



UNAIDS/PCB(30)/12.15  
5 October 2012

## PROGRAMME COORDINATING BOARD

UNAIDS/PCB (30)/12.15  
Issue date: 5 October 2012

### **THIRTY-FIRST MEETING**

DATE: 11-13 December 2012

VENUE: Executive Board Room, WHO, Geneva

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**Agenda item 1.2**

## **Report of the 30th Meeting of the Programme Coordinating Board**

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

1. Agnieszka Pachciarz, Under-Secretary of State, Ministry of Health for Poland and Chair of UNAIDS Programme Coordinating Board, welcomed participants to the 30th meeting. The Board observed a minute of silence in memory of all who had passed away from AIDS since the last meeting.

2. The draft annotated agenda (UNAIDS/PCB (30)/12.1) was adopted with amendments, as indicated by the Chair. (Annex 1)

3. As Chair of the Board for the first time, Ms. Pachciarz commented on Poland's efforts to maintain low HIV prevalence, through the provision of free antiretroviral treatment, anonymous and free counseling and testing services, close collaboration with civil society and tackling exclusion in all its forms. The Chair noted that discussions on AIDS were particularly relevant to Eastern Europe and Central Asia, the only region of the world where the epidemic is on the rise, and looked forward to a fruitful discussion at the Board, working together towards achieving the Three Zeros.

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

4. Following a request from the Egyptian delegation to make an amendment to the report of the 29<sup>th</sup> meeting (UNAIDS/PCB(29)/11.28), consideration of the report by the Board was suspended, pending review of the procedural regulations in consultation with the former Programme Coordinating Board Chair and the Bureau. Following consultation, the Board took note of the report without amendment.

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

5. Michel Sidibé, UNAIDS Executive Director, began by expressing his sympathies and condolences to the people of Nigeria for the tragic loss of life in Lagos following the recent plane crash.

6. The Executive Director extended his congratulations to the Chair on her appointment, and welcomed India as Vice Chair of the Board. The Executive Director further acknowledged the recent reelection of Margaret Chan as Director General, World Health Organisation, as well as Ertharin Cousin as Executive Director of World Food Programme, Guy Ryder as Director General at the International Labour Organization and Jim Kim as the incoming President of the World Bank. The Executive Director also welcomed the new leadership of Jean Marie Ehouzou, former Minister of Foreign Affairs in Benin, as the new Permanent Observer of the African Union Mission to the United Nations Office in Geneva.

7. Drawing on the words of Mahatma Gandhi, the Executive Director noted that "*You must be the change you wish to see in the world*", adding that this philosophy should drive the vision for UNAIDS and the AIDS response. With just two weeks until the landmark 'Rio+20' United Nations Conference on Sustainable Development, where global leaders would meet to reflect on the global development agenda beyond 2015, the Board should focus its discussion on how to position AIDS in the new global health and development context. The debate on AIDS should articulate how to go beyond a disease-specific approach, to put people at the center of a new paradigm for health and development, using the AIDS response to fast track progress towards the Millennium Development Goals (MDGs). As advocates for this new paradigm, the

Executive Director called on partners to rally hard and soft powers to deliver and ensure sustainable health services, but also to address broader global stability by addressing the social determinants of health and development.

8. The Executive Director pointed to a number of areas where we continue to see notable progress and renewed commitment. In January, the UN Secretary-General committed to the elimination of new pediatric infections by 2015 and the full implementation of a Global Strategy on Women's and Children's Health. Individual countries are also taking the lead – with some 184 countries submitting country progress on AIDS reports this year – the highest number ever to have reported. However, AIDS remains one of greatest challenges of our times, as highlighted in the report of the Secretary-General. Over 30 million people are living with HIV, and the epidemic continues to affect sub-Saharan Africa disproportionately. While incidence appears to be on the decline in most parts of the world, new infections continue to outpace the response, and are even increasing in Eastern Europe and Central Asia, Middle East and North Africa and in parts of Asia. Treatment gains have seen a dramatic decline in the levels of AIDS-related mortality, but the large number of people still in need of treatment, and our ambitious agenda to eliminate mother-to-child transmission by 2015 and keep their mothers alive, are reminders that the international community must not compromise on reaching '15 million by 2015'.

9. The Executive Director also noted a number of new political commitments around the globe that build on the 2011 High Level Meeting of the UN General Assembly (HLM). The African Union is renewing its commitment to make 'AIDS Watch Africa' (AWA) a continent-wide advocacy and accountability platform for AIDS, tuberculosis and malaria, and has further called on UNAIDS and the New Partnership for Africa's Development (NEPAD) to develop a roadmap for 'shared responsibility'—a collaboration that is emboldened through a new Memorandum of Understanding with NEPAD on AIDS and health. In Asia and the Pacific, governments have agreed a bold new framework to reach global targets and commitments by 2015, while governments in the Caribbean are focusing on the elimination of mother-to-child transmission and keeping their mothers alive to deliver on the 2011 Political Declaration. Innovative social insurance programmes are being adopted in Morocco, the Government of Algeria is establishing a new research institute on AIDS in Tamanrasset—the first of its kind in the Middle East and North Africa (MENA) region, while countries in Latin America and Eastern Europe and Central Asia are leading efforts to ensure the financial sustainability of the response. Finally, faced with complex concentrated epidemics, governments in both MENA and Latin America are adopting legal frameworks to strengthen the protection of people living with HIV and to bring an end to stigma and discrimination.

10. Reporting back on some of the specific achievements towards the HLM goals, the Executive Director noted the significant advances being made under the banner of the Global Plan to Eliminate Mother to Child Transmission by 2015 and Keeping their Mothers Alive. The Global Plan has mobilized global attention and momentum, drawing in partners from national governments, Cosponsors as well as the Catholic Church, the media and the Business Leadership Council for an AIDS free generation, and also inspiring a new initiative for women living with HIV to ensure their access to treatment. The empowerment and protection of women and girls remains a priority, and UNAIDS has joined with the African Union to launch the *Global Power Network of African Women Leaders* to accelerate action for women's empowerment and gender equality in HIV and sexual and reproductive rights. In this regard, the Board will be invited to approve the appointment of UN Women as the 11<sup>th</sup> Cosponsor to the Joint Programme, providing UNAIDS a critical opportunity to translate our

commitment into action.

11. The Executive Director noted the ongoing work and collaboration with the UN Department of Peacekeeping Operations to implement Security Council Resolution 1983, in support of which UNAIDS recently established new humanitarian advisors in key countries to take this work forward.

12. With the support of HRH the Crown Princess of Norway, UNAIDS has kept its promise to make space for young people by launching the first ever crowd-sourced strategy in the UN system (CrowdOutAIDS). Five thousand young people shared their perspectives on AIDS, on-line and in real time, providing a solid basis to work and engage young people into 2015 and beyond.

13. Looking to the future, the Executive Director identified 3 major challenges:

- I. The continued dependency of low- and middle-income countries on external resources and imported medication threatens the stability of the AIDS response. The call to end dependency should not be viewed as an exit strategy for external donors, but rather as a call for global solidarity behind a bold agenda to ensure health and strengthen national ownership. This agenda will require UNAIDS and partners to engage other sectors such as Ministers of Finance and Foreign Affairs to make investments in health a reality.
- II. The risk of market failure in the development and supply of ARV treatment represents a looming crisis threatening the health of millions. To offset this risk, it will be critical to safeguard India's role as a supplier of quality and affordable generic medications, and to diversify production to ensure long-term access to meet growing needs. UNAIDS should encourage manufacturers to step up their production to meet global manufacturing standards and to establish centers of excellence. UNAIDS is already working with Brazil, China and India to share successful models for research and development and generic production with governments in Africa, Asia and other parts of Latin America. Regulatory capacity must also be transformed, with stronger national and regional authorities, to fast-track production of ARVs and ensure their quality. Finally, UNAIDS should advocate for a more coherent policy on TRIPS, calling on countries to reject data exclusivity clauses and ensure countries have the necessary capacity to navigate through complex trade agreements.
- III. UNAIDS must drive and ensure consistent progress on HIV and human rights. Human rights demand that people do not encounter obstacles in accessing life-saving services, and aim at transforming societies into the inclusive and protective environments that they ought to be. Investment in human rights is an essential part of the investment in the AIDS response.

14. The Executive Director then outlined four major opportunities:

- I. Strategic investment: the investment framework provides a major opportunity for countries to turbo-charge their response and deliver maximum returns. Revised with support and leadership from Ambassador Tom Mboya of Kenya and with guidance and inputs from other Member States and civil society, the tool aims to empower national partners to make investment decisions that will accelerate progress towards the goals of the Political Declaration.

- II. Innovation for access: The Executive Director's Letter to Partners highlights nine areas where we must leverage innovation to transform HIV access, including addressing the lack of rapid diagnostics and the high cost of second-line treatment. UNAIDS and its partners must push for greater innovation in delivery that is simplified, more sustainable and more efficient, and reduce the time-lag between research and policy implementation, while also anticipating fallback options that may be required in the future.
- III. Commitment of partners: The Executive Director welcomed and commended the renewed commitment of partners to provide financial resources to meet the global targets of the Political Declaration. The Executive Director commended the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) for its recent reform and efforts to re-open funding channels, by making available additional US\$ 1.6 billion new commitments over the next three years. Similarly, the Executive Director commended the commitment of the emerging economies of the BRICS countries who have increased their domestic commitment to AIDS. He also acknowledged and welcomed the solidarity of the United States and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), as well as others who have increased their financial commitment, including Australia, China, Japan, Norway, Sweden and the Republic of Korea. The Executive Director drew attention to the recent multilateral assessments by AusAid and the Multilateral Organisation Performance Assessment Network (MOPAN) which provide a positive opportunity for UNAIDS to advance a new global compact for shared responsibility and global solidarity. This compact is a pivotal opportunity for civil society, and should help safeguard its role as the conscience of the AIDS response and not just as a contractor for services. UNAIDS will continue to support and invest in civil society networks to protect these unique contributions.
- IV. Potential for political and cultural organizations: The Executive Director highlighted the potential of regional bodies. He recently called for the Francophonie to build on and enhance its leadership role on AIDS in the French-speaking world, but also encouraged the Commonwealth of Nations, the Comunidade dos Países de Língua Portuguesa, the Commonwealth of Independent States, and some members of the Organization of Ibero-American States to step up to leadership positions. He urged these country leaders to transform the Political Declaration and goals of the HLM into political action in these important political and cultural groups.

15. In the midst of a global economic downturn and increasing donor pressure, UNAIDS has recently gone through the most significant functional review and realignment process in its history, with support from consultancy firm McKinsey. As a result of this process, the work of UNAIDS will become more focused on countries, with regional offices assuming greater authority, responsibility and accountability for progress in countries. This strategic re-alignment will enable UNAIDS to advance its unique role in a number of ways. The establishment of a new department of rights, gender and community mobilization will help galvanize social change by advancing human rights in the context of HIV, while programme budgets will now be directly related to HLM targets, and UNAIDS' focus on risk management and compliance will be strengthened. New technologies will be leveraged to support programmatic delivery and drive operational change, and UNAIDS' externally focused advocacy, communications, political and mobilization efforts have been integrated.

16. Streamlining of headquarters while maintaining a 'human face', will result in reducing some 100 positions in Geneva, through the phasing out of short-term contracts, abolition of vacant posts, voluntary separation, early retirement and the redeployment of staff to country and regional offices, particularly to the high impact countries, in order to increase the Joint Programme's responsiveness to local needs, its technical and policy development capacity and to more effectively support its partners. These efforts will, over time, result in a balance of 70% field to 30% headquarter presence, and a total target of about 850 Secretariat staff by the end of the biennium. As well as contributing to savings of USD 40 million by 2014-15, it was noted that the re-alignment reflected UNAIDS' commitment to its staff as its greatest asset. The close partnership and collaboration with UNAIDS Staff Association was recognized and commended.

17. The Executive Director ended his address with recognition of the recent nomination of Dr. Eddie Greene as the Secretary-General's Special Envoy for HIV/AIDS in the Caribbean and Mr Jonnalagadda V R Prasada Rao as the Secretary-General's Special Envoy for HIV/AIDS in Asia. He extended his thanks to Dr Nafis Sadik for her contributions as Special Envoy for HIV/AIDS in Asia since 2002.

18. The Board noted the report of the Executive Director and welcomed the progress made, including towards the elimination of mother to child transmission and keeping their mothers alive, and the innovative involvement of youth, that has long constituted a gap in the AIDS response. Noting the progress made, and the improvements to performance monitoring, the Board called on UNAIDS to continue to monitor and safeguard progress and to improve the focus on results, outcomes and achievements that are linked to the global AIDS 2015 targets.

19. The Board supported the Executive Director's call for renewed focus and vigour in the pursuit of the post-MDG and integrated health agenda and renewed commitments for HIV, and suggested a specific agenda item to discuss this at a future meeting of the Programme Coordinating Board, that would further clarify the role and support that could be provided by Cosponsors and the Secretariat.

20. Responding to the challenges cited by the Executive Director, there was broad consensus on the urgency of addressing the current funding crisis that threatened to destabilize gains made to date, particularly in those countries most affected. Participants expressed their support for the elaboration of a roadmap towards 'global solidarity and shared responsibility', welcoming the increased contributions being made by emerging economies and the renewed pledges made to the Global Fund, while stressing the need for sustained and increased investment by both traditional donors and recipient countries to meet the commitment made at the 2011 High Level Meeting to 'close the funding gap'. The Board also welcomed UNAIDS efforts to drive smarter investment in a climate of reduced funding, with the development of a people-centered 'Investment Framework' tool that is flexible and context-specific, and which would empower States to make smart investment decisions. The Board commended UNAIDS for the inclusive consultation on this tool, and called for the tool to be integrated with other funding models such as the new Global Fund funding streams, while encouraging UNAIDS to continue to reach out to Ministers of Finance, Planning and Foreign Affairs to secure more predictable and sustainable funding for AIDS. The Board requested UNAIDS to draft a discussion paper to explore possible funding mechanisms that would help reduce external funding dependency and increase ownership.

21. Noting the challenges around financial and legal barriers to drug sustainability, the Board supported the Executive Director's focus on ARV production and the need to safeguard, expand and diversify the production and distribution of locally or regionally-manufactured, quality, affordable, generic first and second line treatment, including in Africa. Several members called for the issue to be brought to the forefront of discussions on the future AIDS response, and many participants underscored the need to support south-south transfer of knowledge and expertise including sharing best practices and experiences on how to overcome legal barriers and use existing flexibilities in international trade agreements.

22. The Board approved and welcomed UN Women as the 11<sup>th</sup> Cosponsor of the Joint Programme, underscoring the vital role this organization would play in addressing pervasive and under-addressed gender inequalities and ensuring the protection of women's rights.

23. Expressing its support and appreciation for the efforts of UNAIDS to reconfigure its own structure, and mindful of the organization's current financial constraints, the Board welcomed the focus on strengthening UNAIDS country and regional presence and the constructive engagement with the Global Fund in its transition, including participation in the various newly established Committees of the Fund.

#### **1.4 REPORTS BY THE COMMITTEE OF COSPONSORING ORGANIZATIONS**

24. On behalf of the World Bank as the presiding Chair of the CCO, Dr Margaret Chan, Director General of the World Health Organization, presented the report of the Committee of Cosponsoring Organizations to the Board. Dr Chan began by extending a warm welcome to UN Women as a new Cosponsor, and to Mr Guy Ryder, as the new Director General of ILO. Building on previous reports, the report sought to illustrate how the Cosponsors are working together towards a collective goal that is aligned to the UNAIDS Strategy, and how the global priorities of each Cosponsor are translating into measurable results in country.

25. Dr. Chan drew the Boards' attention to two recent issues that were particularly deserving of attention: Firstly, she noted the unprecedented opportunity created by recent scientific breakthroughs and unparalleled progress in stemming the tide of the epidemic that signalled what many were calling '*the beginning of the end of AIDS*'. However, perversely, this progress carried risks of complacency and missed opportunity, and Dr Chan warned of the danger of letting this opportunity pass in the face of the current global financial crisis and competing health and development agendas. External funding disbursements continued to fall, she noted, domestic funding still pertained almost exclusively to upper middle income countries, and Cosponsors had seen reports that some countries had begun restricting treatment enrolment, not only denying treatment access for those in need but raising the risk of drug resistance that would have a devastating effect on the AIDS response. In this context, it would be more crucial than ever that the AIDS response move from crisis management to a long-term and sustainable response. At the same time, the UN and its partners must continue to help countries better prioritize their AIDS responses, improving the efficiency and effectiveness of programme and service delivery as well as supporting countries such as Brazil and India to support the generic production of good quality ARVs.

26. Secondly, Dr Chan noted the positive global influence and momentum set by the Millennium Development Goals that drew attention, resources, and in many places,

stunning results. Dr Chan underscored that the Cosponsors were committed to working together with concerned countries and civil society to give AIDS a high place in the post-2015 discussions and to drive the agenda of the Three Zeros and High Level Meeting targets through greater efficiency, effectiveness and coherence.

27. The Board noted the report of the Chair of the CCO and commended the CCO on bringing and maintaining AIDS at the top of the global agenda. The Board noted its appreciation for the Cosponsors' efforts to improve reporting and transparency, but noted the need for an increased focus on more measurable results rather than activities, expressing hope that future reporting would be better linked to outcomes and achievements reflecting progress, including by individual agencies towards targets. In this regard, the Board looked forward to hearing more about the development of the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) indicators and reporting on progress, and raised the possibility of producing one compiled UBRAF report to replace the existing multiple reporting streams. In addition, while the specific focus on individual agency contributions had improved, the Board noted that these tended to focus on achievements, and suggested that the report could benefit from identifying challenges and weaknesses as well as proposed steps to address these. In complement to this, further details and inputs from the Heads of Agencies on the value added, synergies achieved and the impact of the Joint Programme, in particular at country level, would be of great strategic value, including the extent of alignment of Cosponsors own corporate frameworks to the UNAIDS Strategy.

28. The Executive Director acknowledged the points raised, in particular the need for greater focus and accountability of the Secretariat and the wider Joint Programme for clear results including indicators for action at country level, that would pitch UNAIDS as a model for UN reform. In this regard, and in view of the upcoming post-2015 agenda discussions, the Executive Director proposed to convene the Heads of Agencies to discuss ways to better evaluate the Joint Programme to ensure its continued relevance and effectiveness in the post-2015 environment.

29. Mr David Wilson, representing the current CCO chair, the World Bank, responded on behalf of the CCO, to questions on the impact of investments made through the UBW, clarifying that the financial contribution of the World Bank amounts to almost 50% of the total USD 4 billion UBRAF funds (core budget and non-core funds of the Joint Programme), and that overall the Bank provides USD16 billion of grants and loans that indirectly support health. The USD 4 Bn figure also included a USD 500 million contribution from UNDP as Principal Recipient for Global Fund programmes. On the issue of more detailed impact reporting, Mr. Wilson drew attention to the availability of individual Cosponsor reports, accessible through the UNAIDS website, to supplement current Programme Coordinating Board performance reporting, and while he acknowledged that weaknesses remained, he noted that results-based monitoring and further details on the effectiveness of interventions will be improved with the introduction of the new UBRAF reporting system.

30. Mr Moez Doraid, representing UN Women, welcomed the partnership with UNAIDS to provide substantive support to UN bodies and Member States to advance gender equality and ensure that this became a reality.

#### **1.5 REPORT BY THE NGO REPRESENTATIVE**

31. The report by the NGO representative (UNAIDS/PCB(30)/12.4) focused on the negative impact of reductions in funding for HIV on civil society including key



populations and people living with HIV, and drew on evidence and case studies gathered from civil society constituencies across the globe. Flagging the importance of sustained funding to support key new political processes such as the 2011 Political Declaration, the report underlined the potential negative impact of funding reductions on civil society's ability to act as a watchdog and to safeguard the rights of those most affected by HIV. The cancellation of Round 11 of the Global Fund, inadequate progress on increased national investments on AIDS and reductions in multilateral funding continued to take their toll on civil society, many of whom were bringing to an end critical HIV programmes, or shifting their attention away from advocacy to resource mobilization. The delegation put forward a number of proposed decision points for consideration by the Board (see annex 2, *Programme Coordinating Board Decisions, Recommendations and Conclusions* for the decisions that were adopted).

32. Following the nomination by PCB NGO representative, the Board approved the appointment of AMSHeR (the African Men for health and sexual rights) as a new Programme Coordinating Board NGO,

33. Responding to the NGO report, the Board recognized the critical role that NGOs play in the HIV response, particularly in advocating for the rights of marginalized and most at risk populations and ensuring national ownership of the response. However, while it was widely agreed that international partners should continue to support civil society, there was disagreement with the proposal by Programme Coordinating Board NGOs for a separate direct funding mechanism, with participants calling on civil society to work with national governments and to help mobilize national resources to offset external dependency. Participants further urged civil society to ensure better cooperation and coordination for a more strategic utilization of resources and to propose innovative ways to evaluate the impact of civil society interventions to allow for improved focus and effectiveness. UNAIDS has been urged to improve, in cooperation with Member States, this capacity of the civil society.

34. Reviewing the opportunity of new funding mechanisms following the reform of the Global Fund, the Board called on UNAIDS to continue to advocate for smarter and more optimal investments that build on the Investment Framework approach for more strategic, targeted and practicable investment, as well as diversified and innovative funding strategies to attract new funding. Under the new Global Fund grant application process, there will be significant new opportunities for greater civil society participation and the Board called on UNAIDS to take on an increased role to support civil society with technical support in this regard.

## **2. FOLLOW UP TO THE THEMATIC SEGMENT FROM THE 29<sup>TH</sup> PROGRAMME COORDINATING BOARD MEETING**

35. The Board received a report on the outcomes of the Thematic Segment entitled 'HIV and Enabling Legal Environments' (UNAIDS/PCB(30)/12.5). The report described how, during the Thematic Segment, Programme Coordinating Board participants discussed the three components of the legal environment: law, law enforcement and access to justice and how these can help or hinder national AIDS responses, as well as impact negatively or positively on those affected by the legal environment in the context of HIV. In its introduction to this agenda item, the Secretariat highlighted how the Thematic Segment allowed participants to discuss the importance of the legal environment for effective and rights-based HIV responses. The Secretariat noted that the Report represented a "workable compromise" between the differing perspectives expressed at the Thematic Segment and in the Working Group which assisted the Secretariat in putting together the

report. The Secretariat pointed out that the Report included recommendations for governments, civil society and UNAIDS to support the advancement of enabling legal environments with particular activities. These recommendations were derived from the *2011 Political Declaration on HIV and AIDS: Intensifying Our Efforts to Eliminate HIV and AIDS* and the UBRAF.

36. After a brief discussion during which participants expressed a variety of different and sometimes opposing views regarding the recommendations, the Chair referred the recommendations to the drafting group. When discussion resumed in plenary, the Chair noted that the drafting group had made a concerted effort to align the recommendations of the report with the 2011 Political Declaration in particular the paragraphs which relate to “advancing human rights to reduce stigma, discrimination and violence related to HIV”, as well as other relevant sections of the Declaration. Programme Coordinating Board participants then discussed the use of certain references and phrases within the recommendations, such as the reference to paragraph 2 of the 2011 Political Declaration with regard to national sovereignty and the use of the phrase “key populations.” Some participants felt that it was necessary to contextualize the recommendations within national sovereignty. They also felt that the application of the principle of non-discrimination to “key populations” was not supported by the internationally agreed text, went beyond the HIV mandate of the Programme Coordinating Board and was incompatible with some cultural, moral or religious values. Other participants felt that explicitly citing the national sovereignty paragraph of the 2011 Political Declaration was unnecessary and an arbitrary selection of one paragraph of the Declaration. They also felt that the legal environment must address the needs of key populations, including discrimination against them which is not only a violation of human rights but also increases vulnerability to HIV infection. The UNAIDS Executive Director highlighted that the recommendations should aim to protect all those living with and vulnerable to HIV. Many participants emphasized the importance of being able to reach consensus in the Board. In the end, the Board adopted the decision points as agreed in the drafting committee and plenary, with two Member States choosing to disassociate themselves from one decision (6.1)<sup>1</sup>.

#### **4. STATEMENT OF THE REPRESENTATIVE OF THE UNAIDS SECRETARIAT STAFF ASSOCIATION**

37. The representative of the Staff Association of the UNAIDS Secretariat, Mr Jason Sigurdson, provided a summary of recent developments following the functional review of the Secretariat. The Staff Association had conducted a staff survey that confirmed that most staff felt there were opportunities for consultation in the re-alignment, and that the changes would strengthen UNAIDS to deliver results. There was general consensus that the changes had been achieved with a “human face”, and it was noted that the personal commitment of the Executive Director was essential in this regard. The Staff Association had drawn a number of positive lessons from the realignment, and was in the process of developing an analytical paper on these experiences and lessons learned to share with other UN partners.

38. The Staff Association continued to voice its concern, however, about World Health Organization Staff Health Insurance services, which were reported by many staff

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1. Disassociation: “The Arab Republic of Egypt and the Islamic Republic of Iran disassociate themselves from those parts of this Decision Point that may be interpreted as recognition, protection or promotion of unethical/illegal behaviours; 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 abovementioned parts.”

members to be grossly inadequate, particularly due to the lengthy and cumbersome reimbursement processes that are reliant on outdated paper claim-based procedures, with delays in reimbursement of up to 11 weeks. Many staff face serious problems in accessing services in countries where medical facilities and service providers fail to recognize the insurance policy. Other issues of concern included high out-of-pocket expenditures and complicated guarantee negotiations resulting in up to a quarter of staff members reporting delaying accessing health services until reimbursements have been made. The Staff Association commended senior management in UNAIDS for the shared sense of urgency about this situation, and for engaging in continued dialogue towards possible solutions.

39. The Board took note of the report and commended UNAIDS staff and management for the commitment and spirit of cooperation that had prevailed in the face of such transformative change. The Board suggested that UNAIDS should provide an annual update on strategic human resources management issues. The Executive Director commended the work and dedication of the Staff Association that had carefully balanced the interests of staff with the interests of the organization. The Executive Director added that there was a need to look at ways in which UNAIDS could perform better as a Joint Programme in the field, and how to enhance collaboration with Cosponsors to complement the UNAIDS Secretariat presence or absence.

### **3. FINANCIAL AND PERFORMANCE REPORTS FOR THE BIENNIUM 2010-11 AND 2012-2015**

40. Mr Joel Rehnstrom, Director of the UNAIDS Planning, Finance and Accountability Department, presented the Board with the performance monitoring report for the 2010-2011 biennium, as well as an update on changes to indicators and other developments related to performance measurement in 2012-2015. A technical supplement with selected achievements against indicators was also shared and case studies on UNAIDS' work at country and regional level were presented by the UN Resident Coordinator in Tanzania and the Director for the Centre for Health Policies and Strategies of Moldova. Mr. Rehnstrom then provided the Board with an overview of the UNAIDS current financial situation and submitted a number of proposed decision points for approval by the Board, in relation to the funding of staff related liabilities, the establishment of a building renovation fund, and on the impact of currency fluctuations.

41. Mr. Rehnstrom highlighted a number of key successes in the 2010-2011 biennium including the landmark special session of the UN General Assembly on HIV; the launch of the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive; the adoption of Security Council Resolution 1983 that recognizes the link between HIV and violence against women in conflict and post-conflict settings; and accelerated access to treatment and prevention services, that had resulted in 1.35 million additional people receiving treatment, and a drop in the number of AIDS deaths from a peak of 2.2 million per year to 1.8 million.

42. Mr. Rehnstrom noted that UNAIDS has also markedly strengthened its capacity to measure results and progress at country level in line with the UBRAF, and improved reporting of results against broader health and development goals. Challenges faced included synthesis of large amounts of information and capturing the diversity of the work of the Joint Programme. Looking ahead to future reporting, Mr. Rehnstrom noted the continued importance of improved measurement of country results, which

would be addressed through the development of an on-line monitoring and reporting tool that would reduce duplication and alleviate the reporting burden.

43. Reporting on the experience of Tanzania as a One UN Country, UN Resident Coordinator Albéric Kakou summarized some of the main areas of improved planning under the One UN Plan, including alignment of planning to the national fiscal year, more prioritized and focused outcomes of the work of resident and non-resident UN agencies, and the introduction of a web-based reporting platform to monitor implementation as well as a single report for the UN, partners, and government. Reporting on the regional experience of Eastern Europe and Central Asia, Dr. Viorel Soltan, Director of the Center for Health Policies and Studies from the Republic of Moldova provided an account of the way in which the UN system supported implementation of rapid scale up of harm reduction and accelerated prevention initiatives, through smarter and more focused investments in needle and syringe exchange programmes between 2000 and 2009.

44. Presenting the 2010-2011 financial report, Mr. Rehnstrom noted that UNAIDS had used a modified accrual basis of accounting so far but adopted the International Public Sector Accounting Standards (IPSAS) as of 1 January 2012. IPSAS accounting is on a full accrual basis in line with the International Financial Reporting Standards (IFRS). Mr Rehnstrom explained that despite the current economic environment, UNAIDS' financial situation remained solid with over 98% of the resource mobilization target for 2010-2011 achieved (US\$477 million). A total of US\$ 510 million was expended and encumbered against the revised 2010-2011 Unified Budget and Workplan (UBW), representing a financial implementation of 99%. Mr. Rehnstrom also noted that UNAIDS once again received an unqualified audit opinion on the financial period under review, and that the fund balance continued to be closely monitored in line with the expectations of the Board. He concluded by briefing the Board on the need to fully fund UNAIDS staff-related liabilities and to establish a building renovation fund to cover future renovation costs and major repairs.

45. The Board appreciated the efforts of UNAIDS to improve performance monitoring, in particular the improved focus on country and regional activities, and noted that this should be seen as work in progress that would be improved with the introduction of the UBRAF reporting framework based on robust indicators and baselines. UNAIDS was urged to continue to engage with all stakeholders including civil society in these processes. The Board encouraged the Secretariat to strengthen the focus on impacts and results, requesting further information about UNAIDS' efforts to improve results-based management, and suggested that future reporting include a more thorough analysis of challenges faced and measures needed to address these. The Board also encouraged UNAIDS to improve the coordination of activities of the Secretariat, Cosponsors and inter-agency task teams at country level.

46. The Board noted efforts made by the Joint Programme to support progress towards the Three Zeros, in particular the elimination of mother to child transmission and the scale-up of treatment, but drew attention to a number of areas where progress could be improved, including addressing stigma and discrimination and improving access to services for key affected populations (including sex workers and men and women who inject drugs), tackling TB co-infection, translating plans into action in terms of funding and programming to address gender-based violence, and urging traditional and new donors to close the resource gap, as called for in the 2011 Political Declaration.

47. The Board noted with satisfaction UNAIDS' financial situation and commended

UNAIDS for its increased transparency and moves to provide more comprehensive financial information under IPSAS, which would strengthen the links between financial results, oversight and decision-making. The Board also commended UNAIDS for being at the forefront of UN agencies moving towards full funding of staff-related liabilities. Based on experience in other organizations, the Board encouraged UNAIDS to provide shadow financial statements that would help anticipate and show potential hidden costs.

48. Several participants raised the need for further information on the allocation of resources, both across regions and across the agencies, in particular to demonstrate that allocations reflected performance and reduced duplication, with delegates from Latin America renewing a call for a review of the allocation to the region. The need to ensure compliance with policies and procedures related to contracting and recruitment as well as monitoring the performance of country offices highlighted in audit reports was raised, and UNAIDS was requested to facilitate access to findings of internal audits and to provide an update on progress in the implementation of audit recommendations.

49. Mr. Rehnstrom acknowledged the comments from the Board, and provided clarifications on a range of issues raised by Board Members. In terms of improving financial reporting, shadow financial statements would be made available and work was underway to follow up on the recommendations of the audits, access to which was currently restricted by WHO practice. Mr. Rehnstrom noted that UNAIDS continued to be at the forefront of results-based management, and that the Joint Programme had been working closely with the UN Development Group to share its experience, which had already fed into UNDG guidelines.

50. Regarding the allocation of resources, Mr. Rehnstrom noted that resources continued to be allocated based on guidance provided from the Programme Coordinating Board, to reflect the burden of the epidemic and the comparative advantage of UN system, rather than historical entitlements. Similarly, performance continued to drive disbursements within and between the Secretariat and Cosponsors, and the Secretariat would continue to monitor closely the staff budget. While it was recognized that this was not yet sufficient to reach the cost reduction target set by the Executive Director, it was acknowledged that mechanisms put in place to reduce staff costs would enable reaching this target.

51. Following the comments and questions raised and answers provided, the Board accepted the 2010-2011 financial report and approved UNAIDS' request to fully fund its staff liabilities from the fund balance, and emphasized the importance of taking into account existing and future liabilities.

52. The Board also approved the establishment of a building renovation fund, to provide for major repairs and renovations with an initial amount of \$2.6 million to be replenished annually.

53. The Board took note of the recommendations of the Executive Director to mitigate the impact of currency fluctuations and its potential impact on the activities of UNAIDS, but called on UNAIDS to conduct a more detailed analysis on the short and long-term implications of such fluctuations and to propose a more sustainable solution to be identified in consultation with other Geneva-based UN organizations such as UNOG, and to submit this analysis to the 32<sup>nd</sup> Board meeting.

54. Finally, the Board took note of the update on the reconstitution of UNAIDS

Monitoring and Evaluation Reference Group (MERG) as requested at the 29<sup>th</sup> Programme Coordinating Board meeting, and called on UNAIDS to report further on the re-establishment of this group to ensure continuous follow up on this issue.

## **6. TECHNICAL SUPPORT**

55. Mr Tim Martineau, Director of UNAIDS Executive Office, presented the report on the consultative process called for by the Board at the 29<sup>th</sup> Programme Coordinating Board meeting to better define UNAIDS technical support (UNAIDS/PCB(30)/12.10), including the Technical Support Strategy and Division of Labour, as well as the mechanisms for technical support, such as Technical Support Facilities (TSFs), Joint Programmes and regional hubs. The consultation also sought to assess emerging technical support needs in the changing environment and to review UNAIDS coordination role and areas of core competency.

56. Consultations were held in over 35 countries across seven regions between February and May 2012, with over 200 stakeholders representing government, bilateral donors, civil society partners, the Global Fund, academic and research institutions, regional bodies, UN Joint Teams on AIDS at country and regional level and technical support providers. The consultation and other background studies unveiled some of the key pervasive challenges of technical support that is all too often poorly planned and coordinated, inaccessible, (or the means to accessing support are unclear), ad hoc and insufficiently monitored and evaluated. Emerging recommendations stemming from the consultations called for a stronger focus on coordination and sharing of information and expertise, capacity building and support to civil society and an increased focus on Global Fund implementation.

57. Mr. Martineau underlined the steps UNAIDS had taken to implement the recommendations of the consultation, including strengthening the capacity of UNAIDS in country and regional offices, building civil society expertise as providers of technical support, establishing web-based knowledge-sharing and management tools, and coordinating across providers to share information on the availability of technical support and ways to access it. These steps had already begun to pay dividends with improved South-South support and collaboration, better coordination and focus among technical support providers and recipients, and stronger collaboration with the Global Fund.

58. The Board took note of the report and shared its appreciation for the extensive consultations and the involvement of civil society, though noted the absence of some regions, including MENA as well as limited consultations with civil society in Africa. Bearing in mind the need to ensure that technical support is based on country ownership and meets the needs of those living with HIV, the Board encouraged UNAIDS to continue a consultative approach to country and regional technical support that is aligned to and supportive of national plans and priorities and that includes civil society.

59. Participants further emphasized the need to simplify and facilitate access to technical support, and to strengthen coordination between providers and countries including through mechanisms such as Joint UN Teams on AIDS. To this end, the Joint Programme should leverage its comparative advantage to maximize the strengths of technical support providers, ensuring the development of high quality technical support plans that reflect national ownership and support implementation of national strategic plans (NSP). Drawing on the experience of the former Global Implementation Support Team (GIST), the Board called for the establishment of a

virtual steering group on technical support - comprising all technical support stakeholders including from the global south and civil society - to lead the development of more strategic, country-driven and better coordinated technical support that reinforces country priorities.

60. The Board welcomed UNAIDS' commitment to using quality and innovative technical support to build capacity and drive smarter investments of limited Global Fund and other resources, and underscored the role of TSFs in ensuring quality-assured technical support. This commitment was all the more crucial in view of the changes in donor investment priorities, the need for greater risk management, evolving eligibility criteria for Global Fund funding and the implications of a more prioritized approach adopted by UNAIDS and other funding mechanisms, though participants highlighted the need for still more innovative approaches to technical support.

61. In addition to independent evaluations to be undertaken every three years, participants underscored the need for interim annual reviews that would draw on UBRAF indicators to support follow up and implementation of the UNAIDS Technical Support related recommendations adopted by the Board.

62. Regarding the redeployment of staff, participants emphasized that this should be determined on the basis of needs and in consultation with national governments but requested further details on the complementarity of this staff to the work and profiles of Cosponsor staff to avoid duplication.

63. Mr. Martineau acknowledged the need for improved transparency and the need for better coordination going beyond the UN and noted that the consultation would be an ongoing process to better understand the changing dynamics and needs of technical support.

## **7. STRATEGIC INVESTMENT**

64. Following the discussion on strategic investment at the 29<sup>th</sup> Programme Coordinating Board meeting Ambassador Tom Mboya, Permanent Representative of the Republic of Kenya, presented the Board with a report on consultations to consider approaches to strategic investment, including the Investment Framework (UNAIDS/PCB(30)/12.CRP.4). Prefacing the discussion, the Executive Director provided a summary of his discussions with Heads of State during a recent visit to Togo, where African leaders discussed ways to promote civil and human security that would transform the response in a more sustainable manner, and looked at how to ensure investments would lead to institutional stability.

65. Ambassador Mboya noted that the consultations had drawn inputs from 35 Member States from across four regions, NGO representatives, Heads of Agencies (UNICEF, UNITAID, Global Fund and WHO), National AIDS Programme managers and other national partners to try and shape and redefine the Investment Framework for review by the Board, and to support countries in its application. The consultations revealed broad support for the Investment Framework as a tool to support the UNAIDS Strategy at both global and country level.

66. The Ambassador highlighted that a number of recommendations were put forward as part of the consultative process which had led to the production of a new tool - *Investing for results. Results for people*, which would assist countries in decision-

making with respect to the allocation of their resources in the AIDS response. The Ambassador mentioned that there had been three country visits undertaken in Brazil, Tanzania and Zimbabwe to discuss investment approaches.

67. The Board expressed broad support for the Investment Framework tool and the consultation process that better met the needs and experiences of individual countries. It was acknowledged that the Investment Framework was a tool to mobilize additional resources, and ensure greater efficiency, equity and evidence. Participants highlighted the strength of the Investment Framework in bridging the gap between investments and results and strengthening evidence-based decision-making.

68. The Executive Director noted the considerable effort that had been undertaken to ensure a more consultative approach to strategic investments following discussions at the previous Board meeting, and reiterated the important role of civil society as a watchdog for smart investments.

69. The Board called on UNAIDS to provide further guidelines on how the approach would be taken forward at the country level, (defining the role of Cosponsors, development and financing partners), and encouraged UNAIDS to use its convening power to bring relevant stakeholders to a discussion on implementation and applicability of the tool in each national context. UNAIDS was requested to report on the experiences of countries in applying strategic investment approaches at the 31<sup>st</sup> Programme Coordinating Board meeting.

## **8. AIDS, SECURITY AND HUMANITARIAN RESPONSE**

70. Dr. Martin Bloem, Chief, Nutrition and HIV/AIDS Policy, World Food Programme presented a progress report on the Joint Programme and its partners' work in addressing HIV in a variety of humanitarian emergencies (natural disasters and conflict settings). This report was requested at the 27<sup>th</sup> meeting of the Board (UNAIDS/PCB(30)/12.11). Dr. Bloem noted that the greatest progress had been made in advocacy; capacity building at national & regional levels; mainstreaming HIV in humanitarian responses, including emergencies; addressing Gender-Based Violence; strengthening coordination structures and better defining the Division of Labour- UNHCR and WFP were designated co-conveners in "addressing HIV in humanitarian emergencies".

71. Dr. Luiz Loures, Director of the Political and Public Affairs Branch, UNAIDS Secretariat, provided an update on work underway to accelerate implementation of the UN Security Resolution 1983 adopted on 7<sup>th</sup> July 2011, building on its predecessor, Resolution 1308, adopted in 2000. He noted that the nature of conflicts continued to evolve with access to political power and societal inequalities increasingly being the major determinants of insecurity. Additionally, there was an increasing lack of distinction between civilians and combatants, and a growing recognition that women and children continue to be subjected to sexual violence and rape being used as a weapon of war. Dr. Loures called for accelerated action to address sexual and Gender-Based Violence.

72. Dr. Loures noted that Resolution 1983 was a high corporate priority that UNAIDS would advance as a "living" instrument to drive social transformation and change to prevention and address sexual and Gender-Based Violence and vulnerabilities to HIV of women, girls, peacekeepers, their families and ultimately the broader civilian population, in environments where security is compromised. Such action would



propel the UNAIDS Strategy, the Secretary-General's Reform Agenda and the 2011 Political Declaration on HIV/AIDS.

73. Dr. Loures further noted that UNAIDS was systematically implementing Resolution 1983 in a few areas which could generate action and cascade in three dimensional ways, namely (i) high level political leveraging and engagement, in full partnership with Member States and particularly members of the UN Security Council; (ii) capacity strengthening of UNAIDS and DPKO staff in countries to address three key priorities of Sexual and Gender-Based Violence; HIV in the Disarmament, Demobilization and Reintegration Phase and implementing targeted HIV interventions in the Security Sector Reform (Police, Prisons, Correctional Services and Cross border issues) and, (iii) accelerated action in the above priority areas in the six largest UN Peace Keeping Missions (Democratic Republic of Congo, Côte D'Ivoire, Darfur, South Sudan, Lebanon and Haiti). Compelling case studies in each of these countries were being finalized in the above three priority areas. The case studies would profile the status of the HIV response in the Peace Keeping Missions and provide evidence for scaling up and accelerating action. These case studies would be instrumental for resource mobilization, cross-country learning, advocacy, and reporting to the Security Council in 2013 on progress made on UN Security Council Resolution 1983.

74. Dr. Loures emphasized that security and its impact on development and human lives continued to evolve and that we needed to be vigilant, capitalize on political leadership and our in-country capacities to achieve the UNAIDS Vision of Getting to Zero. A core component of this work was strengthening monitoring and evaluation and training for field DPKO Advisers that was scheduled for 18-22 June 2012, in Entebbe, Uganda. Additionally, he noted that UNAIDS was strengthening partnerships, and looked to working with the UK on their new initiative to prevent sexual violence in conflict to be launched this July and which would form a key pillar of the UK Presidency of the G8.

75. Dr. Megh Gurung, HIV/AIDS Policy Adviser, Department of Peacekeeping Operations (DPKO), highlighted some of the key developments in integrating HIV into peacekeeping in the 60 years since the establishment of UN peacekeepers including the mainstreaming of HIV into all peacekeeping operations, including HIV measures pre-deployment, in-mission and post-deployment.

76. The Board noted the report and welcomed the inclusion of HIV as a cross-cutting issue noting however that additional work was needed to ensure that HIV was included during all phases of the humanitarian response and the need for a particular focus on women and girls.

77. Welcoming the establishment of an expanded Inter-Agency Task Team which replaces the Inter-Agency Standing Committee (IASC), a number of delegations noted the need for improved coherence, coordination and harmonization among the relevant Cosponsor Focal Points and with the UN Office for the Coordination of Humanitarian Affairs and the need for greater involvement of people living with HIV. Clarity was requested as to how HIV is being mainstreamed across different humanitarian clusters; what challenges are being encountered and addressed; and what special findings and lessons may be learned from UNICEF and UNFPA's work in the Democratic Republic of Congo and Haiti.

78. Responding to comments from the Board, Ms. Nadine Cornier from UNHCR noted the significant progress that had been made in strengthening harmonization and

coordination, as the expanded IATT included national institutions, civil society and organizations supporting people living with HIV. Operationally, the group had bi-weekly contact and a common Workplan. Regional coordinating groups had been set up and assessment missions were being undertaken in collaboration with Ministries of Health and local authorities.

**5. THEMATIC SEGMENT:** *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.*

79.UNAIDS underscored that this discussion on combination prevention was happening at a critical time. The surge of research had sparked new interest in the epidemic and potentials for the response, but we were confronted by the global economic crisis and investments needed to be more strategic. We have proven strategies for preventing all the different modes of HIV transmission but these effective programmatic approaches are still not made available to the right populations in the right way and on the scale required to end the epidemic.

80.UNAIDS underlined that discussing combination prevention meant deliberating on the core and heart of the AIDS response. Treatment was getting significant attention, and exciting breakthroughs were observed, but it was impossible to treat our way out of the epidemic. Prevention was neither a magic bullet nor a license to throw resources in a pot on prevention. We needed to combine biomedical interventions, behavioural change programmes and programmes addressing structural factors for an effective and sustainable response. Making progress on prevention was about social transformation.

81.This thematic segment brought together diverse perspectives, most centrally direct experiences from People Living with HIV(PLHIV) and affected communities – sex workers, people who inject drugs, men who have sex with men, young people – viewpoints of Member States from various parts of the world, outlooks from scientific experts, and standpoints from Cosponsors with their diverse expertise. UNAIDS being a Joint Programme, was able to gather these different opinions to find solutions and options, in the spirit of “simplifying the complexity without becoming simplistic”.

82.Four breakout sessions dealing with different aspects of combination prevention took place during the day, presenting and discussing aspects as different as young people’s role in the AIDS response, the situation regarding HIV co-infections with hepatitis B and C, the vital role of civil society and how countries make sometimes difficult choices to ensure an effective response. One of the points that was stressed in all sessions was the need to involve communities in the response.

83.The different presentations and following discussions showcased that an effective response required that programmes were focused on where new infections took place; that it is important to scale-up effective and appropriate programmes; that a multisectoral approach including a large array of stakeholders was necessary; that monitoring and evaluation was essential to see whether interventions were working, supported accountability, and enabled programme managers to adapt their programmes; and that the gains made could only be sustained if governments and donors continued to finance the response, including through innovative ways.

84.The moderator noted that outcomes from this thematic day would feed into discussions at the July 2012 International AIDS Conference in Washington D.C. In collaboration with Cosponsors, inputs from these discussions would also continue to

refine technical updates and policies on these issues.

## **9. ANY OTHER BUSINESS**

85. In closing, the Executive Director called on PCB members to continue to challenge UNAIDS on the difficult issues of human rights, sexuality, cultural sensitivities, and trade. The Executive Director urged participants to remember our obligations and commitment to support those without a voice, calling on delegates to continue to challenge and find more evidence, to allow us to integrate divergent positions in a honest manner and preserve open discussions.

86. Thanking Poland for its leadership in the Board, the Executive Director summarized a number of issues for follow up:

1. How to integrate and position AIDS in discussions on the post-2015 agenda;
2. The need for serious discussion on sustainability and ownership, and global solidarity and shared responsibility and to document concrete case studies that show how we can achieve efficiency gains;
3. The importance of shifting progressively from reporting on activities to results-based reporting and impact at country level. In addition, UNAIDS should strengthen reporting on its collective achievements, to allow the Joint Programme to better understand and address gaps in our activities;
4. How to reposition the voice of civil society in the future response, moving from an emotionally-driven approach to look at the sustainability of global networks of civil society, and ensuring their access to different modalities of resources to make them work;
5. Strengthening the link between science and social change – using the opportunities and tools of scientific evidence and ensuring these are used optimally to progress on our prevention activities;
6. Finally, on technical support, the Executive Director called on participants to take a fresh look at technical assistance and to be rigorous in better understanding what purpose this should serve.

87. The 30<sup>th</sup> meeting of the UNAIDS Programme Coordinating Board made a number of decisions, recommendations and conclusions (Annex 2).

## Annex 1

5 June 2012



UNAIDS/PCB(30)/12.1.rev.1

# PROGRAMME COORDINATING BOARD

**Thirtieth meeting**

**Date: 5-7 June 2012**

**Venue: Executive Board Room, WHO, Geneva**

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

## Draft Annotated Agenda

Tuesday 5 June

### 1. Opening

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

*The Chair will provide the opening remarks to the 30<sup>th</sup> PCB meeting.*

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

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

*Document: UNAIDS/PCB(29)/11.28*

**1.3 Report of the Executive Director**

*The Board will receive a written outline of the report by the Executive Director. Under this item, the Board will consider the request from UN Women to join UNAIDS as a Cosponsor.*

*Documents: UNAIDS/PCB(30)/12.2; UNAIDS/PCB(30)/12.14*

**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' and Secretariat's activities during the previous twelve months.*

*Document: UNAIDS/PCB(30)/12.3*

**1.5 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(30)/12.4*

**2. Follow-up to the thematic segment from the 29<sup>th</sup> PCB meeting**

*The Board will receive a report on the outcomes of the thematic segment on “HIV and Enabling Legal Environments” and their integration into the work of the Joint Programme.*

Document: UNAIDS/PCB(30)/12.5

**3. Financial and performance reports for the biennium 2010-2011 and 2012-2015**

**3.1 Performance monitoring**

*The Board will receive a performance monitoring report for the 2010-2011 biennium as well as an update on changes to indicators and other developments related to performance measurement in 2012-2015 as requested by the Board at its 29<sup>th</sup> meeting. A technical supplement with selected achievements against indicators will also be shared with the Board and UNAIDS work at regional and country level will be illustrated through two case studies.*

Documents: UNAIDS/PCB(30)/12.8; UNAIDS/PCB(30)/12.9 ;  
UNAIDS/PCB(30)/12.CRP.1; UNAIDS/PCB(30)/12.CRP.2;  
UNAIDS/PCB(30)/12.CRP.3

**3.2 Financial reporting**

*The Board will receive the financial report and audited financial statements for the 2010-2011 biennium as well as a financial management update as at 31 March 2012 for the 2012-2013 biennium, which includes a revised proposal for dealing with unfunded liabilities and possible approaches to address the impact of currency fluctuations as requested by the Board at its 28<sup>th</sup> and 29<sup>th</sup> meetings.*

Documents: UNAIDS/PCB(30)/12.6; UNAIDS/PCB(30)/12.7

**4. Statement by the representative of the UNAIDS Staff Association**

Document: UNAIDS/PCB(30)/12.12

Wednesday 6 June

**5. Thematic Segment: 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.**

Document: UNAIDS/PCB(30)/12.13

Thursday 7 June

**6. UNAIDS Technical Support**

*The Board will receive a report on the consultative process to better define UNAIDS technical support as requested at the 29<sup>th</sup> meeting.*

Document: UNAIDS/PCB(30)/12.10

**7. Strategic investment**

*The Board will receive an interim progress report on consultations to consider approaches to strategic investment, including the investment framework, as requested at the 29<sup>th</sup> meeting.*

Document: UNAIDS/PCB(30)/12.CRP.4

**8. AIDS, Security and Humanitarian Response**

*The Board will receive a report on security and humanitarian response work as requested at the 27<sup>th</sup> meeting.*

Document: UNAIDS/PCB(30)/12.11

**9. Any other business**

**10. Closing of the meeting**

## Annex 2

7 June 2012



### **30<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland 5-7 June 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 twenty-ninth meeting**

2. *Takes note* of the report of the 29th 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 *Approves* UN Women as a Cosponsor of UNAIDS;

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

4. *Takes note* of the report of the Chair of the Committee of Cosponsoring

Organizations;

**Agenda item 1.5: Report by the NGO representative**

- 5.1 *Approves* the new Programme Coordinating Board NGO: AMSHeR (The African Men for Sexual Health and Rights);
- 5.2 *Recognises* the critical role that civil society organisations play in the HIV response;
- 5.3 *Requests* UNAIDS, in collaboration with Member States, to advocate that existing funding for civil society be continued and that mechanisms for civil society support and accountability be enhanced within the new Global Fund to fight AIDS, Tuberculosis and Malaria architecture including through the national Global Fund to fight AIDS, Tuberculosis and Malaria Country Coordination Mechanisms;
- 5.4 *Requests* UNAIDS, in coordination with Member States, to improve civil society capacity to advocate for efficient, culturally-sensitive and effective responses to HIV and AIDS in alignment with the 2011 Political Declaration and to build knowledge focused on HIV funding mobilization, and mobilising to address barriers to the AIDS response, especially in the field of prevention, treatment, care and support in particular those addressed in paragraph 71 of the 2011 Political Declaration;
- 5.5 *Requests* UNAIDS to propose ways forward and options to address the documented decreases in funding especially affecting developing countries and to support Member States' and civil society's capability to meet the goals laid out in the *2011 Political Declaration on HIV and AIDS* and the HIV-related Millennium Development Goals by 2015;

**Agenda item 2: Follow-up to the thematic segment from the 29<sup>th</sup> PCB meeting**

- 6.1 *Calls upon States*, in implementation of the 2011 Political Declaration and bearing in mind its paragraphs relevant to this decision, with the support of UNAIDS and civil society, to<sup>1</sup>:
- i. *Work* towards achieving an enabling legal environment supportive of effective national AIDS response by intensifying national efforts to create enabling legal frameworks through law, law enforcement, and access to justice;
  - ii. *Review*, as appropriate, laws, law enforcement and access to justice and policies that adversely affect the successful, effective and equitable delivery of HIV prevention, treatment, care and support programmes to people living with and affected by HIV and to consider their review in accordance with relevant national review frameworks and time frames;

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1 Disassociation: "The Arab Republic of Egypt and the Islamic Republic of Iran disassociate themselves from those parts of this Decision Point that may be interpreted as recognition, protection or promotion of unethical/illegal behaviours; 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 abovementioned parts."



- iii. *Implement* programmes to support police, lawyers, parliamentarians, religious leaders, and judges (including labour judges, labour administration authorities and labour inspectors) to be sensitized to and informed about HIV-related issues and protect people living with, vulnerable to or affected by HIV from discrimination and violence and support their access to HIV services;
- iv. *Implement* programmes to ensure that national responses to HIV and AIDS meet the specific needs of women and girls, including those living with and affected by HIV, across their lifespan, by providing sexual and reproductive health care services and, by strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV through the elimination of all forms of discrimination, as well as all types of sexual exploitation of women, girls and boys, including for commercial reasons, and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;
- v. *Increase* access to justice for people living with, and affected by HIV, including their families, women, young persons, children, and key populations<sup>2</sup>;
- vi. *Expand* programmes to reduce stigma and discrimination with a view to ensure confidentiality and informed consent in health care settings and remove barriers to HIV prevention, treatment, care and support; as well as to improve legal literacy and provision of legal services;
- vii. *Commit* to remove before 2015, where feasible, obstacles that limit the capacity of low- and middle-income countries to provide affordable and effective HIV prevention and treatment products, diagnostics, medicines and commodities and other pharmaceutical products, as well as treatment for opportunistic infections and co-infections, and to reduce costs associated with life-long chronic care, including by amending national laws and regulations, as deemed appropriate by respective Governments, so as to optimize:
  - (a) The use, to the full, of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights specifically geared to promoting access to and trade in medicines, and, while recognizing the importance of the intellectual property rights regime in contributing to a more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed in the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the amendment to article 31 of the TRIPS

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2 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'.

Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005;

- (b) Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help to reduce costs associated with life-long chronic care and by encouraging all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines, and to provide for safeguards against the abuse of such measures and procedures;
- (c) Encouraging the voluntary use, where appropriate, of new mechanisms such as partnerships, tiered pricing, open-source sharing of patents and patent pools benefiting all developing countries, including through entities such as the Medicines Patent Pool, to help to reduce treatment costs and encourage development of new HIV treatment formulations, including HIV medicines and point-of-care diagnostics, in particular for children;

6.2 *Calls* upon UNAIDS to enhance its support to Member States in their efforts to implement the recommendations under this agenda item;

**Agenda item 3: Financial and performance reports for the biennium 2010-2011 and 2012-2015**

- 7.1 *Accepts* the financial report and audited financial statements for the financial period 1 January 2010 to 31 December 2011;
- 7.2 *Takes note* of the interim financial management update for the 2012-2013 biennium for the period 1 January 2012 to 31 March 2012;
- 7.3 *Encourages* donor governments to release their contributions towards the 2012-2015 Unified Budget, Results and Accountability Framework as soon as possible;
- 7.4 *Endorses* the Executive Director's recommendation to fully fund the organizational staff-related liabilities from the fund balance and approve the funding of an initial amount of US\$ 20 million;
- 7.5 *Authorizes* the remaining estimated US\$ 29 million shortfall in the organizational liabilities for employees to be covered from the fund balance over a period of five years or less, subject to availability of funds;
- 7.6 *Endorses* the establishment of a Building Renovation Fund with an initial amount of US\$ 2.6 million and *approves* replenishment of the Building Renovation Fund on an annual basis out of the fund balance for the amount of accumulated depreciation to the UNAIDS building, or such other amount as might be determined by the Programme Coordinating Board;
- 7.7 *Authorizes* the Executive Director to use the Building Renovation Fund to meet the costs of major repairs of, alterations to, and investments in, the UNAIDS office building and report on the use of the Fund to the Programme Coordinating Board;

- 7.8 *Takes note* of the Executive Director's approach to mitigate the long term impact of currency fluctuations;
- 7.9 Recognizing the need for a comprehensive strategy to mitigate risk due to currency fluctuations, *requests* UNAIDS to conduct further analysis of the shorter and longer term financial and programme implications including planned changes in staffing patterns and the options for currency fluctuation risk mitigation, including the potential for splitting the currency of contributions and to provide this analysis to the 32<sup>nd</sup> meeting of the Programme Coordinating Board for its consideration;
- 7.10 *Requests* UNAIDS at its 31<sup>st</sup> meeting to report on development concerning the Monitoring and Evaluation Reference Group (MERG) following the adoption of the 2011 Political Declaration on HIV and its associated goals and targets;

**Agenda item 4: Statement by the representative of the UNAIDS Staff Association**

8. *Takes note* of the statement by the representative of the UNAIDS Secretariat Staff Association.

**Agenda item 6: UNAIDS Technical Support**

- 9.1 *Takes note* of the report;
- 9.2 *Considers* that technical support should be in consultation with country partners. Technical support should be planned and carried out in consultation with national governments and aligned with national plans and priorities consistent with the principles of the Three Ones;
- 9.3 *Urges* UNAIDS to exercise its convening role to facilitate a more strategic, country driven, and better coordinated technical support, in light of the multiple number of technical support mechanisms that can be brought to bear to support country needs, the changing economic environment, the work of the Global Fund to fight AIDS, Tuberculosis and Malaria, the emphasis on priority countries within the UNAIDS Strategy, and the wide range of Technical Support needs which can be unique to each country;
- 9.4 *Calls for* UNAIDS to explore the rationale and options for establishing a Virtual Steering Group on technical support based on the lessons learned, including from the Global Implementation Support Team (GIST) that includes all stakeholders in technical support including representatives from the global south and civil society. This should be a light touch mechanism that reinforces country priorities;
- 9.5 *Requests* UNAIDS to report to the 33<sup>rd</sup> PCB, drawing on the relevant UBRAF indicators, describing progress on the coordination of technical support across all stakeholders. The Secretariat should provide interim progress reports on this unfolding piece of work to the PCB Bureau allowing for accountability in this challenging but critical area to the HIV response;

**Agenda item 8: AIDS, Security and Humanitarian Response**

10. *Takes note* of the report.

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