



UNAIDS/PCB(29)/11.28  
February 2012

**30<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board**  
**Geneva, Switzerland**  
**5-7 June 2012**

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

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

**Action required at this meeting - the Programme Coordinating Board is invited to:** adopt the report of the 29<sup>th</sup> Programme Coordinating Board meeting.

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

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

1. Ana Isabel Nieto Gomez, Director of the National HIV/AIDS Programme of El Salvador, Chair of the UNAIDS Programme Coordinating Board, welcomed participants to the 29<sup>th</sup> 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(28)/11.16) was adopted without amendment (Annex 1).
3. The Chair commented that 2011 – 30 years since the beginning of the epidemic, 15 years since the start of UNAIDS, and the year of the UN General Assembly High Level Meeting on AIDS – had been a watershed in the response to AIDS. The 2011 Political Declaration had drawn attention to persons and populations most at risk and a strategy had been developed to end discrimination against them. Now a firm political commitment is needed from ministries of health, civil society and institutions in the public and private sectors to continue to strive towards the UNAIDS vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths.

## 1.2 CONSIDERATION OF THE REPORT OF THE TWENTY-EIGHTH MEETING

4. The Board considered the report of the 28th meeting (UNAIDS/PCB(28)11.15). The omission of a number of points made by civil society at the last meeting was raised and whether comments made on the budget for Latin America had been considered was also raised. The Chair noted that these issues would be addressed under the respective agenda items and the Board then approved the report.

## 1.3 REPORT OF THE EXECUTIVE DIRECTOR

5. Thanking the Board for its support in advancing the response against AIDS during 2011, Michel Sidibé, the UNAIDS Executive Director, said in his report (UNAIDS/PCB(29)/11.17) that “*getting to zero*” is no longer a dream. World leaders are talking about seeing the beginning of the end of the epidemic and are also calling for their countries and the world to get to zero new HIV infections, zero discrimination and zero AIDS-related deaths.
6. Mr Sidibé stressed that this positive attitude is not based on just empty words. The new global optimism is growing against a background of progress against the epidemic, as scaled-up treatment coupled with combination prevention is pushing down rates of new infections and AIDS-related deaths in almost every country. Research is showing the positive effects of ARV treatment and voluntary medical male circumcision for preventing HIV transmission. At the same time new and cost-effective technologies are being developed, such as credit-card sized HIV test kits that cost just one dollar. But there remain clear areas of concern that need to be addressed – such as the study published by the journal *The Lancet* which shows that hormonal contraceptives increase a woman's risk of becoming infected and transmitting HIV. WHO will hold a technical meeting on the issue in early 2012, and UNAIDS will discuss with Cosponsors and key partners as to how these results should be addressed and communicated to countries.

7. 2011 also saw notable progress in the area of AIDS and human rights. Several countries lifted HIV-related travel restrictions during the year, and a first-of-its-kind HIV Equity Tribunal was established in Kenya to provide access to justice for people who are stigmatized, discriminated against or criminalized. Other countries have taken steps to provide new prevention services to men who have sex with men and to other at-risk groups. Yet there is still much work to be done to strengthen the links between the AIDS response, human rights and social justice. Maintaining the national AIDS response in countries in transition – such as some states in North Africa, Central Asia and Eastern Europe – raises special challenges, Mr Sidibé said. He noted that the Commission on HIV and the Law is completing its work and will generate a set of recommendations to help countries address legal obstacles and improve access to justice for vulnerable populations. Both the United Kingdom and the United States have announced that they will consider the human rights situation in a country when making decisions about foreign assistance programmes.
8. UNAIDS sees the AIDS response as an opportunity to further larger health and development goals, as with the launch of the Pink Ribbon-Red Ribbon Alliance in Washington, D.C., which draws attention to the dual threats to women's health of AIDS and cervical cancer. In addition, Mr Sidibé said, more countries are rolling out national plans to meet the goals of the Political Declaration of the 2011 UN General Assembly High Level Meeting on AIDS and the Global Plan to eliminate new HIV infections among children and keeping their mothers alive. Global support among young people is expanding online, with young leaders shaping UNAIDS' new youth strategy through the innovative use of social media. In addition, new partnerships are being built with key groups in the private sector.
9. A socially sustainable agenda is becoming a reality, Mr Sidibé said, noting that China had pledged to finance fully its AIDS response and that a number of African countries had greatly increased their contributions to national responses. UNAIDS is working with the World Bank to launch a major new effort to help countries strengthen the efficiency, effectiveness, financing and sustainability of their AIDS responses. In addition to countries' own efforts, however, the global AIDS response is made financially sustainable by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). UNAIDS will need to work with the Global Fund to ensure continued funding for response activities, especially in the 22+ high impact countries.
10. Mr Sidibé expressed concern at the decline in international funding for HIV and the Global Fund's decision to postpone Round 11 of its funding. If the Global Fund does not continue to support the global scale-up, he added, 700 000 people could lose their lives in sub-Saharan Africa in the next three years. Referring to the Global Fund as an irreplaceable partner that is central to moving forward the global AIDS response, he stressed the point that the Global Fund is needed for all to succeed. Investment in the AIDS response should not be halted, for if the opportunity is not taken now, costs will escalate and the zero goals will never be viable.
11. Mr Sidibé renewed the call for a global tax on financial transactions. If such a tax could generate US\$ 400 billion per year, just 1.5% of these revenues would close the funding gap for the entire global AIDS response. He added that six donors had increased their contributions in 2011, and two countries became new donors to UNAIDS. The new UNAIDS Investment Framework enables countries to focus funding on efforts that make the most effective use of scarce resources.

12. Since the 28th meeting of the Board, UNAIDS had focused on the goals of the UNAIDS Strategy and on transformation of its own structure and ways of working in order to make the Organization “fit for purpose” in the future. A functional review of the Secretariat had been conducted to identify weaknesses that need to be corrected and strengths that can be built on. The main aim being to ensure that the internal structure is in synergy with the UNAIDS Strategy and with the targets and commitments of the Political Declaration and, to optimize resources and reduce overall operating costs.
13. The outcome of the current process will be an organization that is much more country-focused, more results-based, and less headquarters-centric. The aim is to have 75% of UNAIDS staff in the field, as opposed to 60% in 2011, with strengthened support teams especially in the countries where they can make the most impact. The goal being to reduce costs by 20-25%, with targeted savings of up to US \$30 million per biennium.
14. The Executive Director ended his address by remembering the life and work of Marcel van Soest, Executive Director of the World AIDS Campaign, who passed away in September 2011.
15. The Board noted the Executive Director’s report and was particularly appreciative of the fact that at last there seems to be progress towards an AIDS-free generation. There was also wide appreciation of the fact that countries are taking on increased responsibility in funding national programmes. Nevertheless, owing to the global economic crisis, it would be important to increase efforts in resource mobilization and focus the response on areas where impact will be the greatest. In the interests of efficiency and impact, it was hoped that further synergies could be found between the AIDS response and other elements of the health system.
16. Concern was expressed that the Global Fund had felt unable to proceed with Round 11 of funding. Donors were urged to support the Global Fund and not to abandon the fight against AIDS at a time when the number of infections worldwide is decreasing and success appears to be within reach. It was made clear that the Global Fund would not cut funds to any existing programmes, but that due to uncertainty as to whether donors would increase their funding, the Fund had felt it could not commit to supporting the scale-up. It was pointed out that the Global Fund is undergoing reform, and that the rounds-based system of funding will be replaced by a grants-based one.
17. The Board voiced appreciation for the Programme Coordinating Board field visit to Kenya in November 2011, which had enabled them to see first-hand UNAIDS’ work on the ground. It was felt that such visits were helpful in the long term, enabling the Board to understand how the global response to AIDS is being translated into practical actions at country level.
18. There was support for UNAIDS’ use of social media among young people to promote the need to combat AIDS. In this context, it was suggested that UNAIDS should find additional ways of working with young people – and especially those in at-risk populations and with HIV. There was also a positive response to the Executive Director’s proposal of a tax on financial transactions. Additionally, there was a call for UNAIDS to work more closely with the pharmaceutical industry to ensure innovation in the development of new drugs for use in the response to HIV.
19. There was full support for a human rights-based approach in AIDS programmes. The rights of at-risk groups such as women, children, men who have sex with men, sex workers and

injecting drug users were mentioned frequently. There were, however, a number of calls to respect cultural specificities. It was noted that the 2011 High Level Meeting's Political Declaration urged that the implementation of AIDS programmes should respect national laws and regulations.

20. The Board expressed considerable appreciation for the UNAIDS Strategy 2011–2015 and for the UNAIDS Investment Framework (“A new framework for the global HIV response”) which had been developed to guide spending on programmes. Nevertheless, there was concern on the part of some participants and that the Investment Framework had been developed in consultation with donor bodies rather than in full consultation with countries. There was a call for decisions on funding to be made by consensus. There was also some disappointment at the decision by some donors to link foreign assistance to a country's human rights record, as this was likely to harm those persons most in need.
21. In response, the Executive Director stated that the Investment Framework had not been developed for political purposes but that it represents a means of consolidated analysis that a country can opt to use or not to use, and that it will not be imposed on anyone. In relation to the Global Fund, he said it would be important for countries to approach the Fund with an appeal that stresses the urgent needs of people with HIV and the risk of an increase in infections.
22. Mr Sidibé noted that it will be important to find more innovative ways to continue to work closely with civil society: UNAIDS is the first international organization to have civil society on its governing body, and this fact has helped the AIDS response enormously.

#### **1.4 REPORT BY THE NGO REPRESENTATIVE**

23. The report by the NGO representative (UNAIDS/PCB(29)11.18) focused on legal issues relating to responses to HIV. The report drew attention to a study developed as the result of discussions with 27 focus groups of some 250 people from 37 countries. The persons involved were either living with HIV or affected by HIV, and in many cases described negative experiences involving legal and justice systems. The report concluded that the criminalization and punitive treatment of people with HIV should stop, not only because it is unjust but also because it in fact contributes to the spread of HIV. The presentation by the NGO representative also included a video showing interviews with persons living with HIV who spoke of their unjust treatment by the authorities.
24. The report stated that the focus groups had revealed a consensus of opinion that the lack of adequate knowledge about HIV fuels stigma and discrimination. Thus, even where laws protective of individuals' rights are in place, their enforcement is hampered by discriminatory social attitudes. The report pointed out that punitive laws and policies undermine HIV responses by discouraging access to services, and that legal protections for persons living with HIV and key affected populations are insufficient and unenforced. Laws intended to protect human rights can be effective only in an environment that respects those rights, the report stated. The NGO report contained a number of recommendations for removing stigma, decriminalizing HIV, fostering protective laws and supporting programmes to help people understand their rights. The Board took note of the report.

25. The PCB NGOs commented that respect for the sovereignty of Member States should not be allowed to interfere with human rights. The delegation expressed disillusionment and frustration with the current situation and stated that the fight against HIV is linked directly to overcoming stigma and criminalization. A call was made for constructive dialogue on human rights and the UNAIDS Strategy to achieve zero discrimination, urging that policies should promote the health and rights of those with HIV.
26. The Board expressed support for the position that stigma and discrimination must be overcome and that all persons should have the right to access services. Some participants spoke of their concern that some countries criminalize persons who have HIV, which only discourages persons living with HIV from seeking help. It was stated that laws and policies are written by people, so if they do not protect people's rights they can be changed, and that they should be backed up by education from an early age. While the Board was supportive of the message of the NGO report, there was some concern that the study included a larger sample of persons from North America than from Africa, despite Africa bearing the brunt of the epidemic.
27. There was also support for the presence of NGOs at Programme Coordinating Board meetings although their reports may sometimes point to inconvenient truths. The AIDS movement originated within civil society, and it was felt that "*getting to zero*" will not be achieved unless civil society is actively involved.

## **2. FOLLOW-UP TO THE 2011 UN GENERAL ASSEMBLY HIGH LEVEL MEETING ON AIDS**

28. Kent Buse, Senior Advisor to the Executive Director, presented the report which provided illustrative examples of the shared but differentiated political and programmatic responsibilities being taken by Member States, the Joint Programme, civil society and other partners in implementing actions to achieve the targets set in the Political Declaration that resulted from the High Level Meeting (UNAIDS/PCB(29)/11.19). The report stressed the significance of the 2011 Political Declaration and highlighted the target areas requiring action.
29. Dr Buse noted that the Political Declaration recommit to Universal Access, recognizes the needs of most at-risk populations, identifies achievable and concrete commitments and targets, and points out the investment need that peaks in 2015. In addition, the manner in which the Declaration is aligned with the UNAIDS Strategy was emphasised. With the Declaration comes a new focus – on the beginning of the end of the epidemic – and a new sense of urgency to the response. In this regard there is a move to do things differently, with calls for shared responsibility not only in relation to the AIDS response but also in using the Declaration's targets as a means to achieve the Millennium Development Goals (MDGs). At the same time, the Declaration calls for enhanced country ownership of the AIDS response.
30. Since the 2011 High Level Meeting there have been numerous examples of the kind of political leadership required for the achievement of the Declaration's targets. The Declaration pointed specifically to the importance of partnerships with civil society, key affected populations and people living with HIV in the efforts needed to get to UNAIDS vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. It also stressed the importance of cultural, ethical and religious values and the role of the family and the community.

31. The Political Declaration includes 10 targets and elimination commitments, and Dr Buse used the example of one of them – reducing sexual transmission of HIV by 50% by 2015 – to describe some of the programmatic actions both underway and required to achieve this. There will need to be a priority package of targeted high-impact interventions, implemented by UNAIDS and by a variety of partners, aimed at: intensifying action in high-impact countries, undertaking analyses of modes of transmission in order to inform prioritization, brokering strategic alliances, providing support for scale-up, and supporting local and community leaders.
32. In terms of monitoring and accountability, a revised set of indicators is being developed for global AIDS progress reporting and countries will be supported in using an integrated tool to report on a consolidated set of indicators, with the next round of reports due at the end of March 2012.
33. Examples of developments in West Africa following the adoption of the Political Declaration were described by Meskerem Grunitzky-Bekele, Director, Regional Support Team for West and Central Africa. The media in almost all West African countries reported on the High-Level Meeting, and after the Declaration was issued an enthusiastic movement for action had begun. The cause of “*getting to zero*” had been furthered by statements by government leaders and first ladies, while civil society groups were active in discussing the Declaration and its elements publicly. The Economic Community of West African States (ECOWAS) spoke out in support of the Declaration, and the African Union had also addressed the issue. Partnerships had developed between donors, international agencies, governments, civil society and – especially – young people. Discussions have shown that planning must take account of country-specific situations and cultural sensitivities, and legal advice centres have been set up to facilitate people’s access to rights. Ministers of finance and the private sector have been identified as important actors in ensuring implementation of the Declaration.
34. The Board noted the report and thanked the Secretariat for the overview of follow-up since the High-Level Meeting. Several participants declared themselves impressed by the number and diversity of the initiatives that have arisen. It was felt that the Declaration provides an endorsement of the UNAIDS Strategy and its focus on 20-plus High Impact countries where the most impact can be achieved. The Executive Director was urged to keep up the pressure for the Declaration to become a reality in all countries. The continuing needs of young people, and particularly young women, were highlighted, as were the needs of at-risk groups. The Board also discussed the need for countries to take advantage of the flexibilities inherent in the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) in ensuring the accessibility and affordability of the necessary medicines.
35. It was stressed that ownership of a programme leads to sustainability, though national ownership should not be seen as a reason for donors to divest in the AIDS response. There was discussion of the importance of setting the right priorities for the local situation and hence the need for the Investment Framework to reflect these different contexts. A consultative process on the Investment Framework was proposed to assist countries in this regard. Participants asserted that the Investment Framework as a strategic tool must be country-led. The Executive Director reiterated that the Investment Framework is neither compulsory nor a blue-print and that UNAIDS recognizes that countries will not use it if they do not think that the tool will add-value in ensuring maximum returns on investments in their responses. He stated that it was urgent to establish whether the framework can add value



(some countries are already using it) but that a consultation would be arranged in 2012 for delegations to discuss the framework.

### **3. PROGRESS REPORT ON THE GLOBAL PLAN TOWARDS THE ELIMINATION OF NEW HIV INFECTIONS AMONG CHILDREN BY 2015 AND KEEPING THEIR MOTHERS ALIVE**

36. The progress report (UNAIDS/PCB(29)11.20) was presented by Paul De Lay, UNAIDS Deputy Executive Director for Programmes. Dr De Lay described the creation of the plan, its four points – frame it, advocate for it, do it, and account for it – and the fact that 90% of the global burden is in 22 developing countries. Some 390 000 children under 15 years of age were newly infected with HIV in 2011, which is an improvement on the estimate of half a million in 2000, but the numbers are not falling fast enough.
37. The strategy for elimination of new HIV infections among children and keeping mothers their alive has four defining principles for success – namely, women living with HIV at the centre of the response, country ownership, leveraging of synergies, and shared responsibility and accountability. It is based on four prongs for preventing mother-to-child transmission: preventing HIV among women of reproductive age; preventing unintended pregnancies among women living with HIV; preventing HIV transmission during pregnancy; childbearing and breastfeeding through ARV medications; and, providing appropriate treatment, care and support to mothers, their children and their partners.
38. A meeting of country focal points, co-chaired by UNAIDS and PEPFAR had been held in October 2011 and had defined milestones through to May 2012 (the first anniversary of the launch of the global plan). At country level, national platforms have been set up with high-level support, rapid assessment has been carried out, potential barriers and the needs for technical assistance have been identified, and baselines and targets have been fixed. Eleven countries had launched their plans towards the global goals on World AIDS Day. Dr De Lay described country, regional and global accountability processes and showed the “dashboard” for monitoring all parts of the process. There will be a report to ministers of health at the time of the World Health Assembly in May 2012.
39. The Board noted the report and emphasized the importance of providing sexual and reproductive health services. They urged that the measures to prevent the mother-to-child transmission of HIV should be included in countries’ routine health services. The use of diagnostic tests for HIV among pregnant women was encouraged and there was a call to identify best practices in service delivery. It was suggested that programmes for women could be presented in terms of benefit to their children, and that the need for male involvement should not be overlooked. It was also noted that many of the women being targeted may have limited education, that many areas lack basic services, and that cultural practices and traditions may restrict women’s options.
40. Concern was expressed at the lack of both human and financial resources in this area of the AIDS response, and there was a request to hear which countries have achieved their plans at the next meeting of the Board. The establishment of the Business Leadership Council to oversee the campaign resource mobilization efforts was welcomed and the role of civil society in helping to prevent new infections was emphasized. A request was made for the term “vertical transmission” to be used in future since “prevention of mother-to-child transmission” or PMTCT was considered to be pejorative towards mothers.

41. While acknowledging the value of focusing on the high-impact target countries accounting for 90% of the burden, the Board asked that other countries should not be excluded from the plan.

#### 4. SECOND INDEPENDENT EVALUATION OF UNAIDS

42. Jan Beagle, UNAIDS Deputy Executive Director for Management and External Relations, presented the report on the Second Independent Evaluation of UNAIDS (UNAIDS/PCB(29)/11.21). The Evaluation had pointed to five areas for change, namely the need for the Joint Programme to improve its focus, to be more strategic in approach, to be more flexible and responsive, to improve accountability, and to be more efficient. There had been significant progress in the implementation of the 24 interrelated recommendations which were now embedded in the Joint Programme's work. The report focused on impact in the five areas. Ms Beagle noted that the evaluation had provided the impetus for the UNAIDS vision and 2011-2015 Strategy. The aspiration of "*getting to zero*" and the Strategy for the global response have been the platform for political debate and commitment that went much beyond UNAIDS to the UN General Assembly, the Security Council, and to the heart of national responses. The Evaluation also paved the way for the development of new strategies, tools and approaches to support countries such as the *Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive* and the Investment Framework.
43. The Evaluation had enabled UNAIDS to become a more strategic organization in terms of transformative and multi-stakeholder partnerships that increase ownership and accountability; systems (e.g. focus on agreed results and clear division of labour which heighten the comparative advantages of each partner); and synergies (e.g. leveraging the AIDS response for larger development and human right goals).
44. Ms Beagle noted that the role of the Programme Coordinating Board had been enhanced by case studies and field visits. The new country case studies discussed at the Board and the recent Board field visits had been viewed as valuable opportunities for participants to see the human face of the issues they consider in board meetings, to meet those whose lives are affected by the decisions they make, and to make the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) come alive.
45. The UBRAF was a tool to enable more effective oversight by the Board and represented a new way of doing business with in-built flexibilities to allow the Joint Programme to respond to emerging priorities, while defining more clearly the linkages between funding, resources spent and results.
46. The Secretariat had undertaken a review to align staffing with the Organization's vision, mission and Strategy, to ensure optimal deployment of staff at headquarters, regional and country levels, and to lower operating costs. Significant progress had been made in implementing the Single Administrative System, including the transfer of staff to UNAIDS contracts and the use of a single Enterprise Resource Planning (ERP) system for the entire Organization, as well as in implementing a number of cost saving measures.
47. The report on the Second Independent Evaluation was followed by a report from the UNAIDS Staff Association (UNAIDS/PCB(29)/11.22). Jason Sigurdson, Chair of the Association, noted that members of staff are ready to be actively involved in the process

ahead, and there is a good dialogue with the administration. However, there is continuing anxiety among staff members as the list of future posts is not yet published. The feeling was expressed that the general service staff in Geneva had been consulted too late in the process and that uneven opportunities to provide input had adversely impacted the sense of fairness. The Staff Association felt that it had received insufficient information on the analysis of the potential benefits of outsourcing and off-shoring, and it urged that staff development plans with regard to implementing the new strategy should be made more concrete. The Association noted its approval for plans to support staff diversity and to recognize the contributions of young professionals in the organization. Finally, concern was expressed at the poor quality of service received from the WHO Staff Health Insurance Service and the Association called for a system with much faster turnaround times.

48. The Board expressed appreciation for the follow-up to the Second Independent Evaluation and for the changes to the Board's way of working. There was also appreciation for the fact that country plans are focused on impact and effectiveness. The increased engagement of civil society was welcomed, though there was a call for this area to be even further strengthened. With regard to the report of the UNAIDS Staff Association, the comments of the staff were welcomed, as was the commitment to a fair and transparent process.
49. In response to a query about low-cost locations, Ms Beagle noted that the UNAIDS Secretariat aimed to strengthen its presence in priority countries, streamline headquarters, and reduce overall operating costs. In this context consideration may be given to moving certain functions to other appropriate locations.

## **5. UNAIDS RESULTS, ACCOUNTABILITY AND BUDGET MATRIX**

50. Joel Rehnstrom, Director of Financial Management and Accountability, presented the results, accountability and budget matrix of the 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF) (UNAIDS/PCB(29)/11.23), as agreed at the 28th meeting of the Board. The UBRAF – comprising a four-year planning framework, two-year budget and annual rolling workplans – was approved in June 2011 where the Board asked for the results, accountability and budget matrix to be strengthened. The revision was circulated to the Board and external experts for comments in August 2011. Following further revision and a consultation in September it was circulated for final comments in October and shared with the Cosponsors for review. In November 2011 an update on the consultative process and a revised matrix were posted on the UNAIDS website.
51. Mr Rehnstrom showed the results hierarchy and structure in the new matrix, noting that targets and benchmarks had been added where necessary, indicators had been streamlined, accountability was better captured by the inclusion of output indicators, Cosponsors' resources were shown by strategic goal, UNAIDS contributions were linked to the response at country level, and Cosponsor global results frameworks and reporting were aligned with the UBRAF. He also showed how the UBRAF could be tracked to monitor the targets of the 2011 Political Declaration. An example of country reporting was demonstrated, and it was shown how progress towards the three zeros could be tracked.
52. The next steps would be to refine the UBRAF results, accountability and budget matrix in accordance with any final comments from the Board, to finalize and pilot the country reporting template, data collection and information system, to identify a subset of indicators for reporting to the Board and to ensure external input in the periodic review of indicators.

53. The Board noted the report and welcomed the revision of the results, accountability and budget matrix which would be a useful tool as the UNAIDS Strategy is implemented. Although it was not entirely user-friendly, the Board felt that the UBRAF would make the goal of the three zeros more achievable. It was felt that it is now time to implement the matrix, even though there is still room for adjustment, and further adjustment will be needed as the tool is used. There was a request for the inclusion of more indicators relating to women and girls and it was hoped that indicators on the role of civil society could be included for the next biennium. It was felt that the indicators would have benefited from review by the Monitoring and Evaluation Reference Group (MERG). UNAIDS was also urged to find a sustainable solution to the problem of currency fluctuations.
54. Mr Rehnstrom responded that approaches to monitor and evaluate action related to women and girls are being refined and noted that a review of Actions for women and girls is due to be presented to the Board in December 2012 and that an update on indicators and the role of the MERG would be presented to the Board in June 2012. So far, the MERG had reviewed the UBRAF focusing mainly at the impact level. With regard to exchange rate fluctuations, a number of options are being assessed by the UNAIDS Secretariat and the Board will discuss this issue at its 30th meeting in June 2012 while considering UNAIDS financial reports.

## **6. UNAIDS TECHNICAL SUPPORT**

55. Tim Martineau, Director, Programme Effectiveness and Country Support Department, presented the report on UNAIDS technical support (UNAIDS/PCB(29)/11.24), describing progress on the implementation of the Technical Support Strategy that had been updated following a recommendation of the Board at its 23<sup>rd</sup> meeting in 2008. The goals of the Strategy are to strengthen country capacity for planning and coordinating HIV-related technical support and to improve the quality of that support.
56. Mr Martineau informed the Board that since January 2010, 43 countries have evidence-informed national strategic plans with HIV integrated into health sector plans and sexual and reproductive health plans. Sixteen countries have been supported by UNAIDS Secretariat to develop sustainable in-country capacity development plans. Ten of the country plans have been reviewed, showing that interventions related to prevention and strengthening management are the most common elements. Major bottlenecks in program performance have been identified, such as access to Prevention of Mother-to-Child Transmission (PMTCT) of HIV services, management skills and governance structures, Monitoring and Evaluation systems lacking harmonization and capacity for data collection, management and reporting. Key to UNAIDS technical support in addressing these and other obstacles has been increased coordination with other United Nations agencies, the technical support mechanisms of Cosponsors, and with NGOs and donors. The work of the joint United Nations regional team on HIV/AIDS in West and Central Africa was cited as an example of this.
57. UNAIDS has stepped up its support to make Global Fund investments in countries bring greater returns, by helping countries address bottlenecks throughout the grant implementation cycle. UNAIDS recognizes the need to respond positively to the changes in the Global Fund.

58. Efforts are currently being made to align technical support with the targets of the 2011 Political Declaration. UNAIDS aims to increase its support and staffing in the 20+ high impact countries which will be assisted in assessing their technical and capacity development needs in order to achieve these targets. Plans for support will be developed with stakeholders.
59. Further improvements in coordinating technical support and capacity development initiatives are needed as there is still some duplication of efforts. UNAIDS has initiated the development of a common curriculum for capacity development around key areas. The Organization is also pushing for increased South–South cooperation for sharing solutions to HIV challenges. Mr Martineau noted that the technical support strategy has enabled UNAIDS to adopt a more strategic approach to capacity development and technical support.
60. The Board noted the report and affirmed the importance of technical support to countries and stressed the need for such support to be relevant, accountable and cognizant of national and cultural sensitivities. Requests were made to reinforce technical support in a number of areas, including resource mobilization and the local production of medicines. It was noted that not all Cosponsors follow the same guidelines in providing technical support at country level, and that coordination at country level could be improved. The view was also expressed that technical support needs to be flexible and could be made less costly by using experts from within the region concerned.
61. The Board urged that future reports on this topic include more on the challenges to technical support and the work of Cosponsors, and there should be more detail on outputs and impacts. The view was voiced that the Strategy should be more substantial, ensuring effective monitoring of national plans and encouraging partnerships with civil society at national level. It was proposed that there should be a time-limited consultative process to better define UNAIDS technical support, reporting back to the 30th meeting of the Board in June 2012.
62. Mr Martineau responded that a dialogue on technical support would be valuable in determining directions and clarifying reporting. He said that resources are being put aside to support civil society involvement in technical support activities.

## **7. NEXT PROGRAMME COORDINATING BOARD MEETINGS**

63. The proposed dates for the 34<sup>th</sup> (16–19 June 2014) and 35<sup>th</sup> (9-11 December 2014) meetings of the Programme Coordinating Board were adopted.
64. There was discussion of the topic of non-discrimination chosen for the thematic session at the 31st meeting in December 2012. While all agreed it was an important topic, some participants felt that the description of the topic in the documentation supplied was too narrow, mentioning in particular the following points: non-discrimination is a human rights issue sufficiently addressed within the human rights framework and human rights fora and that discussion in the UNAIDS Board constituted a duplication of the work of the main relevant UN bodies; at a time of global financial and economic crisis, it would be more opportune to focus on closing the resource gap; the proposal does not address priority areas where people living with affected by the epidemic are impacted by discrimination, and several concepts are unclear or controversial; and therefore, the focus of the session should be on non-discrimination in ensuring access to medicines and health care services and facilities that are affordable and of good quality, further that discussion of the topic should be

done from a public health perspective and adopting a holistic approach to encompass relevant and priority areas of non-discrimination that evidently constitute barriers to an effective HIV response.

65. The brain drain of African health personnel to developed countries should also be a point of discussion; non-discrimination should be focused on ensuring access to services by migrants, refugees, and persons of certain racial, ethnic, cultural or religious backgrounds, as well as those living in conditions of extreme poverty, and women and girls under foreign occupation.
66. The Board was reminded that a core working group that will be responsible for designing the content and format of the thematic segment was open to all and the topic was approved.

## **8. ELECTION OF OFFICERS**

67. The Board elected Poland as Chair, India as Vice Chair, and the United States as Rapporteur of the Board for the calendar year beginning 1 January 2012.
68. The Board also approved the new PCB NGOs, namely: the African Sex Worker Alliance (South Africa), the International Treatment Preparedness Coalition (Thailand) and Gestos (Brazil).

## **9. THEMATIC SEGMENT: HIV AND ENABLING LEGAL ENVIRONMENTS**

69. At its 26th meeting, the Board agreed that the topic of the thematic segment of the 29th meeting would be *HIV and Enabling Legal Environments*. It was intended that this session would assist participants to gain a more in-depth understanding of the legal environment relevant to HIV and its impact on national HIV responses. The thematic segment also aimed to reflect on the challenges and opportunities to ensuring that legal environments support evidence-informed, rights-based and effective national responses to HIV and to review best practices that facilitate access to HIV prevention, treatment, care and support services. The thematic segment was comprised of an interactive dialogue, structured around the three components of the legal environment: law, law enforcement and access to justice. International journalist Riz Khan was chosen to moderate the dialogue.
70. To begin the session, Susan Timberlake, Senior Human Rights and Law Adviser, UNAIDS Secretariat, gave a brief overview of the three components of the legal environment. She noted that each aspect is critical to support effective and rights-based HIV responses and can be supported by concrete programmes that should be implemented and taken to scale. She remarked that the first component, law (formal, traditional and religious) may embody social values but also may set new standards of non-discrimination and equality to which the society aspires. Such law can also be important to establish a recognized and comprehensive framework for the national HIV response. While the law cannot prevent or treat HIV, it can protect against discrimination, provide social support and ensure access to prevention and treatment information, commodities and services, as well as legal assistance, in the context of HIV. Where the law is not supportive or acts as an obstacle to universal access, States should take steps to either reform the law or find pragmatic means to lessen its impact, e.g. not enforce it. The second component, law enforcement, addresses issues related to the police and the judiciary. If properly sensitized, police and judges can be

key leaders in the HIV response, helping to ensure that people living with HIV, women and key populations are protected from discrimination and violence and have access to HIV services. On the other hand, these populations (or any others) should not be subject to abusive police practices, and it is incumbent on the State to stop such practices. The final component of the legal environment critical to HIV, access to justice, allows people living with or vulnerable to HIV to turn to the justice system to obtain redress if harmed. It includes programmes that teach people about their rights and relevant laws in the context of HIV, provide legal services and sensitise law enforcement agents and health care workers to the needs and rights of people living with or vulnerable to HIV.

71. During the interactive dialogue, participants from governments and civil society shared various examples of how they have used the legal environment to improve responses to HIV. For example, many participants agreed that partnerships between different organizations, such as religious communities, civil society and governments, are critical to the development of programmes that ensure human rights and access to services in the context of legal frameworks. And while many populations affected by HIV are often marginalized and controversial, such as sex workers, people who use drugs or men who have sex with men and transgender persons, most participants agreed that an individual's legal or social status should not hinder his or her ability to access HIV prevention, treatment, care and support services. Along the same protective lines, participants noted that police and law enforcement should be sensitized and made aware of HIV objectives, support HIV outreach to key populations and enforce laws against sexual and domestic violence.
72. There were also many examples of policies, programmes and initiatives, run by either government or civil society, which focused on increasing access to treatment, legal services and/or empowering women, sex workers or other affected groups. Speakers recognized that it is critical that people living with HIV, women, children and other key populations have access to justice and urged governments to expand programmes on legal literacy, legal services, dispute resolution and training of law enforcement and health care workers. Thus, participants in the thematic segment discussed a wide range of actions that governments and civil society could do to encourage and/or establish enabling legal environments. It was during the lively discussions that participants explored the important impact of the legal environment on national AIDS responses and emphasized UNAIDS' role to support governments to achieve, through law, law enforcement and increased access to justice, the commitments made in the *2011 Political Declaration on HIV/AIDS*.
73. The thematic session was concluded by the Honorable Michael Kirby, former Justice of the High Court of Australia, who noted that law can be both a help and a hindrance in the HIV response. He highlighted personal testimonies and examples of good practices that were shared during the segment, noting that the common theme was that law, while it can be punitive, can also be protective, a great educator, and a restraint from wrongdoing. Mr Kirby noted that actors in the HIV response must set aside differences and take action urgently. One way to take action is for States to review the impact of the legal environment on national AIDS responses, with an aim to ensuring that the legal environment does not act as an obstacle to universal access. Within this view, States should use their legal environments to achieve the human rights and law commitments made at the High Level Meeting in New York, held June 2011. From the thematic segment, it was noted that it is the duty of the Board, UNAIDS Secretariat and its co-sponsors to take down the lessons from the session, to search for the common ground, and to facilitate progress on achieving enabling legal environments in the HIV response.

## **10. ANY OTHER BUSINESS**

74. An additional presentation was included in the 29th meeting of the Board by Dr Salim Abdool Karim, Director of Centre for the AIDS Programme of Research in South Africa (CAPRISA) and Pro Vice-Chancellor at the University of KwaZulu-Natal and Dr Quarraisha Abdool Karim, Associate Scientific Director of CAPRISA. Drs Karim presented the work and major findings by CAPRISA, a UNAIDS Collaborating Centre, and discussed the challenges of implementing and scaling up innovative approaches at country level, emphasizing its implications for women and young girls in Africa.

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

75. The 29th meeting of the UNAIDS Programme Coordinating Board made a number of decisions, recommendations and conclusions (Annex 2).



**ANNEX 1.**

26 September 2011



UNAIDS/PCB(29)/11.16

## **PROGRAMME COORDINATING BOARD**

**Twenty-ninth meeting**

**Date: 13-15 December 2011**

**Venue: Salle XIX, Palais des Nations, Geneva**

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

### **Draft Annotated Agenda**

Tuesday 13 December

#### **1. Opening**

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

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

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

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

Document: UNAIDS/PCB(28)/11.15

**1.3 Report of the Executive Director**

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

Document: UNAIDS/PCB(29)/11.17

**1.4 Report by the NGO representative**

*The report of the NGO representative (deferred from the 28<sup>th</sup> meeting) will highlight civil society perspectives on the global response to AIDS.*

Document: UNAIDS/PCB(29)/11.18

#### **2. Follow-up to the 2011 UN General Assembly High Level Meeting on AIDS**

*The Board will receive a paper on follow-up to the High Level Meeting and the United Nations General Assembly Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS adopted by Heads of State and Governments on 10 June 2011.*  
Document: UNAIDS/PCB(29)/11.19

**3. Progress report on the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive**

*The Board will receive a report on progress achieved towards the goals of the Global Plan.*  
Document: UNAIDS/PCB(29)/11.20

Wednesday 14 December

**4. Second Independent Evaluation of UNAIDS**

*The Board will receive a final report on the implementation and impact of the recommendations of the Second Independent Evaluation.*

Documents: UNAIDS/PCB(29)/11.21 and UNAIDS/PCB(29)/11.22

**5. UNAIDS results, accountability and budget matrix**

*As agreed at the 28<sup>th</sup> PCB meeting the Board will receive the completed matrix for endorsement.*

Document: UNAIDS/PCB(29)/11.23

**6. UNAIDS Technical Support**

*As agreed at its 27<sup>th</sup> meeting the Board will receive a paper that reviews and analyzes the state of sustainable capacity development and technical support in the Joint Program.*

Document: UNAIDS/PCB(29)/11.24

**7. Next Programme Coordinating Board meetings**

*The Board will be asked to agree the theme for its 31<sup>st</sup> meeting.*

Document: UNAIDS/PCB(29)/11.25

**8. Election of Officers**

*In accordance with Programme Coordinating Board procedures, the Board shall elect the officers of the Board and is invited to approve the nominations for NGO delegates.*

Document: UNAIDS/PCB(29)/11.26

Thursday 15 December

**9. Thematic segment: HIV and Enabling Legal Environments**

Document: UNAIDS/PCB(29)/11.27

**10. Any other business**

**11. Adoption of decisions, recommendations and conclusions**

*Any outstanding draft decisions, recommendations and conclusions will be presented for adoption by the meeting plenary.*

**ANNEX 2.**

15 December 2011



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

**Decisions, Recommendations and Conclusions**

The UNAIDS Programme Coordinating Board,

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

- Aligned to national 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-eighth meeting**

2. *Adopts* the report of the 28<sup>th</sup> meeting of the UNAIDS Programme Coordinating Board;

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

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

**Agenda item 1.4: Report by the NGO Representatives**

4. *Takes note* of the report of the NGO Representatives;

**Agenda item 2: Follow-up to the 2011 UN General Assembly High Level Meeting on AIDS**

- 5.1 *Takes note* of the report;
- 5.2 *Requests* UNAIDS to launch as soon as possible a process of inclusive consultations to consider approaches to strategic investment, including the new investment framework for the global HIV response referenced by the Executive Director in his report, while ensuring the potential applicability and adaptability to national contexts, and overall country ownership. Consultations should be transparent, inclusive and effective, involving governments, national AIDS authorities, civil society, and other relevant stakeholders. Also *requests* UNAIDS to submit to the Programme Coordinating Board at its 31<sup>st</sup> meeting a report on the said consultations, and an interim (progress) report to the 30<sup>th</sup> meeting;

**Agenda item 3: Progress report on the Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping their Mothers Alive**

6. *Takes note* of the report;

**Agenda item 4: Second Independent Evaluation of UNAIDS**

- 7.1 *Agrees* the revisions to the Programme Coordinating Board Modus Operandi as contained in the Annex of the document (UNAIDS/PCB(29)/11.21);
- 7.2 *Takes note* of the report;
- 7.3 *Takes note* of the report from the UNAIDS Secretariat Staff Association;

**Agenda item 5: UNAIDS results, accountability and budget matrix**

- 8.1 *Takes note* of the consultative process with all constituencies to further strengthen UNAIDS results, accountability and budget matrix and *endorses* the outcome of the process;
- 8.2 *Requests* UNAIDS at its 30<sup>th</sup> meeting to report on changes to indicators and developments concerning the Monitoring and Evaluation Reference Group, following the adoption of the 2011 Political Declaration and its associated goals and targets;

**Agenda item 6: UNAIDS Technical Support**

- 9.1 *Takes note* of the report;
- 9.2 *Requests* the establishment of a time-limited, consultative process to better define UNAIDS technical support based upon its coordination role, and areas of core competency and strengths, reporting back to the 30<sup>th</sup> Programme Coordinating Board;

**Agenda item 7: Next Programme Coordinating Board meetings**

- 10.1 *Agrees* that the theme for the 31<sup>st</sup> Programme Coordinating Board meeting will be “Non-discrimination”;
- 10.2 *Requests* the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 33<sup>rd</sup> and 34<sup>th</sup> Programme Coordinating Board meetings, as necessary;
- 10.3 *Agrees* the dates for the 34<sup>th</sup> (17-19 June 2014) and 35<sup>th</sup> (9-11 December 2014) meetings of the Programme Coordinating Board;

**Agenda item 8: Election of Officers**

- 11.1 *Elects* Poland as Chair, India as Vice-Chair, and the United States of America as Rapporteur for the calendar year beginning 1 January 2012;
- 11.2 *Approves* the new Programme Coordinating Board NGOs: African Sex Worker Alliance, South Africa; International Treatment Preparedness Coalition (ITPC), Thailand; and, Gestos, Brazil.

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