation of the Outcome Framework. And when I travelled to Mali with Helen Clark this year, we witnessed how HIV has mobilized the UN Country Team to "Deliver as One."

The Outcome Framework targets interventions where they will have most impact on the epidemic. Given time constraints, let me focus on two areas: Prevention of mother-to-child transmission (known as PMTCT) and gender equality.

Prevention of mother-to-child transmission

With the help of the Global Fund to Fight AIDS, TB and Malaria, we have focused on the **virtual elimination of mother-to-child transmission of HIV** in the 20 high-burden countries that account for over 85% of pregnant women living with HIV.

In May, UNAIDS co-hosted a high-level meeting on how to advance virtual elimination, with the participation of principals from UNFPA, WHO, the Global Fund, Children's Investment Fund Foundation, Elizabeth Glaser Paediatric AIDS Foundation, PEPFAR and Columbia University. We agreed that, even in the current climate, this is an ambitious goal that the world can reach by 2015, and it is up to us to make this a reality.

More specifically, the four prongs of the PMTCT response both delegates and harmonizes the work of many moving parts of the UN system. With UNICEF and WHO as principal conveners, this is how it works:

- Prong one, the prevention of HIV infection among women of reproductive age is coordinated by UNFPA
- Prong two, avoiding unwanted pregnancies among HIV+ women is also coordinated by UNFPA
- Prong three, ARV prophylaxis to prevent vertical transmission is coordinated by UNICEF and WHO
- And prong four, treatment, care and support for the mother, baby and family—which also includes infant feeding guidance—is coordinated by WHO and UNICEF.

As you can see, the UN is leading the charge to use PMTCT as a platform to provide comprehensive maternal, child and sexual and reproductive health and rights services.

Women, girls and HIV

Let me turn to **gender equality**—which as we all know is such a critical factor in human health, well-being, dignity and development. I welcome the creation of UN Women, the new entity for gender equality and the empowerment of women. It will provide a powerful voice and force for women and girls and be an important ally to move the AIDS response forward.

In our work across the developing world, we witness daily instances of discrimination, injustice and brutality against women and girls. It is manifested in mass rapes that go unpunished, in the social acceptance of domestic violence, in the toll of maternal death and much more subtly in places where women have no voice. The HIV epidemic complicates and exacerbates these wrongs, and vice-versa, making women and girls more vulnerable and harming society as a whole.

The UNAIDS Outcome Framework specifically prioritises stopping violence against women and girls. We know that the AIDS epidemic, and our response to it, can be the catalyst that will bring about the social, political and legal transformation of the human rights of women and girls.

In December 2009, the UNAIDS Programme Coordinating Board endorsed the Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV. Appreciating the actionable recommendations, the Board requested its immediate roll-out across countries.

The Agenda aims to catalyze country level action for women-centered responses. By the end of the year, at least 30 countries will be moving forward with action plans, using a consultative process linked to national planning cycles. In addition, at least seven countries will serve as a “champion” country to inspire regional action and allow lessons to be learned on the roll-out of the UNAIDS Agenda in different contexts.

Concrete actions are already unfolding. In Liberia, we have supported the UN Joint Team to include gender in the Joint Programme of Support. The country decided to bring HIV, TB and reproductive health services together through an integrated service package, to start with market women. Liberia will also review and bring together the different efforts to stop violence against women and girls. And we are supporting similar work from China to Swaziland.

AIDS *plus* MDGs

Coordination is a central tenet in the progress we are mapping out for maternal and child health. I am very pleased that UN Secretary-General Ban Ki-moon’s Joint Action Plan for Maternal and Child Health reflects the intrinsic links between Millennium Development Goals 4, 5 and 6. It is going to give a tremendous boost to integration.

We see a huge range of opportunities for linking the AIDS response more closely to all the MDGs—what I am calling AIDS *plus* MDGs.

It is clear to us that AIDS *plus* MDGs is not an abstract concept dreamed up by the UN, but a practical reality playing out in villages and cities across the developing world. People want and expect holistic responses to their needs—not stove-piped services. And in light of current economic conditions and limited resources—they expect accountability, and they expect value-for-money.

To meet these expectations, we in the UN have an obligation to continue to better coordinate our efforts—from technical support to coherence on policy advice.

The UN is the engine to deliver this change. I truly believe we are doing it.

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Leveraging the AIDS response, UNAIDS works to build political action and to promote the rights all of people for better results for global health and development. Globally, it sets policy and is the source of HIV-related data. In countries, UNAIDS brings together the resources of the UNAIDS Secretariat and 10 UN system organizations for coordinated and accountable efforts to unite the world against AIDS. www.unaids.org