

17 December 2012

**31st Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
11-13 December 2012**

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 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 thirtieth meeting

2. *Takes note* of the report of the 30th 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 *Notes* with appreciation the leadership of the African Union in developing its Roadmap on Shared Responsibility and Global Solidarity for AIDS, Tuberculosis and Malaria and *encourages* UNAIDS, including its Cosponsors, and key stakeholders, to support African countries, in accordance with national priorities, with strong attention to evidence and human rights, to implement, as appropriate the African Union Roadmap to help achieve the 2011 UN General Assembly High Level Meeting on AIDS targets and inform the Post-2015 UN development agenda;

Agenda item 2: Gender-sensitivity of AIDS responses¹

- 4.1 *Takes note* of the report of the Mid-Term Review of the UNAIDS Agenda for Accelerated Country Action on Women, Girls, Gender Equality and HIV, and

¹ The Arab Republic of Egypt disassociates itself from decision points 4.6 and 4.8 and the Islamic Republic of Iran disassociates itself from decision points 4.5, 4.6 and 4.8 that may be interpreted as recognition, protection or promotion of unethical/illegal behaviors; or may contradict with cultural, moral and religious values, national sovereignty, and legal and social systems of the countries concerned. Accordingly, the Arab Republic of Egypt and the Islamic Republic of Iran shall not be bound by any results related to or arising from the above mentioned decision points.

appreciates the progress made in the implementation of the UNAIDS Agenda for Women and Girls by stakeholders, particularly in building political commitment, strengthening the gender sensitivity of HIV responses and meaningfully engaging women, girls and other stakeholders;

- 4.2 *Requests* UNAIDS, in collaboration with Governments and relevant partners, to increase coordinated support to countries to assess HIV responses from a gender equality perspective with a view to inform planning, costing, budgeting and implementation of a gender transformative HIV response², with the aim of full implementation of the UNAIDS Agenda for Women and Girls;
- 4.3 *Further requests* UNAIDS Secretariat and Cosponsors to implement the recommendations of the Mid-Term Review, including through reprogramming and reallocation of funds within the Unified Budget, Results and Accountability Framework; and through joint mobilization of additional resources, and ensure that the results are substantively reported, in particular on C3 and C4, through the Unified Budget, Results and Accountability Framework;
- 4.4 *Urges* UNAIDS, in collaboration with Governments and partners, to improve disaggregated data collection, in particular by sex and age, analysis and use; to more effectively measure progress towards a gender transformative approach to the HIV response;
- 4.5 *Welcomes* UNAIDS' efforts to strengthen collaboration with networks of Women Living with HIV, women from key populations³, women's rights and health organizations and groups of men and boys working for gender equality, and *requests* UNAIDS to work with governments to ensure that women, adolescent women and girls in all their diversity are meaningfully engaged in all stages of planning, implementation and monitoring and evaluation of HIV responses and related issues;
- 4.6 *Requests* UNAIDS and Member States to support countries to promote access to sustained funding for women, girls, gender equality and HIV, as well as funding for networks of Women Living with HIV, women's rights and health organisations, women from key populations and other civil society partners working towards gender transformative HIV responses, from a variety of sources, including through the Unified Budget, Results and Accountability Framework; and other mechanisms such as the Global Fund, as part of shared responsibility and strategic investment;
- 4.7 *Further requests* UNAIDS to ensure that future guidance and documentation related to the strategic investment approach, including the suite of tools being developed for country use, has integrated gender equality as a cross-cutting issue;
- 4.8 *Requests* UNAIDS, Member States and civil society to promote and facilitate better linkages between HIV, gender equality, sexual and reproductive health and

² Defined as "programmes that promote gender equality and respond to violence against women, including discouraging its perpetration. Such programmes should also increase women's social and economic empowerment and stop harmful traditional practices". Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV - Operational plan for the UNAIDS action framework: addressing women, girls, gender equality and HIV, December 2009.

³ As defined in the UNAIDS 2011-2015 Strategy 'Getting to Zero', footnote n. 41: 'Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context'.

reproductive rights within the Post-2015 global development agenda, together with governments, women and girls living with HIV, women from key populations, women's health and rights organizations and other relevant stakeholders, to achieve improved health outcomes and uphold the human rights of women and girls in all their diversity;

Agenda item 3: Strategic investment

- 5.1 *Recognizes* support for the tool “Investing for results. Results for people. A people-centered investment tool towards ending AIDS”, and encouraged that funding from domestic public sources grew by more than 15% between 2010 and 2011, and that domestic resources in low- and middle-income countries now support more than 50% of the global response, *takes note* with appreciation of the report and national case studies presented;
- 5.2. *Calls* on the UNAIDS family – Secretariat and Cosponsors – to work together and with partners to support countries to apply investment thinking to nationally led and owned planning processes and implementation of programmes to strengthen prioritization of resources and improve cost-effectiveness and impact of national HIV responses;
- 5.3 *Requests* UNAIDS to continue to coordinate technical support and to include updates on support provided, in the context of strategic investment in national AIDS responses, as part of its regular reporting through the Unified Budget, Results and Accountability Framework;

Agenda item 4: Follow-up to the thematic segment from the 30th PCB meeting

- 6.1 *Takes note* of the summary report of the Thematic Session on combination prevention;
- 6.2 *Calls* on UNAIDS, governments, civil society organisations and other development partners to increase the focus on all dimensions of evidence-based combination prevention;
- 6.3 *Calls* on governments to work with research institutions in public and private sectors, and with civil society, especially people living with and affected by HIV, to identify and address the key barriers – in particular the human resource and systems’ weaknesses– to the implementation of evidence based and country specific existing prevention technologies;
- 6.4 *Further calls* for all national and international AIDS responses to be guided by the most up to date evidence of impact and effectiveness, including the use in all settings of validated estimates of HIV incidence through the best available methods;
- 6.5 *Notes* with concern that a substantial number of People Living with HIV are unable to access or remain in fully effective treatment and care, as shown by analyses of the treatment cascade and *calls* for urgent steps to keep people alive with the highest attainable standard of health and to stop new infections;
- 6.6 *Requests* UNAIDS to work with governments, together with research and implementing partners, to refine methods to assess the impact of behavior-change programming in order to ensure the greatest impact and value-for-money;

- 6.7 *Takes note* of the HIV prevention goals and targets adopted in the 2011 UN General Assembly Political Declaration on HIV and AIDS which calls on governments, programme managers, donors, civil society and all stakeholders to support and extend the reach of efficient, ethical, and evidence-based epidemiologically appropriate comprehensive prevention efforts;
- 6.8 *Encourages* governments to promote investments in research and development as appropriate and the availability of new and affordable prevention technologies;
- 6.9 *Calls* upon UNAIDS to foster further research regarding public health and HIV prevention impact, ethical aspects, and cost effectiveness of Pre-Exposure Prophylaxis (PrEP) and treatment as prevention in different epidemic settings;

Agenda item 5: Review of NGO/Civil Society participation in the Programme Coordinating Board

- 7.1 *Takes note* of the report of the independent consultant and recognizes the important contribution of civil society to the UNAIDS Programme Coordinating Board and in the global HIV response;
- 7.2. *Encourages* Member States as appropriate to involve the representative/s of civil society in their national delegations to the Programme Coordinating Board, and to facilitate the involvement in particular of local civil society in the consultations that would be held before and after the meetings of the UNAIDS Programme Coordinating Board;
- 7.3 *Encourages* UNAIDS, Member States and civil society organisations to work together to strengthen communication, between all constituencies, in particular between Board Meetings;
- 7.4 *Requests* UNAIDS Secretariat and Cosponsors to strengthen their collaboration at country, regional and headquarters levels with the NGO Delegation to continue the support to the NGO Delegation through the most cost effective approaches including induction training of new delegates and the Communications Facility; and *to* champion, in collaboration with Member States, the involvement of civil society in the Post-2015 agenda;
- 7.5 *Calls* on the Programme Coordinating Board NGO Delegation to respond to the changing global environment and likely post-MDG agenda by developing more systematic and strategic relationships with civil society leaders and delegations of other key HIV mechanisms, especially the Global Fund; and wider health and development initiatives; to strengthen its accountability and outreach to wider civil society in countries and regions; and to explore cost effective approaches to build capacity and ensure the institutional memory within the NGO Delegation;

Agenda item 6: Monitoring and Evaluation Reference Group (MERG)

8. *Takes note of the report;*

Agenda item 7: Next Programme Coordinating Board meetings

- 9.1 *Agrees* that the theme for the 33rd Programme Coordinating Board meeting be “HIV and young people” and that the theme of “Strategic use of ARVs for treatment and prevention of HIV” be addressed by the PCB in 2013 as a regular agenda item;

- 9.2 *Further agrees* to request 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 34th and 35th Programme Coordinating Board meetings, as necessary;
- 9.3 *Agrees* on the dates for the 36th (9-11 June 2015) and the 37th (8-10 December 2015) meetings of the Programme Coordinating Board;

Agenda item 8: Election of Officers

- 10.1 *Elects* India as Chair, Australia as Vice-Chair and Congo as Rapporteur for the period 1 January to 31 December 2013;
- 10.2 *Approves* the new Programme Coordinating Board NGO Delegation as follows:
Europe: European AIDS Treatment Group, Former Yugoslav Republic of Macedonia (FYROM) and Eurasian Harm Reduction Network, Lithuania. North America: Housing Works, United States of America.

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