

8 December 2016

**39th Meeting of the UNAIDS Programme Coordinating Board  
Geneva, Switzerland**

**6-8 December 2016**

**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 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-eighth meeting**

2. *Adopts* the report of the 38th Programme Coordinating Board meeting;

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

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

### **Agenda item 3: Updated gap analysis on paediatric HIV prevention, treatment, care and support**

- 4.1 *Takes note* of the report and analysis of the gaps in children's access to HIV treatment, prevention, care and support services as well as the effects of stigma, discrimination and structural barriers on women's and children's health, and the need for psycho-social support for children and affected families;
- 4.2 *Calls* on Member States, with the support of the Joint Programme, to take all necessary steps to achieve the global and regional targets set out in the SDGs, the 2016 Political Declaration, the UNAIDS Strategy 2016-2021 and the Start Free, Stay Free, AIDS Free framework paying particular attention to scaling up early infant diagnosis, tracking mother-infant pairs, enrolling all children, including older children, living with HIV into treatment with the most optimal formulations in a timely manner and retaining them in care, while providing differentiated service delivery models that support adherence and ensure viral suppression across the age-spectrum;
- 4.3 *Calls* on the Joint Programme to support countries' efforts to achieve the elimination of mother-to-child HIV transmission (EMTCT) and WHO certification of validation of EMTCT;
- 4.4 *Requests* the Joint Programme, in cooperation with partners, to:
  - a. Building on ongoing research and work by partners, further collect and assess data on the effects of stigma and discrimination on children, adolescents and young people living with HIV as a barrier in accessing prevention, treatment, care and support, in consultation with these populations, and develop recommendations to respond to these issues;
  - b. Strengthen support to countries in implementing programmes and allocating resources to eradicate stigma and discrimination against children, adolescents, and young people living with HIV, including through education and HIV prevention in and out of schools in line with the UNAIDS Strategy 2016-2021;
  - c. Provide progress reports to the PCB on paediatric prevention, treatment, care and support and eliminating stigma and discrimination against children, adolescents and young people living with HIV;

**Agenda item 4: Follow-up to the thematic segment of the 38th PCB meeting: *The role of communities in ending AIDS by 2030***

5.1 *Takes note* of the summary report of the Programme Coordinating Board Thematic Segment on *The role of communities in ending AIDS by 2030*;

5.2 *Recognizes* that:

- a. Communities have played, and continue to play an essential role in the AIDS response in advocacy, campaigning and participation in accountability; service delivery, including mobilizing demand; participatory, community-based research; and community financing;
- b. Communities confront considerable political, cultural and funding challenges to effective participation in the AIDS response;

5.3 *Encourages* member states to:

- a. Identify, address and overcome regulatory and cultural barriers to the effective involvement of civil society and ensure the meaningful inclusion of civil society, including people living with HIV and other key populations, young people and women at all levels of planning, as well as national and donor policy and programming frameworks, to ensure full involvement, quality participation and influence in the design, implementation and evaluation of policies and programmes;
- b. Systematically and strategically include community-based social and health service delivery as part of comprehensive systems for health;

5.4 *Encourages* the Joint Programme to:

- a. Intensify efforts, in collaboration with communities and other partners, to generate stronger evidence for the cost and health benefits of community responses to HIV;
- b. Conduct an analysis of barriers to the integration of community-led HIV responses in national AIDS plans and of potential solutions for removing those barriers;
- c. Identify innovative measures to support UN member states to effectively strengthen the input of communities, in accordance with the GIPA Principle, in the committees formed to design, evaluate, and review national HIV programmes as well as national and donor policy and programming frameworks for HIV;

## **Agenda item 5: Unified Budget, Results and Accountability Framework (UBRAF)**

- 6.1 *Takes note* of the report and encourages the Executive Director and the CCO to continue to mitigate the impact of the budgetary shortfall through further efficiencies and through renewed and innovative resource mobilization strategies towards a fully funded UBRAF, including by broadening the donor base, with the primary aim of securing the best attainable delivery against the UNAIDS Strategy 2016-2021, while taking into account priorities and needs at country and regional levels;
- 6.2 *Requests* the Executive Director and the CCO to continue to work towards greater accountability and clearer reporting that more effectively demonstrates the contributions of all Cosponsors and the Secretariat, while presenting how each organization uses its core UBRAF funds, starting at the 40th PCB;
- 6.3 *Agrees* to the proposal of the Executive Director to provide the Cosponsors the same level of core UBRAF funds in 2017 as in 2016;
- 6.4 *Requests* the Executive Director and the CCO to:
- a. Establish a review panel to make recommendations for a sustainable and fit for purpose Joint United Nations Programme on HIV/AIDS by revising and updating the operating model<sup>1</sup>, in particular joint working, financing and accountability, and governance, and have the panel present its recommendations to the CCO;
  - b. Include in the review panel members from the Secretariat, the Cosponsors and members of the PCB constituencies, as well as independent experts, and organize it in a manner that allows for input from all relevant stakeholders, such as member states, paying specific attention to balanced regional representation, civil society and people living with HIV and AIDS;
  - c. Convene a multi-stakeholder consultation on potential revisions to the operating model before the end of April 2017, based on the recommendations of the review panel, with input from the CCO;
  - d. Present a revised operating model to the 40th meeting of the PCB for consideration and approval, taking into account the recommendations of the review panel;

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<sup>1</sup> As referred to by UNAIDS as the business model in document UNAIDS/PCB (39)/16.21

**Agenda item 6:** Synthesis report of existing research and literature on intellectual property (IP)-related and other factors impacting the availability, affordability, and accessibility of treatment and diagnostics for HIV and co-infections in low and middle-income countries

7.1 *Takes note* of the report;

7.2 *Reaffirms* the UNAIDS Strategy 2016-2021 and the mandates therein to be implemented by the Joint Programme on the many matters relevant to access to HIV/AIDS medicines, including intellectual property;

7.3 *Requests* the Joint United Nations Programme on HIV/AIDS to report to the 41st PCB meeting on progress made in implementing the UNAIDS Strategy 2016-2021 in this regard;

7.4 *Takes note* of the report of the UN High Level Panel on Access to Medicines (UN HLP) and requests the Joint United Nations Programme on HIV/AIDS to facilitate further discussions on access to medicines bearing in mind, as appropriate, the UN HLP report and other relevant reports, including the trilateral report of WHO/WIPO/WTO Promoting Access to Medical Technologies and Innovation and keep the PCB informed of the matter;

7.5 *Requests* the Joint Programme, within its mandate and available resources, together with all relevant partners, and in collaboration with member states, to further identify data gaps, best practices and challenges therein, collect and analyze the necessary data including existing data, in order to better support countries to address intellectual property-related barriers, as one important barrier, as well as the other barriers impacting on availability, affordability, and accessibility of medicines, treatment and diagnostics for HIV and HIV co-infections and co-morbidities in low and middle-income countries;

#### **Agenda item 7: Report by the NGO representative**

8.1 *Recalling* the 2016 United Nations Political Declaration on HIV and AIDS, paragraphs 60d and 64a, *calls* on UN member states, to readdress their investments in domestic funding mechanisms and systems to determine where barriers to funding community-led organizations exist, particularly funding for networks and organizations of people living with HIV and other key populations<sup>2</sup>, including women and young people, and to further develop mechanisms that effectively and sustainably fund the community-led response;

8.2 *Recognizes* that to Fast-Track the AIDS response and realize their potential towards ending AIDS, community organizations and networks require sufficient financial resources and that UNAIDS estimates that funding for community mobilization should increase three-fold from 2016 to 2020; the proportion of services delivered

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<sup>2</sup> As defined in the UNAIDS Strategy 2016-2021 (p.33).

through community channels should rise to 30% by 2030; and investment in social enablers – including advocacy, political mobilization, law and reform, human rights, public communication and stigma reduction – should account for 6% of global AIDS investments;

8.3 *Recalling* decisions 5.2, 6.2(b) and 6.4 from the 38th Programme Coordinating Board, and the commitments in the 2016 Political Declaration on HIV and AIDS, paragraphs 63 (a)–(e), *calls* on UNAIDS, to:

- a. Undertake further analysis of the barriers to effective funding of community-led responses by international and private funders, as well as better understanding of the challenges faced by national governments in allocating funding to community-led responses;
- b. Continue to work on mobilization of resources and advocacy to ensure sustainable support for community-led key population responses, where needed, including in middle-income countries;
- c. Adapt existing mechanisms, including in the reporting for the 2016 Political Declaration, as appropriate, to support UN member states to track and share their investment in community-led responses;
- d. Provide guidance to funders for the development of new frameworks for risk assessments in funding for community-led HIV responses and on good practices for the monitoring and evaluation of funds to grassroots and community-based organizations, and guidance for countries to create or reform national mechanisms to fund comprehensive community responses to HIV;
- e. Collaborate with partners to identify and scale up mechanisms to increase investment in community-led responses to HIV;
- f. Report on progress at the 41st PCB;

8.4 *Recognizing* the urgent need to integrate HIV response programming with other health programming, *calls* on UNAIDS, to engage with other multilateral platforms including but not exclusively, the Global Fund to Fight AIDS, Tuberculosis and Malaria; UNITAID; regional development banks; and donor development agencies, in order to seek mechanisms for better multilateral support of civil society and communities as independent development actors;

8.5 *Encourages* member states to explore ways of increasing both domestic and international funding for the *community*-led HIV response, including investment in community health workers, and to enhance investment in social enablers;

### **Agenda item 8: Next PCB meetings**

9.1 *Agrees* that the themes for the 40th and 41st Programme Coordinating Board meetings be:

- a. *HIV Prevention 2020: a global partnership for delivery* (40th);
- b. *Zero discrimination in health care settings* (41st);

9.2 *Requests* the Programme Coordinating Board Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 42nd and 43rd Programme Coordinating Board meetings;

9.3 *Agrees on* the dates for the 44th (25-27 June 2019) and the 45th (10-12 December 2019) meetings of the Programme Coordinating Board;

### **Agenda item 9: Election of officers**

10. *Elects* Ghana as the Chair and the United Kingdom as the Vice-Chair for the period 1 January to 31 December 2017 and *approves* the composition of the PCB NGOs.

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