UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (36)/15.14
Issue date: 30 September 2015

THIRTY-SEVENTH MEETING

Date: 26 – 28 October 2015

Venue: Executive Board room, WHO, Geneva

Agenda item 1.2

Report of the 36th 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 36th Programme Coordinating Board meeting.

Cost implications for decisions: *none*

1. OPENING

1.1 Opening of the meeting and adoption of the agenda

1. The UNAIDS Programme Coordinating Board (the Board) convened for its 36th meeting on 30 June through 2 July 2015 in the Executive Board room of the World Health Organization (WHO) in Geneva.

2. The Programme Coordinating Board Chair, H.E. Mr Pagwesese David Parirenyatwa, Minister of Health and Child Care, Zimbabwe, welcomed participants to the 36th meeting. Following a moment of silence in memory of all people who have died of AIDS, the Board adopted the draft annotated agenda.

1.2 Consideration of the report of the thirty-fifth meeting

3. The Board adopted the report of the 35th meeting of the Board.

1.3 Report of the Executive Director

4. UNAIDS Executive Director Michel Sidibé addressed the Board, focusing on the future of the AIDS response in the era of the Sustainable Development Goals (SDGs). He advised that the SDGs will require the AIDS response to reposition itself in an evolving development arena and adopt new approaches to partnership and collaboration.

5. The AIDS response has been transformed over the last five years, Mr Sidibé said. In turn, the AIDS response has had a major impact on global health and development more generally, through establishment of historic new initiatives and programmes, such as the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund); unprecedented roll-out of HIV treatment; support for the legal recognition of the right to health; inclusive governance; transparent monitoring mechanisms; and, innovative approaches to service delivery. New infections among children have been virtually eliminated in 85 countries.

6. Yet AIDS is not over, as the UNAIDS-Lancet Commission report advised. Challenges include unacceptably high rates of new HIV infections; the urgent need to reach millions of people who lack HIV treatment; extreme risks confronted by girls and young women in sub-Saharan Africa, often exacerbated by intimate partner violence and other forms of gender inequality; inadequate HIV knowledge among young people; numerous populations who are being left behind by the response; and continuing stigma, discrimination and human rights violations. The Fast-Track approach aims to help overcome these challenges through intensified action, front-loaded investments over the next five years, and stronger efforts to address the social drivers of the epidemic.

7. To move HIV prevention to the centre of the response, the AIDS movement should use the 'right to remain HIV-negative' as its motto. Prevention services need to be available to everyone everywhere, follow-through is essential on the commitment to eliminate new HIV infections among children, and resources should be increased for programmes focused on populations at greatest risk. At least 25% of HIV-related

spending should be allocated towards HIV prevention programmes. The AIDS response should strengthen linkages with sexual and reproductive health and rights and ensure comprehensive sexuality education everywhere for all young people. Prevention of violence against women should be prioritized, and adolescent girls should be placed at the centre of AIDS efforts, including through initiatives to increase their economic and social power.

8. Results from the Strategic Timing of AntiRetroviral Treatment (*START*) trial underscore the important of HIV treatment as prevention. A growing number of countries are implementing the 90-90-90 approach, and PEPFAR is working with partners to reach this target. UNAIDS is collaborating with the Government of Luxembourg to launch a global advocacy campaign focused on 90-90-90. Concerted efforts are needed to ensure a reliable supply of good-quality, affordable antiretroviral medicines, with particular attention to second- and third-line treatment regimens. In this regard, new ways are needed to address the intersection of intellectual property, innovation and public health. The AIDS response must redouble collaborative work with the Stop TB partnership to prevent tuberculosis deaths among people living with HIV, and also leverage and create synergies with other agendas, including those for hepatitis C, cervical cancer and non-communicable diseases.

9. If the world fails to take advantage of the upcoming, fragile five-year window to lay the foundation to end the epidemic as a public health threat, the results will be catastrophic, including a rebound in the epidemic. As the economic ramifications of the recent Ebola outbreak in West Africa underscore, health is an investment, not a cost. Shared responsibility and global solidarity will be essential to fast-track responses, which will require US$17.4 billion for low-income and lower-middle-income countries. Twenty-nine countries have projected HIV spending needs that exceed 1% of gross domestic product, with 10 countries having resource needs greater than 4% of GDP. Mr Sidibé emphasized that the updated and extended 2016-2021 UNAIDS Strategy should look beyond traditional official development assistance to explore options for increased domestic and innovative financing for the response.

10. Mr Sidibé reported that the UNAIDS Secretariat is continuing its process of transformation, with the aim of ensuring that it is fit for purpose under the SDGs. Secretariat staffing has been realigned to increase the proportion of staff working in the field, and the organization is prioritizing greater flexibility in working approaches and strengthened systems for reporting and evaluation. Costs for contractual services have fallen by 24%. UNAIDS mobilized 96% of projected resources for 2014, although income is likely to be lower in 2015 than in 2014 and the long-term outlook uncertain. While most donors have maintained contributions to UNAIDS, the strong U.S. dollar has had a major financial impact on the organization. Mr Sidibé reported that the Secretariat is intensifying its efforts to collaborate with the private sector.

11. The Board took note of the report of the Executive Director and stressed the importance of avoiding complacency in the response. Board members applauded UNAIDS' inclusive approach to the updating of the UNAIDS Strategy, emphasizing the common views that emerged among regions and stakeholders with respect to the way forward. Board members endorsed the Fast-Track approach, highlighting the brief window of opportunity available to scale up the response. Strong support was

expressed for the 90-90-90 target and for a renewed focus on combination HIV prevention, and Board members called for a fast-tracking of the human rights response as well. Board members stressed the importance of addressing the underlying drivers of the epidemic, with particular attention to the needs of women and girls. Reaching those who are being left behind, including key populations, was identified as an urgent necessity.

12. Board members congratulated Cuba for becoming the first country to be certified by the WHO as having eliminated vertical transmission of HIV and syphilis. Board members also expressed appreciation for the earlier field visit to Zimbabwe, which imparted important lessons learned and allowed Board members to obtain a more granular understanding of the challenges and opportunities for the AIDS response in the country. Several countries reported that they have increased domestic financing for the response, and countries are also using innovative ways to maximize the impact of finite funding. Mozambique was lauded for its recent decriminalization of homosexuality. Calls were made for intensified efforts to address HIV in the context of emergencies and political instability.

13. With respect to the 90-90-90 target, Board members called for intensified and innovative efforts to increase knowledge of HIV status. Board members stressed the critical need to reduce the prices of antiretroviral medicines, calling on UNAIDS to advocate for innovative approaches to intellectual property and essential medicines. Calls were made for further efforts to increase the efficiency of HIV programmes, in part through better allocation of resources towards high-burden locations and populations.

14. Board members said UNAIDS was ideally positioned to catalyse progress in the AIDS response under the SDGs and to address the social and economic drivers of HIV risk and vulnerability. The Joint Programme was requested to play a central role in coordinating the United Nations and other international players to undertake a holistic effort to end the AIDS epidemic as a public health threat by 2030.

1.4 Report of the Chair of the Committee of Cosponsoring Organizations (CCO)

15. The Board took note of the report of the Chair of the CCO, which was delivered by Guy Ryder, the Director-General of the International Labour Organization. The CCO report emphasized the Cosponsors' continued commitment to the Joint Programme and to a multi-dimensional response to AIDS. While noting the striking progress made in the response, Mr Ryder cautioned against complacency, citing continuing high rates of new HIV infections and AIDS-related deaths, especially among adolescents, as well as inadequate access to condoms, the persistent treatment access gap, gender inequalities, the largely unaddressed HIV burden among prisoners, inadequate attention to the role of food and nutrition in the response, and flattening international donor support. The report reiterated the CCO's support and engagement in development of an updated and extended 2016-2021 UNAIDS Strategy, with the aim of fast-tracking the response towards ending the AIDS epidemic as a public health threat by 2030. As the Joint Programme moves forward in the post-2015 era, the CCO emphasized the importance of delivering results, doing more with available resources, and strengthening accountability. It was noted that the upcoming United Nations General Assembly (UNGA) Special Session on the world drug problem and the UNGA High-Level Meeting on AIDS present unique

opportunities to strengthen commitment for results-driven, evidence-informed and rights-based approaches to these problems.

16. Mr Ryder specifically addressed how HIV intersects with the world of work. The nearly 74 million young people who are looking for work are more likely than employed people to engage in behaviours that increase their risk of acquiring HIV. The workplace offers a key venue for addressing stigma and discrimination, such as through programmes that train judicial officers on HIV. The VCT@work initiative, launched in 2013, continues to gain in momentum, demonstrating the potential value of the workplace in accelerating progress towards the global goal of 90% knowledge of HIV status among people living with HIV.

2. UPDATE ON THE AIDS RESPONSE IN THE POST-2015 DEVELOPMENT AGENDA

17. Mr Kent Buse, Chief of Strategic Policy Directions for UNAIDS, updated the Board on developments pertaining to the position of the AIDS response in the emerging development agenda for the post-2015 era. Recalling the Board's endorsement of inclusion of the global goal of ending the AIDS epidemic as a public health threat in the SDGs, he advised the Board that the world was on the "last mile" towards a new development agenda. Several important meetings related to the new development agenda had either occurred or were scheduled in the weeks and months surrounding the 36th Board meeting, including a major meeting in Addis Ababa on Financing for Development in July 2015. As the post-2015 development agenda takes clearer shape, it is evident that it will be ambitious and that elements of the draft SDGs resonate with approaches of the AIDS response and with critical actions to achieve HIV-related aims.

18. The structure and approach of the draft SDGs were described for the Board. Among 17 SDGs, at least 10 touch on key aspects of the AIDS response, highlighting opportunities for strategic investments linking the response to other non-health-focused SDGs. In the development of the SDGs, Member States have emphasized gender equality, the structural causes of poverty, the importance of universality, human rights and inclusive responses. Through multisectoral action, the SDGs aim to enable a tolerant, inclusive world that is inter-connected. To implement the SDGs, the United Nations Statistical Commission will guide work on development of an indicator framework, with countries responsible for developing more detailed frameworks.

19. Mr Buse stated that lessons learned from the AIDS response are potentially valuable for the SDGs as a whole. It will be important to ensure that national frameworks measure progress on AIDS, including on non-health-focused SDGs that are relevant to the AIDS response. The Global AIDS Response Progress Reporting (GARPR) system, which is being updated, will remain critical for measuring progress, driving results and promoting accountability in the AIDS response post-2015. The broad approach for financing development will also need to take account of the vital importance of front-loading AIDS investments over the next five years. (At the time of the 36th Board meeting, the outcome document for the Addis Ababa financing conference was still being negotiated.)

20. UNAIDS has been extensively engaged in the post-2015 debate. In particular, UNAIDS has worked to mobilize young people and to support women's organizations, including organizations of women living with HIV, to participate in the post-2015 debate. A strategy meeting on linking HIV and sexual and reproductive health and rights in the SDGs was held in New York in January 2015, and the Economic and Social Council (ECOSOC) of the United Nations engaged in extensive dialogue on the longer-term positioning of the United Nations development system in the post-2015 agenda. Shortly before the 36th Board meeting, the final report of the UNAIDS-Lancet commission was released, focusing on advancing the AIDS response and global health in a rapidly changing global health and development context.

21. Looking beyond the 36th Board meeting, Mr Buse reported on several key meetings planned of particular relevance to AIDS in the post-2015 development agenda. In September, Heads of State and Government will convene in New York at a major summit to adopt the post-2015 development agenda. In 2016, the General Assembly will hold a High Level Meeting (HLM) on HIV and AIDS as well as a special session on the world drug problem.

22. The Board took note of the report on AIDS in the post-2015 development agenda, reaffirming its commitment to end the epidemic as a public health threat by 2030 and to the vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. The Board also reaffirmed the 2015 ECOSOC resolution on the Joint Programme (E/RES/2015/2), in particular ECOSOC's recognition of lessons learned from the AIDS response and their relevance to the post-2015 development agenda. The Board reaffirmed its conclusion that the Joint Programme offers the United Nations system a useful example, to be considered as appropriate, of enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact, based on national contexts and priorities.

23. The Board encouraged the Joint Programme to advocate for the multisectoral approach of the AIDS response to be reflected in the SDGs. In this regard, Board members applauded UNAIDS for highlighting the strengths and opportunities in the emerging post-2015 development framework rather than viewing the framework as a threat. UNAIDS was encouraged to enable and amplify the voice of civil society in final negotiations leading to adoption of the SDGs and to facilitate youth leadership and civil society activism. Board members encouraged the Joint Programme to optimize opportunities under the SDGs to strengthen health systems, address imbalances in the international trade system and promote scientific research on HIV, including focusing on development of a vaccine. Board members urged UNAIDS to remain fully involved in the indicator development process, with the aim of ensuring a set of highly specific, focused and impactful targets and indicators.

24. Mr Buse thanked Board members for their comments, which reiterated strong support for an integrated, multisectoral response. Mr Buse assured the Board that UNAIDS would work to develop HIV-sensitive indicators across the SDGs and support countries in the development of relevant indicator frameworks. He also told the Board that UNAIDS would continue to advocate to create spaces for those who have been left behind by the response.

3. REPORT ON THE CONSULTATIVE PROCESS TO UPDATE AND EXTEND THE UNAIDS 2011-2015 STRATEGY THROUGH THE FAST TRACK PERIOD 2016-2021

25. At the outset of the Board's discussion of the updating of the UNAIDS Strategy, Mr Sidibé introduced a 19-year-old woman living with HIV who addressed the Board. The young woman described how she had been required to live with members of her extended family who had raped her repeatedly. The cycle of violence and sexual abuse, which she experienced while growing up, robbed her of her self-esteem and resulted in her becoming infected with HIV / or contracting HIV. Feeling abandoned and suicidal, the young woman was referred to a programme for adolescents living with HIV, which provided her with the hope and support she needed to live a healthy and positive life. Recalling her own experiences of sexual abuse, she said that abuse is a daily occurrence for many young girls, who are afraid to speak out due to fear and because they have been deprived of the right to education and freedom of choice. She urged the Board to ensure that young girls have opportunities for education and life skills. Mr Buse expressed admiration for the courage of the young woman and thanked her for providing an important reality check. Her presence enabled the Board to connect with the people UNAIDS is seeking to empower through the updated and extended UNAIDS Strategy. Her story illustrates the urgency and the complexity of the issues that must be addressed across the life-cycle of individuals who are vulnerable to HIV.

26. Mr Buse then described the broadly consultative process used by UNAIDS to update and extend the UNAIDS Strategy, in line with Board decisions at its 35th meeting. The consultative process aimed to generate a shared understanding of epidemic priorities and of the opportunities and challenges associated with the new health and development context. In seeking to ensure the broad involvement of diverse stakeholders, UNAIDS aimed to support development of a powerful, bold strategy that inspires, guides and aligns all actors towards ending the AIDS epidemic as a public health threat.

27. The consultative process has generated enormous interest. Ten regional consultations were held – one in each of the seven UNAIDS regions, two in North America and one in Western Europe –where possible, in conjunction with pre-existing events. Various methodologies were used in these regional consultations, all included face-to-face meetings, and all engaged Member States, Cosponsors, Civil Society Organizations and international and regional partners. A global consultation, chaired by the H.E Mr Taonga Mushayavanhu, Ambassador, Permanent Representative, Permanent Mission of the Republic of Zimbabwe to the United Nations Office and other International Organizations in Geneva, attracted the participation of 50 Member States, all Cosponsors and four representatives of the PCB NGO delegation. In addition, a virtual consultation generated 280 inputs from 50 countries in five languages. In collaboration with Cosponsors, UNAIDS has worked closely with the Global Fund, the Stop TB partnership and WHO as they develop their own strategies, with the aim of optimizing the alignment of these various strategic planning processes. Across these various consultative exercises, input was framed by a background document and a series of questions, which addressed such issues as the broader development environment, populations left behind, key strategic priorities for the Fast-Track approach, potential "game-changers" in different aspects of the response, optimizing the SDGs to advance the

UNAIDS Strategy, and key actions to be taken by the Joint Programme in the post-2015 era. Discussion notes from each regional consultation were prepared and circulated.

28. The consultative process reaffirmed support for the vision of the three zeros. The three strategic directions in the current UNAIDS strategy were also reaffirmed, with the expectation that these should be complemented by agreed directions and priorities in various cross-cutting issues. Key themes identified in the consultative process included a focus on rapidly reducing the number of new HIV infections, improving the ability of the response to more strategically address priority locations and populations, empowering women and girls, particularly young women and adolescent girls, and ensuring gender equality, amplifying human rights leadership in the response, front-loading and diversifying scaled-up investments, and leveraging opportunities to strategically integrate the response across other health and development efforts. Consistent with this stakeholder input, the Board was provided with an initial outline of the strategic framework.

29. In the discussion, Board members seconded key findings from the consultative process, including the importance of multisectorality, combination prevention, a human rights approach, enhanced efforts for women and young people, and leaving no one behind the response. Board members encouraged the Joint Programme to produce a strategy that is bold and ambitious and that strengthens monitoring and evaluation to enhance accountability in the response. Specific efforts were recommended to strengthen the ability to respond effectively to HIV in emergency contexts. Board members emphasized the importance of sustainable financing in the response.

30. Engagement of people living with HIV and civil society more broadly was emphasized by Board members. In particular, UNAIDS was encouraged to strengthen engagement of key populations, with particular attention to young members of key populations. Recalling the remarks of the young woman who addressed the Board at the outset of the agenda item, Board members urged UNAIDS to ensure that the updated strategy continues and intensifies efforts to eliminate gender-based violence. Some Board members called for intensified efforts to ensure young people's access to comprehensive sexuality education.

31. Board members welcomed the consultative process' emphasis on improving data quality. The need for more granular data to inform setting- and population-specific action, including strategic action in cities, was noted. Board members called for improved data disaggregation, taking account of age, sex and key populations.

32. Board members recommended that the new strategy prioritize the 90-90-90 target and key strategic directions to expedite progress towards the target, such as scaling up viral load testing. Calls were also made for increasing attention and action with respect to paediatric HIV treatment.

33. The Board welcomed the report and expressed appreciation for the extensive consultative process undertaken. The Board recalled earlier decisions reaffirming the vision of the three zeros and the strategic directions in the UNAIDS 2011-2015 strategy and noting compelling data for accelerating investment and action in the next five years in order to end the AIDS epidemic as a public health threat by 2030.

The Board took note of the outline of the strategy and looked forward to consideration and adoption of a fully articulated UNAIDS strategy at the Board's 37th meeting.

4. UNAIDS UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF)

34. Introducing the agenda item, Ms Jan Beagle, UNAIDS Deputy Executive Director, noted that the UBRAF – a relatively new instrument for UNAIDS, only three years old – is the only business model of its kind in the United Nations system. Comprising a Business Plan, a budget and a results and accountability matrix, the UBRAF encompassed the resources of 11 Cosponsors and the UNAIDS Secretariat, providing a complete results chain from inputs through to impact, and enables Member States and other stakeholders to hold the Joint Programme accountable. The UBRAF brings together activities at the global, regional and country levels, and organizations that are part of the Joint Programme use it to develop annual workplans.

35. Ultimately, Ms Beagle reported, the UBRAF aimed to maximize the coherence, impact and accountability of the UN system response to AIDS and ensure that the Joint Programme can collectively deliver more than the sum of its parts.

36. The UBRAF reflected and reinforced the importance of multisectorality, issue-based alliances and broader partnerships, focused evidence and rights-based approaches, effective normative and operational approaches, and leveraging resources from multiple streams, Ms Beagle noted. The Joint Programme was recognized by ECOSOC as a possible model for the United Nations system in the post-2015 period, she stressed.

37. Ms Beagle outlined how, through synergistic action among the Cosponsors and Secretariat, the UBRAF focused on concrete progress in countries. Annual field visits by the Board have helped make the UBRAF and the broader UNAIDS Strategy come alive. According to United Nations Resident Coordinators, the Joint United Nations Team on AIDS is typically the most effective country team in the United Nations system.

38. In developing the UBRAF, UNAIDS aimed to balance comprehensiveness with a desire to be succinct and clear, Ms Beagle said. In accordance with recommendations from the Board, UNAIDS has worked to improve the clarity of performance reporting in order to permit links between expenditures, outcomes and results. The Performance Monitoring Report for 2014, which reports both quantitative and qualitative evidence, highlights and summarizes key results while also outlining key challenges and lessons learned. Ms Beagle invited the Board to provide further guidance on the kind of reporting that would be most useful for the Board's oversight role.

39. Ms Beagle noted that, looking forward, the updated and extended 2016-2021 UNAIDS Strategy and the accompanying UBRAF will be aligned with the SDGs.

40. Ms Alice Ouedraogo of ILO provided a Cosponsor's perspective on the UBRAF, reporting that the UBRAF has enhanced focus, coherence, coordination and

accountability within the Joint Programme. The UBRAF includes targets, indicators and deliverables and is supported by a clear Division of Labour. The UBRAF has enhanced the logic and consistency of Cosponsor efforts by clearly linking goals, outcomes, outputs and actions. Steps are being taken to strengthen joint and coordinated planning in line with Quadrennial Comprehensive Policy review. Streamlined indicators and targets, as well as an annual peer review process, has strengthened the Joint Programme's accountability. As evidence of the catalytic nature of the UBRAF, Ms Ouedraogo reported that the UBRAF leveraged US$12 for every US$1 spent and helps guide the HIV strategies of Cosponsors.

41. Under the UBRAF, the Joint Progamme has achieved important results, including improved research and data, normative guidance for the response, advocacy to strengthen commitment and leadership, support for policy development, and programmatic initiatives, such as the *Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*. The Joint Programme has also encountered challenges, such as the gap between available resources and those needed for a robust response, how best to position HIV across the MDGs (where relevant), and improving accountability for results.

42. Mr Vinay P. Saldanha, Director of the UNAIDS Regional Support Team for Eastern Europe and Central Asia, described the added value of the Joint Programme in the region where he works, where the withdrawal of donor support is creating grave concern regarding the sustainability of the response. Mr Saldanha reported that the Joint Programme has successfully leveraged funding from the Global Fund in 10 countries, including a new emergency grant from the Global Fund to restart services in Eastern Ukraine, which were interrupted as a result of unrest in the area. As an example of support for sustainability and scale-up, UNODC, UNAIDS and other Cosponsors successfully advocated for the Government of Kazakhstan to sustain access to opioid substitution therapy. In support of improved efficiency and optimization, the World Bank is rolling out a new approach to allocative efficiency and investment, with countries in Eastern Europe and Central Asia serving as the initial cohort of countries to implement these new models. The Joint Programme is encouraging countries in the region, where possible, to assist their neighbours in the AIDS response. High-level advocacy visits from United Nations Secretary-General Ban Ki-Moon and others have helped keep the spotlight on the AIDS response as the post-2015 development framework is being developed.

43. Mr Joel Rehnstrom, UNAIDS Director of Planning, Finance and Accountability, reported that UNAIDS, through advocacy, leadership and strategic agenda, had set the global agenda on AIDS, including the push to end the epidemic as a public health threat by 2030 and to intensify efforts to reach those currently being left behind by the response. Through support to 45 countries, UNAIDS has helped countries mobilize US$5 billion under the New Funding Model of the Global Fund. UNAIDS played a leading role in a successful multi-partner effort to negotiate a lower global price for viral load testing, an agreement which is projected to save US$150 million.

44. Mr Rehnstrom said that UNAIDS has enhanced accountability in the response by refining and simplifying performance indicators, improving reporting through the Joint Programme Monitoring System, and strengthening dissemination of performance results, including through use of Info graphics. As a result, there is more robust oversight of progress and lessons learned, more focused and clearly articulated

results in workplans, more structured tracking of results, and better support to countries and engagement with partners on implementation. In moving forward on performance reporting, UNAIDS will further simplify and rationalise reporting tools and processes, and obtain external input and validation of reporting by Cosponsors and the Secretariat. Mr Rehnstrom advised that experience to date under the UBRAF provides a sound basis for the development of the 2016-2021 UBRAF.

45. Mr Rehnstrom reported on the financial status of UNAIDS, noting that the organization had prepared a third set of financial status in compliance with IPSAS accounting standards. UNAIDS received an unqualified “clean audit” opinion from external auditors and has implemented and closed all external audit recommendations. In 2014, UNAIDS mobilized 96% of its resource target. At the same time, the organization has intensified its efforts to reduce costs and improve efficiency, cutting expenses related to contractual services by 24% and maintaining overall expenditures at 2013 levels.

46. Core income of US$232.8 million was mobilized in 2014, compared to US$237.4 million in 2013.Total core expenditures in 2014 (US$246.5 million) amounted to 50.8% of the biennial budget, with a US$9.6 million difference between revenue and expenses, which was covered from the fund balance (which amounted to US$120.9 million as of 31 December 2014).

47. As of the 36th Board meeting, UNAIDS has mobilized US$120 million against the core budget, with expectations of raising US$202 million through the end of 2015, representing 83% of the 2015 target. Although most donors have maintained their funding, the organization has been challenged as a result of the strong U.S. dollar, as 70% of UNAIDS core funding is in other currencies. Additional contributions are needed to help minimize the difference between income and expenditure, which Mr Rehnstrom projected would amount to approximately 10% of the 2014-2015 core budget. Since 2010-2011, the difference between expenditures and income has increased, from US$8 million in 2010-2011 to a projected US$50 million in 2014-2015.

48. At its 34th meeting, the Board requested an analysis to inform establishment of the appropriate lower limit of the core fund balance, which at the end of 2014 stood at 25%. Mr Rehnstrom reported that UNAIDS had undertaken this analysis and proposed 22% of the UNAIDS biennial budget (or US$107 million) as the minimum level of the fund balance, with the aim of ensuring continuity of activities and operations.

49. UNAIDS has undertaken a systematic and organization-wide approach to enterprise risk management, with the goal of proactively identifying, assessing, evaluating, prioritizing and controlling the probability or impact of adverse events. Key risks in various areas (e.g., political and governance; technical and programmatic; funding and financial; staff security, skills and well-being; and systems and infrastructure) have been identified. Next steps for the organization include finalizing a risk management guide and training materials, the conduct of risk assessments throughout the Secretariat, and ongoing monitoring and sustaining of enterprise risk management.

50. Mr Rehnstrom said that the organizational activities summarized for the Board aim to ensure that UNAIDS is fit for purpose and able to live up to stakeholders' expectations for the organization. UNAIDS, he said, must be able to provide brave leadership to build trust and consensus; strengthen bold advocacy; generate data and strategic information; build capacity in countries and communities; foster country ownership, leadership, coordination, partnerships, good governance and accountability systems; and coordinate partnerships.

51. The Board took note of the reports and expressed anticipation of the presentation of the new UBRAF for adoption at the 37th Board meeting. Board members expressed the desire for additional efforts to enable users of the UBRAF to better link resources and activities with concrete results at country level, requesting the Secretariat to establish a working group, with representation from Cosponsors and independent experts, to review and further develop the UBRAF to ensure its suitability to guide the Joint Programme in implementing the updated UNAIDS Strategy.

52. In anticipation of the new UBRAF, Board members called on UNAIDS to address a number of particular priorities. These include the need to scale up paediatric HIV treatment, the importance of strengthening primary HIV prevention, and funding for civil society. Board members stated that bold advocacy remains a core function of the Joint Programme and that UNAIDS's ability to provide an independent voice for AIDS advocacy should be ensured.

53. The Board accepted the financial report and audited financial statement, with Board members expressing satisfaction with the clean audit statement and full implementation of audit recommendations. Concern was expressed regarding the budget deficit and the perceived narrowness of the UNAIDS donor base, and Board members noted that the biennial deficit appears to be increasing over time. In response to these concerns, Mr Sidibé noted that UNAIDS had attracted a number of new donors or increased contributions from non-traditional donors over the last two years, including China, Congo, Côte d'Ivoire, Ethiopia, Korea, Russian Federation and Zimbabwe, among others. In the interests of further diversification of the donor base, Mr Sidibé said that UNAIDS recognized the critical need to engage emerging nations and intensify work with the private sector in order to ensure sustainable financing.

54. Also in response to concerns regarding the budget deficit, Mr Rehnstrom said that the organization needed to balance programmatic imperatives and financial and funding realities. Given the urgency of the global AIDS response, the organization has opted not to curtail its work but rather to fund the gap by drawing down on the core reserve. UNAIDS is actively exploring all options to close the funding gap, he said, and had reduced expenditure by almost 10% of biennial expenditures through efficiency measures. In response to requests for the rationale for selecting the 22% proposed minimum level for the core balance, Mr Rehnstrom said this balance would cover six months of operations, providing the organization with the necessary funding as it waits for donor contributions to be received.

55. The Board took note of the interim financial management update for the 2014-2015 biennium, including the partial funding of staff-related liabilities and the replenishment of the Building Renovation Fund. The Board approved a minimum level for the UBRAF net fund balance of 22% of the biennial budget. The Board

encouraged donor governments to release their contributions towards the 2012-2015 UBRAF as soon as possible and to consider making multi-year contributions in 2015 towards the 2016-2017 UBRAF.

5. FOLLOW-UP TO THE THEMATIC SEGMENT FROM THE 35TH PROGRAMME COORDINATING BOARD MEETING

56. Ms Mariangela Simão, UNAIDS Director of Rights, Gender and Community Mobilization, summarized the thematic session of the 35th Board meeting, which focused on HIV among people who inject drugs. The session included presentation of data on the magnitude of HIV among people who inject drugs and prisoners, on the effectiveness of harm reduction measures in reducing the risk of HIV transmission among people who inject drugs, and included focus on the human rights dimensions of the HIV challenge faced by this population. Profiling various national and local responses, the session demonstrated how national efforts may help create enabling environments for more effective action to reduce HIV-related risks among people who inject drugs. The session also highlighted opportunities stemming from the upcoming United Nations General Assembly Special Session on the World Drug Problem to generate momentum for the dismantling of prohibition-based drug policies.

57. The Board took note of the summary report. Expressing alarm at the magnitude of the HIV burden among people who inject drugs, the Board called for stronger action to implement evidence-based harm reduction interventions, as enumerated in the *WHO, UNODC, UNAIDS Technical Guide for Countries to Set Targets for HIV Prevention, Treatment and Care for Injecting Drug Users* and the *WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations,* in line with national contexts. The Board encouraged the Joint Programme to work with Member States to implement evidence-based programming in line with existing evidence and normative guidance, including but not limited to medication assisted therapy. It was noted that harm reduction programmes, in addition to preventing new HIV infections among people who inject drugs, also serve as an excellent avenue for linking people living with HIV to care and treatment programmes. The Board called for the inclusion of people who use drugs in the planning, implementation, monitoring and evaluation of HIV services. While the thematic session at the previous Board meeting and the Board discussion at the 36th meeting focused most specifically on injecting drug use, Board members noted the growing role of non-injection stimulant use in contributing to risky sexual behaviours in many countries. Much of the Board discussion focused on Eastern Europe and Central Asia, where some signs of national leadership on HIV and drug use can be seen but where harm reduction programmes remain largely unfunded across much of the region.

58. Board members expressed concern regarding the impact of criminalization and incarceration on the health and well-being of people who inject drugs, urging that policy and programmatic responses be grounded in scientific evidence and public health principles rather than moral judgments and that sufficient funding be allocated to enable implementation of robust HIV programmes for people who inject drugs. Board members urged decision-makers to take a people-centred approach in addressing the problem of HIV among people who inject drugs. The Board also

encouraged the Joint Programme to strengthen recommendations regarding the importance of justice, law enforcement and health sector collaboration and alternatives to incarceration.

59. The Board encouraged the Joint Programme and relevant partners to fully engage in the 2016 United Nations General Assembly Special Session on the world drug problem. Mr Aldo Lale-Demoz, global HIV coordinator for UNODC, reported that preparations for the special session have included seven regional consultations in 2015, with an additional five consultations planned.

6. UPDATE ON STRATEGIC HUMAN RESOURCES MANAGEMENT ISSUES

60. Mr Roger Salla Ntounga, UNAIDS Director of Human Resources Management, updated progress over the previous year on strategic human resource management in the Secretariat. The guiding principles of the recent organizational realignment continues to guide the Secretariat's work to align the organization's resources with its vision and priorities, increase the country focus of the organization's work and enhance cost-effectiveness. The strategy seeks to deploy human resources according to epidemic realities and to ensure both prudent management of staff-related numbers and costs as well as succession planning, especially for high-priority posts such as Country Director positions.

61. Seventy-two percent of Secretariat staff are now deployed outside of headquarters, Mr Salla reported, with new sub-national presence in such countries as Nigeria, Democratic Republic of Congo and South Africa, and increasing National Officer capacity, including UNAIDS Country Managers. UNAIDS professional staff come from 107 countries across all regions. Fifty-three percent of staff are deployed in sub-Saharan Africa. Fifty percent are international professional officers, including 12 Junior Professional Officers.

62. A new recruitment policy was introduced, outlining a robust and transparent process for the advertisement, assessment and appointment of candidates for fixed term and temporary appointments. The Secretariat's yearly mobility exercise ensured that experienced staff share their expertise across the organization, and that staff have the opportunity to contribute in different environments. Thirty professional staff moved in 2015 as part of the mobility exercise, including to nine Country Director positions and eight Strategic Information Advisers. UNAIDS is also participating in the United Nations common system project of harmonizing local recruitment in "Delivering as One" countries, to help facilitate mobility across organizations.

63. The Secretariat continued to make progress towards it the targets in the Gender Action Plan, Mr Salla Ntounga reported. Thirty-seven percent of UNAIDS Country Directors are women, towards the target of 50%. Forty-three percent of all P-5 level positions and above are occupied by women, towards the target of 50%. To further advance towards the gender equity targets, UNAIDS is preparing the second cohort of its Leadership Programme for Women and has also expanded its mentoring programme for women staff members.

64. The UNAIDS Secretariat has implemented a new approach to staff performance and learning management, supported by an integrated Performance and Learning Management system (PALM). A new policy has been issued to guide the planning

and evaluation of staff work objectives. The new approach also includes the evaluation of competencies, including the mandatory evaluation of the Delivering results and Working in teams competencies. Following the first year of implementation, almost 100% compliance has been achieved. Heads of UNAIDS country offices are also required to collect performance evaluation input from the Resident Coordinator in the country where they are serving, in accordance with guidelines of the United Nations Development Group.

65. In terms of staff learning, and in addition to face to face programmes with a focus on management development, a range of online learning opportunities have been made available in the PALM system, which tracks all staff learning in an individualized training record. Learning and development opportunities have also been made available to staff at all levels in partnership with the United Nations Staff College.

66. In support of the Secretariat's commitment to staff wellbeing, a strong and collaborative partnership between management and the Staff Association is ongoing. Joint staff-management initiatives are undertaken as needed, such as the joint Staff Health Insurance Task Force. UN Cares, the system-wide workplace programme on HIV, is also strongly supported by UNAIDS. In January 2015 it launched a new learning programme called *UN for All*, using HIV as an entry point and featuring training modules linked to mental health, disabilities, substance use, sexual orientation and gender identity and HIV. In terms of staff safety and security, the Secretariat has focused on reinforcing the capacity of field offices to assess, plan, manage and implement security requirements. Mr Salla also reported that the Secretariat became climate neutral for the biennium 2012-2013, joining a small number of UN organizations that are either wholly or partially climate neutral.

67. Moving forward, the Secretariat will further review its achievements under the 2011-2015 UNAIDS Secretariat Strategy on Human Resources. Ongoing priorities include maintaining capacity to deliver while containing costs, as well as ensuring that the profile and skills of UNAIDS staff are appropriate for the post-2015 development agenda and the SDGs. Mr Salla said the organization's human resources strategy would be updated and extended to align with the UNAIDS Strategy 2016-2021.

68. The Board took note of the human resources update, with Board members expressing appreciation for increased deployment of staff to the field, including to countries with largest epidemic burden. Board members commended UNAIDS for the design and roll-out of its human resources management strategy. Board members encouraged additional efforts to reach the organization's gender targets, and Mr Salla assured the Board that the Secretariat would continue its efforts to recruit and retain women, with particular attention to director and senior professional positions.

7. STATEMENT BY THE REPRESENTATIVE OF UNAIDS STAFF ASSOCIATION

69. Mr Ruben Mayorga reported on results of a survey of Secretariat staff members, which achieved a 60% response rate. The survey found that health insurance was the number one concern of UNAIDS staff. Insurance-related problems included lack of local recognition of WHO coverage in some settings, time-consuming paperwork, and long delays in reimbursement. In response to these problems, UNAIDS and

WHO staff associations addressed the global staff management council of WHO, suggesting minimum standards that should be in place for all staff insurance. Mr Mayorga said WHO urgently needs to secure local recognition of health coverage in all duty stations. It was noted that WHO has launched 24/7 multi-lingual support for WHO insurance recipients, but the delays associated with the claims process remain considerable; WHO has said an online claims process will be initiated in 2018, but Mr Mayorga said staff believe this should happen much sooner.

70. A separate concern relating to staff health insurance has to do with the trigger for catastrophic insurance coverage, which begins once costs reach 5% of a staff member's salary. Mr Mayorga reported that the policy places substantial financial burdens on staff and family members living with HIV or other chronic conditions. Mr Mayorga said discussions with management had begun regarding ways to improve coverage for mental health services.

71. Sixty-five percent of staff members surveyed expressed positive feedback regarding the Secretariat's new learning system. Although UNAIDS has a zero tolerance for workplace harassment, staff surveyed reported examples of harassment and misconduct. Mr Mayorga called for greater transparency regarding the UNAIDS recruitment process.

72. The Board took note of the statement by the representative of the UNAIDS Staff Association. Board members expressed concern regarding delays in payment turnarounds for staff health costs, noting that this issue has been raised in prior reports from the Staff Association.

8. ANY OTHER BUSINESS

73. No other business was brought before the Board.

9. THEMATIC SEGEMENT: HIV IN EMERGENCY CONTEXTS

74. Mr Thomas Ellman of Médicins Sans Frontières in Cape Town, and Ms Mumtaz Mia, of the UNAIDS Country Office in South Sudan, moderated the thematic session on *HIV in emergency contexts*. Two short videos set the stage for the day's discussions, highlighting key humanitarian issues, including a dramatic increase in the number of displaced people and refugees fleeing conflict. One of the videos specifically focused on South Sudan, where UNAIDS is working to link HIV with the emergency response.

Shaping the debate: opening session

75. As part of the opening session of the thematic day, Mr Sidibé noted that more than 14 million people were displaced in 2014 alone – a scale greater than during the Second World War. Sexual violence is common in emergency contexts, often used as a weapon of war. Effectively addressing HIV in emergency contexts requires dealing with multiple layers of vulnerability and with the fragility of many communities. Efforts to fast-track the AIDS response must take account of the needs of people affected by emergencies, including their need for prevention and treatment services and the prevention of sexual violence.

76. Mr Noe Sebisaba, a former refugee living with HIV from Burundi, described how involvement in HIV-related work had given his life meaning. After he and his wife tested positive for HIV, Mr Sebisaba lost a child to AIDS, in part due to the absence of services for children. After his wife died in 2001, he decided to break the silence and work to increase awareness, commitment and action among the community of fellow refugees. He emphasized the importance of food and nutrition as an essential component of care and treatment. Mr Sebisaba called for greater involvement of the beneficiary community in the planning of responses to HIV among refugees.

77. Mr George Okoth-Obbo, Assistant High Commission for Operations at UNHCR, described the scope and magnitude of humanitarian emergencies, echoing Mr Sidibé's call for greater attention to sexual violence in such settings. The social exclusion of refugees, including from humanitarian planning processes, makes it more difficult to address their HIV-related needs. Local communities, which may erroneously believe that displaced people are "carriers of HIV," need to be sensitized. HIV vulnerability in such contexts can be managed, but it requires careful targeting of programmatic efforts. Mr Okoth-Obbo called for enhanced integration of displaced persons in national HIV programmes.

78. Lt Gen Luiz G Paul Cruz, Director of Peacekeeping Strategic Partnerships with the Department of Peacekeeping Operations (DPKO), described the breadth of United Nations peacekeeping operations, which currently include 90 000 military personnel, more than 13 000 police, and other staff focused on logistics; disarmament, demobilization and reintegration; security sector reform and rule of law; humanitarian coordination; and gender and human rights. He said DPKO has an obligation to collaborate with specialized United Nations agencies to mainstream HIV concerns as part of an integrated approach to peacekeeping.

79. HRH Princess Sarah Zeid of Jordan, convenor of the humanitarian settings work stream for *Every Woman Every Child*, emphasized the life-saving and life-enhancing importance of sexual and reproductive health and HIV, noting that women must be healthy if families and communities are to thrive. Humanitarian and fragile settings account for 60% of maternal deaths worldwide, she reported. To address the many needs of people affected by humanitarian emergencies, it is critical to treat the person as a whole, offering protection across the full life course. Planning for emergencies needs to shift from being risk-insensitive to risk-intelligent, anticipating potential challenges and ensuring readiness to respond effectively as quickly as possible. She called for more humanitarian assistance to be channelled through national governments, in order to build national capacity.

80. In the discussion component of the first session, Board members emphasized the urgent need to prevent sexual violence in emergency contexts by better addressing the root causes of violence. Board members from countries affected by emergencies stressed the need to support the host community, while other Board members emphasized the importance of addressing the needs of young people and key populations in emergency contexts. UNAIDS was advised to adopt strategies on HIV in emergency settings that address both short- and medium-term needs.

Scene setting: Latest data and evidence

81. Mr Paul Spiegel, Deputy Director of the Public Health and HIV Section of UNHCR, opened the second session by summarizing available data on HIV and emergency contexts. In 2013, 1.6 million people living with HIV – including 200 000 children, 185 000 adolescents and 90 000 pregnant women – were affected by emergencies, representing one in 22 people living with HIV worldwide. More than 80% of people living with HIV affected by emergencies live in sub-Saharan Africa. Studies find that refugees do not increase HIV risks, but refugees living with HIV are often doubly stigmatized by mistaken beliefs that refugees increase host communities' HIV risks.

82. Mr Martin Bloem, Senior Policy Advisor on Nutrition and HIV/AIDS Policy at WFP, noted that the number of emergencies is increasing. Inadequate communication among relevant agencies may sometimes impede an optimally coordinated response. As the demand for HIV services continues during emergencies, effective strategies are needed to integrate displaced persons into local HIV programmes; Mr Bloem noted, however, that this priority is typically overlooked in national HIV strategies and in funding proposals. Food insecurity is amplified in emergencies, posing particular perils for people living with HIV, who are at significantly increased risk of death when malnourished.

Delivering in times of emergency: what works?

83. Ms Marguerite Samba Maliavo, Minister of Health of the Central African Republic, described the civil unrest in her own country, noting that the emergency effectively shut down public and private sectors. The crisis damaged the country's AIDS response, as more than one-third of health structures were destroyed and nearly half of programmes providing services for prevention of mother-to-child transmission ceased to function during the unrest. About 3 900 people living with HIV were lost to follow-up in HIV treatment programmes during the emergency. In response, the government worked with partners to assess the severity of the loss of HIV services, map the relevant activities of key partners, and mobilize resources to restore services. As a result, the country was able to ensure provision of condoms, HIV tests, pre-exposure prophylaxis, and antiretroviral therapy, and to distribute food kits to people living with HIV and orphans and other vulnerable people at sites housing internally displaced persons. Specific outreach efforts were successfully undertaken for sex workers and men who have sex with men affected by the emergency. These remarkable results, she reported, resulted from close collaboration with international partners, including UNAIDS and other United Nations agencies. The experience of the Central African Republic demonstrates that effective responses to HIV in emergency contexts are possible, but the likelihood of an effective response would be greatly increased with an international early alert and rapid intervention mechanism.

84. Ms Annie Clarisse Gonedet, a woman living with HIV from the Groupe de Soutien du Complexe Pédiatrique in Central African Republic, described her own experience as a result of her country's national emergency. Diagnosed in 1999, Ms Gonodet began HIV treatment in 2006, but this was interrupted when she was asked by her in-laws to leave her home after her husband died in 2013. After an additional episode of displacement, she contacted Group de Soutien, who helped find housing for her and her children. Lacking adequate nutrition and going without antiretroviral therapy for

three months, Ms Gonodet fell ill and lost weight, eventually receiving essential support from WFP. Noting that many people living with HIV did not survive the war and subsequent humanitarian crisis, she called on donors to increase food assistance.

85. Mr Foday Sawi Lahai, Deputy Minister of Health and Sanitation for Sierra Leone, described Sierra Leone's response to HIV in the context of Ebola, which resulted in a sharp drop in clinic attendance for HIV treatment and prevention services. The country's experience underscores that achievements to date are fragile and that communities are essential partners in responding effectively in emergency contexts. Through partnerships between faith-based groups, networks of people living with HIV and the national government, Sierra Leone has managed to restore more than 1 000 people who defaulted on antiretroviral therapy during the Ebola outbreak. Sierra Leone's experience highlights the pivotal importance of health systems strengthening to ensure that countries are able respond promptly and robustly to emergencies. Similarly, community structures also need to be reinforced to ensure the needed resilience to address HIV in emergency contexts.

86. Ms Alexandra Calmy, an MSF field worker during the Ebola response, described a huge mobilization of HIV actors in the response to Ebola, which demonstrated that lessons learned during the AIDS epidemic were applicable to the Ebola outbreak. With the Ebola outbreak associated with sharp declines in HIV tests and clinic visits for antiretroviral therapy in Liberia and Guinea, MSF opted to provide stable patients with six-month refills of antiretroviral medicines; the approach generated adherence rates of 90-95%, compared with 40% in other settings that did not try this innovation.

87. During the discussion, Board members emphasized the importance of contingency planning to ensure preparedness to address HIV in emergencies. Calls were made to strengthen strategic information on HIV burden in emergency settings and to permit regional and cross-border funding proposals to address HIV in emergency settings. Board members emphasized the importance of involving communities and local non-governmental organizations in efforts to respond to HIV in emergency contexts.

Enabling protective environments for key populations

88. Mr Kassim Issack Osman, Minister of Health of Djibouti, noted that the number of refugees and asylum seekers in his country had significantly increased as a result of unrest in the region. More than 25 000 people have been living in refugee camps for more than 20 years. The country has learned through experience that people must be at the centre of the response to HIV in emergency contexts. The country legally ensures universal access to services for mobile populations and formally recognizes the rights of refugees and migrants living with HIV. United Nations organizations and other international partners have a key role to play in helping countries fill gaps in country responses and to strengthen regional dialogue and cooperation on issues affecting HIV and migrants.

89. Ms Gloria Fagade, of YWCA Nigeria, described an initiative in northern Nigeria that helps victims of sexual violence find safe spaces. The project fights for the dignity of people who have experienced sexual violence and works with such individuals to

encourage them to seek HIV testing. She said such community initiatives need additional funding.

90. Mr Sergei Dmytriiev, of the All-Ukrainian Network of People Living with HIV in Ukraine, noted that about one in four people living with HIV in Ukraine reside in parts of the country affected by armed conflict. More than 80 000 people living with HIV lost access to antiretroviral therapy and other HIV services as a result of civil unrest. Community activists have worked to ensure access to HIV treatment, initially using private cars to transport medicines and eventually using a humanitarian corridor to deliver HIV treatment, with support from WHO and MSF. To address the destruction of the health infrastructure resulting from the armed conflict, the country successfully sought assistance from the Global Fund to strengthen treatment services in the emergency context, and UNICEF has offered to make needed deliveries of HIV commodities. Although HIV treatment has been partially restored in these parts of the country, the situation with respect to opioid substitution therapy is dire.

91. Manisha Dhakal, Executive Director of the Blue Diamond Society in Nepal, described Nepal's pioneering legal reforms that enabled transgender people to receive passports that align with their sexual identity. However, when a major earthquake struck the country in April 2015, government officials often did not respect the change in national law when they divided displaced persons between 'men' and 'women'. Manisha Dhakal explained how the community-run Blue Diamond Society had and continues to provide support and services for the transgender community affected by the earthquake. The U.S. government, Save the Children, the Global Fund and others provided important support for the efforts of networks of people living with HIV and other community groups to address the needs of key populations affected by the crisis.

92. During the discussion period, Board members expressed concern regarding the loss of access to opioid substitution therapy in parts of Ukraine affected by conflict. Citing its own experience in working with governmental and non-governmental partners to address the loss of HIV service access in Ukraine, including through price reductions for antiretroviral medicines, UNICEF emphasized the need to act fast when emergencies arise.

Promoting preparedness and resilience

93. Mr Manual Carballo, Executive Director of the International Centre for Migration, Health and Development, stressed the universality of the threat of emergencies. Noting that most refugees worldwide are hosted by countries that are least economically equipped to cope, he called for greater efforts to anticipate and prepare for emergencies. New partnerships should be forged before emergencies arise, and strategies should focus on addressing multiple problems at once rather than individually in isolation. Pre-deployment and warehousing of key commodities should be considered, and the United Nations should be more proactive in using peacekeepers to help deal with emergency situations.

94. Ms Karine Duverger, of Health Through Walls in Haiti, highlighted the needs of prisoners during national emergencies. Ms Bema Beyrouthy, of the Lebanese Red Cross, noted that young people are at particularly great risk during crises.

Conclusions: Transforming the new narrative on HIV and emergency contexts into action

95. Luiz Loures, Deputy Executive Director of UNAIDS, closed the thematic session by challenging the AIDS community to address the reality that emergencies are on the rise. Ending the AIDS epidemic as a public health will be impossible, he said, if those affected by emergencies are left behind. Mr Loures called for the development of a robust international architecture to address emergencies and for the development of strategies to deliver for people in emergency settings. He said DPKO had a fundamental role to play in helping address HIV in the context of emergencies and that UNAIDS should revitalize its partnership with international peacekeeping. He stressed the importance of ensuring commodity security and placing communities at the centre of efforts to address HIV in emergency contexts. Mr Loures pledged that UNAIDS would update the Board on UNAIDS' work on HIV and emergencies.

10. CLOSING OF THE MEETING

96. The meeting was adjourned.

[Annexes follow]

Annex 1

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (36)/15.1 rev1

Issue date: 15 June 2015

THIRTY-SIXTH MEETING

DATE: 30 June-2 July 2015

VENUE: Executive Board Room, WHO, Geneva

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

Draft Annotated Agenda

TUESDAY, 30 JUNE

1. Opening

1.1 Opening of the meeting and adoption of the agenda
The Chair will provide the opening remarks to the 36th PCB meeting.

1.2 Consideration of the report of the thirty-fifth meeting *The report of the thirty-fifth Programme Coordinating Board meeting will be presented to the Board for adoption.*
Document: UNAIDS/PCB (35)/14.28

1.3 Report of the Executive Director
The Board will receive a written outline of the report by the Executive Director.
Document: UNAIDS/PCB (36)/15.2

***1.4* Report of the Chair of the Committee of Cosponsoring Organizations (CCO)**
The Chair of the Committee of Cosponsoring Organizations will present the report of the Committee.
Document: UNAIDS/PCB (36)/15.3

2. Update on the AIDS response in the post-2015 development agenda :

The Board will receive an update on the positioning of AIDS in the post-2015 development agenda.
Document: UNAIDS/PCB (36)/15.4

3. Report on the consultative process to update and extend the UNAIDS 2011-2015 Strategy through the fast track period 2016-2021

The Board will receive an update on the process for updating and extending the UNAIDS Strategy 2011-2015 through the fast track period 2016-2021.
Document: UNAIDS/PCB (36)/15.5; UNAIDS/PCB(36)/CRP1; UNAIDS/PCB(36)/CRP2

WEDNESDAY, 1 JULY

4. UNAIDS Unified Budget, Results and Accountability Framework (UBRAF)

4.1 Performance reporting

The Board will receive a consolidated performance monitoring report which presents progress in implementing UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework. The report consists of two parts with additional information presented as conference room papers and made available on UNAIDS webportal.
Document: UNAIDS/PCB (36)/15.6; UNAIDS/PCB (36)/15.7 ; UNAIDS/PCB (36)/CRP3

4.2 Financial reporting

The Board will receive the financial report and audited financial statements for 2014 which includes the report of the external auditors for 2014. The Board will also receive a financial management update as at 31 March 2015.
Document: UNAIDS/PCB (36)/15.8; UNAIDS/PCB (36)/15.9

5. Follow-up to the thematic segment from the 35th Programme Coordinating Board meeting

The Board will receive a summary report on the outcome of the thematic segment on Halving HIV transmission among people who inject drugs.
Document: UNAIDS/PCB (36)/15.10

6. Update on strategic human resources management issues

The Board will receive an update on strategic human resources management issues.
Document: UNAIDS/PCB (36)/15.11

7. Statement by the representative of the UNAIDS Staff Association

Document: UNAIDS/PCB (36)/15.12

8. Any other business

THURSDAY, 2 JULY

9. Thematic Segment: HIV in emergency contexts

Document: UNAIDS/PCB (36)/15.13 ; UNAIDS/PCB (36)/CRP4

10. Closing of the meeting

Annex 2

2 July 2015

**36th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland**

30 June-2 July 2015

Decisions

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 key 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 thirty-fifth meeting

2. *Adopts* the report of the 35th meeting of the UNAIDS Programme Coordinating Board;

Agenda item 1.3: Report of the Executive Director

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

Agenda item 1.4: Report by the Chair of the Committee of the Cosponsoring Organizations (CCO)

4. *Takes note* of the report of the Chair of the Committee of the Cosponsoring Organizations (CCO);

Agenda item 2: Update on the AIDS response in the post-2015 development agenda

5.1 *Takes note* of the report*;*

5.2 *Reaffirms* the commitment to ending the AIDS epidemic as a public health threat by 2030, as agreed at the 34th meeting of the Programme Coordinating Board, including the vision of zero new HIV infections, zero AIDS-related deaths, and zero discrimination;

5.3 *Reaffirms* the 2015 ECOSOC resolution on the Joint United Nations Programme on HIV/AIDS (E/RES/2015/2), in particular operative paragraph eight on the value of the lessons learned from the global AIDS response for the post-2015 development agenda, including those learned from the unique approach of the Joint Programme, and also *reaffirms* that the Joint Programme offers the United Nations system a useful example, to be considered, as appropriate, of enhanced strategic coherence, coordination, results-based focus, inclusive governance and country-level impact, based on national contexts and priorities;

5.4 *Encourages* the Joint Programme to advocate for the multisectoral approach of the AIDS response to be reflected in HIV-relevant target indicators for the proposed Sustainable Development Goals.

Agenda item 3: Report on the consultative process to update and extend the UNAIDS 2011-2015 Strategy through the fast track period 2016-2021

6.1 *Welcomes* the Report on the multi-stakeholder consultative process to update and extend the UNAIDS 2011-2015 Strategy through the fast track period 2016-2021 and *expresses* appreciation for the consultative process undertaken so far;

6.2 *Recalls* the decisions from the 35th Programme Coordinating Board, in particular:

   a. Reaffirming the UNAIDS vision of the Three Zeros and the strategic directions in the current UNAIDS 2011-2015 Strategy;

   b. Taking note of the new data and analysis in recent UNAIDS reports (the Gap report, Fast Track report and Cities report) which provide compelling evidence for accelerated investment and action in the next five years, based on regional variations, to enable countries to end the AIDS epidemic by 2030;

6.3 *Notes* the draft outline of the UNAIDS 2016-2021 Strategy and *looks forward* to the development of an updated and extended Strategy, to be presented for consideration and adoption at the 37th Programme Coordinating Board meeting;

Agenda item 4: UNAIDS Unified Budget, Results and Accountability Framework (UBRAF)

7.1 *Takes note* of the report and *looks forward,* in accordance with decision 3.5 of the 35th session of the Programme Coordinating Board, to the presentation of a Unified Budget, Results and Accountability Framework (UBRAF) for adoption at the 37th session of the Programme Coordinating Board meeting;

7.2 *Requests* the UNAIDS Secretariat to establish a working group, with representation from Cosponsors and independent experts, to review and further develop the Results and Accountability Framework so that it is suited to guide the work of the Joint Programme in line with the priorities established by the updated Strategy, and enables strategic reporting to member states and the Programme Coordinating Board that can be used to make a critical assessment of the Joint Programme's achievements and challenges faced in implementing the Strategy, and to present the revised Results and Accountability Framework to the 38th meeting of the Programme Coordinating Board;

7.3 *Requests* UNAIDS to continue to spotlight particular areas or topics as part of regular reporting on the UBRAF, and report back to the 38th meeting of the Programme Coordinating Board on service delivery challenges, including major gaps, and provide recommendations for their improvement, building on best practices and lessons learned;

7.4 *Accepts* the financial report and audited financial statements for the year ended 31 December 2014;

7.5 *Takes note* of the interim financial management update for the 2014-2015 biennium for the period 1 January 2014 to 31 March 2015, including the partial funding of staff-related liabilities and the replenishment of the Building Renovation Fund;

7.6 *Encourages* donor governments to release their contributions towards the 2012-2015 Unified Budget, Results and Accountability Framework as soon as possible;

7.7 *Approves* a minimum level for the Unified Budget, Results and Accountability Framework net fund balance equivalent to 22% of UNAIDS biennial budget;

7.8 Further *encourages* donor governments to make multi-year contributions in 2015 towards the 2016-2017 Unified Budget, Results and Accountability Framework;

Agenda item 5: Follow-up to the thematic segment from the 35th Programme Coordinating Board meeting:

8.1 *Takes note* with appreciation of the summary report of the Programme Coordinating Board thematic session on halving HIV transmission among people who inject drugs and *recalls* decision points 8.1 through 8.11 of the 24th UNAIDS Programme Coordinating Board meeting[1];

8.2 *Recognizes* the need to strengthen action to address transmission of HIV among people who use drugs, by adopting and implementing comprehensive drug policies that are based on evidence and respect for human rights, that promote the right of everyone to the enjoyment of the highest attainable standard of health, that respect the dignity of all persons, and that are informed by the harm reduction interventions related to HIV and people who use drugs, as enumerated in the *WHO, UNODC,*

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[1] http://www.unaids.org/sites/default/files/en/media/unaids/contentassets/dataimport/pub/informationnote/2009/20090603_pcb_24_decisions_en.pdf

UNAIDS Technical Guide For Countries to Set Targets for HIV Prevention, Treatment and Care for Injecting Drug Users and the *WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations*, in line with national contexts, and further, that HIV services for people who use drugs should be planned, implemented, monitored and evaluated with inclusion of people who use drugs;

8.3 *Encourages* the Joint Programme to:

a. Work with member states to develop evidence-based programming, which is gender sensitive and informed by the existing evidence and guidelines relevant to HIV prevention, treatment and care for injecting drug users, including structural interventions that create enabling environments;

b. Within the framework of efforts to advocate for sufficient resources to end the AIDS epidemic by 2030, work with member states and other donors to ensure that funding is allocated to implement effective, evidence-based programmes to address HIV and injecting drug use, including through the work of impacted civil society networks;

c. Strengthen recommendations regarding the importance of justice, law enforcement, and health sector collaboration, alternatives to incarceration, the need for science and evidence to drive policy, and comprehensive evidence-based prevention and treatment programmes, including medication-assisted treatment;

8.4 *Encourages* the Joint Programme and relevant partners to fully engage in, and bring their substantive expertise to, the 2016 UNGASS on the World Drug Problem in order to promote public health outcomes such as reducing HIV transmission and ending AIDS as a public health threat by 2030, including in the framework of the International Drug Control System, and *further encourages* that issues impacting on HIV among people who use drugs feature prominently in the 2016 High Level Meeting on HIV;

Agenda item 6: Update on strategic human resources management issues

9 *Takes note* of the update on strategic human resources management issues;

Agenda item 7: Statement by the representative of the Staff Association

10 *Takes note* of the statement by the representative of the Staff Association.

[End of document]