



SWITZERLAND AND THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

FACTS AND FIGURES

Mandate

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is mandated to ensure an integrated and coherent approach to lead the response to HIV/AIDS. It focuses on reducing the number of people newly infected with HIV and on increasing the life expectancy and the quality of life for those affected by AIDS. Thus people and not the illness as such are at the centre and are part of the response. In addition, UNAIDS sets policy at a global level and is one of the main sources of HIV-related data.

Type of organisation

Joint UN programme that consists of the UNAIDS Secretariat and 11 co-sponsoring organisations (see page 2)

Institution

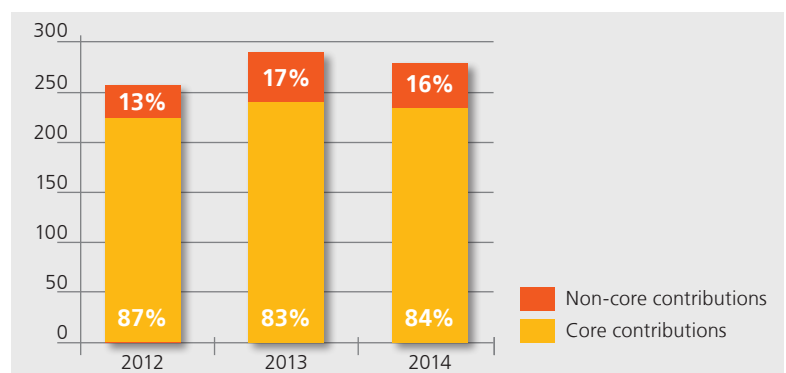
- **Head of organisation:** Executive Director Michel Sidibé (Mali)
- **Headquarters:** Geneva
- **Number of country offices:** over 80 country offices and 7 regional offices
- **Number of staff (1 April 2015):** 832 (of which 237 at headquarters)
- **Established in:** 1996
- **Board:** The Programme Coordinating Board (PCB) is the governing body of the institution. Switzerland belongs to a constituency with Sweden, Austria and Iceland. In accordance with a rotation system for the Board, Switzerland represents the constituency in the Board for the period 2013-16. In addition, Switzerland acts as vice-chair of the Board in 2015 and as chair in 2016.

Switzerland (2015)

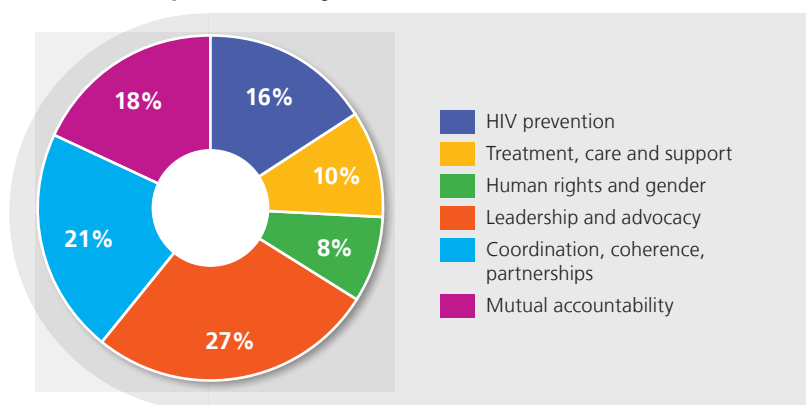
- **Annual financial contribution:**
Core contribution: CHF 10 million
- **Number of Swiss staff:** 6

Website: www.unaids.org

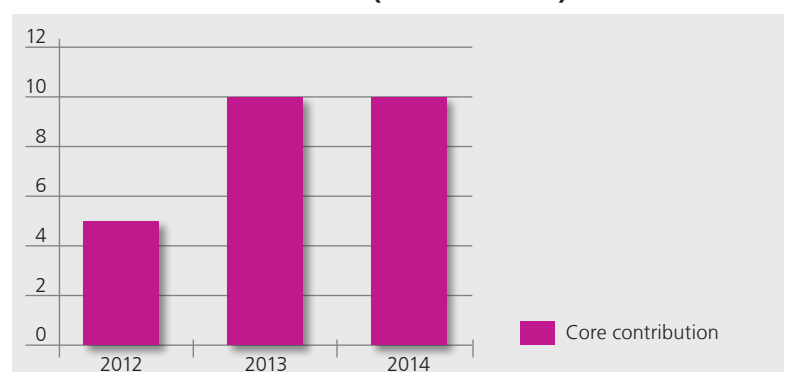
UNAIDS total revenues (in CHF million)



UNAIDS expenditure by focus area (2014)



Switzerland's contributions (in CHF million)



UNAIDS

Mandate

The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established in 1996 with a mandate to ensure an integrated and coherent UN response to HIV/AIDS epidemic. Besides efforts in the area of prevention, treatment, care, support and human rights, UNAIDS is a leading organisation in the global policy setting and one of the main sources of HIV/AIDS-related data and analyses.

Unique in the UN system, UNAIDS brings together the resources of the UNAIDS Secretariat and the diverse expertise and experience of its 11 co-sponsoring organisations who jointly implement the UNAIDS strategy:

- The United Nations Children's Fund (UNICEF)
- The United Nations Development Programme (UNDP)
- The United Nations Population Fund (UNFPA)
- The United Nations Entity for Gender Equality and the Empowerment of Women (UN Women)
- The United Nations Educational, Scientific and Cultural Organisation (UNESCO)
- The United Nations High Commissioner for Refugees (UNHCR)
- The United Nations Office on Drugs and Crime (UNODC)
- The International Labour Organisation (ILO)
- The World Food Programme (WFP)
- The World Health Organisation (WHO)
- The World Bank

Medium-term objectives

As per the target 3.3 of the Sustainable Development Goals (Agenda 2030), UNAIDS aims at ending the AIDS epidemic as a public health threat by 2030. The progress that will be made in the years leading up to 2020 will determine the impact in the subsequent ten years through 2030. Based on the Strategy 2016-21 "On the Fast Track to end AIDS", UNAIDS will intensify efforts in three strategic areas:

1. Reduction of HIV infections
2. Reduction of AIDS-related deaths
3. Elimination of HIV/AIDS-related discrimination.

In reference to the Sustainable Development Goals and in order to underline the importance of a multisectoral approach to the HIV/AIDS response, the UNAIDS strategy 2016-21 has defined eight result areas which are related to five Sustainable Goals considered particularly relevant for ending the AIDS epidemic:

Good health and well-being (SDG 3)

- Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment
- New HIV infections among children eliminated and their mother's health and well-being is sustained

Reduce inequalities (SDG 10)

- Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV
- Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants

Gender equality (SDG 5)

- Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

Peace, justice and strong institutions (SDG 16)

- Punitive laws, policies, practices, stigma and discrimination that block effective responses to HIV are removed

Partnerships for the goals (SDG 17)

- AIDS response is fully funded and efficiently implemented based on reliable strategic information
- People-centred HIV and health services are integrated in the context of stronger systems for health

Results

Under the Millennium Development Goals and particularly MDG 6, considerable efforts towards achieving universal access to HIV prevention, treatment, care and support and reducing HIV/AIDS-related stigma and discrimination have been made. As a result, the GAP report (2014) shows that new HIV infections and AIDS-related deaths are declining but that much needs to be done.

Prevention of new HIV infections

The number of people who are newly infected with HIV is continuing to decline in most parts of the world. There were an estimated 2.1 million new HIV infections in 2013 – a decline of 38% from 2001, when there were 3.4 million new infections. In the past three years alone, new HIV infections fell by 13%. Among the 82 countries for which the data for determining trends are of sufficient quality, new HIV infections have declined by more than 75% in 10 countries and by more than 50% in 27 countries. Considerable progress has been made in reducing new HIV infections among children, through providing access to antiretroviral medicines for pregnant HIV positive women. As such, in the period 2002 to 2013, new infections among children dropped by 58% (down to 240'000 new infections). However, challenges in preventing HIV remains, one of the being the lack of accurate, comprehensive knowledge about HIV/AIDS and sexual and reproductive health and rights, especially among young people.

Testing and treatment

More people living with HIV know their status and



UNAIDS Programme Coordinating Board in Geneva, 2015 (©UNAIDS/R.Farrell)

are receiving HIV treatment. Efforts to increase access to Antiretroviral Therapy (ART) are working in the sense that 90% of people who are tested positive for HIV in Sub-Saharan Africa are accessing treatment. However, 19 million of the estimated 35 million people living with HIV globally still do not know their HIV-positive status and thus don't access ARTs. In 2013 there were an estimated 1.5 million AIDS-related deaths. AIDS-related deaths have fallen by 35% since 2005, when the highest number of deaths was recorded. In the past three years alone, AIDS-related deaths have fallen by 19%, which represents the largest decline in the past 10 years. However, 10-19 year-olds are the only age group within which AIDS-related deaths have increased in the past seven years.

Stigma, discrimination and inequalities

HIV prevention, treatment and care services are more widely available now than a decade before. However, some people are more at risk, more vulnerable and more affected than others. Stigma and discrimination continue to be important barriers to HIV prevention, treatment, care and support, making that not all have equitable access to these services. UNAIDS supports countries in applying targeted approaches for populations and locations most at risk and adapting policy and legal frameworks accordingly.

SWITZERLAND

Switzerland considers UNAIDS to be the most important multilateral platform in the fight against HIV/AIDS and especially appreciates its efforts to coordinate and harmonise action in the operational system of the United Nations. Furthermore, the goals pursued by UNAIDS correspond to Swiss priorities in development cooperation and humanitarian aid.

Switzerland's medium-term objectives

In its dialogue with UNAIDS, Switzerland pursues the following main objectives:

- **Strengthening UNAIDS' focus on prevention**
Prevention has shown to be a particularly cost-effective measures in the AIDS response. Switzerland advocates that prevention, and particularly primary prevention, is given priority.

- **Reaching and involving young people more effectively**

Young people in general and within key populations are particularly vulnerable to HIV/AIDS and face obstacles at the level of laws and policies and in accessing accurate information, education and youth friendly services. Switzerland advocates for young people's needs in relation to HIV/AIDS and sexual and reproductive health and rights more broadly being put at the forefront. Through the support to the UNAIDS led ACT!2015 Initiative, Switzerland enhances young people's engagement in global, regional and national policy dialogue, monitoring and accountability mechanisms in order to advocate themselves for their needs and rights.

- **Integrating HIV/AIDS and sexual and reproductive health services and strengthening health systems**

Important results have been achieved in reducing the number of new HIV infections, in providing access to treatment, care and support and in reducing and AIDS-related deaths. However, to some extent, the AIDS response has operated in isolation which hampers its sustainability. Switzerland advocates for a more comprehensive approach towards the integration of HIV/AIDS and broader sexual and reproductive health services and asks that the AIDS response contributes to the strengthening of health systems.

- **Strengthening the multisectoral approach**

As per the nature of its mandate, UNAIDS applies a multisectoral approach. Switzerland advocates for further strengthening this way of working and ensure a coherent and efficient work among the Joint Programmes co-sponsors. Further, Switzerland requests UNAIDS to widely share its experiences in order to inform the discussions on multisectoral approaches in the frame of the Sustainable Development Goals.

Results of Swiss cooperation with UNAIDS

In the UNAIDS Programme Coordinating Board, Switzerland is part of a constituency with Sweden, Austria and Iceland and works closely with the constituency of Denmark, Finland and Norway. In accordance with a rotation system, Switzerland represents its constituency in the Board for the period 2013-16. Thanks to its active participation, Switzerland is involved in important discussions and decisions. The knowledge



Despite his mother is HIV positive, Mikias is free from HIV, thanks to prevention of mother-to-child transmission, Abiyot Godana, Ethiopia, ©UNAIDS

and experience of the Swiss cooperation offices and its partners enriches the constituency's statements. In addition, Switzerland has been elected vice-chair of the Board for 2015 and chair for the year 2016. As such, Switzerland has taken an important role in facilitating the preparations and conducting the Board meetings.

The results of Swiss collaboration in recent years are as follows:

Prevention remains a cornerstone of UNAIDS' work

In its dialogue with UNAIDS, Switzerland, together with other countries, emphasizes the importance of prevention in the AIDS response. General prevention and prevention which targets populations and locations at higher risk of HIV, remain a pillar of the updated UNAIDS strategy 2016-21.

Increasing attention to young people's needs

Switzerland systematically includes a focus on young people and stresses the importance of young people's needs in relation to HIV/AIDS and sexual and reproductive health and rights more broadly. Switzerland has actively contributed to a one day discussion in the Board on "HIV, youth and adolescents" which led to decisions by the Board to accelerate action in this area. Since 2015, Switzerland supports the UNAIDS led ACT!2015 Initiative which aims at bringing in young people's voice into the global, regional and national policy discussions and decisions.

Integration of HIV/AIDS and sexual and reproductive health to contribute to strengthen health systems

Like many other member states, Switzerland is convinced that tackling HIV/AIDS can't be done in isolation. Thus, for reasons of sustainability and efficiency, Switzerland consistently advocates for embedding the AIDS response within a broader sexual and reproductive health and rights agenda and re-

quests that the AIDS response actively contributes strengthen health systems. These aspects are increasingly discussed in the Board and have received increased attention in the UNAIDS strategy 2016-21.

Privileging a multisectoral approach

Causes and effects of HIV/AIDS are multiple and multifaceted. A multisectoral approach, for which Switzerland had advocated together with other member states, has been anchored in the UNAIDS strategy 2016-21 and thus reflects the spirit of the Agenda 2030 to privilege such an approach.

Strengthening efficiency and effectiveness

Switzerland and other partners have made active contributions to strengthening transparency in UNAIDS' planning and monitoring instruments. Over the years for example, the division of labour between the UNAIDS Secretariat and the 11 co-sponsors has been consolidated and the tasks of all partners defined according to their competencies. This provides for more coherence and coordination which in turn enhances efficiency and effectiveness.

UNAIDS CHALLENGES

Financing towards the AIDS response will certainly be a challenge in the coming years. Latest analyses have clearly shown that in order to end the AIDS epidemic as a public health threat by 2030 (as per the Agenda 2030), increased efforts are required in the coming years. In order to do so and in the spirit of shared responsibility, UNAIDS supports low and middle income countries in leveraging more domestic resources. In addition, UNAIDS facilitates the collaboration with multiple actors, including with the private sector. In addition to leverage more funds, increased efforts need to be made to enhance the efficiency of the AIDS response.

Contact

health@eda.admin.ch