



UNAIDS/PCB(28)/11.15  
11 November 2011

**29<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board**  
**Geneva, Switzerland**  
**13-15 December 2011**

**Report of the Twenty-eighth Meeting of the  
Programme Coordinating Board**

**Additional documents for this item:** *none*

**Action required at this meeting - the Programme Coordinating Board is invited to:** adopt the report of the 28<sup>th</sup> Programme Coordinating Board meeting.

**Cost implications for decisions:** *none*

## **1.1 OPENING OF THE MEETING AND ADOPTION OF THE AGENDA**

1. The Chair, Her Excellency Dr Maria Isabel Rodriguez, Minister of Health of El Salvador, opened the 28th meeting of the Programme Coordinating Board with a welcome to all participants. She recalled the recent passing of Dr Robert Carr, Policy and Advocacy Director of the International Council of AIDS Service Organizations (ICASO) followed by a tribute to Dr Carr by civil society representatives. The Board observed a minute of silence in his memory as well as in the memory of all who had passed away from AIDS since the last meeting of the Board.
2. The draft annotated agenda (UNAIDS/PCB(28)/11.1) (Annex 1) was adopted without amendment.

## **1.2 CONSIDERATION OF THE REPORT OF THE TWENTY-SEVENTH MEETING**

3. The Board approved the report of the 27th meeting (UNAIDS/PCB(27)/10.27) without amendments.

## **1.3 REPORT OF THE EXECUTIVE DIRECTOR**

4. UNAIDS Executive Director Michel Sidibé thanked the Board for its ongoing contribution to the work of UNAIDS and delivered his report to the meeting. Referring to “people-powered” social movements that had brought about political change in parts of the Middle East and North and West Africa, Mr Sidibé reminded the Board of the early years of AIDS advocacy when community activists had instigated political commitment to the response.
5. The Executive Director drew particular attention to the 2011 United Nations General Assembly High Level Meeting on AIDS which had recently taken place in New York. More than 3000 people – including heads of state and government, ministers, scientists, civil society and donor partners – had agreed on a roadmap for realizing the vision of “zero new HIV infections, zero discrimination and zero AIDS-related deaths.” Just prior to the High Level Meeting, the UN Security Council had adopted Resolution 1983 recognizing the link between HIV and violence against women and girls in conflict and post-conflict settings and committing themselves to respect and protect human rights in such settings. Mr. Sidibé said that the resolution brings closer a world in which every woman has full control over her sexual and reproductive health and the life she chooses to live.
6. The Political Declaration on HIV and AIDS adopted by the General Assembly at the High Level Meeting represented the first time Member States had committed themselves to time-bound programmatic and financial targets. These included, by 2015: reducing by half the sexual transmission of HIV, HIV transmission among people who inject drugs, and tuberculosis deaths among people living with HIV; eliminating mother-to-child transmission and substantially reducing AIDS-related maternal deaths; having 15 million people on antiretroviral treatment; and both closing the global resource gap for AIDS and increasing funding to US\$ 22–24 billion per year. Mr. Sidibé pointed out that the Declaration was the first to recognize by name key populations that are disproportionately affected by AIDS, namely men who have sex with men, people who inject drugs, and sex workers. It had been followed a week later by the adoption in the Human Rights Council of a resolution on human rights, sexual orientation and gender identity.

7. Mr. Sidibé highlighted a number of factors that contributed to the success of the High Level Meeting, such as the work of the International Advisory Group (IAG) on Universal Access, the mobilization of young people in support of the global AIDS response, and worldwide media coverage showing that AIDS remains high on the global political agenda. The High Level Meeting had also crystallized the goal of ending vertical transmission with the launch of the *Global Plan Towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive*. The Global Plan represents an opportunity to forge links between HIV and maternal health, child health, and health systems strengthening. It also highlighted the fact that suboptimal drug regimens are still used in some countries for the prevention of mother-to-child transmission. In response to the appeal of the Global Plan, a number of governments, foundations and private corporations had committed large sums to the reduction of HIV infections.
8. Mr. Sidibé emphasized the need to take advantage of the roadmap provided by the Political Declaration for the global AIDS response through to 2015. In this regard, he drew attention to four areas of focus, namely: the need for sustainable financing; new approaches to service delivery; leveraging of science, technology and innovation; and building on the momentum for human rights and gender equality. A long-term AIDS response can be sustained only by inaugurating an era of “shared responsibility,” Mr. Sidibé said. Such an approach means a shift from dependence towards country-owned and country-led responses to HIV. UNAIDS’ new Investment Framework had been drawn up in line with this new funding approach in which countries and partners would review programmes, targets and priorities and refocus them to have the biggest impact.
9. New approaches to service delivery will involve new relationships, such as those with faith-based organizations and other areas of civil society. Mr. Sidibé welcomed moves for UN Women to become a new UNAIDS Cosponsor, as this would help increase the involvement of women and girls living with HIV in the AIDS response.
10. The role of the private sector is also in ascendance as UNAIDS moves beyond programmes on AIDS in the workplace to mobilizing the core competencies of the private sector. For instance, UNAIDS is engaging pharmaceutical and diagnostic companies to implement Treatment 2.0 for better and more affordable drugs and technologies, and later in 2011 will convene a meeting of heads of major companies to agree on access standards.
11. New opportunities in science and innovation will involve more investment in innovation and high risk–high impact research, including “treatment for prevention,” which has the potential to motivate millions of people to be tested. Better scientific data on prevention are needed as the basis for combined prevention activities such as scaling up voluntary male circumcision, addressing gender violence and putting Treatment 2.0 into place. At the same time, primary prevention of HIV through awareness, behaviour change and the consistent and correct use of condoms are more important than ever.
12. Mr. Sidibé urged all countries to lift restrictions on the entry and residence of people based on HIV status. UNAIDS is working with private-sector leaders, such as those in the travel industry, to lift travel restrictions on people living with HIV, and has also been in discussion with lawmakers and jurists on issues of human rights and human dignity. He commended the work of the Global Commission on HIV and the Law, which has generated a policy debate on HIV-related human rights and legal issues.

13. Mr. Sidibé reported that UNAIDS had reduced its fund balance by US\$ 35 million and will reduce it further by the end of the biennium. The new Unified Budget, Results and Accountability Framework (UBRAF) represents zero nominal growth and a decrease in real terms since 2009. Steps under way to improve cost-effectiveness and efficiency include the development of a workforce strategy that aligns staffing with strategic priorities, aiming to redeploy human resources at country level on the basis of the severity of the HIV epidemic and the local response. There will be a particular focus on 20-plus countries where a major impact on the epidemic can be made.
14. The Board noted the Executive Director's report with a number of positive comments. Participants stressed the importance of predictable and sustainable funding, and supported the "shared responsibility" approach to financing. The importance of access to affordable medicines and of using the flexibilities in the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) to ensure access was also mentioned.
15. There was general approval of the results of the High Level Meeting. The Board welcomed the political commitment and integration of the AIDS response into the wider development agenda. Country "ownership" of the response to AIDS would be important, and it was noted that there would be a need to implement the Political Declaration in the context of national laws, international agreements and human rights. There were calls to implement the agenda for action on women and girls, to move decisively against sexual violence, and to include more young people in efforts to combat AIDS. Some participants pointed out that the medical response to the epidemic will always be limited unless social and economic aspects are included. The Board requested that an item on follow-up to the High Level Meeting be included on the agenda of the 29th Programme Coordinating Board meeting.
16. There was support for the policy of focusing resources on fewer countries in order to have greater effect, and it was suggested that priority should be given to countries with the highest burden of AIDS (in Africa) and where the epidemic is still increasing (in Eastern Europe and Central Asia).
17. The Board also expressed support for revitalizing and expanding the role of the Programme Coordinating Board in monitoring global progress and lessons learned, in giving clearer direction for global policy, and ensuring accountability across the UNAIDS family. There was a call for UNAIDS to give clear leadership in the global AIDS response, including in areas such as food, employment, fair trade and access to medicines which all impact on the UNAIDS Strategy.
18. Mr. Sidibé responded by emphasizing the need to strengthen the Programme Coordinating Board in the context of wider resources for AIDS (i.e. resource flows outside the UBRAF). He concurred with the idea of a targeted approach, such as a focus on key countries, in order to achieve maximum return on investment, and he urged countries to review their own mandates to see how they can best reach the 2015 targets of the Millennium Development Goals (MDGs). On the identification of key populations, Mr. Sidibé commented that there is a need for better epidemiological information about who is becoming infected in each country and a need to review the local environment that creates obstacles to care or overcomes them. He also called for a "new civil society" that is more active in areas such as service delivery and that could serve as a link between the community and services. Finally, Mr Sidibé supported the expansion of the global governance role of the Programme Coordinating Board to support and reinforce a more explicit role of UNAIDS as the go-to

organization for matters of policy-making, investment and accountability for the global response—and at the country level.

#### 1.4 REPORT OF THE COMMITTEE OF COSPONSORING ORGANIZATIONS

19. The report of the Committee of Cosponsoring Organizations (CCO) was presented on behalf of the CCO Chair (Mr. Anthony Lake, Executive Director of UNICEF) by Mr. Yuri Fedotov, Executive Director of the United Nations Office on Drugs and Crime (UNODC).
20. In his presentation, Mr. Fedotov said that the *UNAIDS Strategy: Getting to Zero* has both encouraged collaboration between Cosponsors and improved delivery at country level. A number of Cosponsors have revised their HIV strategies to make specific links to the UNAIDS Strategy, including WFP, WHO, ILO and UNESCO. The CCO report covered a range of Cosponsors' initiatives, some carried out individually and others jointly with groups of Cosponsors. For example: UNICEF, WHO and UNFPA have joined with UNAIDS and other partners in advancing the elimination of mother-to-child transmission of HIV and new pediatric infections by 2015; UNODC is working with governments to address the low coverage of services among drug users, and has worked with UNHCR on a project targeting injecting drug users among refugees and returnees; and UNFPA and UNDP have supported over 50 countries in enhancing human rights protection and access to services for sex workers and their clients, men who have sex with men, and transgender people.
21. Joint WHO/ILO policy guidelines on the access of health workers to HIV and tuberculosis prevention, care and treatment were launched in November 2010. WFP has a new policy that aims to ensure that people living with HIV and those being treated for tuberculosis receive nutrition assessment and counselling together with appropriate food support when necessary. UNESCO is working with cosponsor partners to deliver sexuality education – particularly aimed at increasing access to and usage of condoms, HIV testing, and HIV knowledge – in 17 priority countries, while UNICEF and the World Bank are assessing the effectiveness of the response for children affected by AIDS, with a view to improving value for money and providing essential care and support to families.
22. With regard to advancing human rights and gender equality for the AIDS response, UNDP had launched the Global Commission on HIV and the Law and also carried out leadership capacity development for women living with HIV in 23 countries. UNFPA, together with UNDP, UNODC, UNICEF and other partners, had developed a training programme to help Joint UN Teams to better respond to stigma and other HIV-related needs of key populations. UNFPA is also strengthening links between sexual and reproductive health and HIV, including assisting countries to prioritize women and girls in HIV prevention, treatment, care and support programmes. UNHCR and WFP have been active in efforts to ensure access to HIV services in humanitarian crises, conflicts or emergency situations.
23. Mr. Fedotov reminded the Board that, in July 2010, the UN General Assembly created UN Women, a new body aimed at furthering gender equality and the empowerment of women. The CCO welcomed interest that UN Women became a UNAIDS Cosponsor.
24. The Board noted the CCO report and welcomed the new format which was fuller than in the past. There was appreciation for the fact that the report made clear how each agency had been contributing to the global AIDS response. However, concern was expressed that the report could have been more analytical, mentioning impact and challenges in addition to a

listing of activities. The Board showed enthusiasm for UN Women becoming a cosponsor of UNAIDS.

## **2. FOLLOW-UP TO THE THEMATIC SEGMENT FROM THE 27<sup>TH</sup> PCB MEETING**

25. Martin Bloem, Chief of Nutrition and HIV/AIDS Policy at the World Food Programme introduced this topic which followed up from a discussion at the previous Board meeting. Dr Bloem stated that many people living with HIV are food insecure which can affect uptake and adherence to treatment. Food insecurity can also lead vulnerable populations to resort to risky sexual behaviours. Adequate nutrition is a fundamental part of treatment and care and improves the critical treatment outcomes of reduction in early mortality following antiretroviral therapy (ART) initiation and improved retention in care.
26. As a result of discussions on this issue at the 27<sup>th</sup> Programme Coordinating Board, Dr Bloem pointed to four desired outcomes. These involved 1) increasing the number of national HIV programs with integrated and well funded nutrition components through a stocktaking exercise of both national nutrition and food security and HIV/AIDS strategies to identify gaps; 2) improving monitoring and evaluation at country level through the use of standard, approved nutrition indicators ensuring that nutrition interventions enable treatment and enhance quality of life, 3) establishing a global network on integrating food and nutrition into the HIV response, and 4) strengthening programmatic links between food security, nutrition, human rights and HIV management. Each of these outcomes was described and objectives and proposed activities outlined. Suggestions were made as to the possible UNAIDS role in delivering each outcome.
27. The Board welcomed the report and expressed support for the importance of nutrition and food security in the treatment and prevention of AIDS and other illnesses. This was felt to be critical in low-resource settings where the focus should be on vulnerable populations and especially women and children. Nevertheless, several participants cautioned the Programme Coordinating Board against micro-managing activities of the Secretariat and cosponsoring agencies.
28. There was also a concern about the emphases in the proposed outcomes with suggestions that the major underlying concern is the need to reduce poverty and that nutrition is just one part of this. Further concern was expressed about the proposal to build a global network on integrating food and nutrition in the HIV response, as some felt it was more important for existing food security networks to incorporate HIV issues in their work. However, there was support for the suggestion to carry out a stocktaking of national nutrition policies and HIV strategies in order to identify gaps. Support was further expressed for the use of standard indicators on nutrition and for UNAIDS to strengthen programmatic links between HIV management and other approaches addressing underlying causes of vulnerability.

## **3. GENDER-SENSITIVITY OF AIDS RESPONSES**

29. At the 27<sup>th</sup> meeting of the Programming Coordinating Board, participants had asked that the 28<sup>th</sup> meeting should receive a report on progress in implementing the *UNAIDS Agenda for Accelerated Country Action on Women, Girls, Gender Equality and HIV*. Jantine Jacobi, UNAIDS team leader for Women, Girls and Gender Equality, presented the report which

comprised data from 81 countries. She pointed out that, since women and girls are disproportionately affected by HIV, they need an HIV response that better addresses their needs and rights. The report was intended as a snapshot of the status of country action to implement gender-responsive HIV programmes, rather than a comprehensive analysis.

30. The data were collected by means of a scorecard with 14 markers in five categories, namely: data availability, engagement of women living with HIV, violence and gender norms, linking of HIV and sexual and reproductive health, and resources. These data were supplemented with further information gathered in a virtual consultation with over 800 women around the world in preparation for the High Level Meeting.
31. The study showed that disaggregated data are being collected and that there is a clear political commitment to gender equality in the HIV response. All 81 countries in the survey have taken action on at least 3 of the 14 markers on the scorecard. However, this does not necessarily mean that the data are being used for defining policies and planning programmes. For example, although 65% of the countries surveyed are engaging women living with HIV in their HIV response, only 33% make funds available for capacity-building of women which potentially limits the effectiveness of their engagement. In addition, although many countries recognize the need to prevent the consequences of gender-based violence as part of the HIV response, this recognition has not led to many national programmes to change harmful gender norms and practices. Significant gaps in gender analysis and violence data hamper the planning and budgeting of an HIV response tailored to women and girls.
32. The data show that the UNAIDS Agenda for Women and Girls has served as a tool for advocacy, a catalyst for programmatic action, and as a means for bringing together diverse stakeholders. It has also drawn attention to the human rights of women living with HIV, to gender-based violence and HIV, and to the integration of HIV with sexual and reproductive health. It is being operationalised according to the countries' differing epidemics, socio-cultural contexts and capacities.
33. Dr. Jacobi urged that priority should be given to strengthening the availability and use of data, including on violence, in order to align national HIV responses with the realities faced by women and girls. She stressed the need for sustained and expanded participation of women and girls in all aspects of the national HIV response. The HIV response to gender-based violence should be multisectoral, including addressing harmful gender norms and practices, and the engagement of men and boys for gender equality. She also emphasized the importance of strengthening bidirectional linkages between HIV and sexual and reproductive health services and expanded sexuality education. She reinforced the need for adequate resources for all of the above actions, in particular for networks of women living with HIV.
34. The Board gave support to the urgent need to address the vulnerability to HIV of women and girls, to involve women and girls more directly in the development of policies, and to find resources to support this effort. The report was felt to be a good basis for strategic planning, however, concern was expressed at the limited progress in implementing the UNAIDS agenda for women and girls. Countries were urged to implement the agenda fully, and requested that the agenda be harmonized with other global plans that relate to the health of women. There was also a call for a mid-term review of implementation of the UNAIDS agenda for women and girls by December 2012.



35. Protecting and improving the health of women and girls involves several sectors, and not just health. The view was expressed that efforts to do more for women in relation to HIV often have to face obstructive politics and ideologies that have nothing to do with evidence-based policies. The UNAIDS agenda for women and girls should include the full recognition of the sexual rights of women. Female injecting drug users were said to be a particularly neglected group. There is an urgent need to provide information that can be accessed by women, girls and teenagers.
36. Board participants emphasized the need for adequate resource allocation for women, girls and gender inequality within the UBRAF and expressed concern about the small proportion of the UBRAF dedicated to this part of UNAIDS work
37. Some Board participants emphasized the need to increase the involvement of national governments in such surveys for greater country leadership. In addition, they noted that the data had to be updated to capture the latest developments in at least two countries.
38. Dr. Jacobi replied that enhancing the health and human rights of women and girls is key to achieving Millennium Development Goals (MDGs) 3, 4, 5 and 6. Asked about links with UN Women, she said that the CCO had recommended that the organization should follow the normal procedure and make a formal application to become a UNAIDS Cosponsor. She added that UBRAF funds had been identified with regard to outputs and deliverables, that two of the UBRAF elements focus on women and girls and that it is expected that UN Women will contribute to these elements. The United Nations agenda for women and girls served as the basis for the relevant sections of the UBRAF.
39. Jeffrey O'Malley, Director of HIV/AIDS Practice at UNDP, acknowledged the lack of attention in the past to female injecting drug users and the female partners of male injecting drug users. He also acknowledged the need for countries to support women in other ways, by providing social protection, such as pensions to women widowed through HIV. He further stated that, through the United Nations, UNAIDS would be able to impact on broader issues such as poverty that underlie much of HIV infection, especially in women.
40. George Tembo, Chief of the HIV/AIDS Branch of UNFPA, informed the Board that the number of female condoms distributed had increased but is still far from enough. Even when supplies are readily available, it remains a challenge to persuade women to use the female condom.

#### **4. SUPPORT MECHANISMS FOR AFRICAN STATES**

41. Helen Frary, Chief of Cosponsor Relations and Governance, UNAIDS, presented the report in response to decisions taken by the 24<sup>th</sup> and 26<sup>th</sup> meetings of the Programme Coordinating Board. Decisions by the 24<sup>th</sup> meeting of the Board in 2009 had focused particularly on the need for support to African Member States in the areas of communications, regional consultations and the timely provision of Board-related documentation in French as well as English.
42. Ms Frary reported that, following a number of consultations in 2009, including with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) which had a similar Africa support process under way, a meeting was held in November 2010 with the five African

members of the Programme Coordinating Board, together with the two incoming African Board members and the two African GFATM board members to further develop possibilities for support. That meeting, held in Addis Ababa, Ethiopia, had agreed a set of principles for future support, as well as a number of challenges.

43. Current UNAIDS support to African Member States includes briefing meetings before each meeting of the Board, pre-board meetings for permanent missions in Geneva, interpretation for Africa Group meetings during the Board, funding for participation at Board meetings, and travel costs to meetings of working groups, task forces and other meetings as mandated by the Board. In addition, Ms Frary said, UNAIDS has established seven Regional Support Adviser posts in Geneva (of which three are for Africa). In December 2010, another UNAIDS-hosted meeting of the Africa Group had reviewed a number of “enhanced” support mechanisms.
44. In response to questions from the floor Ms Frary said that the UN Economic and Social Council (ECOSOC) decided the distribution of the 22 seats on the Programme Coordinating Board to individual regions, with five seats allocated to Africa. Regional groups of countries usually decide among themselves who should be elected. The “health group” of African permanent missions in New York attempts to ensure a fair geographical distribution across the five seats but this is not always possible and has in the past led to a seat sitting vacant. A proposal for the five African seats to be allocated to smaller constituencies (e.g. on the basis of geography, culture or AIDS profile) is understood to be under consideration by the Group.
45. While it was acknowledged that the ideal situation would be to have all Board-related documentation available in both English and French well in advance of Board meetings, Ms Frary explained the challenges faced in realizing that were due in part to the short time-span between Board meetings and the delay in the finalization of documents in English before they can be translated. Ms Frary noted that for the 28<sup>th</sup> meeting, the Secretariat had made French translations of executive summaries of Board documents available where possible.
46. Board participants pointed out that Francophone countries are handicapped if they do not receive the working documents for the meeting before the meeting takes place. It was emphasized that Africa is the region bearing the heaviest burden of AIDS and that African participation should be strengthened.
47. Concern was expressed that not enough had been done to implement the decisions of the 24<sup>th</sup> meeting of the Programme Coordinating Board. On behalf of the African Region, Botswana asked for full implementation of the decision of the 24<sup>th</sup> meeting of the Board to appoint a communications focal point, and added requests for UNAIDS to sponsor attendance at the Board by a number of non-Board members, and to organize a one-day coordination meeting for African delegations prior to each Board meeting.
48. Some Board participants felt that the level of resources allocated to support mechanisms for African states should not be increased, and that better use should be made of the Geneva missions. It was also felt that there should be stronger links with the health commission of the African Union. Support was expressed for the idea of constituency-based representation with countries representing others within their subregion.
49. Ms Frary agreed that more could be done to support African states but added that all would need to move forward together and some African missions in Geneva have limited capacity

for involvement. The current level of support is included in the UBRAF and any increase would require consultation. She added that non-Board Members are already brought to Board meetings, for examples as speakers in the thematic segment or to present country case studies.

## **5. FINANCIAL AND PERFORMANCE REPORTING FOR THE BIENNIUM 2010-2011**

50. Joel Rehnstrom, Director of the Financial Management and Accountability Department of UNAIDS, presented a report on UNAIDS performance monitoring for 2010, an interim financial report for 2010-2011, and an interim update on financial management as of 31 March 2011. The performance monitoring report covered achievements of the Joint Programme both by individual organizations and as a composite whole, and also included challenges being faced and lessons learned. The report incorporated evaluations and case studies to complement indicator-based reporting.
51. Highlights of the performance monitoring report included the decline in HIV incidence by nearly 20% between 1999 and 2009, coverage of more than 50% in HIV prevention services for pregnant women, more than 6.5 million people worldwide having access to antiretroviral therapy, and lifting of HIV-based travel restrictions in a number of countries. UNAIDS achievements noted in the report included advocacy for integrating the AIDS response into the broader development agenda, the launch of Treatment 2.0, development of epidemiological estimates in 151 countries, and the development of national strategic plans or operational plans in 41 countries. The monitoring also revealed that 14,700 days of technical assistance were provided by technical support facilities in 67 countries in five regions.
52. To illustrate financial and performance reporting at country level, the Programme Coordinating Board heard a country case study of how this is handled in the Philippines by the Joint UN Team on AIDS which manages the Joint UN Programme of Support on AIDS in the Philippines (JUPSAP). The case study was presented by Jacqueline Badcock, United Nations Resident Coordinator in the Philippines. She described how the AIDS programme was developed in 2008 and how the Joint UN Team manages the programme with agency-specific input and with regular joint meetings and reviews. AIDS had received little focus in the Philippines before 2008, and the programme was established due to advocacy by the UN team using the MDGs as an argument. The greater part of the funding (66%) comes from country resources.
53. The Philippines now has an AIDS medium-term plan for 2011–2016 with the UNAIDS Secretariat coordinating and assisting Cosponsors to fulfil their mandates and deliver on their commitments. The Philippines country team has embraced the UN's "Delivering as One" agenda and is committed to implementing activities in a coordinated and cohesive manner. 34% of the total 2010 JUPSAP expenditures were funded by the Unified Budget and Workplan (UBW) resources, where the rest was mobilized in-country. In addition to noting the catalytic function that UBW funding has had in the Philippines, Ms. Badcock also highlighted that the support provided by the UBW has been key in achieving the overall objectives of the JUPSAP. It remains for the JUPSAP to be integrated in the Action Plan of the United Nations Development Assistance Framework (UNDAF), to improve the overall alignment among agencies themselves, particularly concerning the need to harmonize monitoring and reporting systems (such as through the use of common terminology) and

planning processes, and for the tracking of budget utilization from global to country level to be strengthened. The Resident Coordinator also noted that the UBRAF will provide the necessary means, and suitable tools to support the future tracking and reporting of resources received at country level.

54. Mr. Rehnstrom the Board that, in line with the United Nations, UNAIDS is introducing new accounting standards (International Public Sector Accounting Standards, or IPSAS) which enable more comprehensive financial reporting than in the past. The establishment of a single administrative system is expected to enhance reporting and accountability, and the separation of UNAIDS accounts from those of WHO now allows for financial statements to be prepared independently. There have also been increased investments in risk management, audit and the enhancement of accountability.
55. Despite the global economic environment, the financial situation of UNAIDS remains stable with 96% of the resource mobilization target for 2010 achieved (US\$ 231.8 million, primarily contributions from Member States). Some US\$ 370 million has been mobilized against the current Unified Budget and Workplan representing 78% of the total core budget (slightly less than in past biennia). Mr. Rehnstrom commented that, with strong support from donors and partners, the 2010–2011 UBW will be fully implemented. However, the weakening of the US dollar is putting a huge strain on the budget (an estimated reduction in real terms of US\$ 15–20 million in 2011).
56. Financial implementation is high, with 81% (or US\$ 390 million) of the 2010–2011 UBW already expended and encumbered, and the fund balance has been reduced by US\$ 35 million, (i.e. to 38% of the biennial budget). As part of adopting IPSAS, UNAIDS will need to recognize and disclose all its liabilities, including employee-related liabilities amounting to US\$ 82.4 million (relating to health insurance of current and retired staff), of which US\$ 50.2 million are unfunded. Mr. Rehnstrom proposed that an initial amount of up to US\$ 20 million should be used in 2011 from the fund balance for this purpose with the remaining amount to be covered over five years. In addition, he proposed establishing a building renovation fund with an initial amount of US\$2.6 million with annual replenishments equivalent to the amount of the depreciation of the UNAIDS building.
57. The Board took note of the UNAIDS Performance Monitoring Report for 2010 and the interim financial management update for 2010–2011 and accepted the unaudited interim financial report for 2010. The Board expressed appreciation of the move to IPSAS and for the reduction in the size of the fund balance. However, there was concern at rising staff costs and some participants questioned committing money to staff liabilities and a building fund while other participants complimented UNAIDS on prudent financial management and proposing making a provision for unfunded liabilities. Several speakers suggested that UNAIDS should investigate possibilities for innovative financing and take measures to prepare for future possible currency fluctuations.
58. Mr. Rehnstrom commented that the increase in staff costs was due to increases in the number of staff (5% in 2010 and 9–10% in previous years, though currently a staff freeze was in force), the annual salary increase that is common in the United Nations system, and the fact that the weakening of the US dollar had led to increased expenditure on salaries, especially in Geneva. He added that the decline in the value of the US dollar has led not so much to an exchange loss as to a drop in purchasing power.

59. Mr. Sidibé said that UNAIDS was exploring ways to expand its donor base by trying to identify possible donors by region and by developing a resource mobilization forecast for the next three years. Possibilities are being explored with a number of middle-income countries. The option of receiving funds from philanthropic individuals is also being investigated.
60. On staff issues, Jan Beagle, UNAIDS Deputy Executive Director for Management and External Relations, pointed out the need to have a strategic approach to staffing of UNAIDS. Reviews are under way in Geneva and in country teams to align current skills and competencies with new priorities. Around 30% of UNAIDS staff are currently in Geneva and the rest are elsewhere and the possibility of outsourcing more functions is being investigated. At the next meeting of the Programme Coordinating Board it will be possible to present the UNAIDS workforce planning strategy in more detail.
61. Mr. Sidibé added that the reason for the staff freeze is not just financial but because UNAIDS needs to review what kind of staff it really needs. By the 29<sup>th</sup> meeting of the Board it will be possible to have a clear distinction between core staff (whose numbers remain fairly stable) and activity staff (whose numbers will vary as priorities change).

## **6. UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK 2012–2015**

62. Jan Beagle introduced the UBRAF 2012–2015 which she described as an opportunity to build on current political momentum for the global AIDS response. Following finalization of the new UNAIDS Strategy, which had been adopted by the Programme Coordinating Board in December 2010; the UBRAF had been developed through consultation with a wide range of partners and under the guidance of the Board's Subcommittee on the UBRAF. The new budget and accountability framework represented a major change in resource planning and management for UNAIDS in a number of different ways – for instance, it is based on strategic goals and targets, it is a framework to achieve results (rather than a workplan), and accountability is linked to achievement of strategic goals.
63. Mr. Rehnstrom described the main elements of the UBRAF with its core budget for the UNAIDS Secretariat and catalytic activities for Cosponsors to leverage, though not to replace, their own resources. The three main elements are: a Business Plan that shows the contributions of UNAIDS to operationalise the 2011–2015 Strategy; a Results and Accountability Framework that will measure the achievements of the Joint Programme and provide links between investments and results; and a Budget to fund the core activities of the Cosponsors and Secretariat. He pointed out the focus on results at country level, and particularly the 20-plus countries that have the highest potential for impact. The UBRAF also included a four-year planning framework with two-year budget cycles and annual rolling workplans to enable adjustments to be made if necessary. Mr. Rehnstrom showed examples of outputs and deliverables in the UBRAF, pointing out the clearer links between investments and results. For each strategic goal and function, deliverables have been identified for Cosponsors and the Secretariat, and there is a system in place to measure and track progress. In addition to annual performance reviews, a mid-term review will be conducted ahead of the 2014–2015 biennium.
64. A country case study on Nigeria was presented by Deborah Odoh of the Federal Ministry of Health of Nigeria, who informed the Board that Nigeria carries 30% of the global burden of mother-to-child transmission of HIV. Dr Odoh described recent advances in services, with

more than 907,000 women being counselled and tested in 2010 compared with 18,000 in 2004. She outlined future plans for scaling up efforts to prevent mother-to-child transmission, culminating with a presidential directive for free antenatal care services. In a “millennium village project”, UNAIDS collaboration resulted in services to prevent mother-to-child transmission in two villages, leading the Government of Nigeria to start similar projects in over 100 villages. In addition, a “conditional grant scheme” in 19 Nigerian states has enabled over 2800 primary health facilities to be constructed or refurbished and is credited with having contributed to the 30% reduction in maternal mortality between 2003 and 2008. Despite challenges, Nigeria sees opportunities to eliminate paediatric HIV and there are clear priorities for United Nations support with the UBRAF. Greater collaboration with international partners is under way and there is advocacy for increased domestic funding from national and local governments.

65. Gottfried Hirnschall, Director of the HIV Department of WHO, presented a case study on tuberculosis (TB) and HIV as an example of how the UNAIDS Division of Labour is implemented on the ground. TB is the leading cause of death among people living with HIV, and HIV-associated TB accounts for 23% of TB deaths. The Joint Programme aims to achieve a 50% reduction in TB deaths among adults and children living with HIV by 2015; universal access to HIV and TB prevention, diagnosis and treatment services; and increased knowledge and reduced vulnerability to HIV-related TB. Dr Hirnschall explained how this aim formed the basis of the respective UBRAF goals, outputs and outcomes, how different agencies collaborated in the UBRAF planning, and how civil society is involved in a number of activities. In the UBRAF, HIV/TB has more focus as a separate priority area, it is promoted as a model of integration/linkage across programmes, there is strengthened multisectoral and community engagement in the TB and HIV response, and there is enhanced joint planning, implementation and accountability among Cosponsors.
66. Mr. Rehnstrom said that the UBRAF proposes a zero-growth budget with allocations based on epidemic priorities (i.e. where the biggest impact can be made) and with additional support (through UN Joint Teams and Joint Programmes of Support) to the 20-plus high-impact countries identified. The total HIV-targeted funds amount to US\$ 3.8 billion, with US\$ 485 million allocated as part of the core UBRAF. In terms of geographical distribution, 51% of all funds will be allocated to the 20-plus high-impact countries, 42% will go to other countries, and 7% will be spent globally. In terms of strategic direction, 50% of funds will be spent on prevention, 28% on treatment, care and support, 16% on coordination and accountability, and 5% on human rights and gender. Work will continue on refining the indicators, targets and baselines prior to implementation of the UBRAF and there will be annual reports to the Board.
67. Mariame Sy, Chair of the Programme Coordinating Board Subcommittee on the UBRAF, outlined the meetings and consultations held by the subcommittee and summarized the discussions that had taken place. She described several challenges – especially workload and time pressure. Key issues for the subcommittee were flexibility for different situations, focus on the country level, measurement of long-term effects, regular reporting, and simple mechanisms that build on existing processes. The Subcommittee recommended that the Board approve the Unified Budget, Results and Accountability Framework (UBRAF) 2012–2015.
68. The Board welcomed the UBRAF as a more useful document than the previous UBW. Speakers expressed appreciation for the presentation of global strategies in terms of results and outcomes, for the use of case studies and for prioritizing the role of civil society. They

were also pleased with the inclusive process by which the UBRAF had been developed and that much of the UBRAF incorporates input from the Board Subcommittee. The UBRAF was described as a tool for greater effectiveness, giving a clear view of the division of tasks that will make evaluation of results easier. The Cosponsors were urged to align their activities and goals to the UBRAF.

69. Board participants also made a number of suggestions. Since the UBRAF still had no indicators at the output level, it would be important to develop these. There was some lack of clarity as to how specific targets were set, and it would be important for national partners to be consulted when drafting these. There was also a request to make clear who the collaboration will be with at national level, and it was noted that civil society activities were not included..
70. Mr. Sidibé thanked the Board for its engagement in the development of the UBRAF. He said that the document would be refined in the coming months in light of the comments received. In response to Board comments about the need for cheaper drugs, he stated that UNAIDS is working with WHO and others to develop a critical appreciation of the TRIPS agreement and is working with the pharmaceutical industry on issues of quality standards and access.
71. Mr. Rehnstrom said that the terminology of the UBRAF will be checked to ensure its consistency and he assured the Board that the resource allocation would be reviewed to ensure priority areas and goals would be adequately funded. He said that indicators and targets would be refined further and reporting requirements finalized through a consultative process with the involvement of civil society, Member States, Cosponsors and the Monitoring and Evaluation Reference Group. Targets at country level are to be established in consultation with national partners and national coordinating authorities, and the guidance on prioritization provided by the Board will be taken into account to ensure sufficient focus on gender, human rights, TRIPS, and other issues in the development of annual workplans.
72. On behalf of the Cosponsors, it was stated that implementation of the UBRAF at country level will be discussed with governments in these countries. Most Cosponsor funds are not part of the core UBRAF and the accountability for these funds is to the Boards of the Cosponsors.
73. There was a lengthy discussion on the role of the *Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS* adopted by Heads of State and Governments on 10 June 2011 in guiding the implementation of the UBRAF. The discussion concluded in a decision reached by consensus (see Annex 2).

## **7. STATEMENT BY THE REPRESENTATIVE OF THE UNAIDS SECRETARIAT STAFF ASSOCIATION**

74. The representative of the Staff Association of the UNAIDS Secretariat, Jason Sigurdson, reported that the staff of UNAIDS had called for fair and suitable processes as the Organization undergoes a workforce functional review. The staff of the Organization is committed and recognizes the need to be flexible but the management also needs to bring out the enthusiasm and passion of the staff. He urged that any change should be based on the principle of fairness. As the upcoming workforce review is carried out, there is a need for careful planning and a phased approach in order to avoid negative consequences. The

representative thanked the Executive Director for his support to the policy of zero tolerance for harassment. He also expressed concern that some personnel appear to be performing staff functions but are on service contracts that offer no benefits such as health insurance. He hoped that the workforce review would correct this situation. As the decisions of the review should be ready by late 2011, he asked that the Staff Association be permitted to address the Programme Coordinating Board again at its 29<sup>th</sup> meeting.

75. The Board noted the report of the Staff Association and thanked the staff for their commitment and assured the Staff Association that when the Board looks at the recommendations of the workforce review it will take the views of the staff into account. Support was expressed for having a representative of the Staff Association address the 29<sup>th</sup> meeting of the Board in December and submit a written report. The Executive Director and the Chair of the Programme Coordinating Board both thanked the Staff Association for its commitment and its concern for the future of UNAIDS.

## **8. NEXT MEETINGS OF THE UNAIDS PROGRAMME COORDINATING BOARD**

76. In response to a request from the Programme Coordinating Board Bureau for proposals for the thematic segment at the 30<sup>th</sup> and 31<sup>st</sup> Board meetings, nine had been submitted. After significant consideration the Bureau was proposing to the Board a theme for the 30<sup>th</sup> meeting that brought together three of the nine proposals, namely to consider issues such as the role of civil society and hepatitis B and C co-infections under the broader framework of combination prevention. The Board agreed the theme "Combination prevention: Addressing the urgent need to reinvigorate HIV prevention responses globally by scaling up and achieving synergies to halt and begin to reverse the spread of the AIDS epidemic". The Board expressed strong support for the theme citing the relevance and timely nature of the topic. The Board also agreed that the Programme Coordinating Board Bureau take appropriate and timely steps to invite themes for the 31<sup>st</sup> and 32<sup>nd</sup> meeting in due course.
77. A proposal was made to include in the agenda for the 30<sup>th</sup> Programme Coordinating Board meeting, a substantive item on sustainable financing underpinned by an analysis by the Secretariat.

## **9. ANY OTHER BUSINESS**

78. The Board received a report on the upcoming MDG6 Forum which is schedule to take place in Moscow in October. The Forum expects some 700 participants, including those from civil society.
79. It was agreed that progress on the "Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive", approved at the High Level Meeting would be discussed at the 29<sup>th</sup> meeting of the Board.

## **10. ADOPTION OF DECISIONS, RECOMMENDATIONS AND CONCLUSIONS**

80. The 28<sup>th</sup> meeting of the UNAIDS Programme Coordinating Board made a number of decisions, recommendations and conclusions (Annex 2.).

[Annexes follow]



ANNEX 1

20 April 2011



UNAIDS/PCB(28)/11.1

## PROGRAMME COORDINATING BOARD

Twenty-eighth meeting

Date: 21-23 June 2011

Venue: Executive Board Room, WHO, Geneva

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

### Draft Annotated Agenda

Tuesday 21 June

#### 1. Opening

**1.1 Opening of the meeting and adoption of the agenda**

*The Chair will provide the opening remarks to the 28th PCB meeting.*

**1.2 Consideration of the report of the twenty-seventh meeting**

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

Document: UNAIDS/PCB(27)/10.27

**1.3 Report of the Executive Director**

*The Executive Director will present a report based on a written outline.*

Document: UNAIDS/PCB(28)/11.2

**1.4 Report by the Chair of the Committee of Cosponsoring Organizations**

*The CCO Chair will present an oral statement under this item supported by a written report highlighting the joint and specific Cosponsors' activities during the previous twelve months.*

Document: UNAIDS/PCB(28)/11.3

#### 2. Follow-up to the thematic segment from the 27<sup>th</sup> PCB meeting

*The Board will receive a report on the outcomes of the thematic segment on "Food and nutrition security and HIV: how to ensure food and nutrition security are integral parts of HIV programming", and their integration into the work of the Joint Programme.*

Document: UNAIDS/PCB(28)/11.4

### **3. Gender-sensitivity of AIDS responses**

*As agreed at the 27<sup>th</sup> PCB meeting (ref. PCB 27/rec.7.5) the Board will receive a progress report on the implementation by country of the Agenda for Accelerated Action on Women and Girls.*

Document: UNAIDS/PCB(28)/11.5

There will be a lunch time session on Tuesday 21 June to brief delegates on the outcomes of the UN General Assembly High Level Meeting on AIDS which will be held prior to the PCB on 8-10 June.

#### Wednesday 22 June

### **4. Support mechanisms for African States**

*The Board will receive a report on support to African States as mandated by decisions taken at the 24<sup>th</sup> and 26<sup>th</sup> PCB meetings (ref. PCB 24/rec. 9.1 & PCB 26/rec. 10.5 b).*

Document: UNAIDS/PCB(28)/11.6

### **5. Financial and performance reporting for the biennium 2010-2011**

*The Board will receive a performance monitoring report for 2010 as well as an interim financial report for the 2010-2011 biennium and financial management update as at 31 March 2011 for information. Performance at country level will be illustrated using a country case study*

Documents: UNAIDS/PCB(28)/11.7, UNAIDS/PCB(28)/11.8, UNAIDS/PCB(28)/11.9, UNAIDS/PCB(28)/11.CRP.1,

### **6. Unified Budget, Results and Accountability Framework 2012-2015**

*The draft Unified Budget, Results and Accountability Framework (UBRAF) for 2012-2015 will be presented for adoption by the Board. The subcommittee on the preparation of the 2012-2015 UBRAF will also report to the Board under this item. Implementation of the UBRAF will be illustrated by a country case study and by a convening Cosponsor study of one area of the Division of Labour.*

Documents: UNAIDS/PCB(28)/11.10, UNAIDS/PCB(28)/11.11, UNAIDS/PCB(28)/11.12, UNAIDS/PCB(28)/11.CRP.2

#### Thursday 23 June

### **6. Unified Budget, Results and Accountability Framework 2012-2015 (continued, as necessary)**

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

Document: UNAIDS/PCB(28)/11.13

### **8. Next Programme Coordinating Board meetings**

*The Board will be asked to agree inter alia the dates for the 30<sup>th</sup> and 31<sup>st</sup> meetings.*

Document: UNAIDS/PCB(28)/11.14

### **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, as necessary.*

## ANNEX 2

23 June 2011



### **28<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland 21-23 June 2011**

#### **Decisions, Recommendations and Conclusions**

The UNAIDS Programme Coordinating Board:

*Recalling* that all aspects of UNAIDS work are directed by the following guiding principles:

- Aligned to national stakeholder's 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 with the inclusion of an item under Any Other Business for the Board to receive an update on the International MDG-6 Forum;

#### **Agenda item: 1.2: Consideration of the report of the twenty-seventh meeting**

2. *Adopts* the report of the 27<sup>th</sup> meeting of the UNAIDS Programme Coordinating Board;

#### **Agenda item 1.3: Report of the Executive Director**

- 3.1 *Takes note* of the report of the Executive Director;

- 3.2 *Requests* the Programme Coordinating Board to include in the agenda for its 29<sup>th</sup> meeting an item on follow-up to the 2011 UN General Assembly High Level Meeting on AIDS;

**Agenda item 1.4: Report of the Chair of the Committee of Cosponsoring Organizations**

4. *Takes note* of the report of the Committee of Cosponsoring Organizations and *expresses* deep appreciation for the revised reporting format adopted by the cosponsors;

**Agenda item 2: Follow-up to the thematic segment from the 27<sup>th</sup> PCB meeting**

- 5.1 *Welcomes* the report of the thematic segment and *requests* UNAIDS to ensure that work related to nutrition and food security including the activities mentioned below are included in the Unified Budget, Results and Accountability Framework and its reporting;
- 5.2 *Requests* UNAIDS in collaboration with its partners to conduct a stocktaking exercise of both national nutrition and food security and HIV/AIDS strategies to identify gaps, including in the delivery of food and nutrition interventions related to HIV and AIDS, and propose relevant action;
- 5.3 *Requests* UNAIDS to improve monitoring and evaluation at country level through the use of standard, approved nutrition indicators enabling implementers to report on outcomes and ensuring cost effectiveness without adding unreasonable burden or creating parallel systems;
- 5.4 *Requests* UNAIDS to strengthen, in close collaboration with existing mechanisms on nutrition, food security and HIV, the multisectoral programmatic linkages among food security, nutrition, human rights and HIV management through social protection approaches that focus on addressing the underlying causes of vulnerability;

**Agenda item 3: Gender-sensitivity of AIDS responses**

- 6.1 *Takes note* of the report recognizing that further monitoring of implementation of the UNAIDS Agenda for Accelerated Country Action on Women, Girls, Gender Equality and HIV will be carried out in coordination with Member States, and with participation of women living with HIV and civil society and reported to the Programme Coordinating Board through the Unified Budget, Results and Accountability Framework;
- 6.2 *Requests* a mid-term review of implementation of the Agenda in December 2012, with indicators specifically designed to measure country action on women and girls in the HIV response;

**Agenda item 4: Support mechanisms for African States**

7. *Takes note* of the report on support mechanisms for African States and *requests* the Secretariat to strengthen its efforts to provide support to African States;

**Agenda item 5: Financial and performance reporting for the biennium 2010-2011**

- 8.1 *Takes note* of the UNAIDS Performance Monitoring Report for 2010;

- 8.2 *Accepts* the unaudited interim financial report and related financial statements for the year ended 31 December 2010;
- 8.3 *Takes note* of the interim financial management update for the 2010-2011 biennium for the period 1 January 2010 to 31 March 2011;
- 8.4 *Encourages* donor governments and others to release their contributions towards the 2010-2011 Unified Budget and Workplan as soon as possible;
- 8.5 *Takes note* of the report of the Executive Director on provisions for employee benefits under International Public Sector Accounting Standards;
- 8.6 *Acknowledges* efforts by the Secretariat to monitor the fund balance and reduce working capital;
- 8.7 *Endorses* the principle of prudent financial management, including ways to fund unfunded staff-related liabilities and potential major repairs to the building, and requests the Secretariat to present a revised proposal to the 30<sup>th</sup> meeting of the Programme Coordinating Board;
- 8.8 *Requests* UNAIDS to continue to expand its donor base and to explore diversified and additional funding streams;

**Agenda item 6: Unified Budget, Results and Accountability Framework 2012-2015**

- 9.1 *Approves* the 2012- 2015 Unified Budget, Results and Accountability Framework in accordance with the recommendation of the Programme Coordinating Board subcommittee on the formulation of the 2012-2015 Unified Budget, Results and Accountability Framework, and taking into account the views and recommendations expressed by the Board;
- 9.2 *Approves* US\$ 485 million as the core budget for 2012-2013 and the proposed allocation between the 10 Cosponsors and the Secretariat;
- 9.3 *Decides* that the United Nations General Assembly *Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS* adopted by Heads of State and Governments on 10 June 2011 serves as key reference to implement the Unified Budget, Results and Accountability Framework;
- 9.4 *Requests* the UNAIDS Secretariat to further strengthen the *Results, accountability, and budget matrix* through a consultative process with all constituencies, the results of which will be reported to the Programme Coordinating Board at its 29th Meeting;
- 9.5 *Requests* the UNAIDS Secretariat to report back annually to the Programme Coordinating Board on the implementation of the 2012-2015 Unified Budget, Results and Accountability Framework;
- 9.6 *Requests* UNAIDS to provide more explicit reporting on resourcing and engagement of civil society supported with indicators and clear reporting from the Secretariat and Cosponsors within the Unified Budget, Results and Accountability Framework;

- 9.7 *Urges* all constituencies to use the UNAIDS 2012-2015 Results and Accountability Framework to meet their reporting needs;
- 9.8 *Notes* the value of the multi-stakeholder consultations and the contributions of the Programme Coordinating Board subcommittee in the formulation of the 2012-2015 Unified Budget, Results and Accountability Framework;

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

10. *Takes note* of the report of the UNAIDS Secretariat Staff Association;

**Agenda item 8: Next Programme Coordinating Board meetings**

- 11.1 *Agrees* that the theme for the 30<sup>th</sup> Programme Coordinating Board meeting will be “*Combination prevention: Addressing the urgent need to reinvigorate HIV prevention responses globally by scaling up and achieving synergies to halt and begin to reverse the spread of the AIDS epidemic*”;
- 11.2 *Requests* the Programme Coordinating Board Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 31<sup>st</sup> and 32<sup>nd</sup> Programme Coordinating Board meetings;
- 11.3 *Agrees* the dates for the 30th (5-7 June 2012), the 31st (11-13 December 2012), the 32<sup>nd</sup> (25-27 June 2013) and 33rd (10-12 December 2013) meetings of the Programme Coordinating Board;
- 11.4 *Further agrees* to change the date of its 29<sup>th</sup> meeting to 13-15 December 2011;

**Agenda item 9: Any other business**

12. *Requests* UNAIDS to report on progress achieved in implementing the “*Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive*” at the 29th meeting of the Programme Coordinating Board.

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