

REPORT OF THE 40TH 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 40th 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 40th meeting on 27–29 June 2017 in the Executive Board room of the World Health Organization (WHO) in Geneva.
2. The Programme Coordinating Board Chair, H.E. Kwaku Agyeman-Manu, Minister of Health, Ghana, welcomed participants to the 40th meeting. He noted the high-level representation, including the First Lady of Panama, Lorena Castillo de Varela, and welcomed the new members elected to the Board. Following a moment of silence in memory of all people who have died of AIDS, the Board adopted the draft agenda.
3. After providing a brief update on the AIDS response in Ghana, the Chair noted some of the challenges ahead as countries step up their efforts to end the AIDS epidemic.

1.2 Consideration of the report of the 39th PCB meeting

4. The Board adopted the report of the 39th Programme Coordinating Board meeting.

1.3 Report of the Executive Director

5. Mr Michel Sidibé, Executive Director of UNAIDS, began his presentation by welcoming the First Lady of Panama, Lorena Castillo de Varela. He thanked the outgoing Director-General of WHO, Dr Margaret Chan, for her 10 years of outstanding service and congratulated the new Director-General, Dr Tedros Adhanom Ghebreyesus, on being the first African to be elected to the post.
6. Mr Sidibé also thanked Mark Dybul, outgoing Executive Director of the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund), for his services, and congratulated David Beasley, the new Executive Director of the World Food Programme, and Achim Steiner, the new Administrator of the United Nations Development Programme (UNDP) on their appointments. He announced that UNAIDS Deputy Executive Director Jan Beagle had been appointed as the new United Nations Under-Secretary-General for Management. Mr Sidibé paid tribute to the late Dr. Babatunde Osotimehin, former Executive Director of the United Nations Population Fund (UNFPA).
7. Mr Sidibé told the meeting that the AIDS response was operating in an unpredictable context shaped by significant geopolitical, environmental, technological, socioeconomic and demographic changes. Ending the AIDS epidemic requires taking those issues into account when framing actions, he said.
8. Citing South Sudan as an example of the interplay between conflict, drought, migration and the AIDS epidemic, Mr Sidibé urged countries to address the underlying causes of vulnerability and risk by “connecting the dots”. The Joint Programme on HIV/AIDS exemplified such an approach, he told the Board. Recalling the financial crisis that had gripped UNAIDS a year earlier, Mr Sidibé cited the words of Martin Luther King Jr.: “Our very survival depends on our ability to stay awake, to adjust to new ideas, to remain vigilant and to face the challenge of change.”
9. Mr Sidibé reported that the Global Review Panel on the Future of the UNAIDS Joint Programme Model (Global Review Panel), proposed at the 39th meeting of the PCB, had

been convened and completed its tasks within 5 months. Co-Chaired by Awa Coll-Seck, Minister of Health of Senegal, and Lennarth Hjelmaker, Special Ambassador for Global Health of Sweden, and with Helen Clark as Co-convenor, the Global Review Panel had produced a powerful report.

10. The Panel's report concluded that the multisectoral and inclusive approach of the Joint Programme was more relevant than ever. This was underscored by the United Nations (UN) Secretary-General's description, in his 2017 report on AIDS to the UN General Assembly, of the Joint Programme as a "bellwether" for sustainable development and United Nations reform.
11. Mr Sidibé told the Board that the improvements proposed by the Panel would reinforce UNAIDS' role in the global health architecture, refine its work within the context of the Sustainable Development Goals (SDGs), and strengthen its unique multisectoral and partnership approach. UNAIDS' work would continue to be rooted in the principles of transparency, innovation and accountability, while working with a wide set of stakeholders and supporting rapid responses to an evolving AIDS epidemic.
12. With an emphasis on strengthening country-level joint work, the proposed new operating model focuses on a tailored country presence, smarter investments at the country level, greater attention to the drivers and incentives for joint work, focus on Fast-Track countries and a core package of support provided to all countries. After presenting the Panel's report to the Heads of Agencies, the Committee of Cosponsoring Organizations (CCO) had agreed that the recommendations would frame an Action Plan to refine the Joint Programme's operating model and stabilize its finances, with three guiding objectives:
 - To deploy human and financial resources where they are needed most;
 - To reinvigorate country-level joint work and collaborative action; and
 - To reinforce accountability and results for people.
13. The Action Plan emphasizes approaches that are custom-built for each country context and that are led by diverse teams. Mr Sidibé emphasized that the Plan represented one of several milestones towards refining the Joint Programme's operating model.
14. Mr Sidibé then updated the Board on the UNAIDS Secretariat's repositioning exercise, which had three aims:
 - realign the Secretariat to a new political and financial environment;
 - continue supporting the Joint Programme and the AIDS response with maximum value added; and
 - ensure a transparent process that includes a series of cross-organizational consultations with staff.
15. The repositioning involved the realignment of the UNAIDS Secretariat, a 13% reduction of Secretariat staff since the beginning of 2016, the reassignment of 120 staff members to new positions, and maintaining a strong country presence with a 70:30 field/headquarters staff ratio. It also involved a strong focus on gender equality, which includes increasing the number of women in leadership positions. At the time of the Board meeting, 48% of UNAIDS country directors were female, up from 27% in 2013.
16. The Secretariat was able to carry out the reforms "with a human face", Mr Sidibé told the meeting, while maintaining the capacity to make progress on key issues such as human rights, support for civil society, and close collaboration with countries and other partners, including the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the

United States President's Emergency Plan for AIDS Relief (PEPFAR). He underscored their crucial roles in the AIDS response and said it was vital for UNAIDS to strengthen its many partnerships.

17. The results of the independent evaluation of the Global Fund–UNAIDS partnership had confirmed the transformative force of partnership and joint work at country level. Mr Sidibé pointed to the new partnership with GAVI, the Vaccine Alliance, to tackle the human papillomavirus and expand access to relevant diagnostics and commodities. The partnership was one of several examples of how UNAIDS was taking AIDS out of isolation.
18. The Fast-Track approach was achieving results, Mr Sidibé told the meeting. A decade ago, no one had foreseen that 18.2 million people would be accessing treatment; that a 60% reduction in new HIV infections would be achieved among children in the 21 priority countries of the Global Plan; or that the majority of AIDS investments—57%—would be coming from domestic sources. He stressed, however, that sustained international investment had been crucial in those achievements.
19. Calling for a movement built around the “right to prevention”, Mr Sidibé stressed that the world could not treat its way out of the AIDS epidemic; combination prevention is essential. The Global HIV Prevention Coalition, which meets in Nairobi, Kenya, in October 2017, marks an important step forward.
20. Mr Sidibé cautioned, however, that progress in the AIDS responses remained uneven. Progress in eastern and southern Africa, for example, contrasted with slow improvements in western and central Africa, where three out of four people living with HIV were not receiving HIV treatment. A proposed “catch-up” plan for the latter region was an important opportunity to close those gaps, he said.
21. Despite the many gains, Mr Sidibé told the Board, 18 million people were still waiting for HIV treatment and there were 6,000 new HIV infections every week among young women in sub-Saharan Africa. Men were not benefiting sufficiently from testing and treatment services, and key populations remained marginalized. At the same time, the AIDS movement retained special strengths of audacious thinking, courage and commitment—strengths that would enable the world to end AIDS by 2030.
22. Mr Sidibé handed the floor to the First Lady of Panama, Lorena Castillo de Varela, who addressed the Board after a short video was screened on her work towards zero discrimination and efforts to end HIV-related stigma and discrimination. She noted some of the major changes of the past year, including the adoption of 2016 Political Declaration on Ending AIDS. However, discrimination continued against people living with HIV, women and key populations. This had to change. After describing anti-discrimination initiatives underway in Latin America, she told the Board that upholding human rights was essential for ending the AIDS epidemic and for achieving the SDGs.
23. Board members thanked the Executive Director for his report, and congratulated UNAIDS Deputy Executive Director Jan Beagle on her appointment as UN Under-Secretary-General for Management. They also noted with sadness the passing of Dr. Babatunde Osotimehin, former Executive Director of UNFPA.
24. Members expressed concern about the slow progress towards the 90–90–90 targets in some regions, including Asia and the Pacific, where only 41% of people living with HIV

were receiving ART. Noting that prevention successes appeared to be lagging, Members welcomed a renewed emphasis on prevention. They called for a focused and outcomes-based approach, and urged that treatment and care strategies also incorporate and advance prevention.

25. Referring to the underlying barriers that hinder quicker progress, Board Members emphasized the importance of community-based and people-centred actions and human rights-based approaches, and supported UNAIDS' focus on combination prevention, especially for populations that are left behind. They cautioned against excessive staffing and other cuts, which would jeopardize the Joint Programme's work, including its support for communities. They urged UNAIDS to continue upholding public health priorities, including promoting affordable access to essential medicines.
26. Noting the importance of integrating HIV into broader health and SDGs, Members praised UNAIDS as a pioneering example of broad UN reforms. The meeting welcomed the Global Review Panel's recommendations and the proposed refinements to the operating model of the Joint Programme. They emphasized UNAIDS' importance to the Global Fund, particularly with respect to strategic information, technical support and civil society partnerships.
27. Concerns were expressed about the possible impact of the new operating model—specifically a reduction in allocations to Cosponsors—on Cosponsors' abilities to support key activities. The effect of staff cuts was a particular concern. Members appealed to Cosponsors to increase their allocations of non-core resources in the Unified Budget, Results and Accountability Framework (UBRAF).
28. Members were concerned also about the possible effects of budget and staff cuts on UNAIDS' country-level activities and support, especially beyond the priority Fast-Track countries. They urged countries and other partners to increase investments in the Joint Programme as a whole, including Cosponsors, and requested that a predictable fundraising strategy and mechanism be developed. Germany announced that it would double its annual contribution to UNAIDS for 2017–2018, to Euro 5 million per annum.
29. The meeting proposed that the risk of rebounding epidemics be included as a possible thematic issue for a future meeting of the PCB, and suggested that a focus on the Start free Stay free AIDS free initiative be included in the agenda of the next PCB meeting.
30. In his reply, the UNAIDS Executive Director thanked Germany for doubling its annual contribution to the Joint Programme and assured the Board that UNAIDS was working closely with countries in every region to mobilize additional funds, reduce the prices of antiretroviral drugs and other commodities, and combat discrimination and stigma.
31. Mr Sidibé thanked Members for their support and acknowledged their proposals. In particular, he supported the convening of a small working group to consider how the AIDS response could be accelerated most effectively in all countries. He also noted the important work of nongovernmental organizations and emphasized the need to continue strengthening their capacities.

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

32. Ms Lakshmi Puri, Deputy Executive Director of UN women, representing the Executive Director of UN Women, Ms Phumzile Mlambo-Ngcuka, Chair of the CCO, began her remarks by paying tribute to the late Dr. Babatunde Osotimehin, former Executive Director of UNFPA.

33. Ms Puri described the Joint Programme as a rare example of the integrated, multicentred and inclusive approach advocated in the Agenda 2030 for Sustainable Development. Acknowledging the important gains made in the AIDS response, she noted that the world was still far from ending the epidemic. Prevention programmes in particular were limited in scale. She called for the setting of prevention targets as ambitious as those set for treatment. Everyone should have a right to prevention, just as they have a right to treatment.
34. Emphasizing the importance of gender equality across the AIDS response, Ms Puri noted that women and girls were not yet benefiting adequately from HIV programmes. More had to be done so women and girls could control their bodies and their sexual lives, and men and boys had to be engaged in efforts to transform gender relations.
35. Ms Puri told the Board that the CCO believed that the Joint Programme was fit for purpose to implement Agenda 2030, and that it welcomed the Global Review Panel process and agreed to the proposed next steps.
36. The CCO was concerned, however, that the financial shortfall had already led to a 25% drop in capacity for Cosponsors since 2015, and that the gap could increase to almost 40% by 2019. UNAIDS and its Cosponsors needed strong capacity to safeguard the integrity of the Joint Programme and to deliver the UNAIDS strategy. The CCO called for a rebound in financial contributions in order to meet the 2020 and 2030 targets, and urged the Joint Programme to develop contingency plans for a scenario in which resource targets are not met.
37. Members expressed their thanks for the detailed CCO report. They reiterated the expectation that Cosponsors would continue to allocate resources for AIDS from their own budgets, which was consistent with the original intention of the ECOSOC resolution that had established the Joint Programme.
38. Members called on Cosponsors to increase their own resource mobilization for HIV activities. The need for a new allocation model for Cosponsors was mooted, with some members questioning whether each Cosponsor should be allocated the same amount, irrespective of resource capacity and the extent of its HIV activities. It was also suggested that the unique strengths of the Cosponsors could be leveraged and coordinated more effectively.
39. Members requested that future reports include updates on how Cosponsors are reorganizing their HIV activities in light of staffing and other cutbacks. Cosponsors were also asked to use the UBRAF to account for all AIDS investments, particularly in Fast-Track countries.
40. In reply, Ms Puri noted that Cosponsors add value to the AIDS response chiefly by mainstreaming and integrating HIV into their respective mandated areas of work. Such mainstreaming of HIV work could sometimes “hide” actual deployment of staff for HIV activities. She noted the suggestion that future CCO reports should describe the ways in which Cosponsors prioritize and allocate budgets for HIV and welcomed a suggestion that Cosponsor publications be linked to the UNAIDS website.

2. Leadership in the AIDS response

41. Mr Celso Amorim, Chair of the Executive Board of UNITAID, provided an overview of UNITAID, including its focus on supporting affordable access to medicines, including for preventing, diagnosing and treating HIV, tuberculosis and malaria. He outlined the

organization's focus on closing the gap between the development of much-needed health products and their widespread use, and its commitment to advancing the right to health.

42. The 2020 and 2030 targets demand strong commitment to innovation and fair access, including at the global level, Mr Amorim told the Board. Greater support was needed to guarantee equitable access to medicines, including through the use of the Doha Declaration on TRIPS and public health. The flexibilities negotiated at the Doha meeting had not yet been used to their full potential.
43. Recent HIV-related priorities for UNITAID included the development and introduction of HIV self-testing technologies, wider adoption and use of pre-exposure prophylaxis, rolling out the next generation of HIV drugs in Africa, and addressing the challenge of antimicrobial resistance.
44. Members commended UNITAID's work, particularly the importance it places on advancing people's right to health and on achieving equitable access to medicines and medical technologies.

3. Refined operating model of the United Nations Joint Programme on HIV/AIDS (UNAIDS)

45. UNAIDS Executive Director, Michel Sidibé, opened this session with a reminder that UNAIDS had been operating in a context of uncertainty and had to adapt. In response to the decision of the 39th PCB meeting, a Global Review Panel (the Panel) had therefore been convened. The Panel considered a set of key questions and outlined a set of recommendations that strikes a balance between ambition and pragmatism, and between prioritization and equity.
46. Lennarth Hjelmaker, Special Ambassador for Global Health, Sweden, introduced the discussion on the proposed operating model by recapping the process in which it had been developed. The urgency of the work was evident in the fact that the Panel had delivered its report within five months of being convened. The report emerged from multistakeholder consultations and marked an important contribution to the repositioning of the UN Development System.
47. The Panel concluded that the Joint Programme remains an indispensable actor in the AIDS ecosystem, providing global leadership and strategic direction for the global AIDS response, along with critical support for civil society, countries and a wide range of other partners. It noted that UNAIDS' inclusive governance structure, innovative partnerships and unique UBRAF make it a model for other UN initiatives. UNAIDS was found to exemplify the approaches demanded by Agenda 2030 and the directions set in 2016 Quadrennial Comprehensive Policy Review (QCPR). However, to operate at full potential and stay at the cutting edge of UN reform, the Joint Programme has to evolve.
48. Looking ahead, the Panel noted several major challenges, including:
 - a "disconnect" between the strategic decisions of the PCB and the financing realities of the Joint Programme;
 - stagnant resource mobilization and a need for stronger focus and prioritization;
 - gaps in financial and performance reporting;
 - a risk of growing complacency among some donors;
 - an evolving epidemic and changing context; and
 - underutilization of the Joint Programme's unique forms governance.

49. The Panel made three sets of recommendations, the first of which calls for allocating resources where they are needed the most. This is to be done by securing sufficient financing for the Joint Programme, which entails:
- protecting the resources and functions of the Secretariat;
 - establishing a differentiated approach for allocating core funding to Cosponsors; and
 - identifying a proportional relationship to finance Joint Programme contributions to Global Fund processes.
50. The second main recommendation is for the reinvigoration collaborative action at country level to Fast-Track the AIDS response by:
- tailoring the Joint Programme to country priorities, the needs of people living with HIV and key populations;
 - prioritizing Fast-Track countries; and
 - setting up inclusive, country-level platforms to review the AIDS epidemic and response, promote mutual accountability and inform decision-making.
51. The third main recommendation calls for reinforcing accountability and results that benefit people. This is to be achieved by:
- adopting a simplified and transparent reporting and accountability framework;
 - communicating the results and added value of the Joint Programme;
 - enhancing the PCB's oversight of global efforts to Fast-Track and end the AIDS epidemic; and
 - pursuing greater coherence across the boards of UNAIDS and its Cosponsors.
52. Laetitia Bosio, Policy and Strategy Officer in the Strategic Policy Directions team of UNAIDS, presented the core elements of the proposed Action Plan, which outlines steps to be taken in the next six months. The Plan is built on the basis of the Panel's recommendations and the Multistakeholder Consultation with all stakeholders (April 2017), and is aligned with the 2016 QCPR. It was developed with the Cosponsors, and was informed by inputs from Member States, civil society and other partners. The Plan emphasizes flexibility, tailoring, prioritization and inclusiveness, especially at country level, and will continue to be updated.
53. She described the three action areas of the Plan, each of which includes specified results:
- Action Area 1 focuses on mobilizing and allocating resources to enable the Joint Programme to deliver on its Strategy within a fully funded UBRAF;
 - Action Area 2 involves refining an optimal UN response to AIDS, country-by-country, that enhances joint working; and
 - Action Area 3 calls for strengthening and using Joint Programme governance mechanisms to provide leadership across the AIDS response.
54. Outlining the next steps, Ms Bosio said the Joint Programme will further elaborate the key actions. The CCO will review progress at its November 2017 meeting, and a first report on implementation will be presented at the 41st PCB meeting in December 2017.
55. The CCO reaffirmed its commitment to the implementation of the Action Plan. Board Members applauded the inclusive process of the Global Review Panel and welcomed the Action Plan, noting that it plays to the strengths of the Joint Programme and Cosponsors, including their abilities to promote and guide the use of scientific advances, generate political commitment, engage communities and build partnerships.

56. Members welcomed the close alignment of the refined operating model with the QCPR and the 2030 Agenda, and supported the proposed refinement of country-level actions. They noted the difficult balancing act the Plan requires in a resource-constrained context, but urged that the principle of universality be safeguarded. There was particular concern that non-Fast-Track countries with growing epidemics should continue to receive funding and other support. The development of a package of support for non-Fast-Track countries was proposed by some, including technical assistance, and support for advocacy and community-based activities.
57. Members supported the Plan's emphasis on reporting, accountability and multisector dialogue. They reiterated the importance of consulting with civil society before deciding on country-level actions and priorities. There was general support for the proposed relationship between the Global Fund and the Joint Programme, although it was noted that some of the proposals fall under purview of Global Fund decision-making.
58. Some Members questioned the recommendation that equal amounts be allocated to all Cosponsors, irrespective of their mandates, capacities and the extent of their HIV activities. They also requested additional information on the formula that was used to calculate country envelopes.
59. Members requested further details on how adjustments to the Plan will be made. They suggested that the Plan be flexible enough to accommodate adjustments based on results in the medium and long term, and to allow for the allocation of funds to non-Fast-Track countries if required by circumstances.
60. Members requested that the outcomes of CCO meetings be reported to the PCB. UNAIDS was asked to present progress on the Action Plan at the 41st and the 42nd session of the PCB.
61. The Joint Programme was asked to develop a clear resource mobilization strategy to achieve a fully funded UBRAF, with specific targets and including innovative fundraising approaches. Concerns were expressed that a reliance on philanthropy was neither a secure nor sustainable approach.
62. In reply, Ms Bosio stressed that UNAIDS remains committed to support all countries. Country envelopes will be allocated to support Cosponsors work in all relevant countries where UNAIDS is active. The formula for determining the country envelopes currently takes account of quantitative and qualitative factors, country context, UNAIDS capacity in specific countries and other criteria, and is under review.
63. She told the Board that the proposed US\$ 2 million allocation to each Cosponsor does not constitute the sole basis for Cosponsors' HIV activities, but serves as a catalyst for action and for mobilizing additional resources. Members were asked to encourage Cosponsors to ensure that they mainstream HIV into their activities.
64. Ms Bosio noted the calls for urgently developing a robust, multiyear resource mobilization strategy that can leverage the comparative advantages of the Cosponsors and other partners. She also reminded the Board that UNAIDS, the Global Fund and all PCB Members would continue to work together to mobilize funding for the entire AIDS response, not only for UNAIDS. She highlighted the Joint Programme's crucial role in facilitating and supporting the effective operation of the Global Fund.
65. In his remarks, Mr Sidibé said the Action Plan was a good example of "connecting the dots" between different actors, mandates and capacities, and of developing viable,

forward-looking and transparent governance approach. The Plan was not yet final, and would be refined further. He added that, while recognizing that no one should be left behind, prioritization was essential: more than 80% of people living with HIV were in 33 countries. But that does not mean other countries would be excluded.

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

4.1 and 4.2 Performance reporting and financial reporting

66. Jan Beagle, Deputy Executive Director, Management and Governance, UNAIDS, provided an overview of the UBRAF, reminding the Board that it is UNAIDS instrument to translate the UNAIDS Strategy into action and it is the only business model of its kind in the UN system. Since its inception in 2012 the UBRAF has guided the strengthening of joint resource planning, management and reporting. The current 2016-2021 UBRAF benefited from inputs from the PCB working group, Member States, civil society partners and multistakeholder consultations and is significantly simplified.
67. Emphasizing that the QCPR provides the framework for strategy implementation for all UN entities leading up to 2030, Ms Beagle summarized the main themes in the QCPR and told the Board that UNAIDS was advancing well against many of the QCPR requirements. UNAIDS was making important contributions to the broader repositioning of the UN system and, despite its challenges, remained “ahead of the curve”.
68. Ms Beagle concluded by describing the principles of performance reporting and the areas in which the Joint Programme would sharpen its focus and enhance transparency and accountability, while striving for greater efficiency and effectiveness.
69. Joel Rehnstrom, Director of Planning, Finance and Accountability, UNAIDS, presented the financial and performance monitoring reports. After setting out the main features of the performance monitoring exercise, he described the Joint Programme’s Monitoring System (JPMS), its data collection tools, and the 2016–2021 UBRAF indicators.
70. All countries with a UNAIDS Secretariat presence and/or a Joint UN Team on AIDS had participated in the exercise, and all six regions of the Joint Programme had submitted their reports. Mr Rehnstrom noted that the performance monitoring process complied with the pertinent decision points of the 38th and 39th PCB meetings.
71. The UNICEF representative presented a short review on progress towards the elimination of mother-to-child transmission (EMTCT) of HIV. Close to universal adoption of “Treat All” for pregnant women (Option B+) has been achieved, leading to major increases in access to antiretroviral therapy (ART) for women in the Global Plan countries and big reductions in new HIV infections in children. An estimated 5.9 million unintended pregnancies have also been averted among HIV-positive women. In 2016, the World Health Organization (WHO) validated Thailand, Armenia, Belarus, Anguilla and Monserrat for EMTCT; a total of 6 countries have now reached that milestone. The successes have led to the launch of the Start Free Stay Free AIDS Free framework as successor to the Global Plan.
72. Mr Rehnstrom reminded the meeting that the performance monitoring reports also document and validate the contributions and performance of the Secretariat and of the Secretariat core functions in setting the global agenda, data, science, politics, advocacy, partnerships, coordination, governance and accountability.

73. Mr Rehnstrom told the Board that the financial situation had stabilized during the second half of 2016, but remained tight. US\$ 180 million was raised in 2016, about 75% of the target. This compared with the US\$ 201 million raised in 2015 and the US\$ 233 million raised in 2014. Core expenditures totaled US\$ 183 million, with the shortfall covered from the fund balance. The net fund balance stood at US\$ 80 million at the end of 2016.
74. In 2017, UNAIDS expected to raise the same level of core funds as in 2016, 75% of the target. By mid-2017, US\$ 107 million had been mobilized against the core budget. Reduced contributions from key donors and a strong US dollar accounted for the drop in funding (70% of core funding is in other currencies). Additional contributions were urgently needed to close the 25% gap between the projected income and the approved budget for 2017. Meanwhile, efforts continued to reduce the Secretariat's core expenditures. These had been reduced from US\$ 201 million in 2011 to US\$ 159 million in 2014 and to US\$ 140 million in 2016, a 30% reduction.
75. UNAIDS had received an unmodified "clean audit" opinion from external auditors for the fifth time in a row, and all recommendations of the 2016 external audit had been implemented. Three areas identified by the External Auditors during their visit in 2017 where financial management and governance of resources could be improved:
- development of a structured management accountability framework for enhanced accountability and transparency;
 - finalization of an internal control framework to strengthen adherence to policies, procedures, rules and regulations; and
 - continued efforts to strengthen succession planning, including forecasting of vacancies.
76. The internal audit 2016 identified the following areas that require strengthening: timely processing of payments to suppliers in some offices; recurring situations of single sourcing; discrepancies between the fixed assets register and physical inventories; and internal coordination on administrative procedures. Good practices were observed in quality assurance and IT helpdesk functions, as well as travel policy modifications and implementation.

4.3. Budget 2018–2019 UBRAF

77. Mr Rehnstrom presented the background and core elements of the 2018–2019 UBRAF budget. It took into account the Political Declaration on Ending HIV and AIDS and other global commitments, data on achievements and challenges, and recommendations from external reviews, among other inputs.
78. He noted that the 2018–2019 budget, which is aligned with the QCPR, is based on the 2016–2021 Strategy and UBRAF, decisions of the UNAIDS Board, progress to date against the Fast-Track targets, lessons learned in implementing the UBRAF, and recommendations of the Global Review Panel. Key elements of the budget included steps to protect the Secretariat's core funding for its mandated functions, while providing a minimum allocation from the core budget to each Cosponsor (with additional funding available in the form of country envelopes).
79. Mr Rehnstrom told the Board that the core budget remained at US\$ 484 million, as in previous biennia (i.e. US\$ 242 million per year). The total amount the Secretariat expected to raise against the core budget had been reduced from US\$ 242 million to US\$ 184 million per year. A fully funded UBRAF required raising an additional US\$ 58 million per year as supplemental core funds for the Cosponsors and the Secretariat.

80. A revised resource mobilization and allocation model (by year) was presented. This would enable the Joint Programme to continue providing support to more than 100 countries. The model calls for US\$ 140 million to resource the UNAIDS Secretariat, following the repositioning and expenditure reductions made in 2016. US\$ 2 million would be allocated to each Cosponsor to offer a degree of predictability in fulfilling respective roles in their engagement with the Joint Programme, while a further US\$ 22 million would be available to Cosponsors at country level in the form of country envelopes to leverage joint action in 33 Fast-Track countries and in support of populations in greatest need in other countries. Supplemental funds to address specific epidemic and country contexts would be raised by Cosponsors and the Secretariat (up to US\$ 58 million).
81. Country envelopes would be determined by using a formula that takes account of epidemic, economic, social, structural and other factors, and in a process that involves the Secretariat and Cosponsors to identify joint actions. Allocations will be based on clear deliverables, milestones, regular monitoring and reporting.
82. The Board was told that the refined operating model would enhance the Joint Programme's work. Regional targets and priorities were being identified, while country targets would form the basis for priority setting and enhanced accountability.
83. Members welcomed the performance and financial reports and expressed satisfaction with the reported progress, while noting that major challenges remained, including the decline in core funding. They reiterated the need to maintain human rights and zero discrimination at the core of the Joint Programme's work. Members encouraged UNAIDS to continue implementing cost-saving measures, while guarding against actions that jeopardize the ability to deliver on the UNAIDS Strategy and the Political Declaration for Ending AIDS.
84. Members welcomed congratulated UNAIDS on the improved quality of the performance monitoring reports. They commended UNAIDS for publishing the results of three evaluations in the past year and looked forward to updates on actions taken to address the issues identified in the audits. In addition, they asked UNAIDS to reduce the volume of reports presented to the PCB, and to ensure that working documents were available timely and in the two official languages, English and French.
85. The Board was presented with a summary of a report from the Multilateral Organization Performance Assessment Network (MOPAN). Although the exercise had been performed during UNAIDS' financial crisis, the report concluded that UNAIDS remained highly relevant. In the assessment, Cosponsors had requested increased consultation and coordination within the Joint Programme at the global level, noting that coordination currently worked best at country level. Among the 12 rating areas in the assessment, UNAIDS rated highly satisfactory in four areas and satisfactory in seven areas.
86. UNAIDS welcomed the assessment and noted that it had developed concrete actions to address the issues raised. It was concerned, however, that the standardized MOPAN methodology was not appropriate for assessing all agencies, and reminded the Board that the assessment had been done during a time of severe financial strain.
87. The Board expressed concern about declining revenues and declining net fund balance. While recognizing the efforts that have been made to improve resource mobilization and boost cost efficiencies, they urged UNAIDS to intensify its resource mobilization efforts. Noting that the UNAIDS Strategy was premised on a fully-funded UBRAF, Board Members asked which results were less likely to be achieved in the current funding situation.

88. The United States (US) Government announced it would extend its agreement with UNAIDS for an additional five years, with core funding remaining at US\$ 45 million for 2017. In addition, the Office of the Global AIDS Coordinator would continue funding other activities in support of the UNAIDS strategy.
89. Cosponsor representatives described the impact of funding cuts for their HIV activities, saying that they had lost approximately 300 HIV-focused staff since 2015. They called on the PCB to ensure a fully funded UBRAF is achieved, and to support the Joint Programme to implement the refined operating model. Some Board Members questioned the decision to allocate an amount of US\$ two million to each Cosponsor, rather than proportionally in line with the actual HIV work of each Cosponsor.
90. Concerns were expressed about the impact of funding cuts and prioritization on key populations. Civil society representatives suggested that funding spent on enforcing the criminalization of key populations should be more fruitfully reallocated to activities that promote public health, such as the AIDS response.
91. Board members welcomed the proposed budget, saying that it showed that the call for transparency and accountability had been heeded. They stated their support for the proposed allocation model, including the proposed minimum funding of US\$ 2 million to each Cosponsor to support respective engagement with the Joint Programme and the additional funding provided via country envelopes. They highlighted several strengths of the proposed budget, including the alignment with the QCPR, the focus on supporting strengthened joint UN work at country level, and the prioritization of HIV prevention.
92. Members stressed that although the budget is aligned with the refined operating model, core resources must enable UNAIDS to lead and support implementation of the 2016–2021 Strategy. They requested that a transparent process be used to determine how additional funds, if raised, would be used.
93. Donor countries were urged to maintain or increase current levels of funding support and new donors were urged to step forward to ensure a fully funded UBRAF. Noting the importance of healthy cash flows, the Board urged donors to disburse funding as early as possible. Members cautioned against undue reliance on increases in non-core funding, which would compromise UNAIDS' independence and its ability to set evidence-based priorities.
94. In reply, Mr Rehnstrom told the meeting that a comprehensive plan did not yet exist for mobilizing additional funds to fill the funding gap. However, elements of a plan were in place, including additional resources received from the Africa Group (for example, Cote d'Ivoire, Ghana, Kenya and Namibia); multiyear agreements struck with Belgium, the United Kingdom and other; and the provision of additional resources for work in specific regions (for example, the Russian Federation in eastern Europe and central Asia, and Swedish Sida in eastern and southern Africa). He expressed confidence that further success in the AIDS response and in the UN reform process would attract additional resources.
95. Mr Rehnstrom told Board members that UNAIDS would report back to the 41st PCB meeting on the country envelope allocations. Allocations would not be limited to Fast-Track countries and would be based on evidence and up-to-date data. Replying to questions about the internal audit, he assured the meeting that updated inventories of fixed assets were being drawn up and certified at all offices.

5. Follow up to the thematic segment of the 39th PCB meeting: HIV and ageing

96. This follow-up session reviewed the impact on the physical and mental health of people living with HIV who are 50 years or older.
97. Dr Yogan Pillay, Deputy Director of the national Department of Health in South Africa, noted that a demographic shift was underway in the AIDS epidemic. This partly reflected the success of the HIV treatment scale up, with more people with HIV living longer. Globally, about 5.8 million people living with HIV were 50 years or older and that number is rising. More than 80% of those people live in low- and middle-income countries. Many of them will experience overlapping health conditions, including non-communicable diseases. As the population of people living with HIV 50 years and older will rise, the capacity to monitor and manage the overlapping HIV-related and ageing-related conditions will be critical.
98. In addition to health services for people living with HIV 50 years and older, it is also important to strengthen sexual and reproductive health rights and services for older people (irrespective of HIV status), strengthening disease surveillance (including for HIV) in older age cohorts, and improving the understanding and management of multiple medications and treatments in older people living with HIV infection. Dr Pillay reminded the meeting that current knowledge indicates that people who start ART soon after becoming infected are less likely to experience overlapping health complications associated with HIV infection and treatment.
99. Dr Mariângela Simão, Director of UNAIDS' Rights, Gender, Prevention and Community Mobilization Department, told the meeting that, by 2020, over 20% of people living with HIV would be 50 years or older (up from 8% in 2000). Their health challenges would include a heightened risk for certain cancers and other noncommunicable diseases. Dr Simão noted that it was not yet clear in what respects HIV infection and ART lead to "accelerated" ageing.
100. She emphasized the need to be realistic about the sexual lives of older people. Studies showed that, although older people are sexually active, they are less likely than people less than 50 years of age to take an HIV test, and less likely to recognize that they are risk for HIV infection. Their knowledge of sexual and reproductive health also tends to be poor.
101. Dr Simão noted that older women living with HIV face specific risks and vulnerabilities, including increased risk of cervical cancer, and interactions between menopause and HIV infection. Similarly, age accentuates the many barriers and risks that key populations experience, including stigma and mental health challenges.
102. The health sector response must reduce such risks, strengthen sexual health education for all ages, expand access to combination prevention and approach HIV as a chronic disease. Greater integration with other health programmes is a priority, along with structural interventions that reduce stigma and discrimination and strengthen social protection. She concluded by highlighting the value of a lifecycle approach that reflects the different needs of people at different ages.
103. Board members highlighted the value of a differentiated, age-sensitive approach that respects human rights. They urged that health and social protection systems be adapted to cope with the reality of growing populations of older people living with HIV.

6. Update on strategic human resources management issues

104. Dr Roger Salla Ntounga, Director of UNAIDS' Department of Human Resources Management, presented an update on progress made in the implementation of the Human Resources Strategy, including workforce planning, mobility, gender balance, learning and performance, and staff wellbeing.
105. Describing the main steps taken to reposition the UNAIDS Secretariat throughout 2016, he noted that a number of staff functions had been reprofiled at all levels and that the overall workforce had been streamlined. Staff numbers were reduced by 13% and 120 staff members were reassigned.
106. The workforce totaled 708 individuals as of 1 April 2017, down from 799 in April 2016, with 96% of staff on Fixed-term appointments. Approximately half of all staff were locally-recruited. The field/headquarter ratio remained at 70:30, with most professional staff working in sub-Saharan Africa and Asia. About 62% of Country Office staff were working in Fast-Track countries.
107. The Gender Action Plan continued to be an organizational priority. Steady progress was made across the 6 targets, and the Plan has been recognized by UN Women for its results and innovation. Since the Plan was launched in 2013, the proportion of women at P4 level and above has increased to 48%, and the percentage of female Country Directors has risen from 27% to 48%.
108. Learning and career development support included a career counselling programme, leadership and mentoring programmes for women, mandatory training on ethics and integrity, and an online learning platform accessible to all staff. A 99% compliance rate was achieved for performance evaluations, and staff performance objectives have been aligned with the Secretariat's strategic results areas.
109. Dr Salla Ntounga emphasized the importance of a strong staff-management partnership, and highlighted the importance of the GIPA principle in the work of the Secretariat. Looking ahead, the UNAIDS Secretariat will build on the results of the organizational repositioning, focusing on innovation, collaborative ways of working, and a next-generation Gender Action Plan.
110. Board members welcomed the update and the strategic repositioning undertaken by the Secretariat, and noted that the auditors had also recognized the efforts. Members expressed their appreciation for the increased number of women heading Country Offices, and looked forward to seeing the next generation Gender Action Plan.

7. Statement by the representative of the UNAIDS Staff Association

111. Mr Christoforos Mallouris, Chair of the UNAIDS Staff Association, focused his statement to the Board on two priority areas identified through the annual staff survey: follow-up to the UNAIDS realignment exercise, and improvements to staff health insurance services.
112. He said the uncertainties associated with the realignment exercise had been challenging for many staff, particularly in the context of a funding crisis. Even though the process was inclusive and was carried out with a "human face" (including offers of voluntary separation), there were adverse effects for some staff, including job losses. Mr Mallouris said UNAIDS staff looked forward to leaving the insecurity of the past 18 months behind and giving their undivided attention to delivering on the UNAIDS mandate.

113. Improvements made to WHO Staff Health Insurance services showed that healthy staff-management relations benefit both staff and the organization. Progress was made in 4 of 5 priority areas identified by staff, including: the provision of a 24/7 multilingual support hotline for health emergencies; the introduction of an online platform for submitting claims; more rapid processing of claims (close to the <15-day target); and regular information via a newsletter. However, recognition of WHO Staff Health Insurance in all duty stations remains a key and major concern as only 15 countries currently have such agreements and urgent action is required to close the recognition gap.
114. Board members noted with approval the engagement of the Staff Association in the realignment exercise. However, they were concerned that the exercise may be leading to an increase in staff workloads and pressure. They noted that there were limits to “doing more with less”, and expressed the hope that staff reductions would be temporary.

8. Any other business

115. No other business was brought before the Board.

9. Thematic Segment: HIV Prevention 2020: a global partnership for delivery

116. The thematic segment examined the current status of primary HIV prevention, the effectiveness of different interventions, gaps in programmes and financing, and ways to rapidly scale up effective prevention programmes.
117. Michel Sidibé, UNAIDS Executive Director, told the meeting that the false dichotomy between prevention and treatment had to end, and prevention had to be brought back to the centre of the AIDS response. Dr Natalia Kanem, UNFPA Acting Executive Director, called for a human rights-based approach that ensures quality services reach everyone in need, especially adolescent girls, young women and key populations. A renewed pushback against human rights underscored the need to use scientific evidence to counter misinformation and misgivings.
118. Ms Kyendikuwa Allen Namayanja, Programme Manager of the Uganda Youth Coalition on Adolescent SRHR and HIV, reminded that women and girls bear a disproportionate burden of HIV largely because they are denied the ability to control their bodies and sexual lives. She stressed the need to expand access to pre-exposure prophylaxis and female-controlled prevention technologies.
119. Other presentations reviewed recent trends in new adult infections and examined the major gaps in programming and financing, focusing on structural barriers to effective combination prevention.
120. Dr Mariângela Simão, Director of UNAIDS’ Rights, Gender, Prevention and Community Mobilization Department, detailed the slowing decline in new HIV infections. She reminded that the effective prevention interventions are well known but that major gaps limit their scale and impact. Political leadership is uneven and there is a reluctance to address sensitive issues (such as sex between men, drug use, sex work or the sexual lives of adolescents and young people) and invest adequately in prevention. Weak capacity undermines the management of programmes and delivery of services. Citing examples from India (sex worker programmes) and South Africa (condom distribution), she assured the meeting that the weaknesses can be overcome. It is essential to position access to HIV prevention as a right, in the same way that people have a right to HIV treatment.

121. Dr David Wilson, Director of the Global HIV/AIDS Program at the World Bank, called on the Joint Programme to focus on four areas of improvement: acting on the best evidence; increasing investment in prevention; improving implementation; and strengthening sustainability. He shared examples of recent success in each of those areas.
122. In reply, Mr Sidibé highlighted four key areas for improvement: sufficient investment is needed so communities can participate in designing, implementing and monitoring interventions; HIV prevention programmes must address gender inequalities; harmful norms and laws must be changed; and resources need to be reallocated to achieve a better-balanced AIDS response.
123. In discussion, members emphasized the need to achieve financial sustainability, urged countries to show stronger leadership, and stressed the importance of human rights-based approaches. Speakers also drew attention to the crisis of the AIDS response in Venezuela, citing frequent stock-outs of health commodities and calling on countries to provide resources and support.
124. Panelists discussed the core requirements for expanding HIV prevention programmes. Citing evidence from the Netherlands, H.E. Dr Lambert Grijns, Ambassador for Sexual and Reproductive Health and Rights & HIV/AIDS, Netherlands, told the meeting that young people's sexual and reproductive health improves when sexual norms and values are openly debated, and when supportive social relations exist. He called on politicians to show courage by acting on the evidence, even if it means challenging prevailing sensibilities.
125. Dr Monica Alonso, Regional Advisor on HIV Strategic Information at the Pan American Health Organization, said that most countries in the Americas have incorporated prevention targets in their national HIV programmes, with a special focus on key populations. Pre-exposure prophylaxis programmes were increasing, notably in Brazil, and countries are stepping up anti-stigma efforts. She emphasized the importance of partnerships between governments and civil society, and of funding for communities.
126. H.E. Dr David Parirenyatwa, Minister of Health and Child Care, Zimbabwe, called on leaders in all walks of life to face up to the facts of the epidemic. Reiterating concerns about insufficient prevention funding, he said that Zimbabwe's AIDS levy was working well, but that other health challenges have led to a decision to share the revenue with cancer programmes. About 21% of funds raised through the levy are allocated to HIV prevention programmes.
127. Dr Marijke Wijnroks, Interim Executive Director of the Global Fund, said that the targeting of prevention efforts was improving in the funding proposals received by the Global Fund, which is setting aside funds to catalyze increased domestic funding and activities for key populations. Ms Christine Stegling, Executive Director HIV/AIDS Alliance, shared examples of successful prevention programmes that were designed and implemented with civil society organizations. However, many governments were investing less than one quarter of HIV spending on prevention, and fully funded programmes led by key populations remained rare.
128. In discussion, speakers said structural interventions, should be at the centre of prevention strategies. Criminalization of certain risk behaviours remained a major handicap. There was strong support for the setting of prevention targets (based on accurate epidemiological information and analysis) and for tracking the impact of interventions. Speakers also called on countries to relax regulatory and legal

requirements that restrict nongovernmental organizations' abilities to receive funding and operate.

129. Panelists shared experiences of effective, large-scale prevention programmes. Ms Manjula Ramaiah, manager of Ashodaya Samithi in Karnataka, India, described how this community-led nongovernmental organization supports some 6,000 sex workers with its peer-based prevention and care services. The programme helped reduce HIV prevalence from 24% in 2004 to 5% in 2012, and has integrated cervical cancer screening with HIV and other health services.
130. Dr Yogan Pillay, Deputy Director General of South Africa's national Health Department said that the prevention agenda should be rooted in the right to prevention. He described how South Africa has successfully rebooted its condom programme by rebranding the condoms and adding new versions. Findings from the Caprisa study (which highlighted the cycles of HIV transmission between different age groups of men and women) have also led to renewed emphasis on reducing unprotected sex and teen pregnancies, helping girls stay in school, protecting women and girls against violence and supporting them with economic empowerment.
131. Dr Dmitry Pinevich, First Deputy Minister of Health of the Republic of Belarus, described how Belarus had overhauled its prevention strategy by identifying and then gradually introducing the most economic and effective interventions and approaches. Dr Robert Grant, Professor at the School of Medicine at the University of San Francisco in the US, said that San Francisco's pre-exposure prophylaxis programme has led to major reductions in new infections. Strong political support had facilitated fundraising, and healthy collaboration between the city government and civil society had proved vital for implementation. By bridging the HIV-positive / HIV-negative divide, the programme was also helping to decrease stigma.
132. Mr Jose Yac, political scientist and international relations specialist at the IDEI Association in Guatemala, discussed the challenge of reaching indigenous people with effective prevention services in a multicultural society. It is vital, he said, to communicate with people in familiar and acceptable terms, language and idioms. He noted that there has been a call on UNAIDS and other UN agencies to arrange an international consultation on HIV and indigenous populations by 2019. Other speakers described Côte d'Ivoire's multisectoral prevention strategy and provided an update on PEPFAR's DREAMS partnership in 10 sub-Saharan African countries.
133. In discussion, speakers urged that human rights and structural interventions be placed at the centre of a renewed push to reduce HIV infections; biomedical interventions alone will not bring the desired results. They supported calls for the removal of legal barriers, including the criminalization of risk behaviours. A "prevention revolution" needs to confront the underlying realities of the epidemic, such as power imbalances, inequality, misogyny, homophobia and the realities of sexual desire and lust.
134. Funding should match prevention ambitions so that programmes can reach the necessary scale. There was a strong feeling that boutique projects are a thing of the past. Speakers also noted UN country teams have vital roles in aligning and coordinating multisectoral actions.
135. The final session discussed the next steps for a global partnership to reinvigorate primary HIV prevention, including key issues to be addressed at the inaugural meeting of the Global Prevention Coalition in October 2017.

136. Dr Geoff Garnett, Deputy Director in HIV at the Bill and Melinda Gates Foundation, reiterated that biomedical interventions work best alongside appropriate structural and behavioural interventions, and underscored the need for clear, measurable prevention targets at national level. Dr Laurel Sprague, Executive Director of the Global Network of People living with HIV (GNP+), added that the right to prevention should be a central component of the right to health. Funding needs to reach communities so that their involvement can be maximized.
137. Dr Nduku Kilonzo, Director of Kenya's National Aids Control Council of Republic of Kenya, said that the Global Prevention Coalition requires a roadmap that addresses the need for strong political leadership and prevention champions; adequate financing; clarity around what it means to take prevention to scale; a well-defined prevention packages, each with clear targets and routinized data; rights-based and people-centred approaches; and technical assistance.
138. In discussion, members expressed their support for the Global Prevention Coalition. They stressed that human rights, equality for women, an end to violence against women, and the elimination of stigma and discrimination are essential to HIV prevention. Speakers noted that stepped-up prevention posed additional human resources challenges.
139. Dr Luiz Loures, UNAIDS Deputy Executive Director, closed the thematic segment by noting that HIV prevention centres on matters of justice and choice and therefore poses social and political challenges. The treatment revolution was fueled by the insistence that everyone has the right to life and good health; the same should apply to prevention, he said. However, a prevention revolution will have to proceed in a more difficult context marked by increasing conservatism and denials of rights. He identified five elements that could propel a prevention revolution forward:
- committed leadership at all levels and across civil society, with civil society at the centre of prevention strategies;
 - accurate and attractive communication and information, which taps into new media and communication technologies;
 - adequate resources, which may need new financing approaches and options;
 - coordinated actions from the Joint Programme that add substantial value; and
 - immediate action in urgent situations.

10. Closing of the meeting

140. The 40th meeting of the Board was adjourned.

[Annexes follow]

Annex 1

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (40)/17.1.

Issue date: 29 May 2017

FORTIETH MEETING

DATE: 27–29 June 2017

VENUE: Executive Board Room, WHO, Geneva

TIME: 09h00 – 12h30 | 14h00 – 18h00

Annotated Agenda

TUESDAY, 27 JUNE

1. Opening

1.1 Opening of the meeting and adoption of the agenda

The Chair will provide the opening remarks to the 39th PCB meeting.

Document: UNAIDS/PCB (40)/17.1

1.2 Consideration of the report of the thirty-ninth meeting

The report of the thirty-ninth Programme Coordinating Board meeting will be presented to the Board for adoption.

Document: UNAIDS/PCB (39)/16.27

1.3 Report of the Executive Director

The Board will receive a written outline of the report by the Executive Director.

Document: UNAIDS/PCB (40)/17.3

2. Leadership in the AIDS response

A keynote speaker(s) will address the Board on an issue of current and strategic interest.

3. Refined operating model of the United Nations Joint Programme on HIV/AIDS (UNAIDS)

The Board will receive a report on the refined operating model of the United Nations Joint Programme on HIV/AIDS.

Documents: UNAIDS/PCB (40)/17.4; UNAIDS/PCB (40)/CRP1; UNAIDS/PCB (40)/CRP2

WEDNESDAY, 28 JUNE

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

4.1. Performance reporting

The Board will receive a report on the implementation of the UNAIDS Unified Budget, Results and Accountability Framework 2016–2021.

Documents: UNAIDS/PCB (40)/17.5; UNAIDS/PCB (40)/17.6

4.2. Financial reporting

The Board will receive a financial report and audited financial statements for 2016 which includes the report of the external auditors for 2016 as well as an interim financial management update.

Documents: UNAIDS/PCB (40)/17.7; UNAIDS/PCB (40)/17.8

4.3. Budget 2018–2019 UBRAF

The Board will receive a proposed budget for the second biennium of UNAIDS 2016-2021 Unified Budget, Results and Accountability Framework. Documents: UNAIDS/PCB (40)/17.9; UNAIDS/PCB (40)/CRP3

5. Follow-up to the thematic segment from the 39th Programme Coordinating Board meeting

The Board will receive a summary report on the outcome of the thematic segment on HIV and ageing.

Document: UNAIDS/PCB (40)/17.10

6. Update on strategic human resources management issues

The Board will receive an update on strategic human resources management issues.

Document: UNAIDS/PCB (40)/17.11

7. Statement by the representative of the UNAIDS Staff Association

Document: UNAIDS/PCB (40)/17.12 8. Any other business

8. Any other business

THURSDAY, 29 JUNE

9. Thematic segment: HIV Prevention 2020: a global partnership for delivery

Documents: UNAIDS/PCB (40)/17.13; UNAIDS/PCB (40)/17.14; UNAIDS/PCB (40)/CRP4

10. Closing of the meeting

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Annex 2

40th Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland

27–29 June 2017

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-ninth meeting

2. *Adopts* the report of the 39th Programme Coordinating Board meeting;

Agenda item 1.3: Report of the Executive Director

- 3.1 *Takes note* of the report of the Executive Director;
- 3.2 *Notes* the importance of equal representation of women and men in the Programme Coordinating Board and invites all delegations to continue to encourage and support equal representation of women and men in the Board;

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

4. *Takes note* of the report of the Chair of the CCO;

Agenda item 3: Refined operating model of the United Nations Joint Programme on HIV/AIDS (UNAIDS)

- 5.1 *Welcomes* the final report of the Global Review Panel;
- 5.2 *Welcomes and affirms* the UNAIDS Joint Programme Action Plan (UNAIDS/PCB (40)/17.4) and requests implementation by the Joint Programme;
- 5.3 *Requests* the Executive Director and the CCO to submit to the 41st and 42nd PCB sessions a report on progress of the implementation of the UNAIDS Joint Programme Action Plan for consideration and future guidance;

**Agenda item 4: Unified Budget, Results and Accountability Framework (UBRAF)
Performance reporting**

- 6.1 *Takes note* of the performance monitoring report and continued efforts to rationalize and strengthen reporting, in line with decisions of the Programme Coordinating Board, and based on experience and feedback on reporting;
- 6.2 *Urges* all constituencies to contribute to efforts to strengthen performance reporting and use UNAIDS' annual performance monitoring reports to meet their reporting needs;

Financial reporting

- 6.3 *Accepts* the financial report and audited financial statements for the year ended 31 December 2016;
- 6.4 *Takes note* of the interim financial management update for the 2016–2017 biennium for the period 1 January 2016 to 31 March 2017, including the replenishment of the Building Renovation Fund;
- 6.5 *Encourages* donor governments to make multi-year contributions and release their contributions towards the 2016–2021 Unified Budget, Results and Accountability Framework as soon as possible;
- 6.6 *Urges* UNAIDS, pursuant to decision 6.8 of the 37th PCB meeting, to continue expanding its donor base and encourage new donors to make contributions towards the full funding of the 2016–2021 Unified Budget, Results and Accountability Framework;

Budget 2018–2019 UBRAF

- 6.7 *Recalls* its decision at the 38th PCB meeting approving the final, prioritized and more detailed 2016–2021 UBRAF based on the recommendations of the PCB working group (7.23);
- 6.8 *Approves* UNAIDS 2018–2019 budget and revised resource mobilization and allocation model;
- 6.9 *Recognizes* that the UNAIDS 2016–2021 Strategy, Unified Budget, Results and Accountability Framework and 2018–2019 budget, as well as the ongoing work to refine the Joint Programme operating model, reflect UNAIDS' engagement in coherent and integrated support as called for in Agenda 2030, and as mandated through the 2016 Quadrennial Comprehensive Policy Review (QCPR);
- 6.10 *Requests* the Executive Director and the CCO to report back on resource mobilization developments at the 41st PCB meeting, presenting a joint comprehensive resource mobilization plan for a fully funded UBRAF;
- 6.11 *Requests* the Executive Director to present, at the 42nd PCB meeting, a report on feasible ways to monitor the achievement of the financial-related targets of the 2016 Political Declaration;

Agenda item 5: Follow-up to the thematic segment from the 39th Programme Coordinating Board meeting

7.1 *Welcomes* the background document (UNAIDS/PCB (39)/16.26) and the summary report of the Programme Coordinating Board thematic segment on HIV and ageing (UNAIDS/PCB (40)/17.10);

7.2 *Requests* member states to:

a. Invest in systems for health, community-based services, as appropriate, and HIV-sensitive social protection to address the needs of people over 50 living with and at risk of HIV through strengthening universal health coverage, including for mental health, promoting human rights, and providing health and social workers with appropriate levels of knowledge and skills;

b. Support research on ageing and HIV, including the long-term effects of ART, and the effects of interactions between ARV and medications for age-related conditions;

c. Improve evidence gathering and monitoring systems to provide strategic information on people over 50 living with and at risk of HIV;

d. Continue to work towards structural interventions, including policy reforms that remove barriers and increase access to: integrated health services, including for mental health; comprehensive information on HIV prevention and other STIs, including sexual education; social protection and programmes that tackle the stigma and discrimination faced by people over 50 living with and at risk of HIV;

e. Invest in age-appropriate and evidence-informed interventions to scale-up and promote testing and timely linkage to sustainable care with reference to the UNAIDS Fast-Track Targets;

7.3 *Requests* the UNAIDS Joint Programme, in cooperation with relevant partners, to strengthen support to countries in line with the 2016–2021 UNAIDS Strategy to integrate and implement comprehensive programmes on ageing and HIV and for allocating resources;

Agenda item 6: Update on strategic human resources management issues

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

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

9. *Takes note* of the statement by the USSA representative.

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