

UNAIDS: what stakes, what future?

Santé mondiale 2030

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The think tank "Santé mondiale 2030" has been in existence since October 2016. It brings together personalities involved in global health, such as Françoise Barré-Sinoussi, Paul Benkimoun, Michel Cot, Sana de Courcelles, François Dabis, Annabel Desgrées du Lou, Jean-François Delfraissy, Eric Fleutelot, Frédéric Goyet, Mathieu Lamiaux, Michel Kazatchkine, Marie-Paule Kieny, Lelio Marmora, Benoît Miribel, Olivier Nay, Louis Pizarro, Anna-Laura Ross. Stéphanie Tchiombiano is the coordinator.

The members of the group are individual members and not on behalf of their respective organizations. This document is the result of collective work within the group. It does not in any way commit, nor does it reflect the individual opinion of each member.

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The objective of this note is to share a collective reflection on the singularity of the programme, on its current mandate and on the main issues (health, financial, organizational) that the new Director¹ will face.

The originality of the UNAIDS system

As a programme which brings together several agencies, or "co-sponsors²" around a common project (ending the HIV epidemic by 2030), UNAIDS must be recognized for its avant-garde character that has been his since its creation in 1994. This idea of a multisectoral response to a complex issue (the fight AIDS) was both emblematic of Global health (which was emerging at the time) and quite a precursor to the spirit of the Sustainable Development Goals as we know them today. Understanding that the fight against AIDS can only be effective by addressing the full range of determinants of vulnerability to AIDS, addressing the infection in its entirety (social, political, economic, legal aspects) and not as a strictly bio-medical issue was really pioneering at the time. In certain aspects (opening governance to civil society organizations³ or structuring the strategy around the Sustainable Development Goals⁴), UNAIDS is, in a way, a model for the ongoing reform of the United Nations system. It is therefore important to keep in mind this unique, pioneering and potentially inspiring character of the programme.

The role of UNAIDS can be divided into 5 types of interventions: (1) an advocacy role, aiming for political portage and maximum resource mobilization, (2) a role of coordinating the response at all levels (global, regional, national) with the idea that UNAIDS should be the "conductor" of all United Nations agencies, making the most of each actors' specific skills and creating spaces for discussion, for collaboration and for harmonization in the fight against AIDS, (3) a data collection and dissemination role, to monitor and measure both the scale or dynamics of the epidemic and the importance of the collective response and progress achieved; and (4) a support and technical assistance role for national AIDS programs to make the best use of the funding entrusted to them⁵ (mainly by the Global Fund and PEPFAR).

¹ Winnie Byanyima was appointed Executive Director of UNAIDS by the UN Secretary-General on 14 August 2019. She replaces Michel Sidibé who has served 11 years in the post. This change at the helm of the organization seemed to us an opportune moment to share our thoughts on UNAIDS' mandate and challenges for the years to come. Of course, the question of closing UNAIDS, more than 20 years after its creation, could have been asked in a more direct, more frontal way, in the name of "normalizing" the fight against the epidemic. The questioning of multilateralism, the rise of inward-looking attitudes and populism do not allow us today to think calmly about this possibility. The gains made in the fight against AIDS are fragile and it is necessary to stay on course. It is therefore necessary to think, collectively, about reforming and improving the organization as it currently exists.

² The list of UNAIDS Cosponsors in 2019 is as follows: ILO, UNDP, UNESCO, UNFPA, UNHCR, UNICEF, UNODC, UN-Women, WFP, WHO and the World Bank.

³ With a PCB (Programme Coordinating Board) comprising 22 Member States, 11 Cosponsors and 5 seats allocated to regional civil society organizations, UNAIDS is the only UN entity whose governing board is open to civil society representatives, along with the ILO (which includes trade unionists). The organization has certainly inspired major global health initiatives such as the Global Fund, which have adopted this principle of open participation.

⁴ The UNAIDS strategy is the only one that is explicitly articulated around the Sustainable Development Goals most relevant to HIV: SDG 3 (Good Health and Well-being), SDG 5 (Gender Equality), SDG 10 (Reduced Inequalities), SDG 17 (Partnerships fir the Goals) and SDG 16 (Peace, Justice and Strong Institutions).

⁵ The UNAIDS report states that, since 2002, UNAIDS has provided technical assistance to about 100 countries (UNAIDS report), to help them obtain and make optimal use of more than \$18 billion dollars made available to countries by donors.

It seems to us that UNAIDS has a proven track record in terms of advocacy, in its ability to mobilize the HIV community around major international watchwords⁶, such as the triple-zero target⁷ or the 90-90-90 strategy⁸ launched in 2014⁹. UNAIDS keeps HIV on the international political agenda in the way we would like it to be on all major global health issues and makes data on the epidemic and on the response available to all on a regular basis. There is of course room for improvement, especially to avoid duplication with WHO and the CDC, but we believe that **UNAIDS is valuably fulfilling its role of data pooling (and, in the future, data modeling).**

However, its added value in terms of coordination at the local level, or in terms of technical assistance, is for us questionable. The quality of its interventions is of course very uneven from one region to another, and some experts working for the organization are evidently skilled, but overall it seems to us that this technical assistance role goes beyond the initial mandate of the program (which is supposed to rely on the diversified and specialised expertise of the different agencies that make it up, and not to replace them, or sometimes even compete with them). One of the particularities of UNAIDS was this unifying role, highlighting the contribution of civil society in the fight against AIDS. This link has gradually diminished, and the articulation with the UNDP in its mandate to strengthen the social contract needs to be rethought.

Over time, UNAIDS has transformed and has expanded (it now has more than 700 staff), and has finally become an organization that formally is relatively close to the agencies it is supposed to coordinate¹⁰.

Three issues are, in our view, important for the years to come.

1. The health issue is obvious. It is absolutely necessary to "get back on track¹¹" to avoid a resurgence of the HIV/AIDS epidemic if the efforts of the international community were to falter. The false sense of having stemmed the spread of the HIV epidemic has materialized in a dangerous decrease in funding of 20% between 2013 and 2016, even though the incidence of new HIV infections in Eastern Europe and Central Asia, for example, increased by 60% between 2010 and 2016. Rising inequalities, the growing severity of certain crises and the marginalization of certain population groups are major collective challenges. According to the latest modelling, only 12 countries, for example, are on track to achieve 90%

⁶ This very specific mandate, exceptionally centred around a single disease (AIDS will be the subject of both a Special General Assembly of the United Nations in 2001, and a Security Council meeting the same year), has made it possible to launch an unprecedented dynamic around the epidemic, with collective objectives.

⁷ Zero new infections, zero discrimination, zero deaths related to HIV-AIDS

⁸ The UNAIDS goal is to ensure that 30 million people have access to treatment by achieving the 90-90-90 targets of 90% of people living with HIV knowing their HIV status, 90% of people on antiretroviral treatment and 90% of people on treatment with an undetectable viral load by 2020.

⁹ Other initiatives include the "Start Free, Stay Free, AIDS Free" initiative with PEPFAR to eliminate paediatric AIDS, the "One Quarter for HIV Prevention" campaign advocating for 25% of AIDS funding to be allocated to HIV prevention programmes, and advocacy for the removal of travel restrictions for people living with HIV (the number of countries with such restrictions has increased from 59 in 2008 to 35 in 2015).

¹⁰ We believe that the relationship between the Global Fund and UN agencies should be rethought, in order to regain the original spirit of the creation of the Global Fund, enshrining the principle of UN agencies providing the necessary assistance for the optimal use of grants in countries. The Fund and UNAIDS should come back to the PCB with clear and binding proposals, beyond agreements in principle.

¹¹ Bekker, L-G, et al. Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society, Lancet Commission. The Lancet, July 2018.

antiretroviral treatment coverage by 2030¹². There are many avenues for responding to these new challenges, particularly in the area of prevention, but UNAIDS will have the task of remobilizing the international community so that these new solutions are accessible to the greatest number of people, basing its arguments, it is important to remember, on the results of "evidence-based" research. It is essential to combat a form of "political fatigue"¹³ that seems to be taking hold at a time when needs are increasing. It is important to hear the appeal of the expert group of the Lancet Commission of July 2018¹⁴, which fears a resurgence of the HIV/AIDS epidemic, if the efforts of the international community were to slacken.

2. The financial issue is also central to the new Director's roadmap. While the original UNAIDS model relied primarily on funding from the co-sponsoring agencies, it now relies primarily on voluntary contributions from governments. The budget of the secretariat alone represents 58% of the amount of the budget invested in the AIDS response by all the co-sponsors¹⁵ that the program brings together. Funding has been steadily declining since 2013¹⁶. Beyond the need to re-examine this funding model, we believe that it is especially important to improve efficiency so that UNAIDS' impact can match the (significant) amounts invested in the "superstructure" (more than US\$ 170 million in 2018¹⁷). The problem is that the 11 co-sponsors are waiting to be funded from the UNAIDS budget rather than wishing to co-contribute funding, programs and staff themselves.

3. The organizational issue, finally, is certainly the most important¹⁸. The new Director will have the difficult task of rethinking operations, redefining working methods, restructuring (and, in our view, downsizing) the organization staff. There is, of course, a reflection to be carried out on the growth of the organization¹⁹. As the number of staff members has swelled (with a particularly high concentration of high grades (D1 and D2), essential technical skills have been lost, notably on human rights or drugs²⁰. This natural institutional trend towards growth is not specific to UNAIDS, but it is deeply out of step with the original mandate as "conductor" of the program.

¹² Frank TD, Carter A, Jahagirdar D, Biehl MH, Douwes-Schultz D, Larson SL, et al. Global, regional, and national incidence, prevalence, and mortality of HIV, 1980–2017, and forecasts to 2030, for 195 countries and territories: a systematic analysis for the Global Burden of Diseases, Injuries, and Risk Factors Study 2017. *The Lancet HIV*. Août 2019; S2352301819301961.

¹³ Burden sharing or burden shifting? How the HIV/TB response is being derailed, Médecins sans frontières, report, 7 October 2019.

¹⁴ Bekker, L-G, et al. Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society, Lancet Commission. *The Lancet*, July 2018

¹⁵ Secretariat budget: \$140 million (versus \$242 million for the 2018 joint programme).

¹⁶ « Unids funding trends 2012-2018 : yearly approved budget, revenue and funding gap », accessed on UNAIDS website, 5 June 2019: <https://open.unaids.org/funding-trends>

¹⁷ The budget for the secretariat in 2018 is US\$ 171,641,408 according to the Organizational Report 2018, Unified Budget Results and Accountability Framework (UBRAF) 2016-2021, p23.

¹⁸ The organization itself has been aware of this need in recent years, as a strategic global panel on the future of UNAIDS was established in December 2016.

¹⁹ The issue of expanding the mandate of UNAIDS to include other diseases, co-morbidities or antimicrobial resistance is one of the options to be considered, should this issue of UNAIDS' mandate emerge on the international scene. It will of course be up to UNAIDS to adapt to the changing international health landscape (and not the other way around).

²⁰ On these aspects, it is necessary to think carefully about the division of labour with other organizations, especially the Global Fund, to avoid duplication and the multiplication of duplicate "technical" posts.

Beyond, of course, the need to put in place an anti-harassment policy worthy of the name, it will certainly be necessary to raise the bar and impose more stringent evaluation systems. The added value of country offices (and even such large regional teams) is not always obvious, compared to other actors, especially in most difficult countries, and in a context where the presence of various actors in the field is perceived as a source of dysfunction. We join those²¹ calling for the establishment of an independent monitoring body. We do not believe that the decision to further strengthen the role of the regions (as decided in the 2016-2021 strategy) is a good option, at least in the current functioning.

In contrast to the last MOPAN evaluation²², which recommended a more field-oriented organization, we believe that it would be more necessary to refocus the teams on headquarters, in a global advocacy and mobilization role. Indeed, with the current reform of the United Nations, and the establishment of resident coordinators (who we believe are inspired by the UNAIDS experience) that play the role of conductor of UN agencies at the local level, the country offices, now present in 70 countries (and representing 70% of the human resources of the institution) will certainly lose some of their prerogatives. Clarifications must be sought on the role of UNAIDS in this new context.

The operational and financial situation of the institution imposes important strategic choices and the mandate of the new Director will not be simple. We believe that she should reaffirm the original model that was that of UNAIDS and that France, strengthened by the leadership it has regained following the Global Fund replenishment conference, must be, for UNAIDS, a force of questioning and of proposition.

²¹ Lancet Commission / UNAIDS and Lancet Commission / University of Oslo.

²² MOPAN, Multilateral Organisations Performance Assessment Network, Executive Summary of the Joint United Nations Programme on HIV/AIDS Evaluation 2015-16 (UNAIDS).

APPENDIX 1: Presentation of Santé mondiale 2030

Global Health 2030 is an independent think tank that has been bringing together personalities with a long history of involvement in global health issues since 2016. It places its reflections within the framework of the Sustainable Development Goals.

OUR COMMITMENT

France is one of the largest providers of international health funding, but its influence in international bodies and health partnership platforms remains limited.

We are convinced that France can only be heard and listened to in the international arenas of global health when its actors succeed in conveying a strong and coherent message, structured around clear and stable objectives, supported by values that are attached to the history of health in France.

*Our objective is to **formulate recommendations** on France's global health policy and **to mobilize all stakeholders** so that health issues become a strategic focus of French international aid.*

OUR PREVIOUS NOTES

- [White paper on Global Health](#)
- [The French institutional framework for Global health: reflections and proposals](#)
- [Contribution to the preparation of the next Global Fund Replenishment Conference](#)
- [Manifeste : Notre vision de la santé mondiale](#)
- [La santé est une priorité pour le Sahel](#)
- [Redonner du souffle à la lutte contre la tuberculose](#)

OUR MEMBERS

Santé mondiale 2030 brings together personalities who have long been involved in global health, such as Françoise Barré-Sinoussi, Paul Benkimoun, Michel Cot, Sana de Courcelles, François Dabis, Annabel Desgrées du Lou, Jean-François Delfraissy, Éric Fleutelot, Frédéric Goyet, Mathieu Lamiaux, Michel Kazatchkine, Marie-Paule Kieny, Lélío Marmora, Benoît Miribel, Olivier Nay, Louis Pizarro, Anna-Laura Ross. Stéphanie Tchiombiano is the coordinator.

Our vision of Global Health

Global health is a fundamental human right. It is also a **global common good**. **Universal access to health** and the construction of sustainable health systems are central to **human development**, the economy and the fight against **poverty**, as well as **security**. They therefore make a decisive contribution to the **inclusive development of societies and to peace**.

Health issues are complex and require **long-term strategic visions** to address the challenges posed by globalization, increased human trade, demographic transitions or climate change.

