

UNAIDS/PCB(23)/08.34  
24 April 2009

**24<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board**  
**Geneva, Switzerland**  
**22-24 June 2009**

**Report of the Twenty-third Meeting of the PCB**

## 1. OPENING

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

1. The twenty-third meeting of the UNAIDS Programme Coordinating Board took place at the Geneva International Conference Center (CICG) in Geneva, Switzerland, on 15-17 December 2008. The agenda for the meeting is attached as Annex 1.
2. The United States of America as chair of the Programme Coordinating Board opened the twenty-third meeting and welcomed all members and others in attendance. A moment of silence was observed in memory of those who had passed away from AIDS since the last Board meeting.
3. The provisional agenda (UNAIDS/PCB(23)/08.23/Rev.2) was adopted without amendments.
4. The regular segment was suspended to give way to the thematic segment "*The Relationship between UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria: issues of relationships with the international technical support architecture and public private partnerships.*" (Discussion at the thematic segment is summarized below under Agenda Item 1.3.)
5. When the regular segment reconvened on 16 December, Dr Mark Dybul (Ambassador, U.S. Global AIDS Coordinator) expressed the honour and privilege it had been for the United States of America to serve as chair of the Programme Coordinating Board. He thanked Dr Peter Piot, UNAIDS Executive Director, for his leadership of UNAIDS and expressed certainty that the "legacy of appreciation for the dignity of every person" would continue under the leadership of the incoming UNAIDS Executive Director, Michel Sidibé. The Chair said that the relationship between UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) was of the utmost importance and that the Memorandum of Understanding concluded between UNAIDS and the Global Fund in June 2008 had established a solid foundation that required ongoing attention to ensure its full implementation. Citing the critical role played by UNAIDS in the AIDS response, the Chair urged the Programme Coordinating Board to take steps to further improve its relevance and effectiveness. Although the global economic crisis will likely motivate governments to limit some commitments, it was emphasized that the global AIDS pandemic demanded continued and robust global action.

### 1.2 Consideration of the report of the twenty-second meeting

6. The Programme Coordinating Board considered and approved the report of the twenty-second meeting with no changes (UNAIDS/PCB(22)/08.22.)

### 1.3 Outcome(s) of the Thematic Segment

7. A plenary discussion of the thematic segment on the relationship between UNAIDS and the Global Fund was co-chaired by Dr Piot and by Dr Michel D.

Kazatchkine, Executive Director of the Global Fund. Responding to questions posed by Mr Osei G. Kofi, a journalist from Ghana and facilitator of the discussion, the co-chairs of the thematic plenary segment addressed key questions regarding the relationship between the two organizations and the importance of this relationship to the global AIDS response.

8. Although progress in scaling up AIDS responses has been documented in numerous countries, Dr Piot noted such advances were not universally evident. The AIDS response has achieved remarkable results, including the initiation of antiretroviral therapy in more than four million people in low- and middle-income countries. Dr Piot said progress in scaling up was more apparent with respect to treatment than for HIV prevention. The global financial crisis poses a potentially major challenge to efforts to further expand programmatic coverage.
9. As programmes are brought to scale, the need to ensure national ownership and to target resources where they are most needed will remain of paramount importance. Dr Kazatchkine reported that 60 per cent of grants from the Global Fund support health programmes in sub-Saharan Africa and that 60 per cent of Global Fund financing is allocated to HIV-related programmes. Heavily affected countries in southern Africa are major recipients of Global Fund financing. At the same time that the Global Fund has channelled major new resources to countries, the Global Fund has worked to advance national ownership, performance-based disbursement, and shared decision-making between governments and civil society. Recognizing the critical nature of this region, the Board asked the UNAIDS Secretariat in consultation with the Global Fund Secretariat to provide options to strengthen mechanisms to facilitate consultation and networking among African States to meaningfully participate in the Programme Coordinating Board and the Board of the Global Fund.
10. The Global Fund is working to simplify its internal processes, including considering the possibility of replacing time-limited grants with lines of credit for approved countries. Simplification and harmonization of performance indicators remain major challenges. Similarly challenging is the need to ensure the sustainability of Global Fund-supported programmes, which involves not only dependable financial resources for the long term but also stronger, durable health systems, legal environments, and civil society capacity. Although the strengthening of monitoring and evaluation systems is an urgent need in many low- and middle-income countries, Dr Kazatchkine noted that only about 3 per cent of funding requests to the Global Fund are for activities related to monitoring and evaluation.
11. The relationship between UNAIDS and the Global Fund has important implications for the future success of the AIDS response. On behalf of the Global Fund Secretariat Dr Kazatchkine thanked UNAIDS for its support, specifically acknowledged the role of Dr Piot in improving the organizations' relationship, and expressed confidence that such a commitment would continue under Mr Michel Sidibé. Through its ongoing country presence, UNAIDS aims to buttress public sectors to enhance the effectiveness and sustainability of programmes supported by the Global Fund. Dr Piot estimated that roughly half of the time spent by UNAIDS staff in some countries is focused on ensuring the success of Global Fund initiatives. In recent funding rounds for the Global Fund, approval was

- granted to approximately 70% of proposals from countries that benefited from UNAIDS assistance in proposal development, compared to an average of roughly 50% of all proposals as a whole. Dr Kazatchkine noted that UN system capacity to support implementation of Global Fund grants often varies within and between countries and that greater clarity is needed on communications and decision-making focal points for the UN system in different countries.
12. During separate morning and afternoon sessions, Board members and other participants attended four panel discussions regarding various aspects of the relationship between UNAIDS and the Global Fund. For each of the four panels, participants were asked to identify key challenges and to make conclusions and recommendations. Based on the deliberations of the four panels, the Programme Coordinating Board observed that both UNAIDS and the Global Fund are committed to scaling up towards universal access to HIV prevention, treatment, care and support. Both organizations also recognize technical support as an essential component of this mandate. It was noted, however, that resources and funding for technical support do not always match demand for such assistance from countries. Technical support could benefit from additional operational research, improved communication among stakeholders, and improved understanding of national epidemics. The need for longer-term technical support was noted.
  13. The Programme Coordinating Board indicated that there are frequent misunderstandings regarding the purpose and function of Country Coordinating Mechanisms of the Global Fund and such entities are often not perceived as country-owned structures. In particular, difficulties often arise with respect to the relationship between Country Coordinating Mechanisms and National AIDS Authorities. Stigmatised and criminalised groups are often excluded or inadequately represented on national AIDS coordination mechanisms.
  14. Although effective technical support builds the capacity of government institutions, civil society and other partners, the Programme Coordinating Board noted existing technical support frequently focuses on problem-solving rather than capacity-building. Available technical assistance frequently suffers from inadequate quality assurance mechanisms and poor coordination among technical assistance providers. The Programme Coordinating Board emphasized the importance of inclusive government leadership in coordinating technical support. Agreed mechanisms are needed to validate national AIDS strategies and to ensure their relevance to actual national needs.
  15. The Programme Coordinating Board observed the private sector has the potential to support public sector responses through increased efficiency, new technologies, access to parallel health and service systems, and useful relationships that often extend beyond national borders. However, issues of ownership, decision-making and accountability may sometimes become more complicated when private sector entities are actively engaged in national AIDS efforts. Communities often have difficulty engaging private sector entities.
  16. Recognizing both the benefits of technical support and the limitations of existing technical support mechanisms, the Programme Coordinating Board requested UNAIDS to update its technical support and capacity development strategy. The

Joint Programme was asked to estimate technical support costs covered by existing mandates and budgets of the UNAIDS Cosponsors and Secretariat, as well as additional resources needed. The Programme Coordinating Board requested effective action to implement at country level the Memorandum of Understanding executed between UNAIDS and the Global Fund, including education and training of UN country-level staff on the respective roles of the two bodies. The Board also called on UNAIDS and the Global Fund to aid countries in avoiding duplication between Country Coordinating Mechanisms and National AIDS Coordinating Authorities. Steps to build the capacity of civil society to participate fully in national coordinating mechanisms were endorsed by the Programme Coordinating Board. The Programme Coordinating Board further asked UNAIDS to compile best practices and lessons learnt regarding public-private partnerships to inform efforts to strengthen public sector AIDS initiatives in developing countries. UNAIDS was also requested to accelerate its work on gender equality and on the meaningful engagement of lesbians, gays, bisexuals and transgenders in national AIDS coordinating mechanisms.

17. The Programme Coordinating Board asked the UNAIDS Secretariat to prepare a report on the objectives and organization of the thematic segment.
18. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraph 3. of the “Decisions, Recommendations and Conclusions” in Annex 2.

#### **1.4 Report of the Executive Director**

19. Making his final report to the Programme Coordinating Board as UNAIDS Executive Director, Dr Piot reflected on the past and the future of UNAIDS and the AIDS response, providing Board members with the 10-year chronicle of his time at UNAIDS as an honest account of the Organization's struggles and evolution. The United Nations Economic and Social Council had assigned a dual mission to UNAIDS – to help defeat the epidemic and to coordinate the UN system in its diverse HIV-related activities throughout the world. Accepting the position as UNAIDS' first Executive Director, Dr Piot aimed to place AIDS high on the global agenda, to establish a broad alliance for an effective response, and to mobilize unprecedented financial resources for AIDS.
20. In 1996, at the outset of the Joint Programme, the unexpected emergence of Highly Active Antiretroviral Therapy revolutionized global perceptions regarding the epidemic. The 12 years since UNAIDS' launch have witnessed dramatic changes in information and communications technology, the addition of 1 billion more people to the planet, and the emergence of new political and economic powers. During UNAIDS' existence, the number of people living with HIV has risen from 20 million to 33 million, the level of resources available for HIV-related programmes has risen 44-fold, the annual number of new HIV infections globally has declined, and roughly 4 million people in low- and middle-income countries have been placed on antiretroviral therapy. In 2008, the multilateral system is more united and coordinated with respect to AIDS than any other issue. Poverty rates have fallen and life expectancy has risen in many countries, although inequality within societies has increased.

21. The global financial crisis threatens continued progress in the AIDS response, especially as history suggests that financial downturns are often accompanied by cutbacks in official development assistance. In assessing new approaches to confront and overcome such challenges, top-down approaches to development should be avoided in favour of more flexible strategies that adapt to changing conditions and new problems. Inter-disciplinary work across sectors should be prioritized, and inclusive planning processes should be implemented that respond effectively to complexity and that combine emergency interventions with more long-term efforts.
22. During the previous 12 years, UNAIDS and its partners have faced a diverse set of challenges, with varying degrees of success. The AIDS community underestimated the degree to which stigma, discrimination, human rights violations and gender inequality would remain obstacles, even following the introduction of antiretrovirals. The sense of urgency and solidarity that would eventually develop into the global AIDS movement was also not fully anticipated or present at the outset. The Programme Coordinating Board played an important role in the effort to expand treatment access by authorizing early pilot programmes in Africa to introduce antiretrovirals in resource-limited settings. Overcoming a number of barriers, the UN system also came to embrace the strong scientific consensus in favour of harm reduction programmes for HIV prevention among injecting drug users. In some cases, UNAIDS overestimated the pace with which HIV would spread in heterosexual populations outside Africa, and steps have been taken to put in place systems to make far more reliable epidemiological estimates. As the slow pace of vaccine research underscored, the AIDS community often overestimated the likelihood of technological breakthroughs, although the development of combination antiretroviral therapy represents one of the great triumphs of pharmaceutical research over the last half-century.
23. Recurrent myths continue to impede optimally effective action against the epidemic. One such myth is that AIDS is only an African problem or that heterosexual transmission seldom occurs outside Africa; while the risk of HIV transmission is lower in Asia, the population density in the region means that millions of people are living with or at risk of HIV infection. A second myth is that HIV prevention is not effective, which ignores the strong evidence that a combination of approaches can significantly reduce the rate of new infections. Another myth is that issues of human rights, gender equality or gender-based violence are too complex to tackle or have been resolved. Similarly erroneous, Dr Piot said, are assertions that the AIDS response undermines health systems or that AIDS receives too much funding. The AIDS scale-up has, in fact, resulted in enormous collateral benefits and a striking return on investments.
24. AIDS has helped transform the development field. The rights-based approach adopted for the AIDS response has helped overcome traditional resistance to costly new initiatives and integrally involved affected communities in programme planning and implementation. The AIDS response has generated greater focus on accountability, innovative multidisciplinary approaches, and an enhanced role for civil society.

25. Dr Piot noted the AIDS response has also transformed the way the UN operates. UNAIDS has functioned as a pioneer in helping the UN system operate as one in countries and in bringing civil society and private sector partners into the UN system. Nevertheless, a number of challenges remain in maximizing the UN's effectiveness on AIDS at country level. Too many UN Country Teams and Theme Groups are disconnected from indigenous country actors, and an emphasis on joint planning and programming has not stopped individual UN agencies from going their own way on occasion. UN action in countries frequently remains too focused on individual projects or on intra-UN relations rather than on building sustainable national capacity. In addition, the business practices of various UN agencies impede innovation and performance-based management.
26. Looking toward the future, Dr Piot emphasized the need to build on previous successes in order to sustain leadership and commitment: a more professional, business-like approach to HIV prevention is needed. Dr Piot called on the Commission on Narcotic Drugs to formally acknowledge the scientific basis for harm reduction, and he urged the UN system to refrain from compromising on human rights issues. Dr Piot expressed his gratitude to the Programme Coordinating Board for its support and asked the Board to support Mr Sidibé to the same degree.
27. The Programme Coordinating Board paid tribute to Dr Piot for his service and formally recognized his accomplishments. The Board specifically recognized Dr Piot's success in elevating the AIDS issue on the global agenda, building alliances, mobilizing resources, pursuing a human rights approach, and establishing UNAIDS as a genuine joint programme within the UN system. Dr Piot's strong support for the active and meaningful involvement of civil society was also noted, as was his courage to address difficult issues.
28. The Programme Coordinating Board also welcomed Mr Sidibé as the new Executive Director of UNAIDS. Mr Sidibé pledged that UNAIDS would build on Dr Piot's achievements in future years.
29. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraph 4. of the "Decisions, Recommendations and Conclusions" in Annex 2.

## **2. THE UNIFIED BUDGET AND WORKPLAN: MONITORING IMPLEMENTATION AND PLANNING FOR THE FUTURE**

30. Joel Rehnstrom, Chief of Budget, Finance and Administration, presented the findings from the performance monitoring framework for the 2006-2007 UNAIDS Unified Budget and Workplan. The framework reflected several improvements over previous versions, including: a reduction in the number of indicators; a stronger emphasis on measuring quality at country level; and improvements in the scope and quality of performance information. The framework took into account three main types of data: information regarding 16 Principal Results, derived from reports by countries on core indicators developed for monitoring implementation of the 2001 Declaration of Commitment on HIV/AIDS and from UNAIDS country reports; reports by Cosponsors and the UNAIDS Secretariat

regarding specific Key Results; and more than 60 reviews, in-depth assessments and case studies by the Cosponsors and Secretariat.

31. The framework revealed an intensification of UN efforts on AIDS and improved coordination within the Joint Programme. Available information also pointed toward an improved alignment and harmonization of the efforts of partners, as well as increases in the magnitude and quality of technical support provided to countries. Policy guidance and strategic information produced by UNAIDS were more responsive to needs in the field, improving the knowledge base for strategic planning and resource allocation. In 2006-2007, the level of resources mobilized for AIDS had significantly increased.
32. The performance monitoring framework also identified several important challenges encountered by UNAIDS in 2006-2007, including a wide variation in the scale-up of AIDS responses, continuing capacity limitations, and important leadership challenges. Focus on HIV prevention remained insufficient in the biennium, and questions exist regarding the sustainability of AIDS responses. Improvement continues to be needed with respect to harmonization and alignment of efforts, as well as in the area of results-based management across the Cosponsors and the Secretariat. Performance monitoring results from 2006-2007 highlighted the need to enhance support to countries to develop prioritized and costed strategies and actions that are based on evidence. UNAIDS' experience in the period also underscored the importance of intensified focus on most-at-risk and vulnerable populations, improving country-level programme implementation, and reinforcing the Three Ones principles of country-level action. Mr Rehnstrom emphasized the need to consider country support as a priority in joint planning and budgeting at all levels. Building on experience in 2006-2007, UNAIDS intends to further strengthen performance monitoring and accountability at all levels.
33. The Programme Coordinating Board took note of the quality and scope of the 2006-2007 performance monitoring report, observing that it represented progress toward improved results-based management of UNAIDS. The Board endorsed efforts to measure UNAIDS achievements at country level as part of efforts to monitor progress against the Declaration of Commitment on HIV/AIDS, the 2006 Political Declaration on HIV/AIDS, and the Millennium Development Goals. The Programme Coordinating Board suggested additional work was needed to simplify the report, and UNAIDS was requested to further enhance the focus on results and impact and the linkages between expenditures and achievements in its performance monitoring efforts. Continued inclusion of both qualitative and quantitative data in performance monitoring efforts was recommended, and additional efforts to further improve coordination and harmonization within the Joint Programme were supported. The Programme Coordinating Board recommended greater clarity in defining the contributions of individual Cosponsors and the Secretariat.
34. The Programme Coordinating Board encouraged UNAIDS to strengthen efforts to involve civil society in the development of the Unified Budget and Workplan and in HIV-related activities in countries. Continued emphasis on key cross-cutting issues such as gender equality and human rights is warranted, and the Board recommended data be disaggregated to the extent possible by country,



- Cosponsor, age, sex and other key categories. The Board encouraged UNAIDS to intensify work to address the risk and vulnerability of girls and young women. Concern was expressed by the Board regarding the continued lack of formal policy guidance on HIV and sex work and on the omission of express mention of certain issues in the UNAIDS Strategic Framework for 2007-2011, such as access to treatment for mothers, drug rehabilitation treatment in prisons, and co-infection with hepatitis C. In response to concerns expressed by the Board regarding differing implementation rates in 2006-2007 among Cosponsors, it was noted that some of these apparent differences represented reporting differences.
35. In addition to the performance monitoring report for the 2006-2007 Unified Budget and Workplan, Mr Rehnstrom also addressed the Programme Coordinating Board's decision, at its 22<sup>nd</sup> meeting, to extend the UNAIDS Strategic Framework through to the end of 2011. The extended Strategic Framework reconfirmed the five strategic directions of UNAIDS.<sup>1</sup> It also reflected new data, recent developments and the outcomes of the 2008 High Level Meeting on AIDS. Further revisions may be required in response to the recommendations of the Second Independent Evaluation of UNAIDS.
36. The Programme Coordinating Board took note of the Strategic Framework 2007-2011 as the principal guide to UNAIDS global, regional and country-level planning, budgeting, implementation and monitoring progress towards Universal Access. One member stressed the need to enhance the focus on the vulnerability of women and girls in low prevalence settings. Another member stressed the need to focus more on social protection and care and to be more explicit on coordination at the national level.
37. The Board urged all countries to provide adequate resources to fully fund the 2008-2009 Unified Budget and Workplan and to commit to effective implementation of the 2007-2011 Strategic Framework. UNAIDS was requested to develop and expeditiously implement an advocacy strategy and action plan to mitigate the potential effect of the current financial crisis.
38. In developing the Unified Budget and Workplan for 2010-2011, UNAIDS will post a timeline for its development and ensure that Programme Coordinating Board members, participants and observers have an opportunity to participate in its development. The next Unified Budget and Workplan will improve on the presentation of budgetary information and aim to incorporate lessons learnt to date. It is anticipated that performance monitoring for the 2010-2011 Unified Budget and Workplan will reflect continued improvement, including the use of baselines and benchmarks in areas where these have not previously been available. Mr Rehnstrom noted the process of refining indicators and improving data collection will continue. Additional effort will focus on better highlighting results and impact in 2010-2011.

---

<sup>1</sup> The five strategic directions are:

1. Guiding the global agenda, increasing involvement and monitoring global progress;
2. Technical support and capacity building to 'make the money work' for Universal Access;
3. Human rights, gender equality and reduced vulnerability of most-at-risk populations;
4. Re-emphasizing HIV prevention alongside treatment, care and support; and
5. Strengthening harmonization and alignment with national priorities.

39. In response to a request from Dr Piot, the Programme Coordinating Board agreed to establish a subcommittee ad interim to provide input in a general manner to the development of the 2010-2011 Unified Budget and Workplan. The Board charged the new subcommittee with making recommendations to the 24<sup>th</sup> meeting of the Programme Coordinating Board regarding overall priorities, scope and structure of the Unified Budget and Workplan; expected results and broad activities; performance monitoring indicators and processes; and follow-up on implementation of previous decisions on the Unified Budget and Workplan. Membership and the selection process for the new subcommittee were specified in the Decisions, Recommendations and Conclusions of the 23<sup>rd</sup> Programme Coordinating Board meeting. A maximum of USD 114,000 was allocated to cover the costs of two meetings of the subcommittee, and it was agreed that a decision regarding the continuation of the subcommittee would be made at the 25<sup>th</sup> Programme Coordinating Board meeting in light of the Second Independent Evaluation.
40. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 5.1-5.13 of the "Decisions, Recommendations and Conclusions" in Annex 2.

### **3. REPORT OF THE INTERNATIONAL TASK TEAM ON HIV-RELATED TRAVEL RESTRICTIONS**

41. Ms Sissel Hodne Steen (Counsellor, Permanent Mission of Norway to the United Nations in Geneva), co-chair with UNAIDS of the International Task Team on HIV-related Travel Restrictions, presented the Task Team's findings, conclusions and recommendations. UNAIDS created the Task Team following discussions at the 16<sup>th</sup> meeting of the Global Fund Board. Comprised of 43 members from governments, civil society, international organisations and the United Nations, the Task Team met three times in 2008, with the collective aim of enhancing efforts to eliminate HIV-related restrictions on the entry, stay and residence of people living with HIV. The Board of the Global Fund had accepted the Task Team's recommendations at its November 2008 meeting.
42. The Task Team had commissioned various papers to inform its work, including a mapping of HIV-related restrictions on entry, stay and residence, a collection of personal narratives regarding the impact of travel restrictions on the lives of people living with HIV, and a desk review of existing evidence of the impact of such restrictions. The Task Team confined its work to a study of restrictions where HIV is a formal or explicit component of a law or regulation, HIV is singled out for different treatment as apart from similar health conditions, and where restrictions are based solely on positive HIV status.
43. At the time of the 23<sup>rd</sup> Programme Coordinating Board meeting, HIV-related restrictions on entry, stay and residence remained in force in approximately 60 countries, territories or areas. The Task Team reiterated that such restrictions do not protect public health, but rather impede sound public health efforts. Such discriminatory laws also unreasonably restrict the participation of people living with HIV in major life activities and their implementation may result in the violations of various human rights, including those related to work, privacy, health and asylum. Instead of imposing such restrictions, governments should ensure

access to HIV programmes by all mobile populations, nationals and non-nationals alike. It was noted with approval that China and the USA had announced they were in the process of eliminating their HIV-related restrictions on entry, stay and residence.

44. The Programme Coordinating Board welcomed the report of the Task Team and agreed that, mindful of Board decision 8.2 taken at its 21st meeting, no Programme Coordinating Board meeting will be held in a country with an HIV-specific restriction related to entry, stay or residence based on HIV status. The Board strongly encouraged all countries to eliminate HIV-specific travel restrictions and asked UNAIDS and other international organizations to implement the recommendations in the Task Team report relevant to them.
45. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 6.1-6.4 of the "Decisions, Recommendations and Conclusions" in Annex 2.

#### **4. INCREASED INVOLVEMENT OF CIVIL SOCIETY IN THE PROGRAMME COORDINATING BOARD**

46. Mr Vincent Crisostomo, NGO representative to the Programme Coordinating Board from the Asia and Pacific region, presented recommendations stemming from a consultative process to examine strategies to increase the involvement of civil society in the Programme Coordinating Board. The longstanding inclusion of civil society in the Programme Coordinating Board represents a groundbreaking innovation in the UN system. Since an independent review in 2006 of civil society participation in the Board, a communications facility had been launched in April 2008 to support the Board's NGO representatives. Strong civil society participation was evident at the 2008 High Level Meeting on HIV/AIDS and at the International AIDS Conference in Mexico City in August 2008.
47. Following up on the findings and recommendations of the 2006 independent review of civil society participation in the Programme Coordinating Board, the PCB NGOs had undertaken an extensive consultation to inform the way forward towards increasing civil society participation in the Board. Interviews had been conducted with 25 key informants; 183 individuals had participated in an e-consultation conducted in five languages; and focus group discussions were convened with three groups of civil society stakeholders.
48. Mr Crisostomo presented those resulting recommendations that had the broadest base of support among those who participated in the consultative process. Member States were encouraged to integrate one or more civil society representatives in their national delegations to Programme Coordinating Board meetings. Recommendations were also made with the aim to improve the preparation of Board meetings, including in-person meetings of the Programme Coordinating Board Bureau, provision of a simple 'road map' for key Board documents, and submission of key documents eight weeks prior to Board meetings to facilitate local translation. Opportunities for civil society to interact with UNAIDS Regional Support Teams were recommended, as were regional caucuses to be held at least once every two years. The paper encouraged the Second Independent Evaluation to examine ways to ensure the wider

participation of civil society in the UNAIDS Programme as a whole and to analyze the voting status of the PCB NGOs. It was also recommended that progress on this agenda item be reviewed in 2010.

49. The Programme Coordinating Board welcomed the report of the PCB NGOs and acknowledged the vital role played by civil society in the Board and across the AIDS response. It was observed that some national delegations to the Programme Coordinating Board had taken steps to include civil society members and that UNAIDS Regional Support Teams regularly engage with NGOs in their respective regions. Mindful of the sovereignty and capacity of Member States, the Board encouraged Member States to consider the possibility of involving one or more civil society representatives in their national delegations to Board meetings and recommended that UNAIDS explore and identify ways to support Member States in such efforts.
50. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 7.1-7.9 of the "Decisions, Recommendations and Conclusions" in Annex 2.

## **5. REPORT ON THE PROCESS FOR NOMINATION OF THE EXECUTIVE DIRECTOR**

51. Guided by decisions made by the Programme Coordinating Board at its 22<sup>nd</sup> meeting, a search committee had been established in June 2008 to oversee the search for a new Executive Director of UNAIDS. A code of conduct and rules of procedure were adopted, and the position was advertised. The Search Committee included representatives of six Member States, four Cosponsors, and two members of civil society. The Search Committee reviewed applications and conducted preliminary interviews, using independent consultants for support. An extraordinary Programme Coordinating Board meeting was convened on 2 October 2008, and the report of the meeting as well as a report of the Committee of Cosponsoring Agencies was forwarded to the Secretary-General on 23 October 2008. On 1 December 2008, the Secretary-General appointed Mr Michel Sidibé to serve as the next Executive Director of UNAIDS. The total cost for the search process was USD 315,696.
52. Ambassador Marie-Louise Overvad, Permanent Mission of Denmark in Geneva and Chair of the Search Committee, presented a report to the Programme Coordinating Board on the search process. In carrying out its work, the Search Committee adopted a merit-based approach, treating all applicants equally. Ambassador Overvad said the Search Committee regretted the failure to use a professional recruitment firm: although the search attracted an exceptional group of candidates, fewer candidates applied than expected. She also said the Search Committee regretted that discussions at the Extraordinary Programme Coordinating Board meeting went further than expected, becoming a venue for discussing personalities of individual short-listed candidates, instead of providing a more objective assessment or simply forwarding a slate of candidates to the Committee of Cosponsoring Organizations.
53. The Board agreed future searches should ensure sufficient input on UNAIDS leadership from the Programme Coordinating Board. The Board also expressed

satisfaction with the outcome of the search process and applauded the work undertaken by the Search Committee. For future searches, the Programme Coordinating Board Bureau was requested to establish a Search Committee working on the same objective criteria and relying on the same merit-based approach as in the present search.

54. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraph 8 of the “Decisions, Recommendations and Conclusions” in Annex 2.

## **6. PROGRAMME COORDINATING BOARD OPERATIONAL MATTERS**

### **6.1 Review of the process for Programme Coordinating Board inter- sessional decision-making**

55. The Programme Coordinating Board Bureau submitted three papers, all of which were written with the full cooperation and assistance of Legal Counsel, who agreed to all amendments and additions proposed to the Programme Coordinating Board Modus Operandi. The Board has full authority to amend or supplement the Modus Operandi, which was last amended in 1999.
56. The Programme Coordinating Board agreed at its 22<sup>nd</sup> meeting to allow the Bureau to take various inter-sessional actions on the Board’s behalf with respect to the Second Independent Evaluation. Following up on this experience, the Board decided to add an annex to the Modus Operandi to formalize the functions and composition of the Programme Coordinating Board Bureau and the inter-sessional decision-making process to be used by the Bureau. The amendment maintains the Bureau as subordinate to the Programme Coordinating Board itself, precluding actions that extend beyond the relevant decisions of the Board. The new annex provides that the Programme Coordinating Board Bureau will take into account the views of Cosponsors and NGOs in its inter-sessional actions.
57. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraph 9 of the “Decisions, Recommendations and Conclusions” in Annex 2.

### **6.2 Implementation of previous Programme Coordinating Board decisions**

58. The Programme Coordinating Board further amended the Modus Operandi to incorporate six decisions from the 20<sup>th</sup> Board meeting held in June 2007. These decisions pertained to thematic and regular segments at each Programme Coordinating Board meeting, the number of Board meetings, participation in the drafting group during Board meetings, the timing of drafting group sessions, construction of Programme Coordinating Board decisions, and synchronisation of UNAIDS elections with the election cycle of the United Nations Economic and Social Council.
59. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraph 10 of the “Decisions, Recommendations and Conclusions” in Annex 2.

### **6.3 Election of officers**

60. The Programme Coordinating Board elected Ethiopia as Chair, the Netherlands as Vice-Chair, and Guatemala as Rapporteur for a term of office of one year beginning 1 January 2009.
61. The Programme Coordinating Board also approved new members of the Programme Coordinating Board NGO representatives for 2009: Alexandra Garita, International Planned Parenthood Federation, Western Hemisphere Region; Dr Evan Collins, Ontario HIV Treatment Network; Dr Lydia Mungherera, The AIDS Support Organization; and Dr Robert Carr, Caribbean Vulnerable Communities Coalition.

## **7. INFORMATION ITEMS**

### **7.1 Gender-sensitivity of AIDS responses**

62. Mr Jeff O'Malley, Global Coordinator on AIDS, UNDP, presented information to the Board following up on the UNAIDS guidance note on gender, which was noted by the Programme Coordinating Board at its 22<sup>nd</sup> meeting in April 2008. Mr O'Malley reported that UNAIDS had encountered several tensions in its work on gender – between the pursuit of global priorities and country-owned and determined responses in accordance with the Three Ones; between achieving quick results versus working to build country capacity for the long term; focusing programmes on men and boys versus pursuing efforts that address the comprehensive needs of men and boys; and evidence-based versus evidence-informed strategies.
63. To strengthen and support UN work on gender and AIDS, an interagency group has been established that includes UNAIDS Cosponsors, the UNAIDS Secretariat and UNIFEM. A consistent sentiment encountered in UNAIDS work on gender is that pilot projects should be avoided in favour of country-driven and country-designed programmes to address women, girls and gender inequality. A critical shortage of relevant technical and policy support skills on which countries can draw impedes more effective and comprehensive action on gender and AIDS. While the Global Fund will remain a key funder for gender programmes, a mix of funders is needed to aid scale-up of gender-sensitive programming.
64. The range of activities undertaken by UNAIDS on gender and AIDS is extensive. Although such efforts primarily focus on sub-Saharan Africa, all regions have been served by UNAIDS. In January 2009, UNAIDS will convene a meeting of Resident Coordinators and UN gender specialists from the 10 countries in southern Africa where more than 40 per cent of all women living with HIV reside. Programme Acceleration Funds have been allocated for the scale-up of gender programming, and UNAIDS has assisted several African countries in developing successful funding proposals to the Global Fund that include gender-related elements. Mr O'Malley acknowledged that more robust policy reflection, debate and collective action was needed on gender issues by UNAIDS, and he thanked the Board for encouraging UNAIDS to intensify its work in this arena.

65. The Board took note of the report on gender-sensitivity of AIDS responses. Concern was expressed regarding the pace of progress with respect to intensifying UNAIDS efforts on gender and AIDS. In particular, the Board noted the lack of an overall framework for UNAIDS action in this arena.
66. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 12.1-12.2 of the "Decisions, Recommendations and Conclusions" in Annex 2.

## **7.2 Second Independent Evaluation of UNAIDS**

67. Ms Catherine Hodgkin, Chair of the Oversight Committee of the Second Independent Evaluation of UNAIDS, addressed the Programme Coordinating Board. The Oversight Committee consists of 10 members (five men and five women), with representation from Africa, Asia, the Caribbean, South America, and Eastern and Western Europe. Both global and sectoral expertise is represented on the Oversight Committee.
68. Critical factors for success for the Second Independent Evaluation include independence, transparency, impartiality, cooperation and good communication with the Secretariat and Cosponsors, involvement of key stakeholders, and reliance on a qualified evaluation team. Evaluation activities undertaken between May and October 2008 were summarized for the Board in a written report. Since the report was submitted, country visits have been completed to Ethiopia, Indonesia and Ukraine, as have regional consultations. More than half of all visits to Cosponsor Headquarters have occurred, and work with the Secretariat is also well under way. Consultations with Member States and donors are planned, as are a Programme Coordinating Board survey, outreach to civil society, and a web-based survey to reach diverse stakeholders.
69. Country visits rely on extensive support from UNAIDS Country Coordinators, assistance from NGOs, and use of the professional contacts of the Evaluation Team. Country visits typically require 11-14 days and result in a summary report that is shared in draft form with the UNAIDS Country Coordinator and reviewed by the Oversight Committee.
70. The process for the Second Independent Evaluation provides for a draft report to be shared with the Oversight Committee by August 2009. In the fall of 2009, a final report will be circulated to the Programme Coordinating Board, with a discussion planned at the 25<sup>th</sup> Programme Coordinating Board meeting in December 2009. The Second Independent Evaluation is adhering to its agreed timeline, and both the Oversight Committee and the evaluation team are within their approved budget estimates.
71. The Board thanked the Oversight Committee for its work and took note of the progress report. In response to comments from the Board, Ms Hodgkin said the evaluation team was determined to address additional key countries, such as Papua New Guinea, in regional consultations.

72. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraph 13 of the “Decisions, Recommendations and Conclusions” in Annex 2.

#### **8. ANY OTHER BUSINESS**

73. The Programme Coordinating Board requested the UNAIDS Secretariat to provide a paper to its next meeting on the organization of field visits and requested UNODC to work towards an outcome of the UNGASS review of the World Drug Problem that accurately reflects the importance of decreasing HIV transmission and co-infection in people who use drugs.

74. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 14.1-14.2 of the “Decisions, Recommendations and Conclusions” in Annex 2.

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

75. The decisions, recommendations and conclusions of the 23<sup>rd</sup> meeting of the Programme Coordinating Board are attached as Annex 2.

76. The meeting was adjourned.

[Annex 1 follows]



## ANNEX 1

8 December 2008



UNAIDS/PCB(23)/08.23/Rev.2

# PROGRAMME COORDINATING BOARD

**Twenty-third meeting**

**Date: 15-17 December 2008**

**Venue: CICG, Geneva, Switzerland**

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

## Agenda

Monday, 15 December

### 1. Opening

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

*The Chair will provide the opening remarks to the 23<sup>rd</sup> PCB meeting.*

## Thematic segment

***“The Relationship between UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria: issues of relationships with the international technical support architecture and public private partnerships”***

Tuesday, 16 December

## Regular segment

### 1. Opening (continued)

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

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

*Document: UNAIDS/PCB(22)/08.22*

**1.3 Outcome(s) of the Thematic Segment**

*The Chair will provide a brief summary of the outcomes of the Thematic Segment and will present any recommendations arising from the Segment for approval.*

**1.4 Report of the Executive Director**

*The UNAIDS Executive Director will give an oral update on UNAIDS' activities since the last PCB meeting.*

*(Lunch: 12.30-14.00)*

**2. The Unified Budget and Workplan: Monitoring implementation and planning for the future**

*At its 20<sup>th</sup> meeting, the PCB requested that progress reports on the implementation of the Unified Budget and Workplan be an item on the agenda of the Programme Coordinating Board meeting. Accordingly, the Board will receive a report on the implementation of the Unified Budget and Workplan for the 2006-2007 biennium based on the UBW Performance Monitoring and Evaluation Framework. The Board will also be asked to take note of an extension of the 2007-2010 UNAIDS Strategic Framework for UNAIDS support to countries' efforts to move towards universal access to 2011 to accommodate the new four-year planning and two-year budget cycle of the UNAIDS Unified Budget and Workplan, as agreed by the PCB at its 22<sup>nd</sup> meeting in April 2008.*

*Documents: UNAIDS/PCB(23)/08.26, UNAIDS/PCB(23)/08.27 and UNAIDS/PCB(23)/08.CRP.7*

Wednesday, 17 December

**3. Report of the International Task Team on HIV-related Travel Restrictions**

*The Board will receive the final report of the Task Team which will include a number of recommendations for approval.*

*Document: UNAIDS/PCB(23)/08.28 and UNAIDS/PCB(23)/08.CRP.4, UNAIDS/PCB(23)/08.CRP.5.Rev.1, UNAIDS/PCB(23)/08.CRP.6, UNAIDS/PCB(23)/08.28.Add.1.*

**4. Increased involvement of civil society in the PCB**

*As decided at the 20<sup>th</sup> PCB meeting the Board will receive, from the PCB NGOs, a paper on forward looking mechanisms for achieving increased involvement of civil society in the Board.*

*Document: UNAIDS/PCB(23)/08.29 and UNAIDS/PCB(23)/08.CRP.9*

*(Lunch: 12.30-14.00)*

**5. Report on the process for nomination of the Executive Director**

*The Board will receive a report from the Chair of the Search Committee on the process followed in the nomination of the next Executive Director for UNAIDS.*

Document: UNAIDS/PCB(23)/08.31

## **6. PCB Operational Matters:**

### **6.1 Review of the process for PCB inter-sessional decision making**

*The Board will receive a review of the process that was adopted at the 22<sup>nd</sup> PCB meeting with a view to its effectiveness and its application to further decision points.*

Document: UNAIDS/PCB(23)/08.30

### **6.2 Implementation of previous PCB decisions**

*Recalling decision 10. of the 20<sup>th</sup> PCB meeting the Board will be asked to consider revisions to the Modus Operandi in order to maintain consistency and coherence of PCB procedures.*

Document: UNAIDS/PCB(23)/08.24

### **6.3 Election of Officers**

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

Document: UNAIDS/PCB(23)/08.25

## **7. Information Items:**

### **7.1 Gender-sensitivity of AIDS responses**

*The Board will receive a progress report on the actions agreed at the 22<sup>nd</sup> PCB meeting including the development of specific tools to assist countries, the intensification of action to address gender inequalities, and the use of expert groups.*

Document: UNAIDS/PCB(23)/08.32 and UNAIDS/PCB(23)/08.CRP.8

### **7.2 Second Independent Evaluation of UNAIDS**

*The Board will receive a progress report on the Evaluation from the Chair of the Oversight Committee.*

Document: UNAIDS/PCB(23)/08.33

## **8. Any other business**

## **9. Adoption of decisions, recommendations and conclusions**

[Annex 2 follows]

## ANNEX 2



17 December 2008

### **23rd Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland 15-17 December 2008**

#### **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; and
- Promoting comprehensive responses to AIDS that integrate prevention, treatment, care and support;

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

1. *Adopts* the agenda;

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

2. *Adopts* the report of the 22nd meeting of the UNAIDS Programme Coordinating Board;

#### **Agenda item 1.3: Outcome(s) of the Thematic Segment**

- 3.1 *Recognizing* that UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria have as their fundamental objective helping national scale-up to the goal of Universal Access to prevention, treatment, care and support. Further *recognizing* that technical support is an essential component of this mandate as articulated in

the Memorandum of Understanding between both organizations and is a means to the outcome of successful implementation of multi-sectoral national AIDS plans:

- 3.2 *Requests* that UNAIDS update its technical support and capacity development strategy through an inclusive process involving implementing countries and civil society, taking into account:
- points made and conclusions of the thematic segment with particular reference to gender equality;
  - the analytical work of the Global Implementation Support Team, progress made by the task force on operationalization of the UNAIDS-Global Fund Memorandum of Understanding and Coordinated AIDS Technical Support database;
  - the 2006 report costing the division of labour among cosponsors as it relates to technical support, *“Making the Money Work through Greater UN Support for AIDS Responses”*;
  - the broad range of technical support mechanisms that currently exist;
  - the need to include both short-term and long-term strategic technical support; and
  - the key role of country-based technical support and capacity building strategies and plans to identify technical support needs;
- 3.3 *Requests* that the strategy include an estimate of those costs covered by the existing mandates and budgets of the UNAIDS Secretariat and Cosponsors, along with those aspects, including technical support provided by civil society, which require further resources;
- 3.4 *Requests* that UNAIDS work with the Secretariat of the Global Fund to fight AIDS, Tuberculosis and Malaria to emphasize the willingness and capacity of UNAIDS, including Joint UN teams at country level, to advance mutual goals as outlined in the Memorandum of Understanding, including implementation of Global Fund HIV/AIDS grants. Routine information sharing, including Local Fund Agent reports as appropriate, should be a priority;
- 3.5 *Requests* UNAIDS to work with the Global Fund to fight AIDS, Tuberculosis and Malaria to improve the understanding by UN staff in country of the roles and expectations of the two bodies, as outlined in the Memorandum of Understanding and to use its convening power to maximize the impact of the Global Fund portfolio in each country;
- 3.6 *Calls upon* UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria to assist National AIDS Coordinating Authorities in the implementation of decision 8.4 of the 18<sup>th</sup> PCB meeting specifically that *“the national coordinating authority should, with guidance from UNAIDS, take the lead on reducing duplication between Country Coordinating Mechanisms and National Coordinating Authorities”* with the objective of improving coordination and coherence of the national AIDS response;
- 3.7 *Calls upon* National AIDS Coordinating Authorities and UNAIDS to invest in the capacity development of civil society to enable their meaningful participation in the work of such Authorities and to pursue the principles of accountability, transparency and participation;

- 3.8 *Requests* UNAIDS to compile best practice and lessons learned to support and facilitate Public Private Partnerships with respect to their applicability for strengthening the public sector in developing countries and share the information with relevant stakeholders;
- 3.9 *Requests* UNAIDS to accelerate its work on gender equality (women and girls), and lesbians, gays, bi-sexuals, and transgenders with the meaningful engagement of those communities as well as people living with HIV in order to support needs assessments and proposal development by National AIDS programs and Country Coordinating Mechanisms, and facilitate countries' proposals to the Global Fund grant implementation;
- 3.10 *Requests* the UNAIDS Secretariat in consultation with the Global Fund Secretariat to provide, for the 24<sup>th</sup> Programme Coordinating Board meeting, options to strengthen mechanisms to facilitate consultation and networking among African States to meaningfully participate in the Programme Coordinating Board and the Board of the Global Fund to fight AIDS, Tuberculosis and Malaria with a view to its subsequent expansion to other regions;
- 3.11 *Requests* the UNAIDS Secretariat to prepare a report for the 24<sup>th</sup> Programme Coordinating Board meeting focusing on the objectives of the thematic segment, including its preparation, format, structure and outcomes of thematic segments including the process for the selection of themes that builds upon the relevant decisions of the 21<sup>st</sup> Programme Coordinating Board;

#### **Agenda item 1.4: Report of the Executive Director**

4. *Paid* tribute to Dr Peter Piot as Executive Director of UNAIDS and *recognized* the many accomplishments realized during his tenure, including: placing and maintaining AIDS on the global political agenda; the alliances he established across a wide range of sectors and actors; his ability to mobilize significant resources; his readiness to innovate; his insistence on a human rights based approach; and, the creation of UNAIDS as a joint programme that remains unique within the work of the United Nations. His personal qualities and commitment to the response to AIDS cannot be overestimated and serve as an example of the leadership required to defeat the AIDS epidemic.

#### **Agenda item 2: The Unified Budget and Workplan: Monitoring implementation and planning for the future**

- 5.1 *Takes note of* the quality and scope of the Performance Monitoring Report based on a more, systematic approach to monitoring the 2006-2007 Unified Budget and Workplan and a more comprehensive assessment of UNAIDS achievements compared to the past;
- 5.2 *Agrees* that future planning and reporting should: focus on results, take into account lessons and obstacles; include indicators that relate to wider development; aim to simplify data; include information on the impact of activities, qualitative and quantitative reporting, cross-cutting issues such as gender equality and human

rights; and data disaggregated to the extent possible by categories such as country, Cosponsor, age and sex;

- 5.3 *Supports* continued focus on the measurement of UNAIDS achievements at country level as part of efforts to monitor progress against the Declaration of Commitment of the UN General Assembly Special Session on HIV/AIDS, the 2006 Political Declaration and the Millennium Development Goals;
- 5.4 *Encourages* additional emphasis on performance monitoring and evaluation to further improve reporting and to enhance accountability at all levels and across the Joint Programme;
- 5.5 Further *agrees*, that the process to develop the Unified Budget and Workplan for 2010-2011 should include clarity on the division of labour, a reduction of indicators as appropriate, and a focus on the linkages between investments and results;
- 5.6 *Urges* all countries to provide adequate resources to fully fund the 2008-2009 Unified Budget and Workplan and in addition, commit to ensuring the updated Strategic Framework 2007-2011 is efficiently and effectively implemented;
- 5.7 *Requests* UNAIDS to develop, and implement rapidly an advocacy strategy and plan of Action to mitigate the potential impact of the current financial crisis, particularly in the most affected regions;
- 5.8 *Takes note* of the updated Strategic Framework for 2007-2011 as the principal guide to global, regional and country-level planning, budgeting, implementation and monitoring progress of UNAIDS support to countries efforts to move towards the goal of Universal Access;
- 5.9 *Agrees* to the establishment of a subcommittee ad interim of the Programme Coordinating Board for the preparation of the 2010-2011 Unified Budget and Workplan with the mandate to review in a general manner and make recommendations to the 24<sup>th</sup> Programme Coordinating Board meeting on:
  - a. the overall priorities, scope and structure of the UNAIDS Budget and Workplan;
  - b. the expected results and broad activities of the Unified Budget and Workplan;
  - c. the performance monitoring framework, indicators, targets and financial implementation reports; and
  - d. follow-up on implementation of the previous decisions on the Unified Budget and Workplan;
- 5.10 *Agrees* that the subcommittee shall be comprised of a maximum of ten member states (two per geographical region), two NGOs, two Cosponsors and the UNAIDS Secretariat, and that the reports of the subcommittee meetings be posted on the UNAIDS website;
- 5.11 *Agrees* the process for establishment of the subcommittee as follows:
  - By the deadline of 9 January 2009 the Chair of the Programme Coordinating Board to invite proposals for membership from each (Member State) region

and constituency (NGOs and CCO); each group should present consensus nominees if possible;

- Each constituency will be requested to submit the exact number of nominations to fill the number of places on the subcommittee for that particular constituency;
- If the number of nominations exceeds or is less than the number of places on the subcommittee for a particular constituency, the Chair of the Programme Coordinating Board will contact all members of that constituency represented on the Board for further discussion and agreement;
- Once the subcommittee is established the PCB Bureau will communicate the names of the members to all Member States, PCB NGOs and Cosponsors; and
- The PCB Bureau shall propose, for agreement by the Programme Coordinating Board using the inter-sessional decision making process, a Chair from within the membership of the subcommittee;

5.12 Further *agrees* that the budget for the operations of the subcommittee shall be a maximum of USD 114,000 to cover two meetings of the subcommittee;

5.13 *Agrees* that a decision on the continuation of the subcommittee will be taken at the 25<sup>th</sup> Programme Coordinating Board meeting in light of the outcomes of the Second Independent Evaluation;

### **Agenda item 3: Report of the International Task Team on HIV-related Travel Restrictions**

6.1 Strongly *encourages* all countries to eliminate HIV-specific restrictions on entry, stay and residence and ensure that people living with HIV are no longer excluded, detained or deported on the basis of HIV status;

6.2 *Agrees* that, mindful of Programme Coordinating Board decision 8.2 taken at its 21<sup>st</sup> meeting, no Programme Coordinating Board meeting will be held in a country with an HIV-specific restriction related to entry, stay or residence based on HIV status;

6.3 *Requests* UNAIDS and other relevant international organizations to implement the recommendations specific to them in the Report of the International Task Team on HIV-related Travel Restrictions;

6.4 *Requests* the UNAIDS Secretariat to provide a progress report to the 24<sup>th</sup> Programme Coordinating Board meeting on the implementation of the recommendations contained in the Report of the International Task Team on HIV-related Travel Restrictions;

### **Agenda item 4: Increased involvement of civil society in the PCB**

7.1 *Welcomes* the report of the PCB NGOs on the "*Increased involvement of civil society in the PCB*";



- 7.2 Mindful of the sovereignty and capacity of Member States:
- a. *Encourages* Member States to consider the possibility of involving, in a capacity they deem appropriate, one or more representatives of civil society, including people living with HIV and affected communities, within their national delegations to Programme Coordinating Board meetings; and
  - b. *Recommends* that the UNAIDS Secretariat, country offices and Regional Support Teams explore and identify ways to support Member States to involve civil society in their delegations;
- 7.3 *Requests* the Programme Coordinating Board Bureau to host at least two of its meetings ‘in person’ in the lead-up to each Programme Coordinating Board meeting – and to provide resources to those members, including the representative of the NGO Delegation, that are unable to cover their costs;
- 7.4 *Requests* the Programme Coordinating Board Bureau to provide a simple ‘road map’ for how each key document for decision will be conceptualized, developed and finalized and when/how different stakeholders, including civil society, can contribute;
- 7.5 *Encourages* all relevant stakeholders to submit their key documents for decision at least 8 weeks prior to Programme Coordinating Board meetings - to facilitate timely translation and enable comprehensive consultation among all sectors, including civil society;
- 7.6 *Requests* the UNAIDS Regional Support Teams and Cosponsors to include NGO delegates, or their designated representative, in regional meetings, where appropriate;
- 7.7 *Calls upon* the Regional Support Teams to facilitate NGO regional caucuses, including people living with HIV and other key affected populations. These will be co-hosted periodically by the Regional Support Team, regional PCB NGO delegates and the PCB NGO’s Communications Facility, and could be attached to a pre-existing meeting;
- 7.8 *Agrees* to schedule an agenda item to review progress towards increasing and improving civil society participation and, in particular, to review the implementation of relevant recommendations from the Second Independent Evaluation, in a Programme Coordinating Board meeting in 2010.
- 7.9 *Requests* the UNAIDS Secretariat to prepare a paper for the 25<sup>th</sup> Programme Coordinating Board meeting that responds to the management and cost implications of the proposed recommendations presented in the PCB NGO’s paper to the 23<sup>rd</sup> Board meeting on “*Increased involvement of civil society in the PCB*”, and taking into account the recommendations of the Second Independent Evaluation;

**Agenda item 5: Report on the process for nomination of the Executive Director**

8. With respect to future nominations, takes note of the following suggestions and *requests* the PCB Bureau to consider them:
  - a. the Programme Coordinating Board should establish a Search Committee, composed according to the same criteria, working on the same objective basis, and relying only on a merit-based approach;
  - b. a professional recruitment firm should be used to do outreach to encourage and solicit applications. The firm should do the screening and assist throughout the meetings on the establishment of scoreboards and practical points, calling for interviews, writing reports etc.;
  - c. an extraordinary Programme Coordinating Board meeting should be merit based and should not allow any discussion or reporting of candidates' attributes which are not directly relevant to the merit based approach and which can be damaging to the protection of candidates;
  - d. Legal Counsel should be involved throughout the process; and
  - e. the Chair of the Search Committee should attend the selection and interview meetings of the Committee of Cosponsoring Organizations;

**Agenda item 6.1: Review of the process for PCB inter-sessional decision making**

9. *Agrees* to the addition of a new Annex 3 to the Modus Operandi of the Programme Coordinating Board to formalize the functions and composition of the PCB Bureau and the inter-sessional decision making process that may be used by the Bureau in meeting its mandated functions from the Board;

**Agenda item 6.2: Implementation of previous PCB decisions**

10. *Agrees* the proposed amendments to the Modus Operandi to implement its decisions from the 20<sup>th</sup> Programme Coordinating Board meeting;

**Agenda item 6.3: Election of Officers**

- 11.1 *Elects* Ethiopia as Chair, the Netherlands as Vice-Chair, and Guatemala as Rapporteur for the calendar year beginning on 1 January 2009;
- 11.2 *Approves* the new members of the PCB NGO delegation for 2009: Alexandra Garita, International Planned Parenthood Federation, Western Hemisphere Region (IPPF, WHR); Dr. Evan Collins, Ontario HIV Treatment Network (OHTN); Dr. Lydia Mungherera, TASO (The AIDS Support Organisation) Uganda; and, Dr. Robert Carr, Caribbean Vulnerable Communities Coalition, Jamaica ;

**Agenda item 7.1: Gender-sensitivity of AIDS responses**

- 12.1 *Takes note* of the progress report on the gender-sensitivity of AIDS responses;
- 12.2 *Requests* UNAIDS to prepare a progress report for the 24th Programme Coordinating Board meeting detailing the work of the UNAIDS Secretariat and the

Cosponsors in assisting countries in developing gender equality including needs assessments for women and girls and for lesbian, gay, bisexual and transgender communities separately, emphasizing country level action, as well as follow-up actions, including the establishment of an inter-agency strategy to address HIV and women and girls in line with the strategy undertaken with lesbians, gays, bi-sexuals and transgender;

**Agenda item 7.2: Second Independent Evaluation of UNAIDS**

13. *Takes note* of the progress report on the Second Independent Evaluation of UNAIDS;

**Agenda item 8: Any Other Business**

- 14.1 *Requests* the UNAIDS Secretariat to provide a paper to the 24th Programme Coordinating Board meeting on the organization of field visits that builds upon that submitted to the 21st Board meeting on “*Issues related to future PCB meetings*”;
- 14.2 Mindful of Commission on Narcotic Drugs resolution 51/14, which calls for collaboration among Member States represented both in the Commission and on the Programme Coordinating Board towards the promotion of better coordination and alignment of the AIDS response in order to scale up towards the goal of universal access to comprehensive prevention, care, treatment and support services for people who use drugs; *takes note* of the upcoming UNGASS review of the World Drug Problem and *requests* UNODC, as one of the UNAIDS Cosponsors, to work towards an outcome of the meeting that accurately reflects the importance of decreasing HIV transmission and co-infection in people who use drugs.

[End of document]