



UNAIDS/PCB(26)/10.15
5 November 2010

27th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
6-8 December 2010

Report of the Twenty-sixth Meeting of the PCB

1. Opening

1.1 Opening of the meeting and adoption of the agenda

1. Board members observed a moment of silence in recognition of those who had passed away of AIDS since the 25th meeting. Dr Marijke Wijnroks, Ambassador at Large for HIV/AIDS for the Netherlands, welcomed Board members to the 26th meeting.
2. The draft annotated agenda (UNAIDS/PCB(26)/10.1) was adopted without amendments.

Thematic segment: “Linking Sexual and Reproductive Health (SRH) services with HIVAIDS interventions in practice”

3. The regular segment of the meeting was suspended to allow a day-long thematic segment focusing on linkages between sexual and reproductive health services (SRH) and HIV interventions. UNAIDS Executive Director Michel Sidibé said the session was long overdue, given the centrality of SRH and HIV services for achievement of the full array of Millennium Development Goals (MDGs). Worldwide, more than 16 million women over 15 years of age are living with HIV. Improving linkages and coordination between HIV and SRH will increase efficiency and deliver improved value for money spent. Focusing on linkages enables an analysis of service delivery as a continuum of care and also offers opportunities to increase the engagement of men. Improving linkages between these service systems will promote improved maternal health, and health outcomes for children, strengthen health systems, and provide an entry point to address sexual and gender-based violence.
4. A panel discussion examined the reasons why linking HIV and SRH is important, as well as challenges to improved service integration. Dr Lydia Mungherera, from the AIDS Service Organization in Uganda, told of her own struggle to disclose her HIV infection to her family. She stressed the linkages between MDGs 3, 4, 5 and 6, emphasizing the opportunities to use HIV services as an entry point for addressing maternal health. She noted the special need for support to groups of women living with HIV, calling for swift roll-out of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV to operationalize the UNAIDS Action Framework for women, girls, gender equality and HIV.
5. Ambassador Venetia Sebudandi of Rwanda cited her country’s vigorous approach to promoting gender equality and service provision for women. Rwanda has recently enacted several pieces of legislation to improve women’s access to services, and a grant from Round 7 of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) focuses particularly on integrating HIV and SRH services. With an approach that aims to involve the entire family, Rwanda’s program for prevention of mother-to-child HIV transmission promotes couples testing, the engagement of men, and the availability of services through a “one-stop” centre approach. In a situation analysis of FP/PMTCT (family planning / prevention of mother to child transmission) integration carried out in November 2008, it was found that there was still a number of unwanted or mis-timed pregnancies among clients receiving PMTCT services - around 40% of participants declared that the pregnancy was unwanted, and around 15% would have liked to delay it.

6. Ms Luisa Cabal, Director of the International Legal program of the Centre of Reproductive Rights in New York, noted that women living with HIV continue to be vulnerable to human rights violations, including forced sterilization. Citing the Cairo framework¹ she emphasized that women have the right to decide on the number, spacing and timing of their children, free from discrimination, coercion or violence. Many countries lack sound legal frameworks to protect the human rights and reproductive freedom of women living with HIV, and numerous countries that do have laws in place enforce them inadequately.
7. Mr Ricky Swuanpyae described his experience in becoming a sex worker in Myanmar during his teenage years. When he began working as a sex worker, he had no knowledge about HIV and was unaware of how to access condoms. He noted that in Asia sex work is a key driving factor in many national HIV epidemics. The prevalence of stigma and discrimination against sex workers motivates many workers to avoid accessing government service sites. He recommended the inclusion of sex workers in the design, implementation and evaluation of all programmes involving sex workers and to focus on 100% condom access programmes at country level.
8. Following the panel discussion, Board members and observers convened in morning and afternoon breakout sessions. Themes for these sessions included: empowering young people through comprehensive sexuality education; models and meaning for SRH services; funding opportunities for linking HIV and SRH services; and gender-based violence and HIV.
9. After the breakout sessions, the Board reconvened in plenary session. A panel summarized key issues raised in the earlier breakout sessions. Ms Maria Antonieta Alcalde Castro, NGO representative for North America, focused on the outcomes of the breakout session regarding young people and comprehensive sexuality education, specifically praising the release by UNESCO and the Joint Programme of International Technical Guidance on Sexuality Education. While young people expect to receive sexuality education at school, they also rely on information and guidance provided by their peers and parents. For young people, sexuality involves far more than mere intercourse, encompassing various ways to expressing intimacy with another person.
10. Ms Margaret Gitau, representative of the Ministry of Health of Kenya, reported that the breakout session on models and meaning of integration had generated clear consensus that addressing the reproductive needs of women is critical to reducing women's mortality. Services to prevent mother-to-child HIV transmission have improved child survival. The session examined the challenges faced by Haiti, where efforts to link HIV and SRH are occurring as part of a complicated humanitarian operation. Swaziland was offered as a model for service integration, as the country has taken steps to link HIV testing and counselling, antiretroviral treatment, prevention of mother-to-child transmission, and male circumcision services.
11. Mr Andy Seale (GFATM) reported on the breakout session on funding opportunities for linking HIV and SRH that had included a panel presentation, followed by a donor dialogue. It was agreed that a human rights approach should be pursued across all efforts to link HIV and SRH services. The importance of strengthening communities was also emphasized in the session, as was the need to build the evidence base for the cost-

¹ The Programme of Action adopted at the International Conference on Population and Development in Cairo (1994).

effectiveness of linking services. The session revealed that the paradigms of “full integration” and “full vertical programming” are largely illusory, as donors have for some time been supporting sophisticated programming to link HIV and SRH interventions. Discussion in the session suggested that low-level and concentrated epidemics may require different approaches to service linkage than high-prevalence settings.

12. Mr Rhon Reynolds, NGO representative from Europe, summarized the information and perspectives presented during the breakout session on gender-based violence and HIV. The session had emphasized the importance of building on the model of Swaziland to address sexual violence among adolescent girls, as well as adopting a broad and inclusive definition of gender-based violence, encompassing the experiences of men who have sex with men, transgender people, and sex workers. Effective action to address gender-based violence requires challenging social exclusion and shame, as well as building the capacity of services to address the psychosocial needs of people affected by gender-based violence. Key elements of effective action include efforts to influence cultural and social norms, education, human rights frameworks, and access to justice.

1.2 Consideration of the report of the twenty-fifth meeting

13. The Chair, Ms Yoka Brandt, Director General for International Cooperation of the Netherlands, convened the regular segment of the 26th meeting and the Board approved the report of the 25th meeting (UNAIDS/PCB(25)/09.29) without any change.

1.3 Outcomes of the thematic segment

14. Ms Lynn Collins, technical advisor for UNFPA, identified key themes from the all-day discussion on linking HIV and SRH services. She noted that legal barriers often impede young people’s access to comprehensive sexuality education and integrated HIV/SRH services. Comprehensive sexuality education involves more than didactic lectures regarding the human reproductive tract: sexuality education for young people must be age-appropriate, gender-informed, and rights-based, and such programmes should promote self-esteem and empowerment. No single model exists for linking HIV and SRH, with various approaches currently being tried in different settings. Improved harmonization and coordination among donors is critical to effective linkages between HIV and SRH. Sustained efforts are also needed to alleviate stigma and discrimination, including the removal of punitive laws, policies and practices that block access to services.
15. The Board took note of the outcomes of the thematic segment and requested UNAIDS to incorporate the outcomes in its future work, to report on these issues in line with its general reporting on activities, and to include linking SRH and HIV as an agenda item at the 27th Programme Coordinating Board meeting in December 2010.

1.4 Report of the Executive Director

16. Mr Sidibé began his report with a video presentation that highlighted the enormous human benefits of programmes to prevent mother-to-child HIV transmission. He emphasized the need to accelerate progress to achieve the virtual elimination of mother-to-child HIV transmission by 2015.

17. After acknowledging and thanking key partners – including Ms Obaid, current Chair of the Committee of Cosponsoring Organizations; the Obama administration, which has launched its Global Health initiative; Dr Michel Kazatchkine, Executive Director of the Global Fund; and Dr Margaret Chan, Director-General of the World Health Organization – Mr Sidibé acknowledged new members of the Board, including Botswana, Togo and Poland, as well as the ambassadors of Norway and Sweden, who are retiring from their current AIDS-focused positions.
18. The 26th meeting of the Board was taking place at a time when conditions are in flux. As a result of the continuing global economic downturn, AIDS funding has been reduced in many countries, increasing the risks of drug stockouts and arbitrary caps on enrolment in treatment programmes. Even as maternal mortality has declined, AIDS continues to ravage families. To respond effectively to the AIDS challenge, a holistic approach is needed that recognizes and responds to the links between MDGs 4, 5 and 6. UNAIDS has taken steps to reinvigorate HIV prevention efforts, including mobilizing partners to work towards the elimination of new HIV infections among drug users by 2015. Mr Sidibé noted the contributions of individual Cosponsors in strengthening AIDS responses during challenging times.
19. The global community has united around the goals of universal access to HIV prevention, treatment, care and support. In 2010 as part of the biennial UNGASS reporting cycle, UNAIDS received progress reports from 179 countries – one of the highest reporting rates ever for a UN monitoring exercise. These reports suggest that about one-third of countries will have reached their national targets for universal access by the end of 2010. With substantial additional efforts required to achieve universal access, Mr Sidibé called for this target to be extended through 2015 to align with the deadline for the MDGs. UNAIDS will use all avenues to generate political support for this renewed mandate.
20. Mr Sidibé requested the Board's endorsement of a new UNAIDS vision that calls for zero new infections, zero discrimination, and zero AIDS deaths. This vision builds on the recommendations of the Second Independent Evaluation of UNAIDS, which called on the Joint Programme to become more focused, more flexible, more accountable, and more efficient.
21. The UNAIDS Outcome Framework has helped focus the Joint Programme's efforts, contributing to more strategic efforts to address particular challenges, such as HIV-TB co-infection, continuing HIV transmission among people who use drugs, and the need to promote knowledge of HIV serostatus. The 10 priority areas of the Outcome Framework are supported by four breakthrough strategies – prevention, treatment, human rights, and improved integration of the AIDS response. Mr Sidibé emphasized three components of the needed “prevention revolution” – focusing strategies where new infections are occurring, capturing “game-changing” opportunities such as the potential to end mother-to-child transmission and mobilizing a movement that creates demand from both the bottom up and the top down. The Outcome Framework has helped UNAIDS to think “outside the box” on HIV treatment, galvanizing efforts to radically simplify treatment. Mr Sidibé applauded recent momentum towards removal of discriminatory HIV travel restrictions, as well as steps taken by certain countries to promote non-discrimination based on sexual orientation. With the aim of taking AIDS out of isolation, UNAIDS has intensified its efforts to work with allies in the fields of maternal, newborn and sexual health.

22. UNAIDS has also taken steps to become more flexible and responsive. Recent improvements in strategic information have assisted countries in better focusing their AIDS programmes, and the Joint Programme is promoting increased dialogue to enhance broad ownership of sustainable and predictable long-range responses.
23. Efficiency within UNAIDS has improved. A new organigram has reduced the number of internal teams from 56 to 30 and simplified reporting layers from 4-5 to 3. A new competency framework will inform the development of an updated human resource strategy. Heeding the findings of the Second Independent Evaluation, UNAIDS will bring to the 27th Board meeting in December 2010 an analysis of the costs of a move to a single administrative system. Steps have been taken that have saved US\$ 2 million in core administrative costs, and the Secretariat is on track to keep its commitment to reduce travel and meeting costs by 25 per cent.
24. The excellent audit opinion recently received by UNAIDS underscored the Joint Programme's commitment to accountability. Steps are being taken to align the distribution of Secretariat staff with the needs of the epidemic, and a comprehensive assessment of the Joint Programme's capacity is also underway.
25. The Board welcomed and took note of the Executive Director's report. In particular, Board members welcomed efforts by the Joint Programme to become more flexible, innovative and responsive to environmental changes. A number of Board members called attention to the 2015 deadline for the MDGs as a reason to renew and strengthen AIDS efforts, noting that the epidemic continues to outpace the response and that universal access remains a distant dream in many parts of the world. The need to strengthen HIV prevention efforts was emphasized, as was the importance of grounding AIDS responses in human rights. Concerns were expressed regarding the continuing global financial and economic downturn and its possible immediate and long-term effects on the AIDS response. Support was expressed for the recent revisions of the Outcome Framework to expand the priority area for women and girls, in the context of HIV, and to add a 10th priority for men who have sex with men, transgender individuals, and sex workers. The Board also endorsed Mr Sidibé's call for closer linkages between HIV and SHR services. The need to ensure complementarity between the UNAIDS strategic planning process and the strategic frameworks and processes of individual Cosponsors was stressed.

1.5 Report by the Chair of the Committee of Cosponsoring Organizations

26. As chair of the Committee of Cosponsoring Organizations (CCO), Ms Thoraya Obaid, Executive Director, the United Nations Population Fund (UNFPA) applauded the focus of the previous day's thematic discussion on linkages between HIV and SRH services. Ms Obaid's report emphasized two areas – revision of the Outcome Framework and the follow-up to the Second Independent Evaluation. UNAIDS is an example of UN reform in action, with the CCO helping to strengthen coordination and accountability. The CCO has enthusiastically participated in the UNAIDS capacity assessment, the results of which will be presented to the Board in December 2010.
27. The CCO has also supported the Joint Programme's efforts to follow up on the Second Independent Evaluation's findings regarding the UNAIDS Division of Labour. These

follow-up efforts aim to improve accountability within the Joint Programme, maximize synergies between Cosponsors and the Secretariat, and increase the focus on results. It was also noted that the Member States of the ILO had recently adopted their first human rights standard for HIV and the world of work. The CCO expects to endorse a revised Division of Labour in September 2010 and to share these results with the Board in December 2010.

28. The Board noted with appreciation the report by the CCO chair.

1.6 Report by the NGO representatives

29. The NGO representatives presented oral regional reports to the Board. In Europe, migrants, men who have sex with men, and people who use drugs account for the bulk of prevalent and incident infections; notwithstanding the impressive experience of countries that have implemented recommended harm reduction programmes for drug users, concentrated epidemics among people who inject drugs have risen in the European region as a result of many countries' failure to implement UN-endorsed harm reduction services. Nearly 5 million people are living with HIV in Asia, with 8 million new infections projected by 2020; the AIDS response in the region is undermined by laws and policies that criminalize sex work.

30. While significant gains have been made in Africa, two-thirds of people who need HIV treatment in the region are still not receiving it. Given the vulnerability of HIV funding as a result of the economic downturn, donors were called upon to review their funding commitments and to sustain a robust response. The Caribbean region continues to be the second most affected region with regard to HIV, and Latin America has some similarities with Africa such as inequities related to poverty and social exclusion that complicate the lives of people living with HIV. For both of these regions, the insidious feature of stigma and discrimination in the region continues to place a disproportionate burden on the shoulders of vulnerable populations such as women and girls, gay, transgender, bisexual, lesbians and sex workers. In North America, infections are on the rise among women and girls, with disproportionate rates reported among aboriginal populations.

31. The Board took note with appreciation of the NGO report, observing that elements of the report concerning stigma and discrimination would be addressed under the subsequent agenda item.

2. Ensuring non-discrimination in responses to HIV

32. Mr Bernard Schwartländer, UNAIDS Director of Evidence, Strategy and Results, said that stigmatizing attitudes are typically based on irrational fears or moral judgment, and that they manifest in unfair or unjust treatment. Non-discrimination is enshrined as a principle in the Universal Declaration of Human Rights and should be reflected in the AIDS response. HIV-related stigma and discrimination may be the single biggest obstacle to a more effective response. Stigma and discrimination have harsh impacts on people living with HIV, impeding service uptake and inhibiting disclosure of HIV serostatus. Despite the clear negative impact of stigma and discrimination, efforts to alleviate such factors are not a well recognized category for funding. However, more is

now known than ever about the root causes of stigma and discrimination, providing opportunities for a more effective response. Stigma and discrimination must be addressed at multiple levels, including legal reform, access to justice, and support for changes in attitudes. People living with HIV and key affected populations need to be engaged in efforts to reduce stigma and discrimination.

33. Ms Lydia Mungherera, NGO representative from Africa, presented findings from a 2010 international online survey of more than 1,000 people that was carried out by the PCB NGO Communication Facility. Undertaken in 10 different languages, the survey was complemented by 57 key informant interviews and eight focus groups. Nearly two-thirds (65%) of survey participants were living with HIV. The survey found that mandatory HIV testing is widespread, with one-third to one-half of survey participants reporting having lost a job as a result of their HIV status. A significant percentage of participants had experienced stigma and discrimination in their efforts to access HIV services, with fears of lack of confidentiality representing the single most significant source of anxiety. Although laws prohibiting discrimination are in place in many countries, a majority of participants said such laws were not widely known or were infrequently enforced.
34. Mr Kenly Sidwese of NZP+ reported on studies carried out among people living with HIV in Zambia between June 2009 and April 2010. Four out of five individuals surveyed said they had experienced stigma or discrimination, with nine out of 10 survey participants reporting some form of internalized stigma. Although the workplace appears to be the primary locus of stigmatizing and discriminatory activity in Zambia, a large majority of survey participants reported having been turned away from religious services due to their HIV status.
35. Mr Eduardo Espinoza, Deputy Health Minister of El Salvador, reported on recent efforts by his country to mitigate stigma and discrimination. Building on a 2001 law that grounded the country's AIDS response in human rights principles, the country's Ministry of Health had implemented an ordinance in 2009 to address homophobia. A new government in 2009 abolished fees for public health services, conducted the first baseline measure of stigma and discrimination, and established hotlines to report health-related rights violations. In January 2010, the country gave legal status to organizations for sex workers, transgender people, women living with HIV, and men who have sex with men. In March 2010, the Health Ministry launched the "Translatin initiative" to sensitize public institutions regarding the transgender population. In May 2010, a Presidential Decree outlawed all forms of stigma and discrimination in public institutions based on sexual orientation or gender identity. The Ministry of Social Inclusion also established a Directorate for sexual diversity.
36. The Board emphasized the importance of working to eliminate stigma and discrimination, recommending that such efforts be highlighted in the UNGASS 2011 High Level Meeting to review progress in the AIDS response. The Board called upon countries, with the support of UNAIDS, to remove punitive laws, policies and practices that undermine effective AIDS efforts. Several countries reported on their own efforts to reduce stigma and discrimination, with particular attention paid to recent decisions by a number of countries to remove discriminatory travel restrictions based on HIV status. It was noted that other recent surveys confirmed results from the NGO survey, with one study finding that 40% of people expressed discomfort with the idea of working in the same workplace as a person living with HIV.

37. The Board called on Member States to implement and expand programmes to reduce stigma and discrimination, including but not limited to workplace programmes for health workers. UNAIDS was requested to work with national governments, donors and civil society to address the low coverage of programmes to reduce stigma and discrimination. The Board also asked UNAIDS to intensify its support to networks of people living with HIV and other key populations to measure stigma and discrimination and mobilize comprehensive responses. With support from UNAIDS, Member States were advised to increase the direct participation of people living with HIV in programmes and data collection efforts.

3. Financial and implementation reports for 2008-2009 and update on the 2010-2011 Unified Budget and Workplan

38. Ms Jan Beagle, UNAIDS Deputy Executive Director, Management and External Relations, said accountability enhancement reviews in more than 70 countries had enhanced efficiency and operating practices of the Joint Programme. In 2011, UNAIDS will present a detailed budget and accountability framework to the Board, which will include clear principles for resource allocation and link resources with results. Performance monitoring will be strengthened and simplified in the new framework, with more streamlined and harmonized performance indicators put in place. Ms Beagle expressed gratitude for the continued support for the Joint Programme from donors and other partners and noted that the active engagement of the Board will continue to be required as this new framework is developed and implemented.

39. Mr Joel Rehnstrom, Director of Financial Management and Accountability Department of UNAIDS described the two performance reports and the two financial reports submitted to the Board for its consideration. This was only the second time that the Board has considered a biennial performance monitoring report for UNAIDS, and which contained a simplified structure in comparison to 2006-2007, with a reduced number of outcomes and indicators. The performance monitoring report reflected both joint and individual accountability among the members of the Joint Programme. Evaluations and case studies complement reports on performance indicators. While overall funding for HIV has dramatically increased in recent years, in part due to the Joint Programme's work in advocacy and resource mobilization, the UNAIDS budget has remained relatively flat. The implementation rate for the 2008-2009 Unified Budget and Workplan was 99 per cent. Financial audits of the Joint Programme were excellent, with no qualifications noted.

40. The Board accepted the financial report and audited financial statements and took note of the interim financial management update for the period of 1 January 2010 to 31 March 2010. Member States were encouraged to release their contributions towards the 2010-2011 Unified Budget and Workplan as soon as possible. The Board emphasized the importance of predictable financing to the sound management of the Joint Programme. Appreciation was expressed for the Joint Programme's high rate of implementation during the previous biennium.

41. Note was taken of the Joint Programme's need for working capital to ensure its continuous and smooth operation. The Board indicated that working capital levels should be as low as possible and consistent with sound financial management. Approval was

given for a maximum level of UNAIDS working capital of 35 per cent of the Joint Programme's biennial budget, with the expectation that the level and practice of maintaining working capital would be closely monitored and revised as necessary. It was agreed that the maximum level of working capital should be in compliance with any formal requirements in bilateral donor agreements.

42. Some concern was expressed for the multiplicity of strategic frameworks that have emerged in recent years to guide and monitor the Joint Programme's performance. Hope was expressed that UNAIDS, in the process of implementing the recommendations of the Second Independent Evaluation, could work to streamline and centralize strategic frameworks. Mr Sidibé stressed his agreement with the Board's interventions regarding simplification of performance monitoring, noting that efforts were underway to reduce the number of indicators and to focus performance monitoring more strategically on actual results.
43. In response to questions regarding staffing trends, Mr Rehnstrom noted that staff costs had increased on average by about 10% per year over the previous biennium. A capacity assessment is currently underway that will guide future staffing decisions. Results of this capacity assessment will be provided to the Board in December 2010.

4. Follow up to the Second Independent Evaluation of UNAIDS

4.1 Progress report on implementation

44. Ms Beagle summarized the report provided to the Board on progress in implementing the Second Independent Evaluation. In its work to implement the Second Independent Evaluation, specific efforts have been made to link the evaluation, which focuses on how UNAIDS should go about its work, with the Outcome Framework, which focuses on what UNAIDS aims to achieve. All of these efforts are intended to accelerate progress towards the goals of universal access to HIV prevention, treatment, care and support and to the Millennium Development Goals.
45. The Board thanked Ms Beagle for the progress report and took note of it. The changing context in which UNAIDS and its partners work was noted, as was the importance of clarifying the various processes and frameworks that have been presented to the Board. Other issues raised by the Board included the importance of the overarching partnership strategy currently being developed and the need to ensure high-quality service provision by multilateral agencies to country partners.

4.2 Report of the PCB Task Force on SIE follow-up related to all aspects of Governance

46. Ms Monique Middelhoff, Senior Health and Aids Advisor of the Ministry of Foreign Affairs of the Netherlands and Chair of the Task Force, described efforts undertaken on behalf of the Board to address the governance-related recommendations in the Second Independent Evaluation. She encouraged the Board to view the PCB Task Force's recommendations as a package, referring Board members to a written document submitted for the Board's consideration.

47. The Board expressed appreciation for the work of the Task Force and support for the aim of strengthening governance of the Joint Programme. Gratitude was particularly expressed for the inclusive and participatory process undertaken by the Task Force in the development of its recommendations to the Board. It was noted that improvements to UNAIDS governance was a major point of emphasis in the Second Independent Evaluation. Observing that the Task Force had not completed its work, the Board asked the Task Force to continue working and to submit recommendations on the principles and processes for draft decisions and decision-making to the 27th Board meeting.
48. The Board endorsed the proposal to strengthen the Committee of Cosponsoring Organizations (CCO), including the protocol to hold two formal CCO meetings annually. Care should be taken in preparation of CCO meetings to optimize their usefulness, focusing on implementation of the new UNAIDS strategy and on Board decisions that need to be taken up by the governing boards of Cosponsor agencies. Proposals in the future by UN system organizations to become a Cosponsor should be reviewed by the CCO before being submitted to the Board for its consideration. With the goal of enhancing the accountability of Cosponsors, the Board asked that relevant UNAIDS objectives and indicators be incorporated in the appropriate results framework of each respective Cosponsor, linking this effort with the evolution and development of the Unified Budget and Workplan. Cosponsors were also requested to agree on benchmarks to assess their performance and to make additional progress towards ensuring that the deliberations of their respective governing boards consistently include discussion of key Board decisions. The Board also asked that the CCO Chair attend future Board meetings.
49. The Board reiterated its support for full implementation of the recommendations of the Global Task Team, including a transition from agency-specific funding to individual UN agencies towards funding for Joint Programmes of Support. Both country-level support by the Secretariat and Cosponsors and resource allocations within the Joint Programme should be guided by epidemic priorities and the comparative advantages of the UN. It was recommended that future Board meetings include country case studies. The Board emphasized the importance of ensuring the efficiency and effectiveness of the Secretariat, and it was recommended that the Secretariat avoid assuming roles that could be carried out by a Cosponsor.
50. Calls were made for the Board to enhance its own oversight role, without micro-managing the Joint Programme. The UNAIDS Executive Director was requested to provide a written forward-looking report (distinct from the Annual Report) in advance of each Board meeting. The Board endorsed several steps to enhance its ability to assume effective responsibility for oversight. The Board Chair should function as a neutral moderator, encourage participation by Executive Heads, continue pre-Board meetings with NGO representatives, and initiate similar pre-Board meetings with Cosponsors. The Secretariat was requested to intensify its support to Board delegations, with particular focus on African States. Future Board meetings are to last three days, including a thematic session on the last day, except those that include the Board's consideration of a draft Unified Budget and Workplan, when no thematic session will be held. It was recommended that parallel sessions of the Board drafting group should be avoided, except in special circumstances. The Board stressed the importance of continued civil society participation, calling on steps to be taken to ensure adequate representation of the Middle East and North Africa. Inter-sessional working methods should remain exceptional, with decision-making as a general rule resting with the full Board. The terms

of reference for the PCB Subcommittee on the Unified Budget and Workplan should be revised to include an assessment of budgetary allocations to different Cosponsors; it was also determined that the Subcommittee would not exist as a permanent structure but will instead be convened when relevant to the preparation of the Unified Budget and Workplan. The Board further advised that future field visits should be closely linked with issues to be discussed at upcoming Board meetings.

4.3 UNAIDS Mission Statement

51. Mr Kent Buse, Senior Adviser in the Executive Office of UNAIDS, presented the proposed mission statement to the Board, noting that the Board had requested that the new mission statement reinforce the leadership, coordination and advocacy role of UNAIDS, especially at regional and country levels. The statement was also intended to clarify how the Joint Programme has repositioned itself since 2002 in response to the changing context and evolving epidemics, when the previous mission statement had been adopted. The Board had requested that the new mission statement include measurable and time-bound goals, but the Joint Programme determined that this approach was not consistent with best practice; such goals will be included in the forthcoming strategic plan. Addressing questions posed by Board members, Mr Sidibé said it was important that the organization's mission statement be understandable and accessible by a lay audience.
52. A broadly consultative process had been undertaken to develop the new mission statement, including a multi-stakeholder consultation held in Bangkok. An online survey was sent to 1,400 stakeholders to solicit their input on the new mission statement, yielding 338 completed surveys, with the bulk of respondents living in the global South and roughly 40 per cent belonging to populations affected by the epidemic. More than 90 per cent of responses were favourable, with respondents recommending concise, fresh, inspiring language.
53. As the new mission statement was developed, UNAIDS also created a new vision statement to capture an aspirational image of the Joint Programme's long-term aims for the AIDS response. The proposed vision statement envisages "zero new HIV infections, zero discrimination, zero AIDS-related deaths".
54. In contrast to the aspirational vision statement, the mission statement focuses on the specific comparative advantages and niche of the Joint Programme. The mission statement emphasizes both innovation in the response and the goal of universal access. The mission statement also stresses the country-focused and people-centred nature of the Joint Programme.
55. Board members welcomed the proposed vision and mission statements and recognized the consultative process used to develop them. The Board endorsed the vision and mission statements.

5. Reducing HIV transmission among men who have sex with men and transgender people

56. Mr Paul De Lay, Deputy Executive Director, Programmes, said that universal access remains a core priority of the Joint Programme, requiring concerted efforts to reach the most marginalized, disenfranchised and criminalized. Thorough and up-to-date

information on national epidemics is key to reaching those in need of services. Various social, economic, legal and cultural barriers prevent many marginalized individuals and groups from accessing the HIV services they require.

57. Ms Mandeep Dhaliwal, Cluster Leader for Human Rights, Gender & Sexual Diversities of UNDP reported that men who have sex with men are 19 times more likely to be living with HIV than the general population in low- and middle-income countries. HIV prevalence among transgender people is often even higher. HIV prevention services are estimated to reach only 9 per cent of men who have sex with men worldwide. Although much work remains to be done to link these populations with needed services, important advances have recently occurred, including affirmations of non-discrimination by key global and regional bodies: the decision by the Delhi High Court invalidating the criminalization of same-sex behaviour in India; enactment by El Salvador of new rules prohibiting discrimination; and provision by Ukraine of legal services to men who have sex with men. In a number of countries, important gains have been made in building the evidence base for action to address the HIV-related needs of men who have sex with men. Through the Global Fund and other mechanisms, funding for community capacity building and other work focused on men who have sex with men and transgender people.
58. The Board welcomed the report on men who have sex with men and transgender people. Several countries noted that they had documented increases in new infections in these populations, with some countries highlighting recent efforts to address discrimination and remove barriers to service access. The Board called on UNAIDS and all partners to intensify efforts to meet the health needs of men who have sex with men and transgender people, including taking steps to address the key economic, legal, social and technical barriers that impede effective responses.*

6. Gender-sensitivity of AIDS responses

59. With a full report planned for the 27th Board meeting, UNAIDS presented a progress report on implementation of the Joint Programme's Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV, to operationalized the UNAIDS Action Framework on women and girls, gender equality and HIV (previously called the Operational Plan). Mr Schwartländer noted that the Outcome Framework had been revised to expand the Joint Programme's focus on women and girls. The UNAIDS Agenda had been officially launched at the 54th meeting of the Commission on the Status of Women in March 2010, with support of singer and AIDS activist Annie Lennox, who subsequently was nominated as the UNAIDS international goodwill ambassador for women and girls. Also a community brief has been prepared for civil society to facilitate the engagement of community women's groups and networks of women living with HIV in work on women and HIV. With a focus on concrete action, at least 30 countries have agreed on actions to address key issues faced by women. Practical actions to support women and girls-centred AIDS responses have been identified, and lessons learnt in several countries that have championed such AIDS responses including Liberia and China are informing efforts to document best practices.
60. In the roll-out of the UNAIDS Agenda for Women and Girls, UNAIDS is prioritizing three sets of activities: (1) improved documentation regarding the specific needs of women

* The Islamic Republic of Iran disassociated itself from this decision point.

and girls; (2) translation of political commitments into scale-up action; and (3) leadership to generate an enabling environment that promotes and protects the human rights of women and girls. UNAIDS is working with partners to develop a concrete and harmonized set of indicators to measure progress, including joint work with AIDS Accountability International to develop a transparent, independent monitoring approach. While coordinating actions among Cosponsors through the UN Joint Teams on AIDS at the country level, a number of Cosponsors have taken additional steps to roll-out the UNAIDS Agenda.

61. Taking note of the report, the Board congratulated UNAIDS on the successful launch of the UNAIDS Agenda for Women and Girls and urged that efforts be made to accelerate its implementation. The importance of having women in leadership positions was stressed. The Board encouraged UNAIDS to build its capacity to promote gender-sensitive responses. A report on the policy and programmatic progress was requested for the 27th Board meeting.

7. Statement by the representative of the UNAIDS Secretariat Staff Association

62. Mr Manuel Da Quinta, President of the UNAIDS Secretariat Staff Association noted that the Joint Programme is undergoing the most radical change in its history, with efforts being taken to link AIDS to the broad array of Millennium Development Goals and to implement the recommendations of the Second Independent Evaluation. The ownership and involvement of UNAIDS staff in this process is essential. UNAIDS leadership has reached out to staff, assembling a change management communication mechanism in which staff are involved. The Staff Association has requested expanded representation regarding staffing issues. Equal recognition of domestic partnership rights for same-sex couples is also an urgent priority for the Staff Association.

63. The Board took note of the statement by the Staff Association.

8. Next Programme Coordinating Board meetings

64. The 27th Board meeting will occur on 6-8 December 2010, and the 29th Board meeting will take place on 6-8 December 2011. At the 29th meeting, the thematic segment will focus on "HIV and enabling legal environments." With respect to the thematic segment at the 30th Board meeting, the PCB Bureau was requested to conduct a new call for nominations of themes, taking into consideration the suggested theme of "The role of combination prevention in achieving universal access"; nominated themes for the 30th meeting will be considered by the Board at its 28th meeting. The Board confirmed that the 28th meeting (22-24 June, 2011) will be a three day meeting without a thematic segment as the draft Unified Budget and Workplan for the next biennium is scheduled for consideration. In calling for themes for the 30th and 31st Board meetings, the PCB Bureau was asked to take appropriate and timely steps to ensure adherence to due process.

24 March 2010



UNAIDS/PCB(26)/10.1

PROGRAMME COORDINATING BOARD

Twenty-sixth meeting

Date: 22-24 June 2010

Venue: International Labour Organization (ILO), Geneva

Time of meeting: 09h00 - 12h30 and 14h00 - 18h00

Draft Annotated Agenda

Tuesday 22 June

1. Opening

1.1 Opening of the meeting and adoption of the agenda

The Chair will provide the opening remarks to the 26th PCB meeting.

Thematic segment: “Linking Sexual and Reproductive Health (SRH) services with HIV/AIDS interventions in practice”

Wednesday 23 June

Regular segment

1. Opening (continued)

1.2 Consideration of the report of the twenty-fifth meeting

The report of the twenty-fifth PCB meeting will be presented to the Board for adoption.

Document: UNAIDS/PCB(25)/09.29

1.3 Outcome(s) of the thematic segment

The Chair will provide a brief summary of the outcome(s) of the Thematic Segment.

1.4 Report of the Executive Director

The Executive Director will present an oral statement under this item. The UNAIDS Annual Report, providing an overview of UNAIDS' activities in 2009, will also be submitted to the PCB as a background document.

1.5 Report by the Chair of the Committee of Cosponsoring Organizations

The CCO Chair will present an oral statement under this item. Highlights of the joint and specific Cosponsors' activities will be reflected in the UNAIDS Annual Report.

1.6 Report by the NGO representative

The report of the NGO representative will highlight civil society perspectives on the global response to AIDS.

Document: UNAIDS/PCB(26)/10.2

2. Ensuring non-discrimination in responses to HIV

As was agreed at the 24th PCB meeting (ref. PCB 24/rec.6.1) the Board will receive a report that highlights issues related to non-discrimination and HIV responses.

Document: UNAIDS/PCB(26)/10.3

3. Financial and Implementation Reports for 2008-2009 and Update on the 2010-2011 Unified Budget and Workplan

The Board will receive a financial report and audited financial statements for the 2008-2009 biennium as well as a synthesis report on the implementation of the 2008-2009 Unified Budget and Workplan. In addition, the Board will receive an interim financial management update for the 2010-2011 biennium and a performance monitoring report as a conference room paper detailing broad activities and achievements in 2008-2009.

Documents: UNAIDS/PCB(26)/10.4, UNAIDS/PCB(26)/10.5, UNAIDS/PCB(26)/10.6, UNAIDS/PCB(26)/10.CRP.1

Thursday 24 June

4. Follow up to the Second Independent Evaluation of UNAIDS

4.1 Progress Report on implementation

The Board will receive a report on implementation of the Second Independent Evaluation of UNAIDS.

Document: UNAIDS/PCB(26)/10.7; UNAIDS/PCB(26)/10.CRP.2

4.2 Report of the PCB Task Force on SIE follow-up related to all aspects of Governance

The Board will receive a report of the Task Force that will contain a number of recommendations for further discussion and agreement.

Document: UNAIDS/PCB(26)/10.8

4.3 UNAIDS Mission Statement

*The Board will be asked to agree the proposed UNAIDS Mission Statement.
Document: UNAIDS/PCB(26)/10.9*

5. Reducing HIV transmission among men who have sex with men and transgender people

As agreed at the 25th PCB meeting (ref. PCB 25/rec.3.3) the Board will receive a paper on UNAIDS efforts to assist countries to reduce HIV transmission among men who have sex with men and transgender people.

Document: UNAIDS/PCB(26)/10.10

6. Gender-sensitivity of AIDS responses

As agreed at the 24th PCB meeting (ref. PCB 24/rec.12.8) the Board will receive a progress report on the implementation of the “UNAIDS Action Framework: Addressing Women, Girls, Gender Equality and HIV.”

Document: UNAIDS/PCB(26)/10.11

7. Statement by the representative of the UNAIDS Staff Association

Document: UNAIDS/PCB(26)/10.12

8. Next Programme Coordinating Board meetings

The Board will be asked to agree the themes of the 28th and 29th PCB meetings and dates for the 30th and 31st meetings.

Document: UNAIDS/PCB(26)/10.13

9. Any other business

10. Adoption of decisions, recommendations and conclusions

The draft decisions, recommendations and conclusions prepared by the drafting group will be presented for adoption by the meeting plenary.

24 June 2010



Annex 2.

**26th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
22-24 June 2010**

Decisions, Recommendations and Conclusions

The UNAIDS Programme Coordinating Board traditionally recalls that all aspects of UNAIDS work are directed by the following guiding principles:

- Aligned to national stakeholders' priorities;
- Based on the meaningful and measurable involvement of civil society, especially people living with HIV and populations most at risk of HIV infection;
- Based on human rights and gender equality;
- Based on the best available scientific evidence and technical knowledge;
- Promoting comprehensive responses to AIDS that integrate prevention, treatment, care and support; and
- Based on the principle of non-discrimination;

Agenda item 1.1: Opening of the meeting and adoption of the agenda

1. *Adopts* the agenda;

Agenda item 1.2: Consideration of the report of the twenty-fifth meeting

2. *Adopts* the report of the 25th meeting of the UNAIDS Programme Coordinating Board;

Agenda item 1.3: Outcome(s) of the thematic segment

3. *Takes note* of the outcomes of the thematic segment on “*Linking Sexual and Reproductive Health (SRH) services with HIV/AIDS interventions in practice*” as contained in the rapporteurs’ reports to the Board plenary and requests UNAIDS to include such outcomes in its future work and to report on progress to a future Programme Coordinating Board meeting in line with its general reporting on activities; and *requests* that the issue of *Linking Sexual and Reproductive Health and HIV Interventions* be discussed at the 27th Programme Coordinating Board meeting in December 2010 as an agenda item;

Agenda item 1.4: Report of the Executive Director

4. *Takes note* with appreciation of the report of the Executive Director;

Agenda item 1.5: Report by the Chair of the Committee of Cosponsoring Organizations

5. *Takes note* with appreciation of the report of the Chair of the Committee of Cosponsoring Organizations;

Agenda item 1.6: Report by the NGO representative

6. *Recognizing* that the decisions in the report of the NGO representative will be considered under the agenda item on ensuring non-discrimination in responses to HIV *takes note* with appreciation of the report of the NGO representative;

Agenda item 2: Ensuring non-discrimination in responses to HIV

- 7.1 *Reaffirms* its commitment to the elimination of HIV-related stigma and discrimination and reducing gender inequality as called for in the Declaration of Commitment on HIV/AIDS (2001) and the Political Declaration on HIV/AIDS (2006), and to ensure that reducing stigma and discrimination becomes one of the main priorities in the 2011 High Level Meeting to review progress to date and determine a clear, costed way forward to fulfilling outstanding commitments;
- 7.2 *Calls upon* Member States, with the support of UNAIDS, to remove punitive laws, policies and practices, that block access to HIV services, effective responses to HIV and progress towards the Millennium Development Goals, in order to create an enabling environment;
- 7.3 *Calls upon* Member States to implement and expand programmes to reduce stigma and discrimination, within a comprehensive package of programmes to increase access to justice, at sufficient scale to improve the lives of those at risk of infection and people living with HIV;
- 7.4 *Requests* UNAIDS to work with national governments, donors and civil society to address the low coverage of programmes to reduce stigma and discrimination and increase access to justice in national AIDS responses, and develop guidance on the planning, costing, implementing, monitoring, evaluation and expansion of such programmes. This includes supporting more evaluations of stigma and discrimination reduction programmes, and using evidence and results to inform design, implementation and scale up of programmes and allocate resources;
- 7.5 *Requests* UNAIDS, together with Member States, to engage with ministries of health, professional health care associations and civil society to intensify efforts to implement workplace programmes for health workers with a focus on counteracting stigma, and train health care workers on all aspects of HIV, including non-discrimination, informed consent, confidentiality, duty to treat, sexuality, and specific needs of key populations so as to ensure that staff within health care settings provide care to all populations in a manner that is non-discriminatory and protective of their human rights;

- 7.6 *Requests* UNAIDS, together with Member States and other partners, to intensify its assistance to networks of people living with HIV and key populations at risk to measure HIV-related stigma and discrimination and to mobilize comprehensive responses to reduce it, including increased support to the implementation of the PLHIV Stigma Index. UNAIDS should work with partners to ensure that stigma measurement tools are consolidated, strengthened, and resourced and build the capacity of governments and civil society to use these tools;
- 7.7 *Requests* UNAIDS to work with partners to improve indicators for measuring progress at global, national and at programmatic level to reduce HIV-related stigma and discrimination, including indicators specific to key populations and the National Composite Policy Index. These indicators should be used to provide a baseline, progress and analysis of how we are progressing toward universal access generally, and how we are addressing stigma and discrimination, especially amongst key affected populations specifically;
- 7.8 *Requests* Member States, with support from UNAIDS, to increase the direct participation of people living with HIV and consider ways to involve key populations, as articulated in the *Joint Action for Results: UNAIDS Outcome Framework 2009-2011*, in HIV programmes and data collection;

Agenda item 3: Financial and Implementation Reports for 2008-2009 and Update on the 2010-2011 Unified Budget and Workplan

- 8.1 *Accepts* the financial report and audited financial statements for the financial period 1 January 2008 to 31 December 2009, and the report of the external auditor;
- 8.2 *Takes note* of the interim financial management update for the 2010-2011 biennium for the period 1 January 2010 to 31 March 2010;
- 8.3 *Encourages* donor governments and others to release their contributions towards the 2010-2011 Unified Budget and Workplan as soon as possible;
- 8.4 *Takes note* of UNAIDS need for working capital to ensure the continuous and smooth operations and implementation of the Unified Budget and Workplan;
- 8.5 *Acknowledges* ongoing efforts to monitor the working capital to ensure it is maintained at an appropriate level;
- 8.6 *Approves* a maximum level for UNAIDS working capital equivalent to 35 per cent of UNAIDS biennial budget. The introduction of such a maximum level of working capital should be in compliance with possible formal requirements in bilateral donor agreements regarding the management of fund balances. The level and practice should be closely monitored and revised as necessary, as part of regular financial reporting;

Agenda item 4.1: Progress report on implementation (of the Second Independent Evaluation of UNAIDS)

9. *Takes note* of the progress report on implementation of the Second Independent Evaluation;

Agenda item 4.2: Report of the PCB Task Force on SIE follow-up related to all aspects of Governance

- 10.1 *Requests* the UNAIDS Executive Director, Programme Coordinating Board, and all UNAIDS Cosponsor Heads of Agency to revitalise the role of the CCO, with two regular formal CCO meetings per annum, supported by:
- Revision of the CCO modus operandi to reflect the de facto greater role for the global coordinators and to include decision 14.1 from the 15th meeting of the Programme Coordinating Board that: *“14.1 decides that future proposals by UN-system organizations to join the Programme as Cosponsors should be reviewed by the Committee of Cosponsoring Organizations and then submitted to the Programme Coordinating Board for its consideration and approval”*;
 - Greater investment by the global coordinators and secretariat in preparing the CCO agenda and background briefing material to ensure that deliberations of the heads of agencies are focused on (i) key decisions of the Programme Coordinating Board that need to be discussed with the governing boards of cosponsor agencies and (ii) progress towards the implementation of the new strategy and lessons for division of labour at country level;
 - Strengthening accountability within the individual cosponsors by revising the CCO MOU to state that the cosponsors will ensure that the relevant objectives and indicators agreed in UNAIDS global level results frameworks are incorporated in the corporate results framework, or equivalent, of each cosponsor. This work should be closely linked to the evolution and development of the Unified Budget and Workplan;
 - Enhancement of the role of the CCO in agreeing benchmarks for performance and measuring progress against them;
 - Building on the solid progress that has been made to ensure that HIV is part of the regular agenda for cosponsor agencies. The Programme Coordinating Board should work with the Executive Director and cosponsors to ensure, where possible, that these deliberations consistently include discussion of key Board decisions;
 - Guidelines to be prepared by the PCB Bureau on the content of the annual written Report of the CCO to the Programme Coordinating Board which is to be provided in advance of the relevant Board meeting, based on the need for more strategic reporting;
 - Attendance of the CCO Chair at Programme Coordinating Board meetings to deliver an oral report;
- 10.2 *Reiterates* its commitment to the results of the Global Task Team Assessment which were adopted by the PCB at its 20th meeting in June 2007, in particular that: bilateral partners should fulfil their global commitments to the Rome and Paris Declarations and Global Task Team processes, ensuring that global and country level funding and programming is consistent with these global commitments and supports implementation of the Global Task Team recommendations. Of particular relevance is the need to shift away from funding individual UN agencies and individual programmes to funding Joint Programmes of Support that are consistent with national priorities and the UNAIDS division of labour,

and to ensure coordination of technical support provision (Global Task Team recommendation 16);

- 10.3 *Recognizing* the need to support a strong Secretariat and avoid micro-management of the Joint Programme, and *taking* effective responsibility for governance of UNAIDS, *agrees* to refocus its work on ensuring:
- Cosponsor and Secretariat plans for provision of support at country level are based on epidemic priorities, whether generalized or concentrated, and the comparative advantages of the UN;
 - standardised country case studies are included as a regular item at Programme Coordinating Board meetings;
 - decisions of the Executive Director on the allocation of Unified Budget and Workplan money between the 11 organisations (ten cosponsors and Secretariat) are based on epidemic priorities and the comparative advantages of the UN;
 - future plans reflect the previous performance of the Secretariat and Cosponsors;
 - continuation of a standing invitation for all UN and related partners to attend the Programme Coordinating Board for relevant agenda items and the thematic session;
 - commitments made by the 11 organisations on building relevant UN capacity at country level are met and taken into account in considering future roles and funding allocations;
 - that the Secretariat does not assume roles that could be carried out by a Cosponsor; and
 - the efficiency and effectiveness of the Secretariat;
- 10.4 *Requests* the Executive Director to provide the Programme Coordinating Board with a forward looking written report in advance of each Board meeting (as distinct from the Annual Report);
- 10.5 *Take* effective responsibility for oversight of UNAIDS, by revising the working practices of the Programme Coordinating Board to improve the effectiveness of its meetings, issues and changes to include the following:
- a. Role of the PCB Chair: that the role of Chair as a neutral moderator be formalized in a revision to the PCB Modus Operandi as well as greater clarity on roles of Vice Chair and Rapporteur. The role of the Chair to include, inter alia, to encourage participation by Executive Heads in the Programme Coordinating Board, to continue and explore further the current practice of pre-Programme Coordinating Board meetings with PCB NGOs, and to initiate similar meetings with Cosponsors;
 - b. Capacity building and representation: provision, by the Secretariat, of greater support to delegations, especially African States (i.e. implementation of decision 9.1 of the 24th PCB), and that the speaking protocol to remain as Programme Coordinating Board members/participants followed by observers;

- c. PCB decisions and decision-making: building on previous agreement decisions should include costing, source of funds, responsible body and timeline; and that clearer principles for decision-making should be identified;
- d. Length of PCB meetings: Board meetings to remain at three days with the replacement of the thematic segment at the meeting when the draft Unified Budget and Workplan for the following biennium is scheduled for consideration (one in every biennium) with an extended discussion on budgetary and finance matters;
- e. Drafting group: strong discouragement of group sessions being run in parallel with Programme Coordinating Board plenaries but retention of the option for parallel working in exceptional situations;
- f. Thematic segments: continuation of thematic segments, except in the Board meetings where the draft Unified Budget and Workplan is scheduled for consideration, which were highly valuable and important; shifting the thematic segment to the final day of Board meetings, thus allowing for more time to summarize and feed into discussions at the next meeting, possibly supplemented by documentation prepared by the Secretariat;
- g. Civil society participation in the PCB: recognition of the increased coordination and participation of the PCB NGOs in Board meetings; the need to ensure adequate representation of the Middle-East and North Africa and other sub-regions and constituencies within each geographical region; and that the PCB NGOs work to enhance sub-regional representation considering diversity within regions and limitations such as language barriers;
- h. PCB Bureau: strong emphasis on the crucial role of the PCB Bureau in Programme Coordinating Board agenda setting; agreement on the value and continuation of face-to-face meetings; continuation of the role of the Bureau in implementing decisions delegated to it by the Board e.g. the establishment of working groups, recognising that the effectiveness of the Bureau in delivering mandates from the Board is dependent on good (clear) decision making by the Board;
- i. Inter-sessional working methods: inter-sessional activities should remain exceptional, upon the mandate of the PCB, with a view to facilitating and expediting the PCB decision-making process; there is a need to ensure appropriate representation, possibly through an expanded ad hoc Bureau structure for decisions. However, as a general rule, decision making should rest with the Board;
- j. PCB subcommittee on the UBW: that the subcommittee continue with a revised terms of reference, including an assessment of budgetary allocations to different cosponsors; and to encourage appropriate and full representation with qualified, engaged and financially-competent participants who have a working knowledge of the UN and preferably UNAIDS, also that the subcommittee would not be a permanent structure but will be convened when relevant to the preparation of the Unified Budget and Workplan;
- k. Consultation mechanisms: recognizing the scope for increased formal interactions between different constituencies (e.g. civil society being invited to attend Missions

Briefings) a request to the Secretariat to provide more support to consultations for and between constituencies;

- I. Field Visits: recognizing that lessons have been learned from the lack of participation in field visits when they have been scheduled with past Programme Coordinating Board meetings outside of Geneva and the positive feedback from the recent pilot visit to Viet Nam suggest that future field visits should have stronger linkages with issues to be discussed at upcoming Programme Coordinating Board meetings, and that any future linkages to Board meetings held outside Geneva would need to be discussed and agreed by the Board in advance;

10.6 *Requests* the PCB Task Force to complete its work, with the assistance of relevant external expertise, and provide recommendations on the principles and processes for draft decisions and decision making and the role of the PCB Bureau, to the Programme Coordinating Board at its 27th meeting;

Agenda item 4.3: Mission Statement

- 11.1 *Endorses* a new vision statement for UNAIDS of: “Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths”;
- 11.2 *Endorses* a new UNAIDS new mission statement of: “UNAIDS, the Joint United Nations Programme on HIV/AIDS, is an innovative United Nations partnership that leads and inspires the world in achieving universal access to HIV prevention, treatment, care and support.

UNAIDS fulfills its mission by:

Uniting the efforts of United Nations System, civil society, national governments, the private sector, global institutions and people living with and most affected by HIV;

Speaking out in solidarity with the people most affected by HIV in defense of human dignity, human rights and gender equality;

Mobilizing political, technical, scientific and financial resources and holding ourselves and others accountable for results;

Empowering agents of change with strategic information and evidence to influence and ensure that resources are targeted where they deliver the greatest impact and bring about a prevention revolution; and

Supporting inclusive country leadership for sustainable responses that are integral to and integrated with national health and development efforts”;

Agenda item 5: Reducing HIV transmission among men who have sex with men and transgender people

12. *Takes note* of the report on the progress made by UNAIDS since 2009 on the implementation of the “UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People” and *calls upon* UNAIDS and all partners to

intensify efforts to meet the health needs of men who have sex with men and transgender people in the context of HIV and to ensure non-discrimination, in particular to urgently address the key economic, legal, social and technical barriers, which impede effective HIV responses, and to enhance their direct participation in national, regional and global HIV policy and programming²;

Agenda item 6: Gender-sensitivity of AIDS responses

- 13.1 *Takes note* of the UNAIDS report on gender-sensitivity of AIDS responses;
- 13.2 *Requests* UNAIDS to report on the policy and programmatic progress achieved in country as outlined by the three recommendations of the Operational Plan in its comprehensive report, as decided, to the 27th PCB

Agenda item 7: Statement by the representative of the UNAIDS Secretariat Staff Association

- 14. *Takes note* of the statement by the representative of the UNAIDS Secretariat Staff Association;

Agenda item 8: Next programme Coordinating Board meetings

- 15.1 *Requests* the PCB Bureau to conduct a new call for nominations of themes for the 30th meeting (June 2012) the results to be considered at the 28th meeting (June 2011), taking into consideration the suggested theme be *“The Role of combination prevention in achieving Universal Access”*.
- 15.2 *Agrees* that the theme for the 29th Programme Coordinating Board meeting will be *“HIV and Enabling Legal Environments”*;
- 15.3 *Requests* the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 30th and 31st Programme Coordinating Boards, as necessary;
- 15.4 *Agrees* the following dates for the Programme Coordinating Board meetings:

27th meeting: 6-8 December 2010

29th meeting: 6-8 December 2011

[End of document]

² The Islamic Republic of Iran disassociated itself from this decision point