



## UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (31)/12.26

Issue date: 24 April 2013

### **THIRTY-SECOND MEETING**

**Date:** 25-27 June 2013

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

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### **Agenda item 1.2**

### **Report of the 31st Meeting of the Programme Coordinating Board**

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

**Action required at this meeting - the Programme Coordinating Board is invited to:** *adopt* the report of the 31<sup>st</sup> Programme Coordinating Board meeting.

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

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

1. The thirty-first meeting of the UNAIDS Programme Coordinating Board (PCB) took place at the Executive Board room of the World Health Organization (WHO) in Geneva, Switzerland on 11-13 December 2012. The agenda for the meeting is attached as Annex 1.
2. The Programme Coordinating Board Chair, Mr Igor Radziewicz-Winnicki, Under-Secretary of State, Ministry of Health for Poland, welcomed participants to the 31st meeting. The Board observed a minute of silence in memory of all who had passed away from AIDS since the last meeting.
3. The draft annotated agenda (UNAIDS/PCB (31)/12.16.rev.1) was adopted with amendments, as indicated by the Chair. (Annex 1).

## **1.2 CONSIDERATION OF THE REPORT OF THE THIRTIETH MEETING**

4. The Board took note of the report of the 30th meeting (UNAIDS/PCB (30)/12.15).

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

5. The Executive Director of UNAIDS, Mr Michel Sidibé, began by expressing his sympathies and condolences to the people of Ethiopia for the passing of Prime Minister Meles Zenawi on 21 August 2012.
6. The Executive Director extended his congratulations to Mr Mark Dybul for his election as the new Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund). The Executive Director expressed his gratitude to Ms Tamar Atinc and her team at the World Bank for their work as Chair of the Committee of Cosponsoring Organizations (CCO). Under the leadership of World Bank President Jim Kim, the Executive Director underlined that the World Bank's commitment to HIV and UNAIDS is stronger than ever. The Executive Director stated that he looked forward to working with Ms Irina Bokova, Director-General of UNESCO, the incoming CCO Chair, to advance the work of the UNAIDS Cosponsors in 2013.
7. The Executive Director shared that 2012 was an unprecedented year in the global AIDS response and proceeded to provide an overview of the latest UNAIDS data as featured in the *2012 UNAIDS World AIDS Day Report – Results*. The Executive Director drew the Board's attention to the 60% increase in the past two years of the number of people on HIV treatment and the corresponding drop in mortality. He explained that for the first time, the majority of people in low- and middle-income countries who are eligible for HIV treatment were accessing it, a record 8 million people. The Executive Director mentioned that new HIV infection rates have fallen by 50% in 25 countries, 13 of them high-burden countries in sub-Saharan Africa, and expressed that half of the reductions in new HIV infections were among children.
8. In referencing the Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive, the Executive Director expressed his appreciation of the support provided by UNAIDS Goodwill Ambassadors Mss Aishwarya Rai Bachchan and Annie Lennox in helping to promote an AIDS-free generation. The Executive Director shared with the Board his recent visit to Haiti, on occasion of World AIDS Day 2012, and the progress he witnessed as the country scales up its efforts to reduce new HIV infections among children and expand access

to HIV treatment.

9. The Executive Director underlined the headway made by UNAIDS in promoting the Shared Responsibility and Global Solidarity agenda—between 2006 and 2011, 81 countries increased their domestic investments for AIDS by more than 50%, tipping the aid dependency balance. The Executive Director stated several countries that have demonstrated bold national ownership for their AIDS responses, and stressed that shared responsibility is taking hold not only in sub-Saharan Africa but in other regions, such as a Central America and Asia.
10. The Executive Director referenced the on-going partnership with the African Union to promote and implement the Shared Responsibility and Global Solidarity Roadmap. He underlined the ground-breaking side event on the African Union Roadmap on Shared Responsibility and Global Solidarity for AIDS, Tuberculosis and Malaria, chaired by Benin President Boni Yayi, Chairperson of the African Union at the United Nations in September 2012. With the participation of several African Heads of State and senior development partners, the event demonstrated the commitment of African countries to exercise leadership and assume national ownership of AIDS responses with the support of the international community. The Executive Director emphasized that sustained investments in AIDS are paying unparalleled dividends, but that international investments remain indispensable, and called on international partners to remain engaged and close the resource gap for countries in need.
11. Despite the recent gains made in the global AIDS response, the Executive Director cautioned that the HIV epidemic is far from over: AIDS remains the leading cause of death among women of reproductive age globally and one of the leading cause of mortality for young people. The Executive Director drew the Board's attention to the need to scale up access to HIV treatment by underlining how half of all people eligible for treatment—6.8 million in 2011—do not have access. The Executive Director referenced the lack of access to HIV services experienced by vulnerable and key affected populations, stating that in order to reach sex workers, men who have sex with men, people who inject drugs and migrant workers, an even greater commitment to human rights and inclusion is required. On HIV treatment, the Executive Director shared the necessity to initiate a new debate on how to dramatically reduce the costs and availability of second-line drugs, adding that although the Global Plan is making good progress, many pregnant women remain underserved, and children with HIV are lagging behind adults in accessing treatment and paediatric formulations.
12. The Executive Director updated the Board on country progress in implementing strategic investment approaches. He shared that 29 countries are moving forward with an investment approach, supported by UNAIDS, stating that the outcome of such approaches will result in more focused and effective national responses in support of achieving the targets of the 2011 UN General Assembly Political Declaration on HIV/AIDS. The Executive Director cited several countries where impressive gains have been recorded through more focused investments in national programming and political leadership. In Latin America, treatment coverage is close to reaching universal access. In Argentina and Brazil, national authorities have recently revised eligibility criteria to initiate treatment at a CD4 count of 500. Together with its recent testing campaign, Brazil is treating more people, earlier, and with greater impact. In Algeria, the Ministry of Religious Affairs is leading the debate on HIV, culture and Islam with a goal to end stigma and discrimination. The Executive Director also commended the launch of the Arab AIDS Initiative, the region's first-ever strategy on HIV being developed by the Arab Ministers of Health.

However, in his report, the Executive Director reminded countries to remain vigilant, sharing how in Bangladesh, Indonesia, the Philippines and Sri Lanka, new infections have increased by more than 25% in the last 10 years. The on-going rise in new infections in Eastern Europe and Central Asia remains a serious concern. The Programme Coordinating Board field visit to Ukraine in October 2012, the first high-level visit of the Board to the region, highlighted that when the government works in partnership with civil society, the HIV epidemic can be slowed, even among most-at-risk populations.

13. The Executive Director informed the Board on developments with new partners in the global AIDS response. Together with Mr Gordon Brown, the UN Special Envoy for Global Education, the Executive Director joined the launch of the UN Secretary-General's Education First initiative, representing a unique opportunity to ensure that every child has access to school and HIV education.
14. On the eve of World AIDS Day 2012, the Executive Director joined US Secretary of State, Hillary Rodham Clinton, in launching the PEPFAR Blueprint for an AIDS-free generation. The Executive Director expressed his gratitude to UNAIDS Goodwill Ambassador Her Royal Highness Crown Princess Mette-Marit of Norway for challenging UNAIDS to prioritize the engagement of young people in the response. Turning his attention to young people, the Executive Director said UNAIDS remains committed to youth involvement and leadership in the AIDS response, referencing CrowdOutAIDS and how the recommendations put forward by young people will be built upon as UNAIDS engages in the Post-2015 consultations. The Executive Director shared plans to establish a youth reference group for UNAIDS that will advance the recommendations developed through CrowdOutAIDS. On harnessing the creativeness and energy of young people, the Executive Director shared that UNAIDS teamed up with a group of young Italian fashion designers on World AIDS Day 2012 to put fashion's spotlight on the global AIDS response through a creative fashion campaign with the Italian retailer OVS.
15. In the presence of UN Women Executive Director, Ms Michelle Bachelet, the Executive Director stated that UN Women is having a positive impact on women and girls. The Executive Director previewed the Programme Coordinating Board agenda item on the mid-term review of the *Agenda for accelerated country action for women, girls, gender equality and HIV*, and he spoke to the progress made in the collaboration between UNAIDS and the UN Department for Peacekeeping Operations (DPKO), with its focus on HIV and sexual and gender-based violence in conflict and post-conflict settings. The Executive Director thanked the Archbishop of Canterbury for joining UNAIDS in its call to demand an end to gender-based violence against women and girls.
16. The Executive Director highlighted the need to accelerate progress on getting to zero discrimination, calling it one of the most difficult zeros to reach. The Executive Director referenced his October 2012 visit to Myanmar to meet with Nobel Peace Prize winner Ms Daw Aung San Suu Kyi, and who agreed to join UNAIDS as a Global Advocate in the effort to end stigma and discrimination. The Executive Director challenged the Board to move beyond the debate surrounding the 'naming' of key populations and instead focus on open and frank dialogue, which the Executive Director requested the Board to do during the Programme Coordinating Board's thematic session on non-discrimination. The Executive Director expressed gratitude to the delegation from Egypt for its support in the screening of the film "Asmaa" at the UNAIDS Secretariat on the eve of the 31st meeting of the Programme Coordinating Board, stating that the film helped communicate HIV and

discrimination to millions of people. Linking back to the thematic discussion on non-discrimination, the Executive Director reminded the Board of the purpose of the thematic session, reiterating its role as a platform to debate and assemble key issues.

17. Looking to the future of the response, the Executive Director challenged the Board to seize the unprecedented opportunity presented by the Post-2015 consultations on sustainable development to simplify the architecture of the AIDS response. The Executive Director shared that the international community must leverage the lessons of the response in order to rethink to future of global health. The Executive Director then outlined four areas where efforts could be most effectively deployed:
  1. Rethink the current approach to service delivery and tap into alternative delivery mechanisms;
  2. Increase the use of innovation and technology to rapidly increase access to services for millions of people;
  3. Continue to put people at the centre of the response and ensure that the rights and dignity of all are promoted and protected, and in particular through strengthened civil society networks; and
  4. Build on the global HIV reporting and accountability mechanism including national mid-term reviews of the 10 global AIDS targets in early 2013.
18. Further on the topic of the Post-2015 development agenda, the Executive Director announced the creation of the UNAIDS and Lancet Post-2015 Commission on AIDS that will, over the course of 2013, aim to contribute substantial debate on AIDS, health and global development in the Post-2015 consultations.
19. Turning to the UNAIDS Secretariat, the Executive Director offered special thanks to the donor countries that, despite the difficult fiscal climate faced by many nations, increased their contributions to UNAIDS, and welcomed new donors to UNAIDS such as the Czech Republic and the M.A.C AIDS Fund. The Executive Director shared that overall contributions were slightly lower than in the last two years, and that while the 90% of the target for resource mobilization was met, the Joint Programme lost core funding from some key donors, particularly in Europe. Notwithstanding, the Executive Director asked all Board members to continue to invest in the work of the Joint Programme and to help reach its resource mobilization target for the year. The Executive Director cited recent external assessments of UNAIDS as an indicator of the sustainable progress the Joint Programme is making in regard to organizational change, such as the 2012 MOPAN evaluation which concluded that UNAIDS is a 'sure value' to invest in.
20. Continuing the focus on the UNAIDS Secretariat, the Executive Director updated the Board on the current progress made by the UNAIDS Secretariat in implementing its strategic realignment, citing several examples demonstrating the progress made in optimizing resources and increasing focus: from aligning human and financial resources and systems to the UNAIDS' vision, strategy and the targets of the 2011 Political Declaration on HIV/AIDS to new information technology tools that better track and record progress and performance at the country level.
21. Before concluding his address the Executive Director expressed his thanks to Poland for its role as an excellent Chair of the Programme Coordinating Board. The Executive Director highlighted his visit to Warsaw earlier in the year and shared how he saw first-hand the progress Poland has made in responding and controlling its HIV epidemic and pushing UNAIDS and partners to employ a similar, pragmatic

approach. The Executive Director took a moment to also recognize the contributions of Mr Jeffrey O'Malley, the Director of the HIV/AIDS Group at the United Nations Development Programme (UNDP), who recently moved to a new role at UNICEF, and Mr Christian Kroll, who will retire from UNODC as their Global Coordinator for HIV. The Executive Director then spoke to the upcoming retirement of Mr Paul De Lay, UNAIDS Deputy Executive Director for Programme. The Executive Director expressed his gratitude to Mr De Lay for his 30 years of service to the global AIDS response and his commitment and dedication to UNAIDS.

22. The Executive Director ended by drawing the Board's attention to the work that remains over the next 1000 days to meet the targets of the 2011 Political Declaration on HIV/AIDS. The Executive Director called on the Board to seize the opportunity presented to achieve an AIDS-free generation by 2015 and to offer its support in rewriting the future of global health and development within the Post-2015 development agenda process.
23. Following the address by the Executive Director, and before opening the floor for comments, the Chair of the Board, Mr Radziejewicz-Winnicki, shared personal remarks regarding the Programme Coordinating Board field visit to Ukraine. The Chair noted that the visit provided the high-level delegation with a unique opportunity to see the progress and challenges in addressing HIV in Eastern Europe and Central Asia, citing the several positive developments in the country's AIDS response as well as some of the noteworthy issues that continue to impede progress. The Chair concluded by thanking all partners for their role in organizing a successful field visit, which enabled Poland, as the Programme Coordinating Board Chair, to highlight Ukraine's epidemic and response within the framework of its focus on Eastern Europe and Central Asia.
24. The Board took note of the report of the Executive Director and welcomed, with appreciation, the leadership of the African Union in developing its *Roadmap on Shared Responsibility and Global Solidarity for AIDS, tuberculosis and malaria Response in Africa*. The Board encouraged UNAIDS to support African countries in the implementation of the African Union Roadmap to help countries achieve the targets of the 2011 Political Declaration on HIV/AIDS as well as to inform the Post-2015 development agenda process.
25. The Board expressed its appreciation of UNAIDS' efforts to inform the Post-2015 development agenda process and to provide tangible guidance, such as the development of key messages, to stakeholders. However, there was agreement among many Board Members of the need for UNAIDS to maintain and build momentum towards the current MDGs and in particular Goal 6 on HIV, which was cited by many Board Members as 'an unfinished MDG'. Several Board Members called on UNAIDS to sharpen its focus on the Post-2015 development agenda process and to better articulate its role in advocating for the inclusion of HIV and health within the broader Post-2015 debate. The Board encouraged UNAIDS to continue its engagement and leadership on the issue, with the view to ensure AIDS remains a priority within the global health agenda and the lessons of the response inform and are applied to the Post-2015 process going forward.
26. The Board recognized the encouraging progress in the global AIDS response, as articulated in the 2012 *UNAIDS World AIDS Day Report – Results*, and commended the Executive Director for his continued leadership and vision. There was broad consensus among Board Members on the importance of strengthening HIV prevention efforts and focusing on vulnerable and key affected populations, such as

women and girls, men who have sex with men, sex workers and their clients, and people who inject drugs. The Board highlighted the gains made through evidence-based HIV prevention efforts and targeting HIV interventions based on the 'know your epidemic, know your response' approach. It was expressed that if HIV prevention is neglected, the vision of getting to zero risks being unfulfilled.

27. Linked to the UNAIDS vision, the issue of discrimination was widely cited as a significant hurdle in achieving the targets of the 2011 Political Declaration on HIV/AIDS. Several Member States highlighted that while the importance of reaching vulnerable and key affected populations is an implicit component of an effective AIDS response, many vulnerable groups at higher risk of HIV infection remain marginalized. Additionally, punitive laws and practices continue to block effective responses to HIV.
28. There was concern among many Board Members of the growing funding gap for the global AIDS response, in view of the financial crisis and the new Global Fund funding model. Several Board Members underlined the importance of having a better understanding of how the Strategic Investment framework will relate to the Global Fund funding model. The issue of innovative funding mechanisms received broad discussion, with the Board encouraging UNAIDS to continue its efforts to promote innovative funding approaches including transaction financial taxes. Furthermore, the Board welcomed UNAIDS' leadership in promoting the Shared Responsibility and Global Solidarity agenda, underscoring the importance of national ownership of AIDS responses and continued international assistance.
29. The Board expressed its appreciation of UNAIDS' efforts in strengthening the role of young people in the global AIDS response. The Board encouraged UNAIDS to continue its work in mobilizing young people and in particular take forward, expeditiously, the recommendations made by young people worldwide as part of CrowdOutAIDS. It was suggested that UNAIDS should present an update on its work with young people at forthcoming Programme Coordinating Board meetings in 2013.
30. The Executive Director, in response to several issues raised, thanked the Board for its critical and constructive discussion and debate. On strategic investments, the Executive Director emphasized that when resources are targeted, the results speak for themselves, citing lower mortality rates in many countries. However, the Executive Director cautioned that not enough is being done to address vulnerable and key affected populations and questioned that why after 30 years the situation remains largely unchanged. The Executive Director welcomed the discussion on HIV prevention and called on countries to implement the full HIV prevention package, including antiretroviral treatment scale up, to make the most advances in getting to zero new HIV infections.

#### **1.4 LEADERSHIP IN THE AIDS RESPONSE**

31. Dr Richard Horton, Editor-in Chief of *The Lancet*, was invited to present his thoughts on health and the Post-2015 development agenda.
32. Dr Horton briefly analysed the current global health and development landscape, commenting that many of today's decision-making structures are frequently locked in a state of paralysis largely due to new global governance dynamics. On HIV, Dr Horton highlighted that while 2012 represented a year of results, the epidemic is far from over and the future of AIDS is not immune from the political and financial uncertainties experienced worldwide.



33. Notwithstanding, Dr Horton shared his optimism for the AIDS response and its role in the Post-2015 era, emphasizing that an exceptional coalition will be required to take the debate forward until 2015. Dr Horton stated that AIDS occupies a unique place in the history of health and, in many ways, the AIDS response has “created” the concept and practice of global health—mainly due to the fact that AIDS forged the greatest civil society movement of the past half century. He further reflected that the AIDS community holds within it the possibility of creating an unprecedented coalition to transform global health politically and programmatically beyond 2015. He further argued that UNAIDS specifically has legitimacy, leadership, influence, and a track record of success to be the catalyst for this coalition. With regard to the UNAIDS/Lancet partnership, Dr Horton shared that the Commission will aim to construct a new narrative on global health and explore how the AIDS movement can revitalize the global health agenda.
34. The Board welcomed Dr Horton’s intervention and thanked him for his thought-provoking assessment of the AIDS response in relation to the Post-2015 debate. The Board echoed Dr Horton’s assessment on the importance of a broad coalition, chartered by UNAIDS, to ensure that the Post-2015 development agenda capitalizes on the AIDS response and movement. It was also widely viewed that the UNAIDS/Lancet Commission could help to unite the range of stakeholders in the global response and beyond.

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

35. The Board received a report on the mid-term review on the implementation of the *Agenda for accelerated country action for women, girls, gender equality and HIV* (UNAIDS/PCB (31)/12.CRP.4). Before the findings of the mid-term review were presented, the Executive Director of UN Women, Ms Michelle Bachelet, opened the session by expressing her thanks to the Board for having approved UN Women as a UNAIDS Cosponsor. Ms Bachelet continued by sharing with the Board the importance of gender equality in combating HIV and the commitment of UN Women to deliver as ‘one’ for women worldwide.
36. Ms Bachelet continued by summarizing three main findings of the mid-term review of the Agenda for Women, Girls, Gender Equality and HIV:
1. Need for disaggregated data collection by gender and age, as such information will help improve how the UNAIDS family and countries respond to the needs of women and girls;
  2. Scale up of effective, evidence-based strategies that work. Ms Bachelet underscored that women must have the right to a life free of violence and access to sexual and reproductive health information and resources; and
  3. Full empowerment of women in the AIDS response. Ms Bachelet stressed that women’s engagement must be systematic, underscoring that the mid-term review of the UNAIDS Agenda for Women and Girls (the Agenda) shows concerted efforts are being made to promote and facilitate women’s involvement.
37. Ms Mariângela Simão, Director of the Rights, Gender and Community Mobilization Department at UNAIDS, presented a summary of the mid-term review. Ms Simão started by thanking all of the partners that were involved in the review and for their invaluable contributions and continued by highlighting why the Agenda exists, stating some of the key statistics related to HIV and women and girls. Ms Simão proceeded to present an overview of the progress to date on the Agenda—90 countries have

implemented the Agenda since its global launch in 2010—based on the workings of the mid-term review, which took place from August to November 2012.

38. Ms Simão continued by stating the mid-term review shows that many countries have accelerated action for women, girls, gender equality and HIV, with demonstrated progress in 60% of countries, particularly in translating political commitments into scaled-up action. While 10% of countries remained the same, 30% of countries regressed. Ms Simão noted that more progress was made in the UNAIDS high-impact countries than in other countries to strengthen gender equality in the AIDS response. However, in countries that have already seen significant advancement for women and girls, the usefulness of the Agenda has been limited. Ms Simão stated the mid-term review also revealed how the Agenda is used by countries to guide partners, including civil society, parliamentarians, women from key populations, etc., in defining goals and rallying all stakeholders around a common platform.
39. Ms Simão outlined some of initial lessons learned through the mid-term review including the common elements for success: strong political commitment from government; an active and engaged civil society; and adequate financial resources and technical support from UNAIDS. Ms Simão noted that the Agenda triggered several political actions through a number of important consultations such as in relation to the 2011 Political Declaration on HIV/AIDS, the UN Security Council Resolution 1983, and the creation of the GlobalPOWER Women Network Africa.
40. Ms Simão presented the Board with six challenges highlighted in the mid-term review:
  1. Inadequate funding to operationalize the Agenda at country level, particularly for networks of women living with HIV and women's rights group and in sub-Saharan Africa and Asia-Pacific where there is insufficient gender-sensitive budgeting;
  2. Mixed political commitment for gender-transformative AIDS responses across countries and regions;
  3. Insufficient coordination, in particular at the country level, involving all stakeholders;
  4. Gender not fully integrated in monitoring and evaluation systems and inconsistency in knowing the epidemic from a gender perspective;
  5. Technical support generally meets quality standards but does not always deliver results; and
  6. Unsystematic and irregular meaningful involvement and inclusion of women at all levels.
41. Ms Simão concluded her presentation by highlighting the necessary steps needed to take the Agenda forward in countries, underscoring the need for: gender-transformative AIDS responses; people-centred approaches, tailored to the gender-specific needs of women, men and transgender populations; and inclusiveness and equity to address the gender barriers to services, especially for women and girls living with HIV and key populations. Ms Simão reminded the Board that the Agenda is for all stakeholders and Members should work through the different constituencies to increase engagement around it and the Joint Programme's overarching work on women and girls.
42. The Board received four additional presentations to showcase country-level perspectives on the implementation of the Agenda: one from Djibouti, represented by Mr Ahmed Saad Sultan, President of the Country Coordinating Mechanism (CCM), Ministry of Health, two from Rwanda, represented by Ms Florida Mutamuliza,

Rwanda Biomedical Center, Ms Uwimpuhwe Sidonie, the Rwandan National AIDS Commission and one from Guatemala, Ms Johana Esmeralda Ramírez representing OTRANS Reinas de la Noche, a network of transgender women.

43. Mr Saad Sultan started by presenting an overview of the HIV epidemic in Djibouti followed by key points related to the roll out of the Agenda in the country. Mr Saad Sultan highlighted several positive outcomes and developments since its launch in 2011 including: the collection of strategic information on gender and HIV; high-level political engagement on the issue of gender and HIV; increased participation of women in several of the country's key national HIV and health-related entities and decision-making organizations, such as the CCM; and improved access to HIV prevention, treatment, care and support services, including for women living with HIV and sex workers. Despite these results, Mr Saad Sultan outlined several major challenges that are present in Djibouti: the social and cultural contexts that pose barriers to providing women with HIV services; a drop in donor funding; and the limited capacity of the country's civil society organizations to take interventions to scale.
44. In her presentation, Ms Mutamuliza of the Rwanda Biomedical Center outlined the key points of the Agenda's launch in Rwanda and the results captured to date, including: accelerated consideration of gender issues in the national AIDS response; enhanced capacity of key stakeholders on mainstreaming gender in HIV programming; a strengthened data collection system; and the use of gender and HIV data from both national and decentralized levels to inform the next National Strategic Plan being developed. Ms Mutamuliza outlined two main challenges encountered in implementing the Agenda, namely funding, as the implementation of Agenda-related activities do not have a specific budget line, and the barriers presented by certain cultural norms and practices that continue to impede the full engagement of women and men in HIV and reproductive health services.
45. Representing the civil society perspective in Rwanda, Ms Sidonie shared that, thanks to the Agenda's implementation, civil society organizations perceive an increased awareness among key stakeholders of the specific needs of women and girls in the context of HIV, as well as their responsibilities to tailor the AIDS response accordingly. Ms Sidonie cited the most notable area of success has been with the national network of people living with HIV. The network is being restructured to integrate the involvement of women, men and youth, and a gender desk was created within the network's executive Secretariat. Furthermore, Ms Sidonie explained that women living with HIV and girls are provided with more space to advocate for their rights, and staff of civil society organizations is trained on mainstreaming gender and human rights in their plans.
46. Ms Sidonie highlighted several challenges, including: securing a seat for HIV-positive women and girls in the CCM as voting members; inadequate service provision of safe homes for victims of gender-based violence and girl-friendly sexual and reproductive health services; and underlying gender inequalities linked to social and culture norms. Going forward, Ms Sidonie stressed the importance of continued advocacy for the meaningful engagement of women and girls within the key decision-making entities; provision of women and girl-friendly services; increased funding for women and girls; and strengthened coordination mechanisms of gender and HIV interventions.
47. Ms Johana Ramirez of OTRANS Reinas de la Noche presented the perspective and experiences of transgender women with regard to gender-based violence and HIV.

Ms Ramirez shared the legal barriers to access to health services caused by non-recognition of her changed gender and name. She expressed her appreciation for UNAIDS work on the Agenda which gave transgender persons the opportunity to dialogue with government, for the first time, and improve access to HIV-related services.

48. The Board took note of the report of the mid-term review of the Agenda, and welcomed the progress that was presented by stakeholders, particularly in building political commitment, strengthening the gender sensitivity of AIDS responses and meaningfully engaging women, girls and other stakeholders in the Agenda.
49. However, the Board expressed concern over the lack of country-level coordination of the Agenda that was identified through the mid-term review. Several examples were cited of different stakeholders being approached for funding of similar activities at country-level. To remedy this issue, it was felt that UNAIDS should play a greater role in providing support to countries and their relevant stakeholders in facilitating the Agenda's implementation and to increase mechanisms for more rigorous monitoring and evaluation of gender and HIV programmes. The Board encouraged UNAIDS to share more details on the greater involvement of UN Women in the Agenda and its role in implementation.
50. There was consensus over the need for UNAIDS to provide guidance to countries and stakeholders on the implementation of the recommendations outlined in the mid-term review. It was also identified that UNAIDS should provide a more strategic analysis of the Agenda's progress, so that future assessments could more accurately analyze results and progress against a set of measurable indicators. It was expressed that the mid-term review revealed how the progress presented through the exercise was difficult to link to the implementation of the Agenda.
51. The Board recognized the challenge of sustained funding for women, girls, gender equality and HIV, as well as funding to support civil society organizations working on women and gender issues, such as networks of women living with HIV and women from key populations. The Board underscored the importance of a continued strategic investment approach to gender and HIV and requested UNAIDS to ensure that future guidance and documentation related to strategic investment would have gender equality as an integrated, cross-cutting issue.
52. The Board identified the issue of insufficient data on gender and HIV as an urgent challenge to be addressed, as the lack of disaggregated data, in particular by sex and age, continues to impede countries' efforts in targeting their interventions in the most effective and efficient manner possible. This was cited as particularly acute for women of key affected populations.
53. In the response to the points raised by the Board, Ms Bachelet thanked the Members for their comments and summarized remarks into three main, overarching points: gender-responsive budgets; data on gender and HIV; and gender equality. Ms Bachelet shared with the Board the initiative that UN Women has steered to promote gender equality and women's empowerment across the UN System, through the implementation of the UN System-wide Action Plan (SWAP). The UN family now has a set of common indicators with which to measure progress in its gender-related work, including the mainstreaming of the gender perspective across all its operations.

54. Speaking on behalf of UNDP and UNFPA, Ms Mandeep Dhaliwal, Director of UNDP's HIV, Health and Development Department, welcomed UN Women as a co-convenor on the Agenda, and recognized the need to improve coordination to achieve its goals, linked to the Unified Budget, Results and Accountability Framework (UBRAF), with robust civil society participation. Ms Dhaliwal concluded by stating that efforts to advance human rights for women and girls are central to the Post-2015 development agenda process.
55. As there were a wide range of views and responses with regard to the gender-sensitivity agenda item, and the related recommendations, notably the request for clarification on terminology employed, such as 'harmful gender norms', 'transformative gender response' and 'women from key populations', the Chair referred the recommendations to the drafting group.
56. When discussion returned in plenary to approve the recommendations and decision points related to gender-sensitivity, which took place on Wednesday afternoon, 12 December, the Chair noted that the drafting group had made a concerted effort to clarify the language used in the recommendations and decision points and, where possible, made references to previously agreed-upon terminology and expressions in past Programme Coordinating Board documents. However, there was continued disagreement among Board Members on the use of certain language related to the agenda item on gender-sensitivity, and the Chair decided to refer the recommendations and decision points to the drafting group. In response, concern was expressed over the return to the drafting group, following what was viewed by many Members as a common position on the newly agreed-upon language. In response, the Executive Director encouraged the Board to remain focused and refrain from getting distracted on language and terminology which result in little impact to the communities affected by HIV. Notwithstanding, the recommendations were referred to the drafting group for further clarification.
57. Following the range of views, comments and suggestions raised and answers provided, the Board approved the decision points related to *Agenda item 2: Gender-sensitivity of AIDS responses* with three footnotes: two linked to the Chair's decision to incorporate the clarifications requested by the Board with regard to terminology employed in the agenda item and one stating that two Member States elected to disassociate themselves from certain decision points.

### **3. STRATEGIC INVESTMENT**

58. Mr Bernhard Schwartländer, Director for Evidence, Strategy and Results at UNAIDS, presented the Board with a progress report on strategic investments at the country level (UNAIDS/PCB (31)/12.9). Mr Schwartländer provided a brief background on the agenda item, recalling the Board decision at the 30th meeting of the Programme Coordinating Board requesting the UNAIDS Secretariat to report on the experiences of countries in applying strategic investment approaches, and welcomed the presence of country representatives from Cambodia and South Africa to present case studies on implementing the strategic investment approach.
59. In referencing the main highlights of the progress report, which drew on information from 29 countries, Mr Schwartländer shared that countries are taking significant steps to apply the strategic investment approach in their national planning and programming, and UNAIDS is proactively documenting and sharing their experiences to promote joint learning and South-South collaboration and exchange. Mr Schwartländer briefly summarized the four components of the Strategic

Investment tool—*Understand, Design, Deliver and Sustain*—and commented that the investment thinking approach aims to maximize investments, while building on countries' existing national strategies and resources. Mr Schwartländer continued by stating that although most countries 'know their epidemic', the Strategic Investment approach encourages countries to pursue a greater focus and seek for immediate gains in curbing the spread of HIV, while systematically improving the response based on new epidemiological evidence as it becomes available.

60. To provide the Board with a succinct picture of country progress in applying the strategic investment approach, Mr Schwartländer elaborated on several country examples in relation to the four steps of the approach. As stakeholder consultations at all levels are central to the investment approach, Mr Schwartländer summarized some of the key consultations that have been held over recent months in sub-Saharan Africa, Latin America, the Caribbean and Asia, underscoring how decision-making on resource allocation is a multi-stakeholder process and that countries are taking decisions toward more fully-optimized responses.
61. Mr Schwartländer outlined two challenges identified in the progress report: first, measuring critical enablers, which have proven to be difficult to quantify and are highly context-specific, in particular those related to gender and human rights; and second, engaging civil society at the global, regional and national level. Mr Schwartländer noted the limitations in dedicated funding for civil society, the structural barriers present in some settings that undermine full engagement, and the sometimes uneven representation and participation in national dialogues.
62. Mr Schwartländer concluded by highlighting the main priorities the UNAIDS Secretariat will undertake to provide more strategic support to countries. This included: the release of a four-step toolkit; support to countries in the transition and learning phase of the Global Fund's new funding model, as well as support in grant renewals and reprogramming, based on strategic investment opportunities; and further guidance on 'unpacking' critical enablers, including attention to measurement challenges. Mr Schwartländer concluded by sharing that a concentrated effort would be carried out by the UNAIDS Secretariat to align the investment thinking approach to the targets of the 2011 Political Declaration on HIV/AIDS.
63. Dr Yogan Pillay, Deputy Director General with the South African Department of Health, presented the first country case study of applying the strategic investment approach. Dr Pillay began his presentation by providing an overview of South Africa's HIV epidemic and the many significant results experienced in recent years, mainly through the massive scale up of antiretroviral treatment, HIV testing, condom promotion, medical male circumcision and eMTCT. Dr Pillay continued by highlighting the numerous challenges faced by South Africa as it responds to the world's largest HIV epidemic, encompassing 5.6 million people living with HIV. Dr Pillay then shared South Africa's experience using the strategic investment approach by providing examples, paired to the national context, for each of the four steps. Dr Pillay concluded his presentation by providing an overview of the main areas where the South Africa government will continue to invest in the coming years, including: strengthening its strategic information systems; focusing on human rights, gender equality and community involvement; fostering deeper integration of HIV and tuberculosis; forging new partnerships with the private sector and civil society; and boosting country ownership and searching for innovative ways to sustain an effective AIDS response. Dr Pillay concluded his presentation by thanking UNAIDS for its support to South Africa in moving toward the three zeros.

64. The second country case study focused on applying the strategic investment approach in Cambodia and was presented by Dr Mean Chhi Vun, Director of the National Center for HIV/AIDS, Dermatology and STD, and Dr Oum Sopheap, Executive Director of the Khmer HIV/AIDS NGO Alliance. Dr Chhi Vun gave an overview of Cambodia's HIV epidemic and trends, as well as key data related to the number of people on antiretroviral treatment and total spending on HIV by financing sources. Dr Chhi Vun noted the steps the country has taken to implement the strategic investment approach, outlining the various initiatives undertaken to secure support from key stakeholders.
65. Speaking from the civil society perspective, Dr Sopheap spoke to Cambodia's experience in employing community-based models of service delivery, highlighting that every US\$ 1 invested generated a return of US\$ 2 of social, health and economic value. Dr Sopheap stated that this cost-benefit analysis has helped to position community-based service delivery as an effective and efficient approach to inform policy and programme decisions.
66. Dr Chhi Vun continued by introducing the next phase of the country's AIDS response, 'Cambodia 3.0', that aims to achieve a significant reduction in HIV incidence, among other objectives, by 2020. Dr Chhi Vun noted that this new strategy is underpinned by the rationale of 'doing more and better with less' and scaling up priority interventions and innovation, including the strengthening of critical enablers. Dr Chhi Vun concluded the presentation by summarizing Cambodia's next steps in implementing its new strategy.
67. The Board took note of a progress report on the strategic investment approach and expressed its appreciation of the two country case study presentations by the representatives of South Africa and Cambodia which showed how leadership, political support and meaningful collaboration among key stakeholders can lead to significant programmatic results.
68. The Board underscored the importance—and role—of UNAIDS' leadership in driving forward the approach to strategic investment, notably in providing countries with the necessary guidance and tools to apply investment thinking at the country level. In response, the Board called on UNAIDS to intensify its technical support to countries in using strategic investment tools to strengthen the prioritization of resources and improve the effectiveness of national responses. The Board also noted the need for systematic monitoring and reporting on the strategic investment approach and requested UNAIDS to provide updates on the support given to countries as part of its regular reporting through the UBRAF.
69. Questions were raised regarding the strategic investment approach and the Global Fund new funding model, with many Members requesting UNAIDS to provide information on how the two will be aligned, mutually informed and employed in countries. Some Members highlighted the importance of innovative financing mechanisms, as well as support to trade-related mechanisms to improve access to HIV-related commodities, such as antiretroviral treatment.
70. Several Members highlighted the importance of strengthening the role of civil society in the investment approach, as well as the provision of clear guidance to countries on 'unpacking' the critical enablers to ensure they are appropriately applied and receive adequate funding and prioritization. It was also expressed that countries, in the pursuit of cost effectiveness, should not overlook vulnerable and key affected populations and the protection of human rights.

71. In response to the questions and comments raised by the Board, Mr Schwartländer captured the main concerns expressed. On the issue of critical enablers, Mr Schwartländer stressed their centrality in bringing core HIV programme component to scale and emphasized that they must be applied in the national context. The tools being developed by the UNAIDS Secretariat aim to support the application of strategic investment thinking through attention to all components of the approach, including basic programmes and critical enablers, at country level in order to achieve the most efficient and effective investments. On the Global Fund new funding approach, Mr Schwartländer shared that the inputs provided by the Board are invaluable and discussions will continue to ensure the UNAIDS Secretariat can bring the issues and concerns raised to the Global Fund's Strategic Investment and Impact Committee.
72. Mr Schwartländer then invited the representatives of South Africa and Cambodia to provide their remarks to the issues highlighted. The representatives reiterated that their experiences demonstrate the value of the investment thinking approach, but they underlined that each country is different and therefore must apply an approach that works best in the national context.
73. The Executive Director stated that the discussions on strategic investment represent one of the most important sessions during the Programme Coordinating Board, noting he was encouraged with the progress shared by South Africa and Cambodia and the comments from Members. On the issue of improved coordination and support, the Executive Director called on the representative from the World Bank to share an update on its efforts to support countries in using investments more strategically. In response, Mr David Wilson, Director of the World Bank's Global HIV/AIDS Program, stated the World Bank is working with countries, on a case-by-case basis, to find the best financing case examples. Mr Wilson said that in addition to investment plans, greater emphasis must be placed on improving programme implementation and service delivery and on engaging more strategically with Ministers of Finance so they better understand the investment case for HIV programmes.
74. Mr Craig McClure, Chief of UNICEF's HIV/AIDS Section, shared with the Board UNICEF's work in applying the investment approach for adolescent HIV programming, including adolescent girls and boys and key affected populations. Mr McClure then restated UNICEF's commitment to continue supporting the other Cosponsors, the UNAIDS Secretariat, civil society and governments in implementing the strategic investment approach.

#### **4. COMBINATION PREVENTION: FOLLOW UP TO THE THEMATIC SEGMENT FROM THE 30<sup>TH</sup> PROGRAMME COORDINATING BOARD MEETING**

75. The Board received a report on the outcomes of the thematic segment from the 30th Programme Coordinating Board meeting, entitled "*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*" (UNAIDS/PCB(31)/12.18). The report described how, during the thematic segment, participants examined in detail the value of combination prevention programmes and their components (biomedical, behavioural and structural) from different perspectives, including lessons learned from country experiences.



76. Mr Michael Bartos, Chief, a.i., Science for Action at UNAIDS, presented key conclusions from the thematic segment: the overarching need for enhanced HIV prevention efforts directed at reducing exposure, infectiousness and susceptibility; the continued importance of 'knowing your epidemic and response' and the programming challenges in scale-up, galvanizing communities, setting priorities, reaching young people, and addressing HIV and other Sexually Transmitted Infections (STIs) coinfections; and support for responses that combine biomedical, behavioural and structural approaches to HIV prevention. Mr Bartos continued by presenting four key areas for follow up action, namely: closing the gap in adopting innovation, for example, tracking incidence, as well as new prevention strategies such as Pre-Exposure Prophylaxis (PrEP) preparedness and microbicides; maximizing HIV treatment's benefits in preventing HIV; influencing behaviour change; and reminding countries that combination prevention is central to meeting the targets of the 2011 Political Declaration on HIV/AIDS. Mr Bartos concluded by outlining how the draft decision points presented to the Board support the above-mentioned follow up areas.
77. The Board took note of the report and expressed support for UNAIDS' focus on combination prevention, citing the importance of continued emphasis on biomedical, behavioural and structural approaches to prevention as a significant part of the global strategy to reach zero new HIV infections. Several Members raised the point that despite the recent scientific breakthroughs and growing evidence around treatment for prevention, the prevailing view is that the world cannot treat its way out of the HIV epidemic and more action is required to scale up prevention efforts globally and in particular for vulnerable and key affected populations. Behaviour-change programmes were also cited as central components to effective HIV prevention interventions, with several Members calling for better methods to assess the impact of behaviour-change programming as part of efforts to scale up effective, evidence-based responses.
78. While the Board welcomed developments surrounding treatment for prevention, there was concern expressed among Members in relation to several key aspects, including the balance between sexual and behavioural responses and funding accessibility. On the latter point, it was highlighted that countries need to better understand the cost implications of scaling up antiretroviral therapy for prevention in resource-limited settings, especially in view of the fact that many countries have yet to meet the Universal Access target for HIV treatment and that treatment adherence is a growing concern. On the issue of access, several Members stated that providing treatment to people not infected with HIV as a preventative measure raises many ethical questions given the millions of HIV-positive people worldwide who are waiting for access to antiretrovirals. Concern was also expressed over the growing treatment gap in many regions of the world, with several countries lagging behind.
79. It was also pointed out by some countries that the special situation of "concentrated epidemics" and of low prevalence countries need to be kept in mind and a "one size fit all" approach has to be avoided. These are situations which may not warrant combination prevention. The HPTN 052 trials show different responses in different countries, highlighting the need for country specific strategies. Some delegations also suggested that use of treatment by people who are not HIV positive and who are non-symptomatic could lead to problems of drug adherence and consequential drug resistance and may also lead to decrease in condom usage as people could tend to rely on ARVs. It was proposed that it would be important to examine the impact and cost effectiveness of such interventions in different epidemic settings, tailored to specific populations.

80. Funding for HIV prevention programmes was cited as an increasingly urgent issue, with many Members, including those from resource-limited settings, underscoring the need for greater investments in proven, cost-effective approaches that can be taken to scale. While more countries are increasing their own share of investments for HIV, it was felt that donor assistance will continue to be required to scale up HIV prevention and treatment programmes.
81. In light of the rapidly growing developments in combination prevention, several Members raised the need for UNAIDS to provide clarity and standardized definitions on the variety of prevention interventions and their respective applications. This was viewed as an essential tool to assist countries in their prevention work.
82. Mr Bartos acknowledged the comments from the Board and provided clarifications on several of the key issues raised. In terms of standardized definitions of HIV prevention, the UNAIDS Secretariat aimed to release a glossary of prevention definitions shortly, to ensure all stakeholders have a common understanding of key terminology. On the issue of evaluating behaviour-change programming, the UNAIDS Secretariat would address that within the Monitoring and Evaluation Reference Group (MERG).

## **5. REVIEW OF NGO/CIVIL SOCIETY PARTICIPATION IN THE PCB**

83. The Board took note of the report of the independent consultant, *Results of the Review of NGO/Civil Society participation in the Programme Coordinating Board* (UNAIDS/PCB (31)/12.21), and recognized the important contribution of civil society to the Board and in the global response to HIV.
84. Ms Ebony Johnson, representing the International Community of Women Living with HIV/AIDS and speaking on behalf of the NGO Programme Coordinating Board Delegation, presented a summary of the report. Ms Johnson started by providing a brief background on the agenda item, recalling the Board decision at the 20th meeting of the Programme Coordinating Board to review, within no more than five years, the participation of the NGO Programme Coordinating Board Delegation to the Board. Ms Johnson outlined the purpose of the review, namely to assess the NGO Delegation's participation in and contribution to the Board for the period 2007-2012 and to provide forward-looking recommendations for increasing the engagement and impact of civil society in the Board. Ms Johnson summarized the methodology used to prepare the report and highlighted the key figures related to the different qualitative research methods employed, including 33 stakeholder interviews, 6 focus group discussions, an e-survey among wider civil society, which received 318 responses, a desk review of more than 70 documents about UNAIDS, the Programme Coordinating Board and the NGO Delegation, and an assessment of internal NGO Delegation communication.
85. Ms Johnson proceeded by highlighting the review's nine conclusions: 1) civil society participation continues to be universally welcomed as an important principle and valued asset of the Board, bringing a value-added to UNAIDS governance and providing a platform for the voices of people living with and affected by HIV to be heard; 2) civil society participation has maintained a high profile on the Programme Coordinating Board agenda with several decision points—notably at the 20th, 23rd and 25th Meetings—remaining valid; 3) the NGO Delegation has developed a stronger identity, with a strategy focused on championing the rights and needs of people living with HIV and key affected communities; 4) the NGO Delegation plays a

vital watchdog role, monitoring and, as necessary, pushing issues and agenda items of relevance to civil society that risk slipping off the agenda; 5) the NGO Delegation has made an increasingly important contribution to the overall strategic and administrative frameworks of UNAIDS; 6) the NGO Delegation has significantly improved the scale, quality and, ultimately, influence of its work, reflecting both the commitment of its members and the work of the Communications Facility; 7) aspects of the NGO Delegation's work still need further development, notably outreach and accountability to wider regional civil society and some key constituencies; 8) the NGO Delegation has a more difficult, but also more crucial role than ever within the changing and challenging environment for HIV, and it must take proactive and strategic action to meet that challenge and play a catalytic and leadership role within the Programme Coordinating Board ; and 9) the NGO Delegation needs to strengthen its strategic partnerships with other leaders in civil society, both within and external to the HIV field. Ms Johnson concluded by stating that the agenda item's decision points are for all stakeholders in the Programme Coordinating Board and do not require additional financial resources.

86. The Board expressed widespread appreciation of the contributions of the NGO Delegation and in ensuring the credibility of the global AIDS response. There was common agreement on the importance of the NGO Delegation to strengthen its partnerships with other civil society groups active in the response to HIV, tuberculosis, malaria and other HIV coinfections—one example given was fostering closer ties with delegations to the Global Fund Board.
87. The Board noted that initiatives undertaken to strengthen the work and capacity of the NGO Delegation in fulfilling its function have been successful and should be continued. Some Members stated the Communications Facility represents a sound investment that has increased the effectiveness of the NGO Delegation, especially in maintaining communications during inter-sessional periods.
88. Several Members shared their efforts to increase the involvement of civil society representatives in country delegations, and some highlighted the financial constraints experienced when attempting to add more delegates to country delegations. Another Member cautioned that a conflict of roles could emerge when a civil society representative is a member of a country delegation that represents several other countries working together. It was also expressed that civil society and country delegations should engage more systematically with each other, in particular during inter-sessional periods, to increase accountability and transparency.
89. Following the statements made by the Board, the NGO Delegation delivered its response to the report of the independent consultant, read by Mr Attapon Ed Ngosksin, representing NGOs Asia and Pacific. The NGO Delegation welcomed the review of NGO/civil society participation in the Programme Coordinating Board and expressed its appreciation to all participants who contributed to the review process, especially the independent consultant who compiled the report. The NGO Delegation noted with satisfaction that the report highlighted that civil society participation in the Board continues to be universally welcomed and generally seen as an important principle and asset to the Board. The NGO Delegation was pleased that the report acknowledged the Communications Facility as an integral component to the effectiveness of its work, and was encouraged that the NGO Delegation is seen as making an increasingly important contribution to the overall strategic, administrative and accountability frameworks of UNAIDS.

90. The NGO Delegation proceeded by reaffirming its commitment to continue raising issues of concern for its constituents and promoting the centrality of human rights based approaches in the design of policy, programmes and interventions. The NGO Delegation highlighted the challenging balancing act it must strike when taking forward positions that are viewed by some delegations as too controversial yet too flexible by its own constituents. The NGO Delegation recognized the efforts made by countries that have been proactive in engaging NGO representation in their country delegations and encouraging other countries to do the same.
91. As recommended in the report, the NGO Delegation endorsed the need to finalize and incorporate an indicator for civil society involvement in the UBRAF to serve as a measurable standard for civil society engagement and increase the accountability of the Joint Programme.
92. In response to the remarks made by the Board and the NGO Delegation, the UNAIDS Executive Director acknowledged the work and commitment of civil society, stressing that in the current era, with less trust between leaders and citizens, the role of civil society will become more important. The Executive Director requested the Board to ensure that the diversity represented on the Programme Coordinating Board continues and non-governmental organizations are supported to play an even greater role in the future. The Executive Director concluded by thanking the NGO Delegation for promoting human-oriented strategies and speaking out and on behalf of vulnerable and key affected populations.
93. Following a brief discussion during which Members presented revised text to the agenda item's decision points, namely the removal of the word "induction" and language referencing the engagement of civil society in national delegations and the Post-2015 agenda, the Board approved the agenda item's decisions.

## **6. MONITORING AND EVALUATION REFERENCE GROUP (MERG)**

94. Mr Schwartländer of UNAIDS presented the report on developments concerning the Monitoring and Evaluation Reference Group (MERG), as requested at the 30th meeting of the Programme Coordinating Board (UNAIDS/PCB (31)/12.22). Mr Schwartländer provided an overview of the history of the MERG and expanded on its role in guiding UNAIDS' monitoring and evaluation (M&E) work, in particular the development of indicators, UNGASS monitoring and M&E guidance. Mr Schwartländer gave context to the external assessment, conducted by the consultancy firm Ernest and Young in 2011, which set out to determine if the MERG was 'fit-for-purpose'.
95. Based on the findings of the external assessment, the MERG structure was recommended to be reconstituted with a two-tier structure, consisting of a strategic advisory and decision-making body, and a pool of experts for M&E harmonization and coordination activities. The findings also called for the rotation of chair and vice-chair roles between MERG members, excluding UNAIDS and ex-officio members, to ensure a larger degree of independence, and to include the participation of Cosponsors through a link with and representation of the Cosponsor Evaluation Working Group.
96. Mr Schwartländer proceeded by summarizing the new MERG member selection process, describing the methods used to find candidates and listing the members on the selection review panel. The names of the new MERG members were presented, followed by an analysis of representation by gender, sector and geographic

distribution.

97. The newly reconstituted MERG held its first meeting on 19-21 November 2012 in Glion, Switzerland, where the chair and co-chairs were elected for the first two years. The MERG's vision and role were expanded and agreed upon at the meeting and several key priorities were identified by MERG members.
98. The Board took note of the report, welcomed the establishment of the new MERG and appreciated its more balanced membership. The Board also recognized the work of the former MERG and the role it played in harmonizing and systematizing the indicators used for global reporting.
99. The Board encouraged the new MERG to provide relevant updates on its work and recommendations to global M&E stakeholders. Several Members encouraged the MERG to engage regional coordination bodies and explore the development of regional cooperation on indicator development. Avoiding parallel monitoring, evaluation and reporting processes were also raised as a key consideration for the new MERG.
100. The NGO Delegation from North America welcomed the new MERG and its new focus on vulnerable and key affected populations, however it expressed its concern that the NGO Delegation or other organizations, such as the Global Network of People Living with HIV/AIDS (GNP+), were not involved in the member nomination process. The NGO Delegation called on the MERG to expand links with Core Working Group (CWG) of the NGO Delegation. The NGO Delegation ended its remarks by expressing its willingness to support the work of the MERG and the UNAIDS Secretariat as its host.

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

101. The Board agreed that the theme of the 33th Programme Coordinating Board meeting be "HIV and young people" and that the theme of "Strategic use of ARVs for treatment and prevention of HIV" be addressed by the Board in 2013 as a regular agenda item.
102. The Board agreed to request the Programme Coordinating Board Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 34th and 35th Programme Coordinating Board meetings, as necessary.
103. The proposed dates for the 36th (9-11 June 2015) and the 37th (8-10 December 2015) meetings of the Programme Coordinating Board were adopted.

## **8. ELECTION OF OFFICERS**

104. The Board elected India as Chair, Australia as Vice-Chair and Congo as Rapporteur for the period 1 January to 31 December 2013. The Board approved the new Programme Coordinating Board NGO delegation as follows: Europe: European AIDS Treatment Group, Former Yugoslav Republic of Macedonia and Eurasian Harm Reduction Network, Lithuania. North America: Housing Works, United States of America.
105. The representative of India thanked the Board for India's nomination as Chair and shared that India will take forward the work of the Board to the best of its abilities.

106. The representative of Congo congratulated India on its nomination as Chair and Australia as Vice-Chair. The representative also extended gratitude to the UNAIDS Executive Director for his visit to Brazzaville in October 2012 to meet with Congolese President Denis Sassou-Nguess.

## **9. ANY OTHER BUSINESS**

107. Mr Wilson of the World Bank thanked UNAIDS and the Executive Director for an exceptional 2012 and World AIDS Day, highlighting that his focus has shown the importance of leading from both the heart and the head. Mr Wilson shared that the UNAIDS Cosponsors look forward to supporting the UNAIDS/Lancet commission; the strategic investment framework; and the Shared Responsibility and Global Solidarity agenda, as outlined in the African Union Roadmap for AIDS, TB and Malaria . Mr Wilson concluded by thanking Poland for its hospitality during the year and welcomed India as incoming Chair.
108. The representative of Egypt, referring to the next day's Thematic Session, encouraged the Board to recall the remarks made by the UNAIDS Executive Director in the opening session, that the thematic session should provide a platform for debate and not for developing future decision points.

## **10. THEMATIC SEGMENT: NON-DISCRIMINATION**

109. For a comprehensive overview of country submissions and the background note for this segment, see the links under the heading 'Thematic Segment: Non-Discrimination' on the 31<sup>st</sup> Programme Coordinating Boards meetings archive page.
110. The third and final day of the Programme Coordinating Board was devoted to a thematic segment on Non-Discrimination, moderated by former BBC journalist Nisha Pillai. At the start, Ms Pillai challenged the participants to try and leave the day with at least one new idea about how to address HIV-related discrimination in their contexts.
111. The UNAIDS Executive Director opened by highlighting the importance of achieving zero discrimination. He stressed that the current approach to addressing discrimination is inadequate, and that the people who need to be reached by national AIDS responses the most are not coming forward because they fear discrimination, in all of its forms. He reminded participants that the work ahead—to reach all people on the margins of society and of the response—will not be easy, but that such work is critical to achieving the goal of zero discrimination, as well as zero new infections and zero AIDS-related deaths.
112. The Executive Director then welcomed Reverend MacDonald Sembereka from Malawi as the segment's keynote speaker. A civil and human rights activist living with HIV, Reverend MacDonald shared his personal struggles in dealing with discrimination and the impact it had on his life when he first discovered his status. He underscored the necessity of overcoming the prejudices that deny people access to services—biases and beliefs that people carry because of culture, religion and laws. Reverend MacDonald ended his keynote by reminding participants of the importance of being "on the right side of history" and ending discrimination once and for all.
113. Following Reverend Macdonald's keynote, Ms Pillai invited participants to engage in an open discussion on the response to HIV-related discrimination in different

sectors: health care, employment, education, justice and community.

114. For each sector (e.g. health care, employment, etc.), speakers provided compelling examples of both HIV-related discrimination and programmes and policies designed to reduce such discrimination. The following programmes, among others, were described:
- Behaviour-change initiatives in Egypt aimed at reducing HIV-related stigma and discrimination amongst healthcare workers.
  - A training programme for dentists in Germany to address the existing stigma against people living with HIV.
  - An awareness campaign in India to educate young people who use drugs on HIV prevention, as well as on HIV-related discrimination.
  - Kenya's HIV Equity Tribunal, which hears cases addressing HIV-related discrimination in the various sectors including workplace, education and travel.
  - A training programme in Norway to confront homophobia in schools, aimed at teachers and students, and to increase awareness and knowledge of sexual orientation issues.
  - An education programme in Ethiopia that aims to ensure a safe and non-discriminatory environment for children living with or affected by HIV.
  - Training of prison officials and prisoners in El Salvador to stop discrimination against people living with HIV and discrimination based on sexual orientation and gender identity.
  - A 2005 law passed in Togo to protect people living with HIV and uphold their rights.
  - The establishment of "Positive Clubs" in Iran to provide psychosocial and community support to people living with HIV.
  - Street theatre in Mali by a sex worker network to increase the acceptance of sex work in their community.
  - Media campaigns in France featuring well-known political personalities and celebrities that asked people to confront their own prejudices about people living with HIV.
115. In the afternoon session, participants discussed their experiences of integrating discrimination reduction programmes into national responses, funding non-discrimination programmes, and ensuring that people living with HIV are at the centre of efforts to reduce discrimination. On the topic of integration, one participant highlighted the importance of integrating such programmes into national responses, noting that concrete programming can demystify human rights and make them practicable.
116. On funding, several speakers noted the lack of and/or decrease in funding for civil society organizations that work on HIV and human rights issues, especially in view of the global financial crisis. One participant expressed the view that, while domestic investments for AIDS are increasing, funds are not necessarily being channeled to outspoken local organizations working on difficult issues and are critical of the government or its legal framework. Several other participants called on donors and countries to ensure that HIV-related discrimination reduction programmes receive the funding needed to carry out their important work. On the topic of putting people living with HIV at the center of non-discrimination efforts, one participant discussed the great impact that people living with HIV can have on reducing HIV-related discrimination by speaking out and educating others. She stated that people living with HIV can be powerful advocates for attitude and behavioural change and that they are the most valuable discrimination reduction resource that a country has.

One speaker, a transgender UNAIDS staff member, provided her story as an example of what can and should be done within institutions, including the UN, to reduce stigma based on gender identity and HIV status.

117. Following the rich exchange of experiences and examples, Mr Jonathan Cohen, the Co-Chair of the UNAIDS Reference Group on HIV and Human Rights, provided a summary of the day's proceedings. He noted the many stories shared by the Programme Coordinating Board participants about HIV-related discrimination and urged participants to take action against such discrimination. Building on the word "paradox", which was used by other participants in their remarks, Mr Cohen talked about the irony of the "discrimination paradox"—in that the more 'we talk about and reach consensus on discrimination, the less we seem to do about it'. He said that despite the existence of anti-discrimination laws, policies and programmes, the stories shared throughout the thematic segment demonstrate that discrimination continues to flourish in the context of HIV and is a harsh reality for people affected by it, and it also undermines the major investments put into the response by so many.
118. Mr Cohen ended his summary by referencing the upcoming September 2013 General Assembly meeting where the UN Secretary-General will report on progress in meeting the targets of the 2011 Political Declaration, which includes non-discrimination. He challenged participants to decide if the report will continue the 'discrimination paradox' or, instead, will result in achieving actual progress on the 'hardest zero'.
119. Deputy Executive Director Jan Beagle closed the thematic segment by stating that the thematic segment shows UNAIDS at its best—in its ability to bring together a diverse group of people to discuss a complex issue in an environment that promotes respect for varying views. Ms Beagle continued by stating that the discussions highlighted how no 'magic bullet' for discrimination exists and that a multitude of approaches is required.
120. Ms Beagle paid tribute to UN Plus for its work in raising awareness of discrimination in the workplace against people living with HIV within the UN system. On additional efforts within the UN, she referenced the Secretary-General's 11 December 2012 remarks on "Leadership in the Fight against Homophobia" in which he said the UN must lead on ending LGBT discrimination among its own staff and ensure its policies are protective, not discriminatory. She ended by reiterating UNAIDS' and its partners' commitment to ending all forms of HIV-related discrimination.
121. The theme of the next Programme Coordinating Board thematic segment will be HIV and young people.

## **11. CLOSING OF THE MEETING**

122. In closing, the Chair expressed his gratitude to the Board for its support and dedication. The Chair summarized the key themes and discussions that emerged during the PCB, from strategic investment and gender-sensitivity to improving cooperation with civil society to enhance their work. The Chair congratulated India, Australia and Congo on their new roles in 2013, and thanked the UNAIDS Secretariat for the support to the Chair. Mr Radziewicz-Winnicki concluded by wishing all colleagues who are retiring from their positions or finishing their mandates continued success in their personal and professional endeavours.



123. The 31st meeting of the UNAIDS Programme Coordinating Board made a number of decisions, recommendations and conclusions (Annex 2).

[Annexes follow]



## Annex 1

# UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB(31)/12.16.rev.1

Issue date: 05 December 2012

## THIRTY-FIRST MEETING

DATE: 11-13 December 2012

VENUE: Executive Board Room, WHO, Geneva

TIME: 09h00 - 12h30 | 14h00 - 18h00

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## Draft Annotated Agenda

### TUESDAY, 11 DECEMBER

#### 1. Opening

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

The Chair will provide the opening remarks to the 31<sup>st</sup> Programme Coordinating Board meeting.

##### 1.2 Consideration of the report of the thirtieth meeting

The report of the thirtieth Programme Coordinating Board meeting will be presented to the Board for adoption.

Document: UNAIDS/PCB (30)/12.15

##### 1.3 Report of the Executive Director

The Board will receive a written outline of the report by the Executive Director.  
Document: UNAIDS/PCB (31)/12.17

##### 1.4 Leadership in the AIDS Response

#### 2. Gender-sensitivity of AIDS responses

The Board will receive a mid-term review of implementation of the Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV (2010–2014) as requested at the 28<sup>th</sup> meeting.

Document: UNAIDS/PCB (31)/12.20

**3. Strategic investment**

The Board will receive a report on progress toward enhanced strategic investment at the country level as requested at the 29<sup>th</sup> meeting. Work in this area at country level will be illustrated using two country case studies.

Document: UNAIDS/PCB (31)/12.19

**4. Combination Prevention: Follow-up to the thematic segment from the 30<sup>th</sup> Programme Coordinating Board meeting**

The Board will receive a summary report on the 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 (31)/12.18

**WEDNESDAY, 12 DECEMBER**

**5. Review of NGO/Civil Society participation in the PCB**

The Board will receive a report on the NGO/Civil Society participation in the PCB (2007-2012) as requested at the 20<sup>th</sup> meeting.

Document: UNAIDS/PCB (31)/12.21

**6. Monitoring and Evaluation Reference Group (MERG)**

The Board will receive a report on development concerning the Monitoring and Evaluation Reference Group (MERG) as requested at the 30<sup>th</sup> meeting.

Document: UNAIDS/PCB (31)/12.22

**7. Next Programme Coordinating Board meetings**

The Board will be asked to agree the topic of the Thematic Segment for its 33<sup>rd</sup> meeting in December 2013.

Document: UNAIDS/PCB (31)/12.23

**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 (31)/12.24

**9. Any other business**

**THURSDAY, 13 DECEMBER**

**10. Thematic Segment: Non-Discrimination**

Document: UNAIDS/PCB (31)/12.25

**11. Closing of the meeting**



## Annex 2

17 December 2012

### **31<sup>st</sup> Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland 11-13 December 2012**

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

The UNAIDS Programme Coordinating Board,

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

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

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

1. *Adopts* the agenda;

#### **Agenda item 1.2: Consideration of the report of the thirtieth meeting**

2. *Takes note* of the report of the 30<sup>th</sup> meeting of the UNAIDS Programme Coordinating Board;

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

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

## Agenda item 2: Gender-sensitivity of AIDS responses<sup>1</sup>

- 4.1 *Takes note* of the report of the Mid-Term Review of the UNAIDS Agenda for Accelerated Country Action on Women, Girls, Gender Equality and HIV, and *appreciates* the progress made in the implementation of the UNAIDS Agenda for Women and Girls by stakeholders, particularly in building political commitment, strengthening the gender sensitivity of HIV responses and meaningfully engaging women, girls and other stakeholders;
- 4.2 *Requests* UNAIDS, in collaboration with Governments and relevant partners, to increase coordinated support to countries to assess HIV responses from a gender equality perspective with a view to inform planning, costing, budgeting and implementation of a gender transformative HIV response<sup>2</sup>, with the aim of full implementation of the UNAIDS Agenda for Women and Girls;
- 4.3 *Further requests* UNAIDS Secretariat and Cosponsors to implement the recommendations of the Mid-Term Review, including through reprogramming and reallocation of funds within the Unified Budget, Results and Accountability Framework; and through joint mobilization of additional resources, and ensure that the results are substantively reported, in particular on C3 and C4, through the Unified Budget, Results and Accountability Framework;
- 4.4 *Urges* UNAIDS, in collaboration with Governments and partners, to improve disaggregated data collection, in particular by sex and age, analysis and use; to more effectively measure progress towards a gender transformative approach to the HIV response;
- 4.5 *Welcomes* UNAIDS' efforts to strengthen collaboration with networks of Women Living with HIV, women from key populations<sup>3</sup>, women's rights and health organizations and groups of men and boys working for gender equality, and *requests* UNAIDS to work with governments to ensure that women, adolescent women and girls in all their diversity are meaningfully engaged in all stages of planning, implementation and monitoring and evaluation of HIV responses and related issues;
- 4.6 *Requests* UNAIDS and Member States to support countries to promote access to sustained funding for women, girls, gender equality and HIV, as well as funding for networks of Women Living with HIV, women's rights and health organisations, women from key populations and other civil society partners working towards gender transformative HIV responses, from a variety of sources, including through the Unified Budget, Results and Accountability Framework; and other

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

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

<sup>3</sup> 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'.

mechanisms such as the Global Fund, as part of shared responsibility and strategic investment;

- 4.7 *Further requests* UNAIDS to ensure that future guidance and documentation related to the strategic investment approach, including the suite of tools being developed for country use, has integrated gender equality as a cross-cutting issue;
- 4.8 *Requests* UNAIDS, Member States and civil society to promote and facilitate better linkages between HIV, gender equality, sexual and reproductive health and reproductive rights within the Post-2015 global development agenda, together with governments, women and girls living with HIV, women from key populations, women's health and rights organizations and other relevant stakeholders, to achieve improved health outcomes and uphold the human rights of women and girls in all their diversity;

### **Agenda item 3: Strategic investment**

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

### **Agenda item 4: Follow-up to the thematic segment from the 30<sup>th</sup> PCB meeting**

- 6.1 *Takes note* of the summary report of the Thematic Session on combination prevention;
- 6.2 *Calls* on UNAIDS, governments, civil society organisations and other development partners to increase the focus on all dimensions of evidence-based combination prevention;
- 6.3 *Calls* on governments to work with research institutions in public and private sectors, and with civil society, especially people living with and affected by HIV, to identify and address the key barriers – in particular the human resource and systems' weaknesses– to the implementation of evidence based and country specific existing prevention technologies;
- 6.4 *Further calls* for all national and international AIDS responses to be guided by the most up to date evidence of impact and effectiveness, including the use in all

settings of validated estimates of HIV incidence through the best available methods;

- 6.5 *Notes* with concern that a substantial number of People Living with HIV are unable to access or remain in fully effective treatment and care, as shown by analyses of the treatment cascade and *calls* for urgent steps to keep people alive with the highest attainable standard of health and to stop new infections;
- 6.6 *Requests* UNAIDS to work with governments, together with research and implementing partners, to refine methods to assess the impact of behavior-change programming in order to ensure the greatest impact and value-for-money;
- 6.7 *Takes note* of the HIV prevention goals and targets adopted in the 2011 UN General Assembly Political Declaration on HIV and AIDS which calls on governments, programme managers, donors, civil society and all stakeholders to support and extend the reach of efficient, ethical, and evidence-based epidemiologically appropriate comprehensive prevention efforts;
- 6.8 *Encourages* governments to promote investments in research and development as appropriate and the availability of new and affordable prevention technologies;
- 6.9 *Calls* upon UNAIDS to foster further research regarding public health and HIV prevention impact, ethical aspects, and cost effectiveness of Pre-Exposure Prophylaxis (PrEP) and treatment as prevention in different epidemic settings;

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

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

development initiatives; to strengthen its accountability and outreach to wider civil society in countries and regions; and to explore cost effective approaches to build capacity and ensure the institutional memory within the NGO Delegation;

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

8. *Takes note of the report;*

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

- 9.1 *Agrees* that the theme for the 33rd Programme Coordinating Board meeting be “HIV and young people” and that the theme of “Strategic use of ARVs for treatment and prevention of HIV” be addressed by the PCB in 2013 as a regular agenda item;
- 9.2 *Further agrees* to request the Programme Coordinating Board Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 34th and 35th Programme Coordinating Board meetings, as necessary;
- 9.3 *Agrees* on the dates for the 36th (9-11 June 2015) and the 37th (8-10 December 2015) meetings of the Programme Coordinating Board;

**Agenda item 8: Election of Officers**

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

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