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January 2011

28th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
21-23 June 2011

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

Additional documents for this item: *none*

Action required at this meeting - the Programme Coordinating Board is invited to: adopt the report of the 27th Programme Coordinating Board

Cost implications for decisions: *none*

OPENING OF THE MEETING AND ADOPTION OF THE AGENDA

1. Dr Marijke Wijnroks, Ambassador at Large for HIV/AIDS for the Netherlands, welcomed Board members to the 27th meeting and offered reflections on the previous year. It was noted that under the new government of the Netherlands HIV/AIDS would remain a priority in the context of Sexual and Reproductive Health and Rights.
2. Board members observed a moment of silence in recognition of those who had passed away from AIDS since the 26th meeting.
3. The draft annotated agenda (UNAIDS/PCB(27)10.16.rev1) was adopted without amendment.

CONSIDERATION OF THE REPORT OF THE TWENTY-SIXTH MEETING

4. The Board approved the report of the 26th meeting (UNAIDS/PCB(26)/10.15).

REPORT OF THE EXECUTIVE DIRECTOR

5. UNAIDS Executive Director Michel Sidibé delivered his report to the Board, thanking members for their work over the previous year. He said that the new UNAIDS Strategy 2012-2015 that was before the Board for consideration was an institutional landmark that would galvanize international leadership during difficult economic times and improve the return on investments and already hard-won gains in the global response.
6. Promising findings in the 2010 UNAIDS Global Report were noted: at least 56 countries have stabilized or begun to reduce the number of new infections. In South Africa, the number of new infections among young people has fallen by 50 per cent, with comparable results achieved in India as well. The gap between prevention success and treatment scale-up is slowing, although the epidemic continues to grow in Central Asia and Eastern Europe.
7. The world has embraced a common goal of universal access, which reflects shared values of justice, human security, and human dignity. To achieve universal access, good value for AIDS investments was essential. It was observed that continuing economic challenges had placed notable pressures on international development funding. Moving forward, the universal access agenda requires that developing countries have access to the necessary financial, technical and human resources. It was noted that important trends often have multiple meanings; while Africa is exhibiting healthy rates of economic growth, which increase fiscal space for necessary national investments, growing economies also contribute to population migration and the development of megacities, which may increase vulnerability. To address emerging and future challenges, the AIDS response must be “fast on its feet.” A transformative agenda is needed to lower the unit costs of AIDS programmes, take the AIDS response out of isolation by building bridges that connect with other health and development efforts, move from a commodity-driven to a community-driven approach, and improve strategic and programmatic prioritization.
8. There are encouraging signs that the “prevention revolution” is gaining ground. In 59 countries, less than 25 per cent of men reported sex with more than one partner in the previous year. Condom use (both male and female) is increasing in many countries, and condom programming has become more strategic. The CAPRISA trial in South Africa

offered especially good news in 2010, providing the first evidence of effectiveness of a vaginal microbicide. This microbicide could fill an important gap in HIV prevention by empowering women who are unable to successfully negotiate mutual faithfulness or condom use with their male partners. Recent research indicates that pre-exposure antiretroviral prophylaxis significantly reduces the risk of sexual transmission among men who have sex with men. It is increasingly evident that antiretroviral treatment scale-up has important prevention benefits as well.

9. As of December 2009, more than 5.2 million people in low- and middle-income countries were receiving antiretroviral treatment. Treatment 2.0 – a visionary strategy to increase the sustainability of treatment gains – is moving from concept to reality. Treatment 2.0 recognizes that the current treatment model is not sustainable and that costs must be further lowered and medications rendered less toxic and more durable. Achieving the necessary further gains in gender equality and human rights will increase demand for services even more.
10. Other progress in the AIDS response is evident. Mr Sidibé reported on a recent trip to Iran, where he had visited a prison that provides prevention services. In Iran, methadone substitution treatment is being provided to more than 2,000 prisoners. In Australia, Mr Sidibé had visited an injection room that helps reduce harms associated with drug use. In the Caribbean, national leaders are revisiting national sodomy laws and beginning a dialogue on the need to combat homophobia.
11. Greater efficiency and focus is needed in the AIDS response. In numerous countries – such as Ghana, Nigeria and Uganda – most-at-risk populations account for a considerable share of new infections, underscoring the need to focus services effectively to achieve greater impact. An enhanced focus on accountability is also warranted. Investments by the Global Fund to Fight AIDS, Tuberculosis and Malaria and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) should be leveraged to maximize impact and increase country ownership. In a number of African countries, domestic expenditure on AIDS has increased.
12. Improved integration is central to ensuring value for investments. Global health and development efforts should learn from the holistic approaches used by communities to care for individuals in need. With support from the Global Fund and PEPFAR, Ethiopia has taken important steps towards a more integrated health system. Attention is needed to the underlying health infrastructure in countries, as for example sophisticated diagnostic technologies will not be effective in settings where electricity is episodic. Simpler, less expensive diagnostic tools are needed to support treatment scale-up in resource-limited settings.
13. UNAIDS has taken steps to improve its own administrative efficiency. By adopting a single administrative system, UNAIDS will reduce costs associated with the Joint Programme. Repositioning UNAIDS country offices within the Resident Coordinator system of the United Nations will minimize duplication, increase coherence, and facilitate joint UN action. UNAIDS has already reduced its travel costs by 25 per cent over the course of one year, and reallocation of staff is being studied to enhance UNAIDS' overall effectiveness.
14. Mr Sidibé observed that the 27th meeting would be the last before the 10-year review at the High Level Meeting on AIDS at the United Nations General Assembly in 2011. The importance of this meeting cannot be overestimated for the global AIDS movement, representing as it does the opportunity to evaluate and revise the global response.

15. The Board took note with appreciation the report by Mr Sidibé and welcomed the emphasis on HIV prevention. It was noted that particular programmatic focus is required in sub-Saharan Africa, Central Asia and Eastern Europe, and among populations most at-risk. Enhanced efforts to understand national epidemics and to respond to emerging trends were recommended. Board members strongly agreed with Mr Sidibé that the 2011 High Level Meeting represents a crucial opportunity to reshape AIDS efforts and improve their impact and sustainability.
16. The need for continued focus on treatment scale-up was noted. Board members emphasized the need for health systems strengthening in low- and middle-income countries, as well as the importance of strong country ownership. Concerns were expressed regarding the future of international AIDS assistance, with some Board members expressing disappointment regarding the outcome of the third replenishment meeting for the Global Fund. Board members cited the need for innovation to improve value for money in such areas as drug purchasing and distribution, and in social protection systems. In response to the Board's comments, Mr Sidibé noted that 23 countries accounted for more than 90 per cent of all HIV infections, underscoring the potential value of improved focus in programmatic efforts. In this regard, Mr Sidibé cited with concern the fact that only three proposals from Southern Africa had been successful in Round 10 of the Global Fund.

KEYNOTE SPEAKER

17. Dr Françoise Barré-Sinoussi, co-chair of the UNAIDS High Level Commission on HIV Prevention and Nobel laureate for medicine in 2008, provided the keynote address to the Board. Her remarks focused on key developments in the AIDS response during the epidemic's first three decades. From the epidemic's beginning, AIDS had generated an exceptional mobilization of people from all walks of life.
18. Prompt diagnosis remains the first step in HIV prevention and treatment. New prognostic markers have been developed over the years, although additional innovations are needed to ensure the full transfer of such technologies to resource-limited settings. Important gains have been made in treating HIV disease, although treatment aims continue to be frustrated by the world's failure to reach most people who need therapeutic interventions. With universal access to HIV treatment, it would be possible to achieve far more substantial effects on HIV incidence and to improve the long-term efficiency of the AIDS response. Out-of-pocket costs associated with various aspects of treatment continue to impede service uptake. In addition to improving access to treatment, efforts are also required to enhance the quality of treatment services. Long-term treatment success requires new methods to address reservoirs of infection that are not reached by current antiretroviral agents. Various approaches to eradicate HIV reservoirs within the body are currently being investigated. While it may not ultimately be feasible to eliminate all viral reservoirs, there are hopes for a functional cure that would prevent viral replication. A multi-disciplinary committee is at work to develop a scientific strategy by 2012 to accelerate progress towards finding such a cure. As people living with HIV live longer as a result of improved therapies, additional health challenges are likely to surface, including premature ageing, cancers, and cardiovascular conditions. Progress towards elimination of mother-to-child transmission remains disappointing in light of the tools at the world's disposal.
19. Dr Barré-Sinoussi reminded the Board that no vaccine exists to prevent HIV infection. Some 70 candidate vaccines have been developed, but only three efficacy trials have been conducted. In 2009, a trial in Thailand of a combination vaccine suggested some degree of

efficacy. The necessary mechanisms of protection for a preventive vaccine remain unknown, although the Thai trial provided insights on favourable immune responses. There are many reasons to believe that it is possible to develop a preventive vaccine, including the fact that a small fraction of people infected with HIV do not experience HIV-related immune suppression. In the absence of a vaccine, a broadening array of prevention strategies has been developed. The High Level Commission on HIV Prevention has worked to emphasize the importance of combination HIV prevention.

20. An evidence-based response to AIDS is a driving force in the push for global health equity. In moving forward, it is essential that the fight continue against discrimination and for human rights. To address the AIDS challenge, inter-disciplinary networking and global solidarity will remain critical.

UNAIDS STRATEGY 2011-2015

21. Dr Kent Buse, Senior Advisor to the UNAIDS Executive Director, noted that the Board had directed UNAIDS to develop a new mission statement and a strategic plan. The new Strategy presented to the Board reflected substantial input and feedback from members of the Board and would provide the foundation for the development of an operational plan.
22. The UNAIDS Strategy presents a transformative agenda for the global response. The need for such a transformative agenda is apparent from a review of longer-term political and economic trends, which point towards flattening resources, fragmented and generic responses, severe gaps in treatment access, weak systems, and social injustice. By contrast, the review of major trends also highlights key opportunities, including improved tools to measure HIV incidence, superior strategic information, and momentum in the development of new strategies for HIV prevention, treatment, care and support.
23. The Strategy aims to increase focus and improve efficiency in order to radically reduce the number of new infections. It is intended to facilitate strategic partnerships, support country ownership, engage emerging economies, facilitate South-South cooperation, and usher in a new approach to financing the response. The Strategy emphasizes mutual accountability in the response, improving broad ownership, strengthening community systems, and promoting activism. It reflects the transition from short-term technical support to the development of lasting capacity, as well as enhanced efforts to link the AIDS response with broader health and development efforts.
24. Proposed strategic directions for UNAIDS include revolutionizing HIV prevention; catalysing the next phase of treatment, care and support; and advancing human rights and gender equality. Each of these strategic directions is critical, and all are inter-dependent. Ten medium-term goals towards the long-term UNAIDS vision have been established. Evolved from the priority areas of the UNAIDS Outcome Framework, these goals aim to drive concrete progress where it is needed and enable the Joint Programme to improve its strategic focus. Illustrative examples of the Joint Programme's added value are offered in each strategic direction, which take advantage of the resources available to the Cosponsors and the Secretariat.
25. The Strategy was developed through an intensely consultative process, the major milestones of which included a multi-stakeholder consultation in Bangkok, bilateral interviews with selected members of the Board, consultations at the Vienna International AIDS Conference, and stakeholder reviews of multiple drafts.

26. The Strategy will be implemented through various mechanisms, including the Unified Budget and Accountability Framework (UBAF) and a renewed UNAIDS Division of Labour. The UBAF will present the comprehensive results architecture for the Joint Programme, incorporating clearly defined baselines and outcomes, identifying each Cosponsor's contributions, and specifically focusing on country progress.
27. On behalf of the Chair of the Committee of Cosponsoring Organisations (CCO), Dr Purnima Mane, Deputy Executive Director (Programme) of UNFPA expressed appreciation to Mr Sidibé and to Colleagues of Cosponsoring organisations for their efforts to develop the new strategy. Dr Mane said the Strategy achieves the recommendation of the Second Independent Evaluation for a more focused, strategic, efficient and accountable Joint Programme. Under the new strategy, the Joint Programme will work in partnership to increase value for investments and emphasize national ownership and country priorities. Furthermore, the revised Division of Labour brings together the comparative strengths and expertise of the full array of Cosponsors, clarifying roles and responsibilities.
28. Dr Paul De Lay, Deputy Executive Director (Programme) of UNAIDS, advised the Board that the Strategy will complete the transformation of UNAIDS into a United Nations organisation of the future, providing a model for efficiency and value for money. It extends beyond the Joint Programme itself, offering strategic directions for a transformed AIDS response. In particular, it charts a transition from an emergency response to a sustainable, more strategic approach to AIDS.
29. The Board congratulated UNAIDS for the new strategy and formally adopted it.* Specific support was expressed for the strategic directions of the new strategy and Board members echoed the Joint Programme's emphasis on country ownership, embraced the call to extend universal access targets to 2015, and stressed that prevention, treatment, care and support are mutually reinforcing. A number of priorities were identified by Board members with respect to operationalisation of the strategy, including intensified programmes for most-at-risk populations, removal of punitive laws and policies, and intellectual property approaches to enhance the affordability of medicines. Looming challenges in financing the AIDS response were noted by Board members. In response to various questions regarding implementation of the Strategy, Dr De Lay said such matters would be addressed through the Unified Budget and Accountability Framework (UBAF).

PROGRESS REPORT ON IMPLEMENTATION OF THE SECOND INDEPENDENT EVALUATION OF UNAIDS

30. Ms Jan Beagle, UNAIDS Deputy Executive Director (Management and External Relations), reported on the Joint Programme's progress in implementing the recommendations of the Second Independent Evaluation. With respect to the recommendation for the development of an overarching partnership framework, Ms Beagle emphasized the crucial role of partnerships in supporting a strong AIDS response. UNAIDS promotes and leverages strategic partnerships; to facilitate nationally owned responses; foster South-South cooperation, extend AIDS responses beyond the health sector to broader development

* The Islamic Republic of Iran disassociated itself from some parts of the UNAIDS Strategy 2011-2015 and reaffirmed that in implementation of the Strategy full consideration and respect should be given to cultural, moral and religious values, national sovereignty, and legal and social systems of the countries concerned.

efforts; and link AIDS movements to other related social justice domains. UNAIDS will assess new and existing partnerships on the basis of shared objectives, value added, achievement of specific results, and delivering on the Joint Programme's new strategy.

31. Ms Beagle described the revised Division of Labour and its role in enhancing efficiency and effectiveness, leveraging respective mandates and resources, and promoting mutual accountability at global, regional and country levels. Under the revised Division of Labour, the Secretariat will not convene or co-convene any of the fifteen Division of Labour areas but will facilitate and promote coordination to achieve results in all the areas. The Secretariat will work with Cosponsors to develop strategic information and to address gender and human rights issues.
32. The finalization of the Technical Support Strategy had been deferred to this meeting to ensure alignment with the goals and content of the new UNAIDS Strategy. The Technical Support Strategy outlines key actions by the Joint Programme for scaling up technical support and strengthening the overall technical support marketplace. Enhanced emphasis is placed on the effectiveness of technical support and on the cost-effective delivery of such support through harmonized and accountable systems. In particular, UNAIDS will focus its efforts on technical support on long-term skills transfer and capacity development, and on aligning differing technical support architectures and mechanisms within the Joint Programme.
33. With respect to human rights and gender, UNAIDS will focus on building commitment and capacity to implement rights-based responses. It was observed that the Global Commission on HIV and the Law had been launched and had met for the first time in October 2010. Important progress has been made in removal of discriminatory travel restrictions. It was noted that a more extensive review of gender activities would be included in the subsequent agenda item on gender-sensitivity of the AIDS response.
34. Noting the emphasis on delivering value for money, Ms Beagle addressed a number of organisational issues. Work was ongoing regarding a capacity needs assessment, which represented the first comprehensive global mapping undertaken jointly by the Secretariat and all Cosponsors of staff working on AIDS at country and regional levels. The assessment had generated useful data, which will inform efforts to ensure an optimal staffing profile for the Joint Programme. The Secretariat was engaged in a number of processes, including a review of Secretariat country offices to inform recommendations for a more effective Secretariat presence in countries and the restructuring of the headquarters to ensure further streamlining of reporting lines and alignment of the structure to the newly defined priorities. It was expected that an update on the implementation of the Secretariat's Human Resources Strategy would be reported to the Programme Coordinating Board in December 2011 as part of a broader item on the impact of the Second Independent Evaluation. Financial policies have been revised to facilitate monitoring, tracking and accounting of resources and a review and redesign of the Secretariat's business practices was ongoing to streamline and automate processes and reduce transaction costs.
35. Ms Beagle informed the Board that following extensive consultation and a thorough review of pertinent benefits and costs, it had been determined that the best option for the Secretariat was to move to a single administrative system within the framework of WHO regulations and rules. All UNAIDS staff will be subject to the same set of staff rules and connected to the same electronic platform. Costs associated with moving to a single administrative system will be absorbed within the Secretariat component of the Unified

Budget and Workplan. It is anticipated that a single administrative system will enable the Secretariat to achieve important efficiencies and avoid duplication.

36. The Unified Budget and Accountability Framework (UBAF for 2012-2015) will transform the goals of the Strategy into concrete plans and actions. It will be an improved instrument for governance, country-focused and based on epidemic priorities. Links will be demonstrated between resources and results, with a disaggregation of expenditures for management and programmatic activities, and performance criteria established for the release of funds. A consultative process to develop the UBAF is planned, with the first meeting of the subcommittee scheduled for 9 December 2010 under the chairmanship of Senegal. The UBAF will identify targets, indicators and baselines, as well as resources required for implementation and will be closely aligned with the respective frameworks and indicators of Cosponsors.
37. The Board took note of the progress in implementing the recommendations arising from the Second Independent Evaluation of UNAIDS and of the decision by the UNAIDS Executive Director to move to a single administrative system for the UNAIDS Secretariat. It encouraged the ongoing efforts of the Secretariat to use the most effective administrative policies suited to its operational needs and to minimize administrative costs by seeking the most cost-effective provision of services.
38. Board members also requested additional detail on plans for technical support. It was agreed to include a substantive agenda item reviewing and analyzing the state of sustainable capacity development and technical support in the Joint Programme and providing for further discussion of the UNAIDS Technical Support Strategy at the 29th meeting of the Board.

REPORT OF THE PCB TASK FORCE ON SIE FOLLOW UP RELATED TO ALL ASPECTS OF GOVERNANCE

39. Ms Monique Middelhoff, Senior Health and AIDS Advisor of the Ministry of Foreign Affairs of the Netherlands and Chair of the Task Force on follow up to the Second Independent Evaluation related to all aspects of governance submitted the report by the Task Force. The Board thanked the Task Force for its considerable efforts in developing the report and formally endorsed its recommendations.
40. The Board agreed to the proposed amendments to its Modus Operandi, as set forth in Annex 1 of the Task Force's report. The Board requested the Programme Coordinating Board Bureau (PCB Bureau) to commission and consider regular reports from the Secretariat on implementation of Board decisions, with such reports to be attached to Board meeting minutes. The Board directed the PCB Bureau to propose action based on Secretariat reports as appropriate.
41. The PCB Bureau was asked to propose to the Board a process for periodic evaluation of programmatic and thematic areas. It was agreed that subcommittees should be small (i.e., one Member State representative per geographic region, one PCB NGO representative, one Cosponsor representative, and one representative of the Secretariat). The PCB Bureau was also requested to consider the number and length of presentations at Board meetings, with the aim of ensuring the smooth conduct of such meetings.

42. The Board also adopted a series of procedures for drafting groups at Board meetings. Under the approach endorsed by the Board, only issues contained in Board meeting documents circulated by the Secretariat, raised in plenary session, or as directed by the Chair are to be discussed in a drafting group. During a drafting group meeting, the Chair will first invite Board members, Cosponsors and PCB NGOs to speak on an issue, then open the floor to observers, who are invited to speak only on matters they consider critical and which have not previously been addressed by the above-noted categories of Board participants. One person per delegation will be permitted to address each agenda item under consideration by the drafting group. The Chair at its discretion may invite any other person to speak during a meeting of the drafting group.

GENDER-SENSITIVITY OF AIDS RESPONSES

43. Ms Mariangela Simao, Chief of Prevention, Vulnerability and Rights Division of UNAIDS, summarized implementation of the action framework and operational plan on women, girls, gender equality and HIV (UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV). Launched in March 2010, the initiative has achieved considerable results; 55 countries have launched the Agenda for Women and Girls, with 45 countries already reporting on activities directly related to the Agenda. The Agenda has three recommendations: (1) improving evidence and information, (2) translating commitments to scaled-up action, and (3) creating a supportive environment. Under the three priority recommendation areas, 26 targets have been established. Five of the seven targets in Recommendation 1 have been achieved, as well as five of ten targets under Recommendation 2 and three of nine targets under Recommendation 3. A total of US\$ 6.1 million has been allocated towards the initiative in 2010, including US\$ 4.5 million in country support.
44. Key challenges for implementation of the action framework include: the need for long-term political and financial commitments for women, girls and HIV; the need to strengthen sexual and reproductive health services and link them to HIV; high rates of gender-based violence; and the need to increase the engagement of men. Capacity development is central to the success and sustainability of this agenda. Experience to date underscores the need for better evidence and improved monitoring systems.
45. Several countries described their respective efforts to implement the Agenda for Women and Girls. The Honourable Vabah Gayflor, Liberia's Minister for Gender and Development, reported that her country has benefited from the support of various UN agencies, but also confronts considerable challenges, including the lack of evidence-based information, difficulties associated with working in post-conflict situations, limited availability of sexual and reproductive health services, limited funding, and inadequate institutional capacity on human rights and gender. Yet despite these challenges, Liberia regards the launch Liberia's Agenda for Women and Girls as an important sign of progress and a potentially useful vehicle for engaging additional ministries in a common effort to improve the AIDS response for women and girls.
46. Dr. Han Mengjie, Assistant Director, SCAWCO (China State Council AIDS Working Committee Office) also reported on its efforts to launch the UNAIDS Agenda for Women and Girls. Gender inequality and prevalent stigma serve as barriers to service access for women in China. Other challenges include the historic lack of a rigorous gender analysis, limited institutional capacity, low levels of participation among women, and stigma and discrimination against women living with HIV. In connection with the implementation of the

Agenda for Women and Girls, China is utilizing the Global Fund to accelerate women-centred programming and has completed a gender analysis in six priority provinces, undertaken training initiatives in gender-responsive budgeting, developed a gender strategy for the Global Fund's Country Coordinating Mechanism, and implemented advocacy efforts to promote women's rights.

47. A national steering committee on women, girls, gender equality and HIV has been established in Uganda. The country has experienced an increase in couples seeking HIV counselling and testing, although gender-based violence and various cultural and social norms continue to increase vulnerability and impede progress.
48. Board members welcomed the progress report and cited the operational plan as a unique opportunity to ensure that national responses meet the needs of women and girls. The Board specifically welcomed efforts by UNAIDS to incorporate comprehensive sexuality education policies and programmes in its 2011-2015 Strategy, as well as UNAIDS' efforts to address male gender-related obstacles to HIV and sexual and reproductive health services. Further progress was urged, and calls were made for broader leadership on women, girls and HIV, with political rhetoric matched by sufficient resources. It was noted that UN Women represents a potential opportunity to strengthen the UN system's engagement on these issues.
49. Board members requested additional reports on country progress. A specific request was made to highlight country-specific outcomes and activities, with a particular focus on the impact of UNAIDS interagency, core and supplemental budgets dedicated to empowering women and girls in the context of HIV. The Board formally requested UNAIDS to report on progress in implementing the Agenda for Women and Girls at the 28th Board meeting.
50. The Board asked UNAIDS to identify, by the UN High Level Meeting in 2011, the projected resources required for further national implementation of the Agenda for Women and Girls. UNAIDS was also requested to ensure that key actions, indicators and budgetary allocations pertinent to continued progress in implementing the action agenda be reflected in the UBAF, including but not limited to the integration of HIV and sexual and reproductive health services. UNAIDS was asked to partner with national stakeholders to document models of best practice of collaboration between the AIDS and women's movements in addressing the HIV-related needs of women and girls. The Board also requested UNAIDS to collaborate with key stakeholders to promote and facilitate improved linkages between sexual and reproductive health, human rights and HIV and encouraged further partnership with networks that work on HIV and gender equality issues with men and boys as well as women and girls.

AIDS, SECURITY AND HUMANITARIAN RESPONSES

51. Tim Martineau, Director of the Programme Effectiveness and Country Support Department of UNAIDS reminded the Board that a discussion regarding AIDS, security and humanitarian responses had taken place at the Board's meeting in Lusaka in December 2006, which had resulted in requesting UNAIDS to integrate HIV into humanitarian responses and to recognize the importance of programming for uniformed services.
52. Mr Martineau reported that significant progress had been achieved in each of these areas. With leadership from UNHCR, significant increases in coverage for antiretroviral treatment, prevention of mother-to-child transmission, and voluntary counselling and testing has

occurred in humanitarian settings. UNFPA has continued to provide reproductive health commodity supplies for such programming, and WFP has scaled up food support in such settings. The Inter-Agency Standing Committee guidelines reflect the integration of HIV into the humanitarian architecture. UNAIDS and its partners have also worked to ensure that national AIDS strategies take the needs of humanitarian populations into account. While financing for HIV programming in humanitarian responses has increased, such funding remains ad hoc, although there have been productive conversations with the Global Fund regarding future efforts to address such needs.

53. In 2011, UNAIDS will report to the UN Security Council on follow up to Resolution 1308. Particular strides have been made towards addressing the links between HIV and sexual violence in the context of international peacekeeping and uniformed services. The Global Uniformed Services Task Force has played a key role in advancing the agenda on AIDS and security. Approximately 40 countries have policies in place on HIV and uniformed services, and PEPFAR provides assistance on such programming in 80 countries. Since the Lusaka meeting, substantial research had been undertaken to expand the evidence base for action in this area.
54. UNHCR reported that a number of African countries that had previously addressed humanitarian populations in their national strategies had dropped these issues. It was noted that the UNAIDS family had increased its work on urban populations and with respect to unregistered refugees.
55. The Board took note of the report and expressed appreciation for the progress achieved to date, in particular, for the increased focus on sexual and reproductive health in humanitarian situations and on HIV prevention in peacekeeping operations. Board members expressed a desire for more detailed information on measurable results and an increased analysis of challenges and gaps. The Board asked UNAIDS to provide a comprehensive report in relation to its work regarding security and humanitarian responses following the report to the UN Security Council.

UNIVERSAL ACCESS

56. Dr De Lay noted that 2011 marks the 30th year since AIDS was first recognized. It also marks 15 years since the introduction of antiretroviral therapy, 10 years since the endorsement of the Declaration of Commitment on HIV/AIDS, and five years since the approval of the Political Declaration on HIV/AIDS. The 2011 High Level Meeting will provide an opportunity to review progress in the AIDS response. It will be co-facilitated by the Ambassadors of Australia and Botswana and will be informed by a comprehensive report from the Secretary-General, as well as by a stocktaking report.
57. A civil society task force is being convened to advise UNAIDS and work with the President of the General Assembly in preparing the High Level Meeting. UNAIDS has also called on civil society to be included in national delegations to the meeting.
58. In advance of the High Level Meeting, UNAIDS has supported regional and national consultations and asked countries to prepare aide memoires to identify progress to date towards universal access, as well as key gaps and challenges and recommendations for future action. It is anticipated that aide memoires will be received from 117 countries and that information from these summary reports will be used to inform discussions at the High Level Meeting.

59. Ambassador Gary Quinlan of Australia in New York and co-facilitator for the High Level Meeting, reported that the task of the co-facilitators was to negotiate both the modalities resolution on organizational arrangements for the High Level Meeting as well as the actual outcome document. Although it is too early to know what Member States will want with respect to the contents of the outcome document it was clear that the High Level Meeting will provide a key opportunity to revisit and revise the political framework to accelerate progress in the AIDS response. The 2010 Summit on the Millennium Development Goals (MDGs) had served to position the AIDS response in a broader health and development context.
60. Ambassador Charles T. Ntwaagae of Botswana in New York and co-facilitator for the High Level Meeting said that the 2011 High Level Meeting would be modelled on that held in 2008 as well as the recent MDG review. Key issues addressed by the soon-to-be-completed modalities resolution include the duration of the meeting, rules governing participation, and other relevant matters. A key goal for the meeting is to obtain the highest possible level of political participation. Meeting preparation will also stress participation by civil society and the private sector. A civil society dialogue is planned for April 2011, presided over by the President of the General Assembly.
61. The Board took note of the strategic and political directions outlined for the High Level Meeting. Board members raised a number of priority issues to be addressed during the High Level Meeting, including sexual and reproductive health and rights, an evidence-based analysis of the impact of stigma and discrimination, strategies to address tuberculosis and other co-occurring conditions, and mobility and HIV. A request was made to ensure that the reports informing the High Level Meeting include the latest available evidence.
62. The Board asked the UNAIDS Executive Director to advocate as a matter of priority for inclusion of future funding for universal access on the agenda of the side meeting of the African regional ministers of health during the World Health Assembly in May 2011 and the High Level Meeting in June 2011, with particular attention to costs associated with the delivery of antiretroviral treatment in accordance with the 2010 WHO treatment guidelines. A request was also made to ensure inclusion on the agendas of these meetings of the issue of accessibility to, and affordability of, quality medicines, especially second- and third-line medicines and tests used for the diagnosis and monitoring of immunological and virological parameters.

ELECTION OF OFFICERS

63. The Board elected El Salvador as Chair, Poland as Vice-Chair, and Egypt as Rapporteur for the calendar year beginning 1 January 2011.
64. The Board also approved the new PCB NGOs: Association de lutte contre le sida (ALCS)/CSAT MENA [Nadia Rafif]; APN+/Jaringan Orang Terinfeksi HIV Indonesia (JOTHI) [Abdullah Denovan];, Fundación para Estudio e Investigación de la Mujer (FEIM) [Mabel Bianco]; Global Forum on MSM & HIV (MSMGF) [George Ayala]; and International Community of Women Living with HIV/AIDS (ICW) [Ebony Johnson].

THEMATIC SESSION: FOOD AND NUTRITION SECURITY AND HIV: HOW TO ENSURE FOOD AND NUTRITION SECURITY ARE INTEGRAL PARTS OF HIV PROGRAMMING

65. Mr Sidibé emphasized the centrality of proper nutrition to the management of HIV. It was observed that the global financial crisis is having a negative effect on funding for nutrition programmes, while also worsening the food-related vulnerability of many people in need. Recalling lessons learnt during a recent trip to Ethiopia, Mr Sidibé said that access to nutrition provides people living with HIV with the strength to work and live healthy and productive lives. Limited access to nutritional programs and adequate food security can have a big impact on individuals and households, especially in areas with high HIV prevalence. Individuals may face a choice between eating and spending limited personal resources for treatment-related costs, such as transportation to the clinic. WFP's experience emphasizes both the negative impact of poor nutrition and the empowering and enabling effects of proper nutrition and adequate food security on the ability of people living with HIV to take up and adhere to treatment.
66. Ambassador William J. Garvelink of the US Agency for International Development, outlined his government's numerous, linked programmes for food assistance in developing countries. In September, USA President Barack Obama had issued the first-ever national development policy, pledging among other things to commit US\$ 3.5 billion over three years for agriculture and food security. This pledge is a component of a global effort to address recent declines in the percentage of development aid focused on agriculture. Experience underscores that women are critical actors with respect to agriculture and food security, accounting for 80 per cent of small farmers in Africa and 60 per cent in Asia. When women experience HIV-related illness, it places a considerable burden on their households and on the broader agricultural sector.
67. Ms Princess Kasune Zulu of Zambia described her own experience as a child of parents who died as a result of AIDS and as a person living with HIV herself. Living in rural Zambia, her parents had little or no access to treatment, which remains typical in many parts of Africa. Her experience highlighted the importance of proper nutrition and a balanced diet. As a young girl shouldering considerable household care responsibilities, she was often forced to choose between feeding herself and caring for those for whom she was responsible. After learning in 1993 that she was HIV-positive, she had found her calling as an AIDS activist dedicated to improving the lives and well being of people living with and affected by HIV. She founded the Fountain of Life in rural Zambia, reflecting her commitment to ensure that people living in rural areas are not forgotten in the AIDS response.
68. Following these presentations, Board members and observers attended a series of breakout sessions on key issues relating to nutrition and HIV. Rapporteurs were assigned for each group to present key findings from the discussion in a closing plenary session.
69. Dr Julian Gold of the Albion Street Centre, in Australia moderated the plenary session in which reports were provided for each breakout session. Dr Gold noted that the role of nutrition is frequently under-emphasized at HIV conferences and in HIV programmes. Medical management of HIV infection is becoming increasingly complex, especially as the increased longevity of people living with HIV results in a broader array of important medical issues. Adequate nutrition interventions have an important role to play in effective disease management while also improving quality of life. Food and nutrition intervention have been proven to be critical enablers for treatment uptake and adherence in low and middle income settings. As antiretroviral therapy is scaled up, nutrition needs to play an important role in protecting the investment made. Additionally, Dr. Gold stressed the relationship between human rights, food security and HIV particularly in terms of care and support to families affected by HIV

70. Dr Tim Quick, senior nutritional advisor for the US Agency for International Development, presented findings from the breakout panel focused on improving uptake, adherence and treatment success through food and nutrition support. It was observed that malnutrition has direct effects on the immune function, while HIV infection progressively affects the individual's nutritional status. Nutritional assessment, counselling and support needs to be integrated in HIV care and treatment, particularly as treatment advances allow people living with HIV to live for decades with HIV infection. Nutritional strategies need to take into account the long-term consequences of HIV infection and antiretroviral medicines. Key challenges in efforts to use nutrition to promote uptake, adherence and treatment success include the need for assistance to countries to develop and implement appropriate policies and strategies, the need to integrate nutrition interventions effectively into an already stretched health sector and the difficulty to link health sector to communities-based activities. More operational research is needed to improve programme guidance. Funding for food and nutrition interventions needs to be expanded.
71. Dr Rahul Rawat, research fellow at the International Food Policy Institute, summarized the findings from the panel discussion on food and insecurity and social protection. Although there is a clear relationship between HIV and food insecurity, the links are complex. Households affected by HIV often face higher expenses and reduced income as the bread winner may not be able to work for an extended period of time. Social transfers – such as food support, cash transfers, vouchers and other livelihoods support – offer opportunities to strengthen the AIDS response. Stigma, discrimination and human rights issues need to be addressed as such programmes are put into place. Social protection strategies have a potentially important role to play for HIV prevention, treatment, care, support and impact mitigation. Key priorities include increasing support to national governments to strengthen social protection frameworks and undertaking focused research to understand the optimal targeting of social protection interventions so that they are HIV sensitive rather than HIV exclusive.
72. The third breakout panel discussed national government, donor and civil society approaches to integrate HIV and nutrition programmes, with Dr Carlos André Passarelli, of the Brazilian Ministry of Health, summarizing key findings. As HIV programmes do not yet comprehensively address food and nutrition issues and funding may not always be guaranteed, bridges need to be built linking HIV management with other constituencies and work streams. Particular programmatic focus is needed on key populations such as people living with HIV, people affected by the epidemic and participants in programmes to prevent mother-to-child transmission. The breakout session also underlined the importance of advocacy to address the right to food. Convergence between HIV activities and broader MDG ones need to be leveraged intelligently so as to use existing funds more effectively. One such effort would include advocacy around expanding social protection schemes and making them more sensitive to the needs of people living with HIV. With respect to the way forward, priority action steps include increasing food production, empowering communities to address HIV and nutrition issues, protecting and promoting human rights, increasing the engagement of the private sector, increasing funding for HIV and nutrition interventions and improving monitoring and evaluation.
73. Finally, Ms Fiona Perry, an international expert in HIV and disaster preparedness, summarized findings from the breakout group on HIV and food and nutrition security in humanitarian settings. It was observed that natural disasters are becoming more frequent and more severe, necessitating the development of an infrastructure that is capable of

responding when emergencies occur. Advance preparation requires engagement with key partners, including faith-based groups and networks of people living with HIV, as well as integration of HIV throughout preparatory activities. During natural disasters, food dependency increases the vulnerability of women, girls, children and marginalized groups, thereby increasing vulnerability and risk of HIV infection and underscoring the need to focus on the needs of such populations. At the same time, people living with HIV often face significant challenges in adhering to treatment as the availability of ART and access to it often is jeopardized. In addition, people living with HIV are more vulnerable to the poor diet and lack of hygiene which often prevail in such situations. The role of NGOs, WFP, UNHCR and others to ensure continued access to food, safe water, shelter and antiretroviral treatment was underlined.

74. Dr. Gold wrapped up the session by proposing three areas of focus for the future to: increase the number of national HIV strategies with a well funded nutrition component while strengthening this component where it already exists; develop a global network of experts on HIV and nutrition, which would be charged with strengthening the evidence base, improving programmatic guidance and conducting advocacy in the field of food and nutrition; and develop a much stronger programmatic bridges between food security, nutrition, human rights and HIV management.

ANY OTHER BUSINESS

75. Appreciation was expressed to the Netherlands for its service as Chair of the Board. Otherwise, no new business was presented.

[Annexes follow]

Annex 1

11 November 2010



UNAIDS/PCB(27)/10.16. rev.1

PROGRAMME COORDINATING BOARD

Twenty-seventh meeting

Date: 6-8 December 2010

Venue: International Conference Centre Geneva (CICG), Geneva

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

Annotated Agenda

Monday 6 December

1. Opening

- 1.1 **Opening of the meeting and adoption of the agenda**
The Chair will provide the opening remarks to the 27th PCB meeting.
- 1.2 **Consideration of the report of the twenty-sixth meeting**
The report of the twenty-sixth PCB meeting will be presented to the Board for adoption.
Document: UNAIDS/PCB(26)/10.15
- 1.3 **Report of the Executive Director**
The Board will receive a written outline of the report by the Executive Director.
Document: UNAIDS/PCB(27)/10.17
- 1.4 **Keynote Speaker**
Dr Françoise Barré-Sinoussi, Co-Chair of the UNAIDS High Level Commission on HIV Prevention and Nobel Prize laureate for Medicine in 2008 for her role in the discovery of the human immunodeficiency virus (HIV) will address the Board.

2. Follow up to the Second Independent Evaluation of UNAIDS

2.1 UNAIDS Strategy 2011-2015

The Board will receive for endorsement the draft UNAIDS Strategy for the period 2011-2015.

Document: UNAIDS/PCB(27)/10.18

2.2 Progress Report on implementation

The Board will receive a progress report on implementation of the Second Independent Evaluation of UNAIDS.

Document: UNAIDS/PCB(27)/10.19

Tuesday 7 December

2. Follow up to the Second Independent Evaluation of UNAIDS (continued)

2.3 Report of the PCB Task Force on SIE follow-up related to all aspects of Governance

The Board will receive a report of the Task Force on the completion of its work related to the principles and processes for draft decisions and decision making in the PCB.

Document: UNAIDS/PCB(27)/10.20

3. Gender-sensitivity of AIDS responses

The Board will receive a comprehensive progress report on UNAIDS activities in relation to the gender dimensions of the AIDS response, including a review of the Action Framework, and on the implementation of the Operational Plan including through the UN joint country teams, in close collaboration with government and country partners, especially womens' organizations and networks of people living with HIV, and the enhancement of monitoring and evaluation of results. The report will also consider the issue of linking Sexual and Reproductive Health and HIV interventions in practice. There will also be a panel discussion on country experiences under this item.

Document: UNAIDS/PCB(27)/10.21

4. AIDS, Security and Humanitarian Response

The Board will receive an update for information on actions taken in response to recommendations at the 19th PCB meeting (ref. PCB19/rec.9.1-9.7).

Document: UNAIDS/PCB(27)/10.22

5. Universal Access

The Board will receive a discussion paper on UNAIDS' strategic and political approach to maintaining the momentum towards the goals of universal access to prevention, treatment, care and support, that builds upon the outcomes of the UN MDG Summit held in September 2010, and looks beyond the deadline for commitments made in the 2006 UNGA Political Declaration on HIV/AIDS (A/RES/60/262).

Document: UNAIDS/PCB(27)/10.23

6. 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(27)/10.24

7. Any other business

Wednesday 8 December

8. Thematic segment: Food and nutrition security and HIV: how to ensure food and nutrition security are integral parts of HIV programming

Documents: UNAIDS/PCB(27)/10.25 and UNAIDS/PCB(27)/10.26

9. Adoption of decisions, recommendations and conclusions

The draft decisions, recommendations and conclusions prepared by the drafting group will be presented for adoption by the meeting plenary, as necessary.

Following a recommendation at the 25th PCB meeting (ref. PCB25/rec.3.6), there will be a lunch time session on Monday 6 December to report on the accessibility, availability and affordability of male and female condoms, and research and development of new prevention tools in particular HIV vaccine, next generation female condoms and microbicides, including a review of resource tracking.

Annex 2

8 December 2010



27th Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland 6-8 December 2010

Decisions, Recommendations and Conclusions

The UNAIDS Programme Coordinating Board,

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

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

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

1. *Adopts* the agenda;

Agenda item 1.2: Consideration of the report of the twenty-sixth meeting

2. *Adopts* the report of the 26th meeting of the UNAIDS Programme Coordinating Board;

Agenda item 1.3: Report of the Executive Director

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

Agenda item 2.1: UNAIDS Strategy 2011-2015

4. *Adopts* the UNAIDS Strategy 2011-2015¹;

¹ The Islamic Republic of Iran disassociated itself from some parts of the UNAIDS Strategy 2011-2015 and reaffirmed that in the implementation of the Strategy full consideration and respect should be given to

Agenda item 2.2: Progress Report on implementation of the Second Independent Evaluation

- 5.1 *Takes note* of progress in implementation of the recommendations arising from the Second Independent Evaluation of UNAIDS;
- 5.2 *Takes note* of the decision of the UNAIDS Executive Director to move to a single administrative system for the UNAIDS Secretariat and *encourages* the ongoing efforts of the Secretariat to use the most effective administrative policies suited to its operational needs and to minimize administrative costs by seeking the most cost-effective provision of services;
- 5.3 *Decides* to include a substantive agenda item reviewing and analyzing the state of sustainable capacity development and technical support in the Joint Program and providing for further discussion on the UNAIDS Technical Support Strategy at the 29th session of the Programme Coordinating Board;

Agenda item 2.3: Report of the PCB Task Force on SIE follow-up related to all aspects of Governance

- 6.1 *Endorses* the Report of the Task Force and its recommendations for action;
- 6.2 *Agrees* the proposed amendments to its Modus Operandi (as revised in December 2008) as set out in Annex 1 to the Report;
- 6.3 *Requests* the PCB Bureau to commission and consider regular reports from the Secretariat on the implementation of Programme Coordinating Board decisions and to attach such reports to the minutes of its meetings (available on the UNAIDS website), and to propose action as appropriate;
- 6.4 *Requests* the PCB Bureau to develop and propose to the Board a process for the periodic evaluation of programmatic and thematic areas;
- 6.5 *Agrees* that emphasis should be placed on a small composition for subcommittees i.e. one Member State representative per geographical region, one PCB NGO, one Cosponsor and one representative from the UNAIDS Secretariat);
- 6.6 *Requests* the PCB Bureau to consider the number and length of the presentations for each Programme Coordinating Board meeting in order to facilitate the smooth running and timing of the meeting;
- 6.7 *Adopts* the following procedure for a drafting group:
 - Only issues contained in the PCB documents circulated by the Secretariat, or raised in the PCB plenary, and as directed by the PCB Chair are to be discussed in a drafting group;
 - The Chair will first invite PCB Members, Cosponsors and PCB NGOs to speak on an issue and then open the floor to observers. Observers are invited to speak only on

cultural, moral and religious values, national sovereignty, and legal and social systems of the countries concerned.

- matters which they consider critical and which have not already been addressed by PCB Members/participants;
- One person per delegation (PCB Member, Cosponsors or PCB NGOs) is to address each agenda item under consideration;
 - At its discretion, the Chair may invite any other person to speak in a drafting group;

Agenda item 3: Gender-sensitivity of AIDS responses

- 7.1 *Requests* UNAIDS to identify, by the date of the UN High Level Meeting in 2011, the projected resources needed for further country roll-out of the UNAIDS Agenda for Women and Girls in a representative set of countries;
- 7.2 *Requests* UNAIDS to ensure that the new Unified Budget and Accountability Framework indicators and budgetary allocations in relation to the UNAIDS Outcome Area on meeting the needs of women and girls are in line with the Agenda for Accelerated Country Action for Women and Girls;
- 7.3 *Requests* UNAIDS, in partnership with national stakeholders, to document by December 2011 models of best practices on the collaboration between the AIDS and women's movements to better understand and address the HIV-specific needs of women and girls, including the promotion and protection of their rights;
- 7.4 *Requests* UNAIDS to work in partnership with national stakeholders, women, girls and key populations as defined in the UNAIDS Strategy 2011-2015, to promote and facilitate better linkages between sexual and reproductive health, human rights and HIV through support at the country level towards the development of an enabling policy and legal environment, free of stigma and discrimination strengthened health and related systems, and integrated and comprehensive health services, for the improved health outcomes of women, girls and key populations;
- 7.5 *Requests* UNAIDS to report on progress achieved in implementing the Agenda for Accelerated Action on Women and Girls by country at the 28th meeting of the Programme Coordinating Board;
- 7.6 *Requests* UNAIDS to include in the Unified Budget and Accountability Framework the integration of Sexual and Reproductive Health services and HIV to meet the health needs of women and girls and key populations as defined in the UNAIDS Strategy 2011-2015;
- 7.7 *Welcomes* UNAIDS' efforts to strengthen the incorporation of comprehensive sexuality education policies and programs into its Strategy 2011-2015. These programs should be implemented in coordination between education and health authorities and medical, social and recreational services and include both in- and out-of-school populations including young people in conditions of vulnerability;
- 7.8 *Welcomes* UNAIDS' efforts and encourages it to further develop partnerships in collaboration with national authorities with organizations and networks that work with men and boys and gender equality to address male gender-related obstacles to HIV and sexual and reproductive health services;

Agenda item 4: AIDS, Security and Humanitarian Response

8. *Takes note* of the progress made in the thematic area of HIV and Security and Humanitarian Response and *requests* UNAIDS to provide a comprehensive report on its security and humanitarian response work to the Programme Coordinating Board after UNAIDS' report to the UN Security Council on resolution 1308;

Agenda item 5: Universal Access

- 9.1 *Takes note* of the strategic and political directions outlined in the Report;
- 9.2 *Requests* the Executive Director of UNAIDS to advocate as a matter of priority for the inclusion of the following points on the agenda of the side meeting of the African Regional Ministers of Health during the World Health Assembly in May 2011, and the United Nations High Level Meeting in June 2011:
 - a. the issue of funding for Universal Access, in particular for treatment in the context of the 2010 WHO guidelines on Antiretroviral therapy; and
 - b. the issue of accessibility to and affordability of quality medicines, especially second- and third-line medicines and tests used for the diagnosis and monitoring of immunological and virological parameters;

Agenda item 6: Election of Officers

- 10.1 *Elects* El Salvador as Chair, Poland as Vice-Chair, and Egypt as Rapporteur for the calendar year beginning on 1 January 2011;
- 10.2 *Approves* the new Programme Coordinating Board NGOs: Nadia Rafif, Association de lutte contre le sida (ALCS)/ CSAT MENA, Abdullah Denovan, APN+ / Jaringan Orang Terinfeksi HIV Indonesia (JOTHI), Mabel Bianco, Fundacion para Estudio e Investigacion de la Mujer (FEIM), George Ayala, The Global Forum on MSM & HIV (MSMGF), and Ebony Johnson, International Community of Women Living with HIV/AIDS (ICW).

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