

REPORT OF THE FIFTY-FOURTH COORDINATING BOARD MEETING

Additional documents for this item: N/A

Action required at this meeting—the Programme Coordinating Board is invited to:

- *Adopt* the report of the 54th Programme Coordinating Board meeting.

Cost implications for the implementation of the decisions: *none*

1. Opening

1.1 Opening of the meeting and adoption of the agenda

1. The UNAIDS Programme Coordinating Board (the Board or PCB) convened virtually on 27 June 2024 for its 54th meeting.
2. The PCB Chair, His Excellency Harry Kimtai, Principal Secretary of the State Department for Medical Services, Kenya, welcomed participants to the meeting. A moment of silence was observed in memory of everyone who had died of AIDS.
3. Referring to the progress made in the HIV response, he said this was a testament to the power of partnerships. He briefed the meeting on logistical arrangements and the conduct of the meeting, and recalled the intersessional decisions adopted by the PCB.
4. A short video on the [code of conduct](#) to prevent abusive misconduct and sexual misconduct at UNAIDS events and gatherings was screened.
5. The meeting adopted the agenda.

1.2 Consideration of the report of the 53rd meeting of the PCB

6. The meeting adopted the report.

1.3 Report of the Executive Director

7. Winnie Byanyima, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), welcomed delegates to the 54th meeting of the PCB and presented her report. Until a cure or vaccine was developed, she said, the HIV response would have to be sustained—even if the 2025 and 2030 targets were met.
8. A strong basis for sustainability had been created, built on global solidarity and strategies to ensure that cutting-edge medical care reached people across the world, even those in very vulnerable situations, she told the PCB. But there are different understandings of “sustainability”. Some implied dismantling key parts of the HIV response even as the pandemic continued; others focused on safeguarding and adapting the response. Noting that sustainability also lay at the heart of the Sustainable Development Goals (SDGs), she urged PCB members to support a vision of sustainability that would help achieve the goal of ending AIDS as a public health threat by 2030. With governments in the lead and in close partnership with the Global Fund and PEPFAR, she said, UNAIDS was developing sustainability roadmaps along with tools to monitor their progress at country level.
9. She reminded the meeting of her call at the previous PCB to support three core commitments: for programme countries to step up now to build a vision of how they will manage up to 2030 and beyond; for donors to fulfill their duty to accompany this in solidarity through to 2030 and to support sustainability plans; and for the Joint Programme to do its part to support communities and countries to reach the 2025 targets, to achieve the Global AIDS Strategy vision and plan for a sustainable post-2030 future.
10. She called on countries to further develop their visions for managing their HIV responses up to 2030 and beyond. She also called on donors to act in solidarity and support the implementation of sustainability plans. The efforts had to be grounded in communities of people living with HIV, other affected communities and civil society; these were indispensable and nonnegotiable parts of the response, Ms Byanyima

emphasized.

11. Warning against the notion that the fight against AIDS was almost done, she reminded the PCB that there had been 1.3 million new HIV infections in 2023, compared with the target of reducing them below 370 000 by 2025. No vaccine or cure had been found. The world had a stark choice, she said: accelerate the HIV response and drive infection rates down or focus only on the gains made and miss the opportunity to end the pandemic. The latter choice was short-sighted and very costly.
12. Ms Byanyima urged Member States to focus on prevention, intensify country support, offer people real choices, make new tools available rapidly, tailor interventions carefully, and implement programmes holistically by addressing the biomedical, structural and behavioural issues together.
13. Emerging challenges also had to be tackled, she said. The World Health Organization's (WHO) most recent report on drug resistance showed that up to 10% of people living with HIV may have resistance to first-line antiretroviral therapy, some of this following previous exposure to antiretroviral medicines.
14. A robust pipeline of medicines had to be maintained and the medicines had to be made affordable, the Executive Director insisted. Referring to long-acting pre-exposure prophylaxis (PrEP), she said access was still highly limited. UNAIDS would continue to work with governments, civil society, researchers and others to increase the pace at which new tools are made available and accessible.
15. Long-term, systemic solutions were also needed, she said: a sustainable HIV response could not be built on crumbling health systems, for example. Key elements of the sustainability road maps included sharing best practices, ensuring that HIV medicines are integrated into Universal Health Coverage (UHC) efforts and accelerating prevention and outreach efforts as part of public health programmes. This required strong, resilient health systems that are equitable and can be accessed easily, especially by key populations and young people. Ms Byanyima warned that rights-based, person-centred care should not be eclipsed by market imperatives. Programmes should preserve and build on approaches that have been shown to work for HIV and health systems generally.
16. Sustainability also required increasing fiscal space and dealing with the indebtedness of countries, yet the current financial system was stacked against a sustainable HIV response, she observed. Meanwhile, the gap in HIV funding was widening, with an estimated shortfall of US\$ 8.5 billion globally. Approximately 60% of available resources for HIV in 2022 had come from domestic sources, a modest increase from the 50% share in 2010. At the same time, half of low- and middle-income countries were spending at least three times more servicing their national debts than on health, she told the meeting. Comprehensive debt restructuring was needed to expand domestic financing for the HIV response.
17. Harmful laws, discriminatory health systems, deeply rooted gender inequality, and a failure to uphold people's rights—and the stigma produced by those dynamics—were driving people away from HIV services, while coordinated anti-rights and anti-gender movements were gaining ground, she warned. There had been some progress—for example, two thirds of countries did not criminalize same-sex behaviours—but the criminalization of key populations and people living with HIV remained widespread. It was imperative to support organizations led by affected communities, but this required funding, including for the Joint Programme to mount emergency responses when those communities face challenges. Ms Byanyima said UNAIDS was partnering with governments to reform harmful laws and create responsive health services, and it was helping strengthen community-led efforts to claim and protect their rights. This work on

human rights was not optional, she stressed.

18. HIV responses could not continue in “fire-fighting” mode, the Executive Director said. Sustainability efforts had to focus on bringing about and continuing good policies, maintaining supportive laws, and sustaining human rights-based interventions. A collective response to the anti-rights, anti-gender and anti-democracy counter-offensive was necessary if the global HIV response was to succeed and be sustained.
19. Ms Byanyima said the UNAIDS Secretariat was convening a high-level panel to help achieve a resilient and fit-for purpose Joint Programme in the context of a push for sustainability. She described the purpose and approach of the panel and said the PCB would receive an update on progress at its meeting in December 2024.
20. Turning to the financial matters, the Executive Director said the financial outlook for 2024 continued to be tight. Projected core contributions would amount to only US\$ 140 million, which represented a shortfall of US\$ 20 million against the reduced agreed core budget of US\$ 160 million.
21. It was proposed that the estimated funding gap of US\$ 45–50 million for the 2024–2025 biennium be covered in the following manner in order to maintain an annual core budget at US\$ 160 million: (a) partially from the core fund balance in line with the PCB decision at its 52nd meeting in June 2023 to review the minimum approved fund balance and align it to the reduced core budget level of US\$ 160 million; and (b) partially from the funds attributed for funding of the After-Service Health Insurance (ASHI) liability.
22. Ms Byanyima said the funding situation further underlined the need for donors to maintain—and where possible increase—their contributions to enable the Joint Programme to implement its programme activities as outlined in the 2024–2025 UBRAF, and to reduce the impact of drawing down on the core fund balance.
23. Donors who had already made commitments were asked to pay the outstanding amounts, and donors who had not yet done so were requested to pledge and pay their contributions to UNAIDS for 2024 in full. She informed the meeting that Australia and France had increased their core contributions, and that further support had been received from Equatorial Guinea and Côte d'Ivoire. UNAIDS had also signed a new memorandum of understanding with the Global Fund for 2024–2028. It would use this momentum to intensify resource mobilization.
24. In closing, Ms Byanyima called on the meeting to embrace a bold vision of sustainability. UNAIDS was aiming to help 35 countries reach the 95–95–95 targets by the end of 2025, she said, and it was redoubling its efforts to accelerate HIV prevention: new HIV infections outside sub-Saharan Africa were not declining and were almost surpassing the number of new infections in sub-Saharan Africa. She stressed that AIDS was not over: almost 40 million were living with HIV and required life-saving treatment and 1.3 million people were acquiring HIV each year.
25. The world was at a crossroads, she said: either it maintained the pressure to end AIDS by 2030 or it sat back but paid a much higher price in the future. If the global targets were met, she explained, some 29 million people would be living with HIV in 2050. But if the HIV response continued on its current track and the targets were missed, there would be 46 million people living with HIV—and the end of the pandemic would recede further into the future.
26. Speaking from the floor, members and observers thanked the Executive Director for an outstanding report, a frank assessment of the global HIV response, and for clearly explaining the choices that separated the world from achieving the goal of ending

AIDS by 2030.

27. Speakers commended the Joint Programme for driving the HIV agenda and defending human rights and reaffirmed its importance for a successful and sustainable HIV response. They singled out its data-driven advocacy and policy work for praise. A fit-for-purpose and sustainable Joint Programme was crucial for ending AIDS, they said.
28. Great progress had been made against HIV, but the journey to end AIDS was not over, speakers stressed. Progress was slowing in some regions and HIV responses were being undermined by burgeoning anti-rights movement. The alarming realities described in the report demanded urgent action, they said. Yet, many countries still lacked the political will to act appropriately; complacency was the greatest enemy of the HIV response. For example, progress against HIV among children had stagnated even though the knowledge and tools for ending paediatric AIDS existed. There was a 35% funding gap for testing and treating children, speakers said.
29. The next six years should focus on speeding up prevention results and creating paths to a truly sustainable HIV response. That meant making the right budgetary and programming choices, supporting the right health policies, and providing adequate public financing. Countries' strategies should reflect their epidemics and contexts, the meeting was told.
30. Expressing their concern about the widening gaps in HIV funding, speakers called for continued and increased support from international donors to sustain the HIV response in the short- to medium-term. Countries had to adapt to a strained fiscal context, they said, which was having ramifications beyond the HIV response. Countries would have to use existing infrastructure, explore the integration of health services, and remove obstacles such as stigma and discrimination and criminalization. Resources had to be used as effectively and efficiently as possible. France told the meeting it had increased its core contribution to the Joint Programme by 50%, from 400,000 euros in 2022 to 600,000 euros since 2023, while Germany announced that it was increasing its annual core contributions to the Joint Programme to 6.75 million euros, up from 4.75 million.
31. Noting that overlapping crises and competing priorities were driving the response off-track, speakers highlighted the need for stronger health systems, including strong local institutions to deliver HIV services. HIV efforts had to be integrated more effectively into wider health systems and obstacles such as stigma, harmful laws (including laws criminalizing key populations) and gender inequalities had to be removed.
32. It was vital to uphold the rights of people and have a fully funded global HIV response. Noting that key populations and their sex partners accounted for about half of new HIV infections worldwide, speakers appealed for more support and resources to combat growing campaigns and attacks against LGBTQI+ communities. The world should not be allowed to return to the early days of the AIDS pandemic, they warned.
33. Science and evidence should prevail over punitive laws and ideologies, they insisted. Noting that HIV drug resistance was already at the 10% mark and that the needs for individuals, including those in key populations, were constantly evolving, speakers said HIV tools had to respond to those realities. Affirming the need for a rights-based approach to HIV, speakers voiced strong concern about the proliferation of practices and policies that undermine gender and other human rights.
34. Ending AIDS demanded the use of societal enablers to reduce HIV vulnerability, and improved and more accessible HIV tools. They emphasized the social and human rights dimension of the epidemic and response and called for a strong focus on equity and on eliminating stigma and discrimination.

35. The principle of equity should guide the HIV response and the Joint Programme's work, and innovative tools had to serve a sustainable and equitable response, the meeting was told. Everyone who needed HIV medicines and other tools should receive them. That required affordable diagnostics and treatments, regional manufacturing initiatives, deeper integration of HIV programmes within primary health care, and enabling environments that facilitate access for everyone. To help bring about those conditions, the Joint Programme had to be fully funded, speakers stressed.
36. Crucially, the Joint Programme also needed a long-term vision for ending AIDS and it had to effectively communicate that vision, the meeting was told. UNAIDS would have to review its operating model with key stakeholders. UNAIDS could not and should not try to do everything, they insisted: prioritization was key. It should double down on the work that brought unique "value-add", they urged, and use its standing and power as a convener and coordinator to leverage other partners' areas of strength—particularly where they may be better placed to deliver—and with clear divisions of labour.
37. Speakers welcomed the establishment of a proposed high-level panel to consider what had to be done to achieve a durable, fit-for-purpose, "value adding" and trusted UNAIDS Secretariat and Joint Programme. The panel's discussions should inform the next Global AIDS Strategy and UNAIDS's planning for its future, they said, and PCB members, including the CCO members, should be engaged in its work. Speakers encouraged a relatively open mandate for the panel and said it should draw on inputs from global experts, the latest available data and other relevant assessments. An external facilitator for the process was needed. The Secretariat was asked how the panel's work would feed into the next Global AIDS Strategy.
38. Cosponsors said they were ready to revisit the operating model of the Joint Programme with a focus on joint UN action and using approaches that are rights-based and person-centred. They said they recognized the need for prioritization and flexibility and for streamlined approaches to address the many multiple strategic processes the Joint Programme was engaged in. They urged UNAIDS to not avoid taking difficult but necessary decisions.
39. Speakers called for stable HIV financing, with domestic financing increasing to ensure the resilience of results. Sustainability required adequate financing and fit-for-purpose programmes and policies that were based on science and epidemiology, they said. Efforts had to stay focused on the most vulnerable populations and on evidence-based public health practice.
40. They also voiced concerns that important epidemiological evidence and programmatic lessons were sometimes ignored. The populations most at risk and affected by HIV were still being neglected—including children, girls and young women, LGBTQI+ people, sex workers and people who inject drugs—and stigma and discrimination was still widespread. Yet the impact of improved health service access for vulnerable populations was clear. Programmes and strategies had to reflect and address those realities, they urged.
41. There was also agreement on the need to step up equitable access to HIV products and actions that address economic and societal enablers. Speakers drew attention to the impact of the debt burden on countries' HIV responses, health systems and developmental efforts. Progress on debt relief was essential, they said.
42. Referring to HIV responses in countries affected by wars and conflicts, speakers said close collaboration with international partners, such as WHO and UNAIDS, and systematic data exchange was proving vitally important for adapting and maintaining HIV services in very difficult circumstances. They urged UNAIDS to continue prioritizing the humanitarian emergency aspect of the HIV response.

43. Some speakers described some of the actions their countries were taking to add new momentum to their HIV responses, including integration of HIV interventions into primary health care, the roll-out of social contracting, the removal of same-sex punitive laws, and the provision of ART to refugees and migrants. Concern was expressed about the closure of the UNAIDS Regional Office in the Middle East and North Africa.
44. Tribute was paid to Lars Olaf Kallings, founding president of the International AIDS Society, who had died recently.
45. One speaker recalled the remarks of the UN Deputy Secretary-General, Amina Mohammed, from a week before the PCB meeting: "We must choose the path of solidarity, the one that leads to ending AIDS as a public health threat by 2030, a destination which is now in sight. The path is not a mystery, it's a choice." They called on all Member States to remain committed to the shared goal of ending AIDS.
46. In reply, Ms Byanyima thanked the speakers for their remarks and suggestions, and for recognizing the Joint Programme's unique role in the global HIV response. She said great achievements had been made in the 30 years since the United Nations Economic and Social Council (ECOSOC) had established UNAIDS. It always put evidence and science first and its work was underpinned by a commitment to human rights, especially for the vulnerable and those left behind.
47. Integration was key and should build on the systems and capacities created by the HIV response, she said. Sustainability was not just about commodities and services, but also about communities and civil society organizations; they had to be fully funded and be part of the global health system.
48. Urging members to remain optimistic and not surrender to complacency, Ms Byanyima said it was refreshing to see consensus on the need to defend human rights, especially in light of the anti-rights campaigns underway in many places. Stigma and discrimination had no place in modern society. She was also pleased to see agreement on the need to accelerate HIV prevention and focus on key populations. She drew the meeting's attention to the stagnation of HIV prevention outside sub-Saharan Africa and the challenging situation in eastern Europe. Responding to concerns about the closure of UNAIDS Secretariat Regional Support Team's Office in the MENA region, she said the affected countries were being supported by teams in offices across Africa. She confirmed that the Joint Programme was increasing its efforts to respond to humanitarian crises.
49. Referring to the funding situation, she thanked the meeting for supporting the proposal to use the core fund balance and set asides from ASHI. She also thanked France for increasing its support for HIV responses in western and central Africa, and Germany for increasing its contribution.
50. The high-level panel would propose options to ensure that the Joint Programme remains sustainable and fit-for-purpose, she assured the Board. It would draw on the knowledge of all stakeholders, including communities of people living with and affected by HIV.

1.4 Report of the Chair of the Committee of Cosponsoring Organizations

51. Xing Qu, Deputy Director-General of UNESCO and Chair of the Committee of Cosponsoring Organizations (CCO), began his report by reaffirming the Committee's support for the Joint Programme. Collective efforts had reduced AIDS-related deaths by almost 70% since their 2004 peak and new HIV infections by almost 60% since peaking in 1995, he said. The gains were fragile, however, with progress towards the targets slow and the funding gap widening.

52. Too many barriers were affecting access and community-led services were being held back by crackdowns on human rights, stigma and discrimination and funding shortages. The Joint Programme was essential for addressing those barriers and for amplifying the voices and actions of communities affected by HIV.
53. The envisaged discussions and reflections of the high-level panel would be crucial, Mr Qu said. The 11 Cosponsors were present in over 150 countries and were all integrating HIV into other work and adjusting to decreases in dedicated funding and human resources. Several Cosponsors were undertaking internal reviews to see how their involvement in the Joint Programme might evolve. The Panel had to be realistic, representative and relevant and well-planned, he advised, and it had to build on lessons from reviews, including the MOPAN assessment and its positive remarks about the mandate and comparative advantages of the Joint Programme, but also the need for further attention to long-term planning for the future of the HIV response.
54. Given the decline in resources, Cosponsors were ready to engage in planning based on best- and worst-case scenarios, he said. That entailed going beyond revisiting the operational model or focusing on financial scenarios alone. It meant emphasizing collaboration and “jointness” among all partners, including civil society and affected communities. This would reflect the “One UN” approach, which stresses coherence and the avoidance of duplication.
55. Reminding the meeting that UNAIDS had been born in turbulent times, he said the context had changed, but Cosponsors’ commitment remained steadfast. They would continue to support countries’ HIV responses across the health, development and social protection spheres, Mr Qu said.
56. Speakers thanked the CCO for the report and its assessment of the status of the HIV response. They affirmed the critical role of the Joint Programme in the global HIV response and commended its support for civil society and community organizations, especially in the context of the rollback on rights and civic space.
57. They recalled that the Joint Programme’s structure had been aimed at addressing a complex mix of issues and had allowed Cosponsors to bring unique value to the HIV response. It also had confirmed the value of multilateralism. The Joint Programme remained the necessary leader and convener to direct the future HIV response, they said. In particular, its policy guidance and its work on the collection and analysis of data were crucial for countries’ responses. Those contributions could not be replicated by individual UN entities as part of their individual mandates.
58. Speakers called for continued efforts to strengthen coherence and trust while avoiding duplication between the Secretariat and Cosponsors. They said they shared the Cosponsors’ concerns about issues highlighted in the MOPAN assessment, especially on long-term planning for the HIV response. While recognizing that the Joint Programme was working towards addressing those issues, they believed that the high-level panel should be a key part of those efforts. They also noted the Secretariat’s commitment to establish a Secretariat-Cosponsor working group to address concerns raised in the MOPAN assessment.
59. Strong concern was voiced about the Joint Programme’s ability to adequately respond to the pandemic in the context of decreasing funding and resources across the Secretariat and Cosponsors. Speakers said the high-level panel was an opportunity to plot a more viable path forward by defining a sustainable operating model that takes account of the significant uncertainties in the global context and funding outlook. A clear analysis of both best- and worst-case scenarios was needed. They advised that the panel should build on lessons from other reviews and processes and should feed into the development of the next Global AIDS Strategy. The CCO’s involvement in the

process was vital, as was openness and advance communication, they said. UNAIDS was also asked to continually enhance its forward planning and communication with external stakeholders.

60. The inclusion of voices from affected communities and civil society would help ensure that the high-level panel considers the social and structural factors that shape the HIV response. It had to retain a focus on human rights and gender equality, which were core elements of the HIV response, speakers said. The panel's recommendations should also seek to ensure that no barriers block innovations and technological breakthroughs from reaching the people and communities who need them.
61. Concerns were raised about the growing HIV epidemic in the MENA region and the negative effects of the closure of UNAIDS Secretariat's Regional Support Team's Office in Cairo. Speakers also addressed the effects of ongoing wars and conflicts on health systems and HIV services and commended UNAIDS's work in humanitarian settings.
62. In reply, the CCO Chair thanked the meeting for the comments, reiterated Cosponsors' commitment to the HIV response and said they were working closely with the Secretariat in resources mobilization efforts. He also noted the suggestions regarding the high-level panel.

1.5 Report by the NGO representative (postponed)

2. Leadership of the AIDS response

63. Precious Matsoso, Co-chair of the Intergovernmental Negotiating Body to draft a WHO agreement on pandemic prevention and preparedness, and former Director-General of South Africa's national Department of Health, said the UNAIDS PCB meeting was occurring in a changing geopolitical context and amid ongoing pandemics, including AIDS.
64. COVID-19 had shown how rapidly scientific innovation could bring vaccines to market and how quickly regulatory systems could respond, she said. But the access to vaccines had been inequitable, with people in low- and middle-income countries especially affected. This was not due to a lack of preparedness: systematic health inequalities clouded the great achievements of scientists, at great cost to lives and livelihoods, Ms Matsoso said.
65. Pandemic preparedness had to protect health systems and guarantee that scientific innovations reach everyone, she insisted. That required confronting social and other inequalities. The HIV response had shown that social injustice could be confronted, yet those lessons were not heeded during the COVID-19 pandemic. The world should not be doomed to repeat mistakes, she urged.
66. Reflecting on her experiences in South Africa, Ms Matsoso said the country had made mistakes in its HIV responses but had then corrected them—not least due to the crucial actions of citizens and civil society, which had led to HIV treatment reaching many millions of people.
67. The HIV response held valuable lessons for dealing with future pandemics, she said. It had shown that a multisectoral approach involving stakeholders from across societies was vital, along with global solidarity, shared responsibility and the work of communities on the ground. Those lessons should not be ignored, Ms Matsoso insisted.
68. Turning to the issue of sustainability, she said financial sustainability was a

prerequisite for a sustainable HIV response. Reforms were needed to relieve the crushing debts that were weighing down many countries. Also crucial was programmatic and political sustainability, along with strong health systems, communities that command the necessary resources and capacities, and the ability to bring together biomedical and social solutions. In closing, Ms Matsoso told the PCB that the HIV experience had taught the world that no-one is safe until everyone is safe.

69. In discussion from the floor, members thanked Ms Matsoso for her presentation and for placing human rights and equity at the centre of pandemic responses. Diversified manufacturing of medicines and medical products was crucially important for the HIV response and for other existing or future pandemics, speakers insisted. They urged countries to tackle inequalities with the same vigour with which vaccines and medicines had been developed during the COVID-19 pandemic.
70. Speakers expressed concern that the pandemic accord negotiations were not heeding lessons from the HIV response. The current draft documents, for example, did not acknowledge the essential contributions of community-led organizations for overcoming epidemics like HIV and tuberculosis, nor did they recognize the vulnerability of key populations. The drafts also did not include a commitment to end the HIV pandemic. The Board was asked how this could have happened when so many PCB Member States had a strong voice in the negotiations.
71. Member States were urged to work together towards an accord that builds on and supports efforts to end AIDS and protect vulnerable populations. They were also asked to ensure that the goal of ending AIDS is reflected in similar multilateral processes and to affirm UNAIDS's important role in those processes.
72. Speakers noted that HIV prevention targets were being missed, the rights of key populations were being rolled back and campaigns were being mounted against prevention essentials such as comprehensive sexuality education (CSE), condoms for young people and PrEP. This called for well-resourced and proactive support from the Joint Programme to help countries face up to those challenges.
73. Sound and well-communicated scientific evidence, multisectoral action, community activism and a focus on health and societal challenges had to be at the centre of pandemic responses, they insisted, with local communities playing leading roles. More funding had to reach community organizations in recognition of their unique knowledge, leadership and resilience in pandemic responses.
74. Some speakers shared examples of innovative public health strategies that were being introduced, many of them featuring strong community-led actions. For example, Brazil's achievements against HIV were attributed partly to its system of subsidized health services and its commitment to universal health access, with funding coming primarily from domestic sources.
75. Ms Byanyima said UNAIDS and its partners had stepped up their work to help ensure equitable access to innovations. By way of example, she mentioned that country in Latin America had received more than five million refugees from a neighbouring country. Thanks to the efforts of PEPFAR and others, those living with HIV were getting second-line ARVs if needed. However, some citizens lacked similar access due to the cost issues. The Government had responded by issuing a compulsory license to manufacture more affordable second-line ARVs. Ms Byanyima reminded the Board that millions of impoverished people living with HIV were in middle-income countries that did not have access to the same reduced prices for ARVs and other vital technologies as low-income countries. She urged PCB members to push for more equitable access to medicines and drugs.

76. In reply, Ms Matsoso thanked speakers for their remarks and emphasized that a lot of work still lay ahead for the HIV response. Equitable access to the tools and means for overcoming epidemics was vitally important for finishing the job, she said.

3. Follow-up to the thematic segment from the 53rd PCB meeting

77. Angeli Achrekar, Deputy Executive Director of UNAIDS, began her presentation by describing the background and process for planning the thematic segment on HIV testing. She then summarized highlights from the day's discussions. Despite commendable progress along the HIV treatment cascade, some 14% people living with HIV globally were not aware of their HIV status, she told the PCB.
78. Major gaps among children persisted along the entire treatment cascade, with only about 63% of children living with HIV diagnosed. There were gaps for pregnant and breastfeeding women living with HIV, while syphilis testing coverage was even lower. Knowledge of HIV status also lagged among men (83% versus 90% among women) and there were big gaps among key populations, with knowledge of HIV status in the 62–67% range. She also noted the ongoing need for CD4 testing to screen for advanced HIV disease (or AIDS).
79. Key recommendations emerging from the thematic segment discussions had highlighted a need for updated policies; the importance of community-led services and of using differentiated approaches, including self-testing and index-testing; allowing trained lay-providers to perform HIV rapid diagnostic testing; the value of integrating testing into holistic package of services cross prevention and care; and the imperative of making testing-related technologies more affordable and accessible. Ms Achrekar said the proposed decision points reflected those recommendations.
80. Speaking from the floor, members and observers said affordable and equitable access to HIV testing, CD4 cell count and viral load testing was fundamentally important for ending AIDS by 2030 but declining funding for HIV testing was affecting access to those services. The dangers posed by the pushback against gender equality, sexual and reproductive health, and human rights were also highlighted.
81. Speakers called for urgent action to broaden access, including through the integration of testing in primary health care and broader sexual and reproductive health (SRH) services, and the elimination of HIV-related stigma and discrimination. The Undetectable = Untransmissible (U=U) message should also be communicated more clearly and widely, they urged.
82. Specific concerns were raised about declining levels of CD4 cell count testing and there were calls to bring new technologies to market rapidly and at affordable prices. The prevalence of advanced HIV disease (or AIDS) called for strengthened CD4 testing capacity, speakers said, especially in sub-Saharan Africa, where it was lacking currently. They encouraged increased domestic resource allocations for HIV testing and CD4 cell count testing. Countries should also consider using the TRIPS flexibilities to make HIV technologies more affordable, it was suggested.
83. Speakers highlighted the value of differentiated testing services—including self-testing, community-based and index testing—and of delivering services in safe and stigma-free environments. Stressing the need for equitable access to HIV testing, they said testing strategies should be tailored for different communities and populations; communities were best placed to determine what worked best for them. Community-led services could improve the coverage and quality of testing. However, that required supportive funding and legal environments, reduced stigma and discrimination, and inclusive service approaches. The removal of laws criminalizing key populations and

age of consent restrictions would also increase testing uptake, they said.

84. Several speakers described the challenges their countries faced and the steps taken to reduce testing gaps. Actions included expanded outreach activities; roll outs of self-testing and case-finding strategies; the use of multiplex testing and integrated strategies combining HIV, STI and other testing (e.g., at “one-stop-shop” sites); greater availability of CD4 cell count testing machines; the use of quality assurance procedures and differentiated approaches; training for health workers to reduce stigma and discrimination; and closer collaboration with community-led organizations.
85. In reply, Ms Achrekar thanked speakers for emphasizing the importance of HIV testing as the gateway for HIV prevention and treatment, and for highlighting how policies and laws must facilitate equitable access to testing services. The focus on the quality of testing and on the vital roles of communities was also appreciated.

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4. Unified Budget, Results and Accountability Framework (UBRAF) 2022–2026

4.1 Performance monitoring reporting 2023

86. A [short video was screened](#) of a presentation on the AIDS response by Amina Mohammed, Deputy Secretary-General of the United Nations.
87. Ms Achrekar introduced the 2022–2023 performance monitoring report (PMR), which summarizes the collective achievements of the UNAIDS Secretariat and the 11 Cosponsors. She reminded the PCB that 2023 had marked the mid-point of the current Global AIDS Strategy 2021–2026 and began her presentation with a synopsis of the current context, trends and achievements, and some of the latest (still-embargoed) HIV estimates.
88. The world was off-track for reaching the prevention target (1.3 million new infections in 2023), but within reach of the target of reducing AIDS-related deaths (which numbered about 630 000 in 2023), she told the PCB. There had been strong progress in scaling up testing and treatment, with 72% of people living with HIV having suppressed viral loads (versus 68% in 2022) and about 30 million receiving treatment in 2023. Nevertheless, urgent action was needed to reach the 2025 treatment targets, she cautioned, noting the especially large gaps affecting children.
89. New HIV infections in sub-Saharan Africa had declined impressively since 2010 (by 56%), but there had been no substantial decline outside that region, Ms Achrekar continued. Data on HIV prevention for key populations were scarce but showed major gaps in the availability of and access to HIV services, while stigma and discrimination remained widespread. Data from Stigma Index Surveys run by GNP+ conducted in 25 countries indicated that one in four people living with HIV reported experiencing stigma and discrimination when seeking health-care services, she said. A great deal of work was still needed to remove the structural barriers that block access to HIV and related services.
90. Ms Achrekar then described the PMR package, which featured collective results of the Joint Programme at country, regional and global levels. The PMR package is complemented by the UBRAF indicator scorecard and the new UNAIDS Results and Transparency portal, which had been launched at the occasion of this PCB in June 2024. She said the Joint Programme’s work in mobilizing, convening and ensuring global solidarity, along with its whole-of-society approach, have advanced its three strategic outcomes: more equitable and equal access to HIV services; breaking down

barriers to achieve HIV outcomes; and sustainable and integrated HIV responses. A sharper prioritization has been put on accelerating prevention and treatment, widening access to new health technologies, supporting community-led services, and sustaining the HIV response.

91. The unique value of the Joint Programme lay in its multisectoral approach and expertise, combining global public goods and on-the-ground presence in over 85 countries and using its convening power to drive key programmatic, policy and legal changes to reduce HIV-related inequalities, she explained. It also provided the most complete set of epidemiological, programmatic, policy and financial data related to the HIV epidemic and response to help countries plan, finance and monitor their HIV strategies. UNAIDS's contributions had helped save over 24 million lives, achieve a 60% decline in new infections and ensure that almost 31 million people were getting ART. Over 100 countries had adopted self-testing policies, almost 70 countries had been supported to remove or amend punitive and discriminatory policies or laws, and over 80 countries had updated their national HIV strategies or plans.
92. Ms Achrekar told the PCB that other achievements included improved policies on combination HIV prevention for key populations and reduced services gaps; support for community-led HIV responses, including for community-led monitoring; reforms of punitive and discriminatory laws and policies; strengthened gender expertise; and support for Global Fund grantmaking and implementation for HIV in over 80 countries.
93. Continuing the presentation, Joanna Herat, Representative of the CCO, UNESCO, said UNAIDS had helped bring about more equitable access to HIV services (Outcome 1)—including through the Global HIV Prevention Coalition and new global prevention guidance for key populations and by promoting wider access to prevention tools. Expansion of PrEP services was now included in the national guidelines of 150 countries and millions of women were being reached with SRH services, she said before describing other activity areas and results.
94. Thanks to the Joint Programme's work, over 30 million people were receiving ART and 3.4 million new infections had been averted among children, including through specific guidance and technical support such as for the adoption of the 'treat all' approach now implemented in 95% of countries. Some 75 countries had a national plan for the elimination of vertical transmission, paediatric treatment had been improved, and services for children were increasingly integrated into primary health care, Ms Herat told the PCB.
95. She said the efforts and investments to break down barriers to achieve HIV outcomes (Outcome 2) had been intensified and were paying off. Fifteen countries had decriminalized consensual same-sex sexual acts since 2016, and community-led HIV responses had been advanced in over 80 countries and community-led monitoring in 75 countries. UNAIDS had promoted human rights in the context of HIV, supported 69 countries on HIV-related laws and rights, and responded to human rights crises and the rise of anti-LGBTQI+ sentiments. She highlighted the wide partnership approach with UNAIDS Human Rights reference group, the justice sector, law enforcement, parliamentarians, prison administration, human rights institutions and religious leaders in many countries. However, there was still a long way to go to remove barriers for the HIV response, she stressed.
96. The Joint Programme had also promoted improved gender equality in the context of HIV, including through capacity building in 50 countries, gender-responsive HIV services, and interventions to counter harmful gender norms in 21 countries. Youth-friendly SRH services, including CSE, were scaled up in 50 countries and 15 countries had joined the Education Plus initiative. Youth leadership initiatives and digital

platforms were also being promoted.

97. Marie-Odile Emond, Senior Adviser, Planning and Field Support at UNAIDS, summarized results for Outcome 3, which focused on sustainable and integrated HIV responses. She said the Joint Programme had collected and analysed HIV financing data from over 80 countries, and had helped numerous countries conduct national AIDS spending assessments. It had spurred increased domestic financing for HIV response, guided effective HIV investments, including over 40 new funding requests for the Global Fund (worth US\$5.9 billion), and assisted countries to increase the efficiency of their HIV programmes. UNAIDS had also contributed to the improved integration of HIV, health and social protection systems, supported countries to sustain HIV services in humanitarian situations, and contributed lessons from the HIV response to help shape future pandemic responses, she said.
98. Ms Emond also mentioned that progress towards the three outcomes was also possible thanks to results under five strategic functions, especially in terms of sustained political commitment to achieve the global AIDS targets; state-of the art strategic information; strategic initiatives & partnerships to accelerate action; effective coordination for country support and inclusive dialogue with all key stakeholders; improved knowledge on HIV-related inequalities; strong governance and accountability mechanisms, and enhanced resources mobilization including a new Resources Mobilization Strategy.
99. Ms Emond then briefly reviewed the status of the 45 performance indicators of the Unified, Budget, Results and Accountability Framework (UBRAF) and said that high performance had been maintained with milestones for 2030 reached for 37 indicators. She explained that the Indicator report considered 86 countries where UNAIDS operated as a Joint Programme (down from 91 due to decreased funding). Funding shortages had led to difficult choices and were affecting work on human rights and stigma and discrimination for example. She said UNAIDS was strongly aligned with and scored high on most indicators linked to UN reform. It continued to pursue synergies and greater efficiencies.
100. With regard to UN reform, she further highlighted that UNAIDS strongly align with and score high on most indicators related to UN Quadrennial Comprehensive Policy Review, the UN Reform checklist responses and funding compact. Indeed, UNAIDS as a Joint Programme continues to spearhead UN reform in actions, including through various contributions to the C system, integrated policies, data-driven and people-centred response and system-wide approaches. Continued systematic efforts were made to pursue more synergies and further efficiencies which are already quite high as a small entity.
101. Ljiljana Todorovic, Team Lead, Budget and Resource Management, UNAIDS, presented an overview of the budget implementation for results for 2022–2023 and began by briefly describing the core UBRAF components. She said the PCB had approved a core allocation of US\$ 210 million as the upper threshold for fully delivering on the UBRAF as the Joint Programme's contribution to the implementation of the Global AIDS Strategy, and a base core budget of US\$ 187 million. The US\$ 23 million difference between those amounts was composed of three elements: additional funds (US\$ 6 million) for country envelopes; additional funds (US\$ 11 million) for global strategic initiatives; and an additional US\$ 6 million to the Secretariat for "in-house Joint Programme effectiveness".
102. The approved core budget was US\$ 420 million, while total core allocated funds came to US\$ 355.4 million, and total core expenditures for the biennium were US\$ 339.6 million. This represented 81% implementation against the budget of US\$ 420 million

and 97% implementation against the core allocated funds, she told the Board.

103. Ms Todorovic then described the three main components of the core allocated funds, before discussing the core and non-core expenditures and encumbrances by Cosponsors according to the 10 result areas. Significant resources had been mobilized for some result areas, but fundraising had been less successful for others, she said.
104. Providing an overview of Secretariat core and non-core expenditures and encumbrances, she told the PCB that the Secretariat core budget implementation against the approved budget of US\$ 292 million stood at 89%, while budget implementation against core allocated funds stood at 96% overall.
105. She concluded with an overview of core and non-core expenditures by region. In the previous biennium, US\$ 950.8 million had been invested in 10 result areas and five Secretariat functions, of which US\$ 653.4 million (70%) had been invested in six regions. While significant (especially non-core) resources had been mobilized for some regions (mostly in sub-Saharan Africa), others lagged behind.
106. Ms Achrekar described the Joint Programme's continued efforts to mitigate the funding shortfall through tight prioritization (on areas such as personnel, programme, geography and operations), innovations and efficiencies to optimize impact. She said UNAIDS had used innovations and cost-effective methods to broaden equitable access to services. It had also built strategic partnerships, strongly promoted community-led responses, and used innovative methods for joint work and resource mobilization.
107. However, she stressed that the funding shortfall was directly affecting the ability to support countries and the pace of progress towards the targets. There was reduced capacities for multisectoral coordination, advocacy policy dialogues, the generation and use of granular data, and for capacity building and community-led responses. Over 15 countries had reported that community engagement could not be fully supported as planned. There were also fewer resources for policy dialogues between communities and governments. All this affected the pace and impact of the HIV response, Ms Achrekar reported.
108. With the 2025 and 2030 deadlines approaching, it was not the time to scale back efforts, she said. More urgency was needed. New HIV infections were rising in some regions and countries; major inequalities and gaps remained; a deterioration of human rights, gender equality and civic space was underway; and conflict and humanitarian crises were multiplying.
109. In addition, innovative interventions were not being used at scale or integrated fully into national responses. Funding shortfalls for HIV prevention and for services for key and other vulnerable populations were a particularly big concern. There was a real risk that some of the gains made against the pandemic could be lost, she warned. Despite the challenges, she assured the Board that the Joint Programme persevered and was seeking ways to further prioritize efforts for greatest impact. Thanking donors for their support, she said the global HIV response continued to be one of most effective examples of global solidarity.
110. Before closing the presentation, she stressed that while delivering results, the Joint Programme was also shaping the future of the global AIDS response including through leading a reinvigorated HIV sustainability agenda in the post-2030 era, mid-term review of the Global AIDS Strategy 2021–2026, assessing progress against the 2025 global AIDS targets and development of new targets by 2030 towards sustainability post 2030. An independent evaluation of the Joint Programme's work 2020-2024 and high-level panel on the sustainability of the HIV response will also guide a resilient and

fit for-purpose UNAIDS Joint Programme to support the global AIDS response towards reaching the 2030 goal.

111. Speaking from the floor, members welcomed the comprehensive, clear, compelling and detailed performance reporting, which responded to previous requests from the PCB. The Joint Programme was praised for its sustained high performance and crucial contributions to the global HIV response, especially in promoting combination prevention, advancing human rights, including for key populations, and as a leader on sexual and reproductive health and rights within the UN system. This vital work had to continue, they insisted, but in a difficult funding context.
112. Speakers highlighted a recommendation from the Independent External Oversight Advisory Committee (IEOAC) that the Joint Programme's performance reporting more explicitly reflects the epidemiological and programmatic impact of UNAIDS's strategic choices. It was noted that, in Asia and the Pacific for example, HIV responses were stalling despite positive outcomes in areas where UNAIDS was focusing support. A deeper understanding of such trends would be useful to inform course corrections, speakers said.
113. There was strong agreement that it was possible to end AIDS as a public health threat by 2030 if the requisite, sustained political and financial support was available. However, the reporting also showed that progress was uneven and major challenges persisted, with key populations and other priority populations. Despite the progress, the HIV response was not on track and shrinking civic space was undermining the HIV response, speakers warned.
114. Speakers also welcomed the integrated budget and systematic report on the UN Quadrennial Comprehensive Policy Review and recognized the steps taken to align the budget with reduced income. However, the global HIV response was at an inflection point, they said. Overlapping crises and competing priorities were challenging the sustainability of the current model and the gap for fully funding the core UBRAF was increasing.
115. Cosponsors express deep concern about the consistent decline in UBRAF resources since 2020, while reminding the meeting that the Joint Programme operated on less than 1% of the global expenditure on the HIV response. Resources for UNAIDS had declined by about US\$ 10 million per annum, they said. This had serious implications for the Joint Programme's capacity to perform its core functions and catalytic work and deliver on its mandate.
116. Speakers agreed that a fully funded UNAIDS was crucial for the HIV response. They acknowledged the efforts to broaden the donor base and called for increased support to UNAIDS. They also urged the Secretariat to explore the mobilization of resources jointly with Cosponsors and to seek a more balanced relationship with the Global Fund. Developed countries were urged to increase predictable funding for UNAIDS and middle-income countries were asked to keep supporting it, including through support for UNAIDS Country Offices. Noting the importance of multiyear funding commitments, the representative of the United Kingdom said it hoped to confirm its future funding to UNAIDS following the pending general election.
117. However, the PCB was also warned that the fiscal context globally would remain highly constrained and that short-term innovations alone would not be sufficient. While appreciating the structured funding dialogue and other resource mobilization efforts, a more agile and comprehensive approach to prioritization was needed and UNAIDS would have to make difficult decisions in order to protect its core functions and areas of greatest "value-add".

118. Members stressed the need for a clear focus on strategic programme priorities based on the role and functions of UNAIDS within the larger global health architecture. They acknowledged that this would be difficult, but said UNAIDS would have to further streamline operations and priorities in line with available funding and develop a credible scenario for contingency planning. This would have to be done already within the current UBRAF, and it would be crucial for the design of the next UBRAF and Global AIDS Strategy.
119. The proposed high-level panel was an important opportunity to explore new options for a viable long-term vision and strategy that reflects funding realities, the meeting was told. Speakers asked the Secretariat to ensure that the panel's work was aligned with other processes and informed UNAIDS's longer-term strategies.
120. Several overall priorities were highlighted: no region should be left behind; no unborn child or infant should face the risk of acquiring HIV; communities of the most vulnerable should be at the centre of the response and should lead the responses in their communities; scientifically proven approaches such as gender-transformative approaches should be expanded to address the main intersecting factors that undermine the rights of women and girls and of marginalized communities; and the response must be made more sustainable, including through greater integration of HIV services with primary health care, universal health coverage and social security schemes.
121. Successful and sustainable HIV responses were impossible where human rights violations continued, the meeting was told. Speakers welcomed UNAIDS's efforts to maintain its focus on the most vulnerable communities, which was fundamentally important for universal health coverage, gender equality and equity, individual and public health, and for societal progress.
122. There was strong concern about the lack of progress in achieving the 10–10–10 targets and the ongoing rights violations experienced by key populations, including people who use drugs. Harmful laws and policies had to be removed or reformed to increase access to and use of HIV services, speakers insisted. The Joint Programme was commended for promoting harm reduction but the meeting was reminded that some countries were still spending more on punitive policies than on harm reduction services.
123. Speakers expressed concern about under-investment in community-led activities and asked whether country envelope allocations could be used more effectively to address this issue, for example by incentivizing more support for community-led responses. The Joint Programme was asked to help ensure that sustainability roadmaps include actionable targets for advancing the rights of all and protecting civic space. Concerted and urgent actions were needed to address the deteriorating human rights situations and backlashes against gender equality, women's rights and recognition of the rights of LGBTIQ+ people, the meeting was told.
124. Also underscored were the rights of children and adolescents of all genders. The meeting heard that over 50 countries had expanded CSE, yet research was also revealing a lack of youth-friendly sexual health information, declining condom use among young people and difficulties navigating complex health systems.
125. Several members shared updates on the status and progress of their HIV responses, including a stronger focus on key populations and migrant communities. They noted the limited availability of suitable antiretrovirals (ARVs) for children living with HIV.
126. In reply, Ms Achrekar thanked speakers for their constructive comments and for their appreciation of the improved reporting. She assured the meeting that the suggestions

would be considered in the various forums where future work, strategies and priorities are developed. While UNAIDS would attempt to make the reports even more concise in the future, the new [Results and Transparency Portal](#) was also an informative resource, she told the meeting.

127. Noting the calls for a strategic approach to the use of available resources and for focusing on marginalized and priority populations, she reminded the PCB that the Joint Programme was committed to work on the 10 result areas. Regarding country envelopes and support for community organizations, Ms Achrekar said the country envelope resources were headed in that direction, but this related to only one of 10 result areas that had to be addressed.

128. The decision points were adopted.

4.2 Financial reporting 2023–2024

129. David Fraser, Acting Director of Finance and Accountability at UNAIDS, explained that the 2023 financial statements had been prepared in compliance with the International Public Sector Accounting Standards (IPSAS) and the financial regulations and rules of WHO. He said the Joint Programme once again had received an unmodified audit opinion from the external auditors.
130. He told the PCB that the net fund balance of the UBRAF (the Joint Programme's working capital) stood at US\$ 91 million, compared with US\$ 86 million at the end of 2022 and US\$ 101 million at the end of 2023. The current level was US\$ 16 million lower than the PCB-approved minimum of US\$ 107 million.
131. Regarding ASHI, he said the defined benefit obligations were US\$ 104.7 million, compared with US\$ 96.2 million at end-2022. Current funding of ASHI came to US\$ 154.6 million (equal to 148% of the defined benefit obligations).
132. Turning to core income and expenditures, Mr Fraser said the financial situation was very tight. Total core income was US\$ 161.5 million in 2023 compared with US\$ 165.5 million in 2022, or US\$ 48.5 million below the approved budget of US\$ 210 million and US\$ 25.5 million below the baseline budget of US\$ 187 million.
133. Total core expenditures and encumbrances amounted to US\$ 160 million compared with US\$ 176.7 million in 2022, Mr Fraser continued. Of this, Secretariat core expenditures came to US\$ 126 million against a base annual budget of US\$ 140 million, while transfers to the Cosponsors totaled US\$ 34 million against an approved budget of US\$ 47 million. Transfers included US\$ 1.5 million (instead of the approved allocation of US\$ 2.0 million) to each Cosponsor for core activities plus US\$ 17.5 million to Cosponsors at country level in the form of country envelopes.
134. Regarding non-core income and expenditures, Mr Fraser said non-core funds totaled US\$ 61 million in 2023, compared with US\$ 58.8 million in 2022. Of that, 69.7% of US\$ 42.6 million came from the US Government. Total non-core expenditures and encumbrances were US\$ 78.9 million in 2023 versus US\$ 64.1 million in 2022. The available non-core balance carried forward to 2024 was US\$ 55.8 million, he reported.
135. The 2023 expenses of US\$ 230 million were US\$ 1.5 million higher than in 2022, Mr Fraser noted. Costs had decreased for two major expense categories (staff, and transfers and grants to counterparts), but there had been increases related to contractual services (mainly due to increases in requests for technical support to countries through the Technical Support Mechanisms) and travel (reflecting the expansion of travel post-COVID-19).
136. Mr Fraser explained that the drop in staff costs was mainly due to a decrease in

approved staff provisions and to savings made through the realignment exercise. The decrease in transfers and grants was due mainly to lower transfers to Cosponsors.

137. Regarding management of the operating reserve fund, Mr Fraser said no advances had been made from the operating reserve fund in financial year 2023. He stressed that such advances could only be made as a last resort and only when the fund balance was not sufficient to enable UNAIDS to submit funds within its approved budget. Advances made during the year had to be returned to the operating reserve fund before the end of the financial period, he explained.
138. On the 2024–2025 financial outlook and budget, Mr Fraser described the result areas and Secretariat core functions and reminded the meeting that the Joint Programme raised both core (US\$ 160 million) and non-core resources (US\$ 279.8 million). Those amounts excluded the US\$ 366.5 million for UNDP-Global Fund partnerships, he clarified. A projected US\$ 279.8 million in non-core funds per annum was expected to be raised, with the Cosponsors' share estimated at US\$ 229 million and the Secretariat's at US\$ 50 million.
139. Regarding core expenditures, Mr Fraser said the net fund balance in 2023 allowed for a smooth start up and implementation of the UBRAF. At 31 May 2023, total core expenditures and encumbrances had amounted to US\$ 90.4 million of which transfers to Cosponsors came to US\$ 34 million (original budgeted amount was US\$ 47 million) and Secretariat core expenditures and encumbrances came to US\$ 56.4 million.
140. Regarding core income, Mr Fraser said the tight financial outlook in 2024 was driven by a significant depreciation of major currencies against the US dollar and shifts in overseas development assistance from several core donors. This had led to an estimated core income for 2024–2025 that was lower than the US\$ 160 million annual budget.
141. He reported that US\$ 31.9 million had been received at 31 March 2024, compared with US\$ 46.6 million a year earlier. A further US\$ 7.5 million had been received up to end-May 2024, raising total revenue to US\$ 39.4 million. This amounted to only 25% of the US\$ 160 million of the annual operating core budget and 19% of the US\$ 210 million target. However, the recently received US\$ 23 million contribution from the Netherlands increased the amount received to 40% of the US\$ 160 million. Despite increased contributions from multiple donors (including Australia, Germany, France, Côte d'Ivoire and Equatorial Guinea), contributions from other major donors unfortunately had not yet materialized.
142. The current outlook was for the 2024 contributions to amount to only US\$ 140 million, equal to a shortfall of US\$ 20 million, Mr Fraser told the PCB. The 2025 core contributions were projected to reach about US\$ 135 million, which implied an estimated projected shortfall of US\$ 45–50 million for 2024–2025.
143. However, due to good financial management in previous years and the PCB decision to set the minimum fund balance at 22% of the operating minimum budget of US\$ 160 million, he said UNAIDS could cover the funding gap from: (1) the fund balance, by setting the minimum core fund balance at US\$ 70 million, and (2) ASHI, which was 148% overfunded. This meant UNAIDS could return previously transferred funds to the core fund balance, while leaving UNAIDS' accrued ASHI funding at US\$ 129.5 million (or 124% funded).
144. Mr Fraser said those proposals had been presented to the IEOAC in May 2024 and had been deemed justified, given that the financial commitment to ASHI would remain fully met. He noted that the funds were not staff accruals (i.e., they were not sourced from monthly staff contributions) but were funds that had been transferred previously

from the fund balance during a more conducive funding period.

145. He emphasized, though, that these were stop-gap measures that would ensure business continuity to the end of 2025, though not to the level of the higher budget levels of US\$ 187 million or US\$ 210 million. This underlined the need for donors to maintain and, if possible, increase their contributions, he said. Regarding non-core income, US\$ 19.3 million had been received by end-May, much of it from the US Government. Since non-core funding was mobilized throughout the year, that amount was likely to change, Mr Fraser explained.
146. Speaking from the floor, members thanked the Secretariat for the thorough and clear financial reporting, and for the specific information on the fund balance and after-service health insurance fund. They reiterated that UNAIDS had a key role to play in ending the AIDS pandemic and urged it to be both realistic and ambitious by adopting evidence- and needs-based prioritization that can deliver high-impact results and by continuing to improve efficiencies. However, they also warned against deprioritizing support for the people who are most affected by the pandemic.
147. Speakers welcomed the use of a different allocation formula for the country envelopes. They asked for more information on how the conclusions from the evaluation on the country envelopes had been used to review the allocation approach and they urged continued monitoring of the allocation and use of the funds.
148. Noting an increase in contractual services due to more technical support requests, it was suggested that the Secretariat take care to maintain a healthy balance between contractual service costs and staff and other personnel costs.
149. Serious concerns were raised about the funding shortfall and outlook, along with acknowledgement that the situation was in many respects beyond the Joint Programme's control. Speakers noted the steps taken to improve cost efficiency, broaden the donor base and clearly articulate UNAIDS's value proposition, which hopefully would attract new donors.
150. They called on donors to make multiyear contributions to UNAIDS so that the momentum of the HIV response could be maintained. The representative from France said it was reinforcing its support for UNAIDS, with a special focus on tackling stigma and discrimination in western and central Africa.
151. While commending the pragmatic actions proposed by UNAIDS, speakers reminded the meeting that UNAIDS did not have sufficient resources to continue delivering on its mandate and that the situation also threatened many of the gains made thus far. The global HIV response desperately needed the Joint Programme to function effectively, they told the PCB.
152. Members supported the decision to aim for an annual budget of US\$ 160 million by drawing on the fund balance. Cosponsors noted that this added clarity, allowing them to take staffing and programming decisions, even though some uncertainty remained for 2025 and beyond. Speakers emphasized that the fund balance should not decline below the approved level. They also reminded the meeting that the move still left the Secretariat and Cosponsors with fewer funds and fewer staff amid constant calls for the Joint Programme to do more. Long-term solutions and contingency planning were urgently needed, the PCB was told.
153. The meeting was reminded that core funding was critical for sustaining Joint Programme work. Speakers called for strengthened joint resource mobilization efforts and for considering innovative options within the framework of the high-level panel. Cosponsors said they looked forward to actively participate in the panel. In planning

ahead, it was suggested that the Joint Programme may also consider distinguishing its normative functions from its functions as an operating agency.

154. Speakers appealed to countries to avoid a situation where they would collectively regret not having done enough to end the AIDS pandemic when it was possible. Leaders and policymakers should be accountable for the decisions taken, they said.
155. In reply, Mr Fraser said he agreed on the need to be both realistic and ambitious and to focus on achieving further cost efficiencies. Regarding the increase in contractual services, he said this related specifically to one award and therefore did not represent a generalized trend.

5. Update on strategic human resources management issues

156. Tim Martineau, Director for Management, UNAIDS, presented the report, which covered the first year of the People Strategy. He informed the meeting that a new Director of People Management had been recruited.
157. UNAIDS's staff were its most important asset, but they were working in difficult circumstances, he said. The Secretariat was concentrating on its duty of care, building staff skills and modernizing work methods, but funding shortfalls left staff shouldering enormous workloads.
158. The realignment process had been concluded in 2023, he said, with teams moved to Bonn, Johannesburg and Nairobi, the Regional Office closed in the Middle East and North Africa and Country Offices moved to the western and central Africa and the eastern and southern Africa Regional Offices. The multicountry office model had been extended and national positions had been expanded.
159. Mr Martineau said 114 staff members had been recruited (60% of them female), administrative hiring components had been streamlined and investments were being made in recruitment resources. A total of 40 selections had been completed in 2022 and this had risen to 114 in 2023.
160. The UNAIDS Secretariat had 646 staff members from 120 countries, he told the Board, of whom 47% were from sub-Saharan Africa, 20% from western and central Europe and North America. A little over 80% of staff were aged 35–59 years and more young people were being recruited. The Executive Director and the two Deputy Executive Directors were female, as were 48% of Country Directors. He said there were ongoing attempts to prioritize countries and regions and keep the Global Centre teams small, with nearly 80% of staff now located outside Geneva. There were 64 Country Directors covering nearly 90 countries and the pool of candidates for those positions had been increased.
161. Regarding People Strategy implementation, Mr Martineau reminded the meeting of the Strategy's five key priorities which, he said, emphasized learning and development, efficient ways of working and collaboration. Several mandatory courses had been introduced, covering ethics, fraud and corruption, and sexual misconduct. Changes had also been made to the performance evaluation system and 360-degree assessments were highlighting issues of concern. He then described actions related to leadership development, including programmes for Country Directors and a coaching programme.
162. Culture transformation work continued along with efforts to foster healthy work relationships, he said. Up to 400 staff had participated in module 1 of the team learning exercise and the first of six modules would be implemented in the next months. Up to

43 teams had developed “value charters”.

163. Mr Martineau assured the Board that UNAIDS was fully committed to its antiracism plan, which was aligned to the UN Strategic Plan and was being implemented. In early 2024, UNAIDS had committed to the Geneva Alliance Declaration, which includes pledges to address institutional racism. A community of practice on anti-racism had also been set up.
164. He then described some of the steps taken to support staff in the performance of their work, much of it aligned with the UN 2.0 Strategy and broader UN Reform efforts. Implementation of the knowledge management strategy focused on collecting and sharing information and applying knowledge, he explained. Improved access to electronic file systems was one of the ways in which knowledge sharing was being facilitated. He described some of the activities related to four communities of practice that were operating to support new ways of working: data for impact; equality and rights for all; equitable financing; and science, systems and services for all.
165. A digital strategy had been launched in 2023, he continued. It focused on five areas of work, including maximizing the value of data; innovating processes and systems; building capacity; ensuring a safe and secure tech environment; and enhancing staff digital literacy.
166. UNAIDS continued to work to ensure a safe, equal and respectful workplace, Mr Martineau said, and it maintained a policy of zero tolerance for sexual exploitation, abuse and other forms of harassment. He listed key activities, including staff training and the adoption of an updated policy on prevention of abusive conduct. Steps had also been taken to strengthen the protection of staff, affiliated personnel and community partners against sexual exploitation and abuse and harassment. The Ethics Office had been strengthened, social media guidelines were being reviewed, and the RESPECT campaign was continually updated.
167. On supporting staff well-being and engagement, he said UNAIDS had implemented workload management strategies, was using flexible working arrangements, and was trying to create an equal, safe and empowering work culture. Initial findings from a pulse survey done early in 2024 suggested good progress on most core questions, though there remained room for improvement. UNAIDS had also invested in an overarching support framework for people facing challenges, including mental health and well-being issues.
168. In conclusion, Mr Martineau said progress had been made in supporting staff and it was monitoring the impact of organizational transformation. The “change agenda” would require a long-term approach to achieve lasting transformation towards achieving a safe, networked and knowledge-driven organization. He said the Secretariat remained committed to take swift corrective action in areas where it may be falling short of its aspirations.
169. The new Director of People Management, Stephan Grieb, was introduced to the Board.
170. In discussion from the floor, members and observers thanked the Secretariat for the comprehensive update, the improved reporting and the provision of human resources statistics. They noted the commitment to accountability and transparency, and the progress made in implementing the People Strategy, as well as initiatives such as the knowledge management and digital strategies and the communities of practice. The appointment of the new Director of People Management was welcomed.
171. There was wide praise for the hard work and commitment of UNAIDS staff, who were

working in challenging circumstances, including the uncertainties of organizational change. Speakers recognized the Secretariat's efforts to improve staff well-being and foster an equal, safe and empowering work environment. They welcomed the signs of increasing trust in senior management, the steps taken to enhance transparency and accountability, and the generally good scores on the well-being index.

172. Noting the encouraging results of the most recent global staff survey, speakers advised the Secretariat to continue its efforts to increase transparency, strengthen internal communication, and address workload management. They were also pleased that staff seemed more aware of the internal justice system and recourse mechanisms. Plans to integrate workload-related questions in the next global staff survey were welcomed, as was the new mental health and well-being strategy.
173. Trust and transparency, adherence to policies and principles of the UN System, and having the right people with the right skills in the right positions were paramount for the success of the Secretariat and the Joint Programme, the meeting was told. However, the impact of the ongoing financial shortfall on staff workloads and well-being remained a major concern. Speakers said they looked forward to the next global staff survey to fully understand "the other side of the coin"—staff's perspectives on trust, on the improvements and initiatives reported to the PCB, and on the remaining challenges.
174. While recognizing that the realignment process had delivered cost savings, speakers emphasized the importance of avoiding unsustainable workloads that were resulting in burnout and staff departures. The issues of staff and resource capacity extended beyond the Secretariat and applied across the Cosponsors, they noted and said they hoped to see positive changes on that front. Staff well-being and development were priorities, they insisted, while also noting concerns about transparency around recruitment.
175. There was support for recommendations to ensure that UNAIDS's scope of work matches current staffing levels, that the core functions remain safeguarded, and that support for staff remains available. Noting that many new strategies and projects had been launched, speakers stressed that it was important to discuss such plans with staff and to keep them regularly informed about changes.
176. They reaffirmed their support for feminist and antiracist principles and applauded the adoption of the new WHO policy on preventing and addressing sexual misconduct. They also welcomed the recruitment of an additional ethics officer and supported the Joint Inspection Unit (JIU) recommendation to issue the head of the Ethics Office a full-term contract.
177. Speakers appreciated the efforts to achieve an age and gender balance in staff complement and recruitment, as well as efforts to achieve a safe workplace for all staff. Hiring criteria should ensure high levels of competence and an equitable geographical balance, the meeting was told. It was suggested that UNAIDS apply the definitions of diversity set forth in the report of the 2018 ICSE and adopted by the UN General Assembly. The Secretariat was also asked to reduce the time taken to recruit staff and to provide more data on non-staff personnel.
178. Speakers said they were encouraged by the increased recruitment of young people and by the efforts to reach and engage young leaders from key populations. They said they looked forward to updates.
179. Speakers affirmed their support for a zero-tolerance approach to any forms of bullying, harassment and discrimination and to sexual exploitation, abuse and harassment. They said they were pleased by the 98% compliance in mandatory training on sexual

abuse and intolerance, and by the fact that 98% of staff had met their performance targets. They noted the steps taken to tackle cases of unsatisfactory performance.

180. Concern was voiced about the closure of the MENA Regional Office, which appeared to be undermining coordination, and the Secretariat and the Board were asked to mitigate negative impacts on the AIDS response caused by the closure. The Secretariat was asked for updates on the new model for the placement of HIV advisors in Resident Coordinator Offices, which was being piloted in five countries.
181. In reply, Mr Martineau said the global staff survey had been concluded at the end of 2022 and the pulse survey had been done in February 2024, with the latter showing 9 indicators out of 11 had improved. The Secretariat had put in place action plans to work with regions and departments to achieve further improvements. The next staff survey would be held in early 2025. He acknowledged the challenge of workload management and said the Secretariat was trying to enable staff and teams to identify their own priorities and put in place systems to monitor efforts to manage work-life balance.
182. Mr Martineau agreed that UN 2.0 was a useful framework especially for data and digitalization. He assured the meeting that UNAIDS was continuously monitoring staffing profiles and stressed that competence was the basic, essential requirement for all hirings. Regarding the young leadership programme, he said its scale would depend on the financial situation; there was ample support for these kinds of programmes, but they needed resources.

6. Statement by the Representative of the UNAIDS Staff Association (USSA)

183. Evelyn Siula, Chair of the UNAIDS Secretariat Staff Association (USSA), began by providing background on the USSA, which had been set up in 2005, with a constitution laying out its mandate. She said there were currently 646 UNAIDS staff members of whom 363 were USSA dues-paying members.
184. She then discussed the recommendations made by the Staff Association in 2023, one of which had called for prioritizing, in new hirings, staff whose posts had been abolished. She said the Staff Association was disappointed that external recruitment had continued; transparency in staffing decisions continued to be a major concern.
185. A further recommendation had been to revise staff recruitment policies to have a fair, transparent and competitive process for all positions. She noted that some improvements had been reported in the 2022 staff survey but that almost two thirds of staff still had reservations regarding how those decisions were made, the ways in which realignment was done, the career support offered to staff and whether senior management truly understood the views of staff. The USSA was concerned about some of the proposed changes to recruitment policies which reduced oversight, transparency and fairness, she told the Board.
186. A further recommendation had called for the urgent scale up of support mechanisms and strategies for staff across all duty stations to cope with changes, including career and mental health support. Noting that the Secretariat had one staff counsellor, based in Geneva, to support all staff in all duty stations, Ms Siula called for additional staffing to provide such support.
187. A fourth recommendation had called for more resources to cover the human resources gap and safeguard the core functions of the Secretariat. She said the financial predicament continued and many positions remained vacant, which meant that teams

and units were expected to deliver the same outputs with reduced capacity. New ways of working were being implemented at a rapid rate and staff were working well beyond eight-hour days and through weekends. This was not sustainable, she stressed: doing more with less was not a solution. If the funding gap continued, management should structure work in line with the current staffing complement, Ms Siula urged. UNAIDS management was asked to communicate with staff regularly, updating them on the mobilization and utilization of resources and on related matters.

188. The PCB was told that the relationship between management and the USSA had improved. The Staff Association held monthly meetings with the directors of management and change management. Since the previous PCB, the Staff Association had met once with the Executive Director, who had promised quarterly meetings. The USSA also participated in numerous oversight and human resource-related groups.
189. Turning to the challenges and way forward, Ms Siula said the financial situation affected every aspect of work, including staff retention and programme delivery. Since the previous PCB, the USSA had filled 14 of 15 seats on the staff committee and it had been assigned administrative support. However, the support was based in Bonn rather than Geneva, which did not serve the welfare and interests of Secretariat staff. Another concern was the low number of candidates willing to stand for the Staff Association's executive committee. She said the USSA hoped that senior management would facilitate, support and protect staff who took on those duties.
190. Based on the mid-year consultation with staff, Ms Siula said, their main priorities were staff well-being (including workload issues); harassment and abuse of authority; alignment and mobility; career advancement; and fairness and transparency in policy implementation.
191. She concluded with proposed recommendations from staff. They included a comprehensive report on the conclusion of the realignment and on the People Strategy; biannual updates on resource mobilization efforts; implementation of support for staff with large workloads; ensuring that staff health insurance coverage is available to staff; and creation of an enabling and adequately resourced environment for the Staff Association.
192. Members and observers thanked the Staff Association for a clear, detailed statement and tangible recommendations. They commended the USSA for its efforts to protect the rights and welfare of staff and paid tribute to staff for their hard work, strong commitment and resilience. They also commended the efforts to create a safe workplace and stressed that the collective duty of care to staff remained paramount. Staff were UNAIDS's core asset, they said, and needed a supportive and enabling environment.
193. In the context of realignment and funding shortages, however, there were persistent issues—notably unrealistic workloads and their impact on work-life balance and staff's mental health. Members strongly urged UNAIDS management to resolve those issues. Doing more with less was not a sustainable approach, they said. Core mandates and work programmes should be prioritized and aligned with available staff resources, they said, and support measures should be enhanced to balance workloads and timelines. Flexible work arrangements and access to mental health support were also advised. They requested future updates on those efforts.
194. Members said they were pleased that relations with senior management appeared to be improving but observed that more work was needed to realize the feminist principles of transparency and delegation of power. Transparency and open communication were key for building trust and for joint solutions. They asked that regular updates and open lines of communication be maintained. They also

encouraged further dialogue between the USSA and Executive Director to build trust and find long-lasting solutions in a transparent manner.

195. Members emphasized that the USSA reports were an essential oversight component for the Secretariat. They supported efforts to ensure effective and timely communication from senior management, protection of the Staff Association, and fair and transparent recruitment and hiring procedures. A report on the realignment exercise and implementation of the People Strategy would be a constructive way to respond to ongoing concerns about decision making within UNAIDS, it was suggested.
196. The meeting was reminded that the issue of prioritizing internal staff in recruitment had been raised at the 52nd PCB meeting in 2023. Efforts to redeploy staff whose positions had been abolished were important, speakers said, and a fair and competitive selection process for staff was essential.
197. There was support for the USSA's request for biannual updates on resource mobilization. Also highlighted was the importance of staff health insurance, counseling and other mental health support. The Secretariat was asked what initiatives were planned in that regard and whether mental health support and burnout prevention could be provided at all duty stations
198. In reply, Ms Siula thanked the speakers for their support and said the USSA would continue to discuss the issues raised with management. She said some of the issues raised by speakers were best answered by management.
199. Mr Martineau thanked the USSA for its report. He said a strong Staff Association was essential, he clarified some issue in the report s. The staff recruitment policy was clear, he said, and an independent panel oversaw each recruitment for each position. Regarding workload concerns, he said the pulse survey had indicated that 75% of participants felt their supervisors supported them in managing their workloads and that 70% said they felt "engaged". Financial information was also being shared regularly. Mr Martineau agreed that mental health was very important, adding that UN reform could make a big difference. However, UNAIDS could not afford a counsellor in every country, although at UN level this should be the objective.
200. Ms Byanyima informed the PCB that since her appointment, she has worked to professionalize the relationship between the Staff Association and senior management. Though staff had endured a great deal of challenges, the realignment had been a success against each of the five main objectives, she told the PCB. Nonetheless, if staff members experienced stress and burnt out it was ultimately a management responsibility and management would continue to take steps to prevent and manage such outcomes, she assured the PCB.
201. Mr Byanyima said some of the issues regarding staff well-being were not in management's hands. Health insurance, for example, continued to be a problem, with staff required to play upfront and be reimbursed later; this was not realistic for many staff in the field. Therefore, the Secretariat was considering other options. There were also still issues of concern around the timely conclusion of investigations, she said. Regarding recruitments, she said there were procedures for challenging them but challenges were almost always resolved in management's favour. Nonetheless, the USSA had raised many important issues, she said in conclusion.

7. Organizational oversight reports

7.1 Internal Auditor's report

202. Ms Eva Bolkart, Head of Investigations at the Office of Internal Oversight Services

(IOS), WHO, provided background about the support provided by the IOS, based on a memorandum of understanding signed in January 2022. She also briefed the meeting on the risk assessment model and process being used, before summarizing the services provided to UNAIDS.

203. IOS had performed three key audits in 2023, she said, all of which were rated as partially satisfactory with some improvements required. IOS had noted improvements in the effectiveness of controls (55% in 2022 to 71% in 2023), and the number of controls with high levels of residual risk had decreased from 8.7% to 5%. The main areas with high residual risk related to direct financial cooperation and programme funding agreements.
204. IOS had reported significant improvements in implementation of the internal audit recommendations, Ms Bolkart continued. Since the previous report, 12 audit reports had been closed and outstanding recommendations had decreased from 113 in April 2024 to 72 a year later. The number of overdue recommendations had fallen from 22% to 4.9%.
205. In 2023, IOS had handled 73 cases, including 46 carried over from previous years and 27 new cases, which was a significant increase. Allegations of sexual misconduct had continued to increase (from 6 to 10) and a majority of new cases had related to nonfinancial misconduct. Some 26% of cases received had involved allegations of financial misconduct.
206. Ms Bolkart told the PCB that IOS had implemented a reformed investigation structure, including a mandatory risk-based intake system, key performance indicators and an improvement case management system. This had allowed it to conclude 53 cases, including 20 of the 27 cases received in 2023. Of the cases received in 2023, 19 had been concluded within 6 months (the target timeframe). Of the cases closed in 2023, 5 had been substantiated. At the end of 2023, there were 13 open cases, a 71% decrease compared with 2022, she said.

7.2 External Auditor's report

207. Ms Ritu Dhillon, Director of the External Audit, presented her report and said the internal controls had been found to be adequate. She summarized the audit's objectives and said the report covered issues the Auditor believed had to be brought to the attention of the Board. The report had been discussed with UNAIDS management and the replies had been incorporated in the audit report. An unqualified audit opinion on the financial statements had been issued, Ms Dhillon said.
208. She told the Board that the deficit had increased from US\$ 2.0 million in 2022 to US\$ 9.14 million in 2023. UNAIDS revenue in 2023 stood at US\$ 214.38 million, a decrease of 2.7% since 2022. Total expenses were US\$ 231.26 million in 2022 and US\$ 228.97 million in 2023 and UNAIDS's total assets stood at US\$ 282.3 million in 2023, a decrease of US\$ 22.98 million compared with 2022.
209. The main observations were that 10 of 78 offices had not prepared business continuity plans (BCPs) and documentation related to BCPs for the Geneva office was not available. It was recommended that UNAIDS management act to ensure the timely creation and updating of BCPs in all offices.
210. The second recommendation related to excess loading of indirect costs in a contract examined by the auditor. It was recommended that UNAIDS management take necessary action to revise the contract and ensure that final payments are made to the vendor.
211. Regarding the verification of assets, analysis of the summary report done by UNAIDS

showed that of 4,838 items reported across UNAIDS offices the status of 1,125 items (valued at US\$ 1.39 million) had been listed in the “not found” category. Management stated that those items were not physically present, though they were listed in the enterprise resource planning (ERP) register. It was recommended that management identify why the items were absent and collect and finalize the disposal documents. Also reviewed was implementation of the previous audit recommendations: of the 10 outstanding recommendations, seven had been implemented and three were yet to be implemented. Ms Dhillon thanked the PCB for the value placed attached to the team’s work and thanked UNAIDS management for the assistance provided.

7.3 Ethics report

212. Lord Dartey, acting Head of the Ethics Office at UNAIDS, began by reporting on progress against outstanding matters related to the establishment of an independent Ethics Office. He said the impending recruitment of a Head of the Ethics Office was an opportunity to address several of those matters. Regarding appropriate staffing requirements, he told the PCB that the Executive Director has authorized recruitment of one additional staff member.
213. The Ethics Office had received 227 requests for advice and guidance in 2023, a 59% increase since 2022 and a 200% increase since 2021. Most requests were for policy clarification and guidance on standards of conduct or were related to human resources and realignment. He noted that there had been significantly more requests for guidance regarding conduct of a sexual nature. A new policy on protection against retaliation had come into effect in 2023 and there had been a similar number of requests for protection against retaliation for two years running.
214. Mr Dartey told the meeting that the Office also managed an Integrity Hotline, which is provided by a third party. Seventeen reports were received via that channel in 2023 versus 14 in 2022. Regarding the prevention of sexual exploitation and abuse, a new WHO policy had come into force and applied also to UNAIDS.
215. He then briefly described some of the measures put in place, including the declaration of interest programme, enhanced training and outreach, and stronger standard setting and policy coherence. Declaration of interest forms had been sent to 374 eligible staff and the Ethics Office and Finance Department had developed a declaration of interest process for consultants. Ethics-related mandatory training continued with significantly higher completion rates (95–100%). The Ethics Office had also participated in various reviews and engaged with WHO offices to streamline processes and procedures.
216. Listed among the Office’s key achievements was a steady increase in requests for advice and guidance. In the most recent global staff survey, 58% of respondents had stated they felt comfortable speaking out and reporting issues of concern, compared with 37% in 2020. The survey also showed a positive trend in standards of conduct, with 13% of respondents in 2022 saying they had experienced abusive conduct, down from 22% in 2020.
217. Mr Dartey said the Office’s priorities included a continued focus on preventing and addressing sexual exploitation and abuse, protecting against retaliation, promoting Integrity Hotline, enhanced training and the prevention of all forms misconduct. He welcomed the recruitment of an additional staff member, but noted that more work was needed to ensure zero tolerance of all forms of misconduct.

7.4 Report of the UNAIDS Independent External Oversight Advisory Committee

218. Benoit De Schoutheete, vice-chair of the Independent External Oversight Advisory Committee (IEOAC), briefly reviewing the mandate and work of the IEOAC and said

the Committee had met five times in the previous 12 months. The Committee was pleased that UNAIDS had made progress in several areas of oversight and that there had been a notable decrease in the backlog of pending oversight recommendations. The development of the operating model was also better aligned with available resources and a sound culture of risk management was taking root.

219. Mr De Schoutheete said issues considered by the IEOAC had included UBRAF performance monitoring, financial reporting, internal oversight and risk management, the implementation of internal and external oversight recommendations, the MOPAN report, information security, and the report of the Ethics Office.
220. The funding situation was considered the main concern for UNAIDS, he said. The Committee welcomed the updated resource mobilization strategy and recommended that UNAIDS carry out benchmarking, monitoring and reporting by end-2024 to facilitate assessment of progress against key performance indicators. The IEOAC had closely reviewed the short-term budgetary proposals from UNAIDS management and had found the proposals reasonable and justified, he told the PCB. However, the Committee felt that short-term measures would not be sufficient to sustain UNAIDS through 2030. It therefore also welcomed the upcoming review of the UNAIDS operating model to tackle the longer-term funding challenge. It also recommended that UNAIDS use its rich data on performance and impact to enhance its value proposition.
221. Regarding enterprise risk management, Mr De Schoutheete said the IEOAC had noted significant improvements and looked forward to reviewing further work on mitigating identified risks. It also encouraged the Secretariat to follow through with efforts to develop a risk appetite statement and improve its understanding of residual risks and the impact of mitigation efforts. Risk management should be mainstreamed across operations, he said.
222. Regarding the internal audit, he said concerns remained about the adequacy of audit coverage provided by WHO/IOS. The Committee recommended that IOS shift its internal audits of UNAIDS to a risk-based approach, reduce the number of audit recommendations, and prioritize higher-impact recommendations that respond to the biggest risks facing UNAIDS. The Secretariat's identification of top risks could serve as a starting point for developing an annual audit plan. The Committee had asked IOS to present a draft risk-based 2025 audit plan at its October 2024 meeting, Mr De Schoutheete said.
223. It was also recommended that the external quality assessment of IOS internal audits include consideration of at least two UNAIDS audits along with interaction with the Executive Director. The IEOAC encouraged IOS to have a contingency plan to ensure adequate audit coverage and to continue improving processes and reducing delays in the conduct of investigations.
224. Regarding the external audit function, the Committee noted the unmodified audit opinion of the External Auditor and the recommendations. It drew UNAIDS management's attention to the recommendation to develop a business continuity plan for UNAIDS headquarters and for field offices lacking such a plan.
225. Turning to follow-up on internal and external oversight recommendations. Mr De Schoutheete said the IEOAC acknowledged the reduction in the backlog of internal and external oversight recommendations. It supported the approach of UNAIDS management to use a risk-based review to decide which JIU recommendations were most relevant for UNAIDS. The Committee also believed that management should also engage with other UN agencies about their approaches for addressing recommendations made by the JIU.

226. Regarding the ethics function, he said, there had been progress in completing mandatory trainings and the increase in requests for confidential advisory services had been noted. The Committee looked forward to the appointment of a full-time, independent Ethics Officer and wished to be consulted (as per the JIU recommendations) on the selection, performance and dismissal assessments of the Ethics Officer.
227. On human resource management, the IEOAC recommended further refinement of workforce planning and skills mapping, Mr De Schoutheete said. It would closely monitor implementation of the new ERP system, which WHO was developing, and it recommended that UNAIDS develop plans to mitigate all risks associated with implementing the new ERP.
228. The PCB was reminded that the Committee's terms of reference called for an independent performance evaluation of the IEOAC every two years. Mr De Schoutheete said other oversight committees in the UN had agreed that periodic peer reviews could be used to show that independent performance evaluations were being done. The Committee therefore recommended that the PCB alter the IEOAC's terms of reference to endorse such periodic evaluations and delete the requirement for biennial evaluations.
229. Finally, he noted that, although the Committee was tasked with advising on oversight of UNAIDS, its terms of reference did not explicitly address an evaluation function or its oversight responsibility in relation to such a function. Guided by JIU recommendations, the Committee therefore was engaging in dialogue with UNAIDS senior management on this matter.

7.5 Management response to the organizational oversight reports

230. Tim Martineau presented the UNAIDS management response to the oversight reports. He thanked the oversight bodies for their work and provided an overview of steps taken to strengthen internal controls and accountability and achieve more effective use of resources. Regarding the External Audit recommendations, he said management was pleased to note the unqualified audit for 2023. Three new recommendations had been made regarding business continuity planning, administrative costs with partners using sub-grantees, and an asset register update. Of the previous 10 recommendations, 7 had been closed and 3 were being addressed (on FENSA and assurance activities; comprehensive reporting against UBRAF performance indicators; and ASHI).
231. Mr Martineau then discussed the outstanding recommendations in more detail and described the actions that had been or would be taken (all of which are discussed further in the background paper). He said there had been a record improvement in dealing with outstanding internal audit recommendations; all outstanding audits from 2018 to 2021 had been closed. The effectiveness of internal controls had also improved. All 2023 audits were rated partially satisfactory and only 3 were identified with high levels of residual risk, compared with 10 in the previous year. Mr Martineau discussed in some detail the kinds of improvements that called for in the recommendations and outlined the ongoing and/or planned actions.
232. He then discussed key management actions on recurring issues, including on risk management; the new ERP; non-commercial contracts; recruitment; and asset management. Both forthcoming and implemented actions were described.
233. Regarding IOS investigations, Mr Martineau said IOS had received 27 new reports of concern in 2023, compared with 17 in 2022. Twenty of them had been closed (19 within the 6 months) and 7 remained under review. Turning to the report of the Ethics

Office, he thanked the Office for its important role in improving the organization's accountability and in providing staff with a safe space to seek confidential advice and support. He described some of the steps taken by management to enhance the Office's work and welcomed the new policy on protection against retaliation.

234. After thanking the IEOAC for its collaboration and expert advice, Mr Martineau briefly summarized management's reactions to the 10 recommendations from the Committee. They related to financial reporting; UBRAF performance reporting; resource mobilization; the new ERP; enterprise risk management; the internal audit; the ethics function; human resources management; realignment of the Secretariat; and information security.
235. Speaking from the floor, members and observers thanked the presenters for their high-quality reports. They noted the achievements, including the closure of outstanding audit report recommendations and a heightened commitment to safeguard staff well-being. They also noted the improvements in addressing the JIU recommendations. Stressing the importance of strong organizational oversight, they welcomed the recommendation regarding policies, procedures and effectiveness. However, they voiced concern about the delay in implementation of the 2024 audit plan due to staffing challenges in the IOS and asked that contingency plans be put in place to avoid a repeat in the future. The Secretariat was asked to expand the use of ClearCheck for all staff, including consultants.
236. Speakers said they appreciated the progress made in strengthening the risk management culture and capacity and in implementing a risk management approach across all UNAIDS operations. They asked for more information on how risk management was being embedded in decision making and operations. Attention was also drawn to the high residual risk associated with direct financial cooperation funding agreements—processes that are vital for channeling resources to local organizations. If those systems fail, speakers warned, it could have devastating effects at local levels. Inefficiencies in those systems had to be resolved.
237. Speakers supported the development of a risk appetite statement and suggested that it link to UNAIDS's objectives so it can be used practically. They proposed that the IEOAC be fully involved in the development of such a statement and also supported the proposed shift to a risk-based approach.
238. There was emphasis on the fact that the IEOAC had identified resource mobilization as the most significant risk and that short-term measures were not sufficient to achieve financial sustainability. Speakers saw the planned review of the UNAIDS operating model as a critical opportunity to address longer-term sustainability challenges and said the process should involve all relevant strategic stakeholders.
239. Speakers were pleased that the external audit report rated more satisfactory than previously. They recognized management's efforts to ensure timely completion of all recommendations but asked the Secretariat to step up efforts to ensure the timely closure of all outstanding recommendations, particularly those of high residual risk and those relating to the completion of business continuity plans.
240. It was suggested that the external audit could provide more information on the functioning of UNAIDS on the whole and there was a proposal for a regular overview of procurement activities, risk management activities and performance audits. Recalling that a special focus on fraud and corruption had been requested at previous meetings of the PCB, speakers asked for an update on actions taken in that regard.
241. Regarding the report of the Ethics Office, speakers said they place high value on the autonomy and increased efficiency of the Ethics Office. They commended the Office

for the progress made in performing its vital function. Some speakers said the increase in requests to the Ethics Office for advice on issues related to sexual misconduct called for stronger implementation of the policy on preventing and addressing sexual misconduct. While noting the steps taken, they asked UNAIDS to continue mandatory training for preventing and managing sexual misconduct. Other speakers believed that increased use of the Office's services indicated greater staff confidence in the Office and emphasized that the Office should have the resources to function effectively.

242. Speakers welcomed the report and the active engagement of the IEOAC and supported the recommendations. They said the strategic results presented were in line with discussions at the PCB. They asked the Secretariat to ensure that the Committee can work in the best conditions possible and to enable it to access all documentation it needs to conduct its work. In the face of complex oversight and governance challenges, robust oversight and governance were essential, they said.
243. Speakers agreed with the IEOAC's view that it was crucial to address UNAIDS's primary risk: the lack of resources. While they appreciated a more realistic operating budget that matched available resources, they agreed that short-term interventions would not be sufficient. They urged UNAIDS to use the proposed high-level panel to explore long-term options.
244. In reply, Ms Dhillon, the Director of the External Audit, explained the process for testing for fraud and corruption, which focused on the strength of the system and internal controls. She said her mandate was to conduct a financial compliance audit and she described the procedure used to do so, which included using a risk-based method to identify samples of transactions and test them for adherence to the requisite standards and regulations. In doing so, she explained, the External Auditor commented on areas such as procurement and internal governance, including ethics. This could be seen in the previous and the current reports and their recommendations. She took note of the other recommendations made by speakers.
245. Ms Bolkart, replying for the IOS, said it already used a risk-based approach. Regarding the transition from a compliance audit to a more holistic approach, she said the IOS already considered performance aspects in its audit and it was exploring ways to expand this. Replying to a question regarding measuring efficiencies in key performance indicators, she said that the IOS had measured the effectiveness of controls and had noted an improvement in internal controls. There were also management tools that could be used to monitor the efficiency of programmes. She assured the PCB that it was a priority to have a fully staffed IOS office, with dedicated resources for UNAIDS investigations. Progress was being made on that front, she said.
246. Mr Dartey, the acting Ethics Officer, described in detail the process for working with implementing partners. Regarding dealing with the fear of retaliation, he listed some of the activities of the Office and said it would continue working on this matter. He said the Office was committed to continue providing updates on implementation of new policies, such as on preventing and addressing sexual misconduct, abuse and retaliation.
247. Benoit de Schoutheete, IEOAC vice-chair, replied to a question about the proposed shift to a risk-based approach and said that the IOS already used the WHO risk-based approach for determining their audit plan. The IEOAC believed that UNAIDS had enough maturity in its risk management system to use its own risk-based approach. Noting the limited resources of the Internal Auditor, he said they should be used effectively by focusing on top priorities. He assured the PCB that the IEOAC would remain involved in defining the risk appetite statement.

248. Mr Martineau, replying to a question about the risk approach, said that UNAIDS routinely identified and reviewed risks, and that this was done by compliance teams. The findings were reviewed by the cabinet and the bottom-up risks were then addressed. There was a cabinet lead for each of the risk areas, he said. He agreed on the importance of adopting a risk-based approach for working with partners.
249. He welcomed the reports that staff were making greater use of the Ethics Office and other channels to raise issues and concerns and to request guidance and support. This showed greater trust in the processes that were in place, he said. Regarding the recruitment of the head of the Ethics Office, he said the vacancy notice had been closed, the list of candidates was being processed, and the recruitment would be concluded soon.
250. On the JIU recommendations, he said the Secretariat would need to enhance its internal coordination mechanism, streamline the process for reviewing the recommendations and decide which recommendations were appropriate and which needed to be implemented. Mr Martineau confirmed that consultants were also being subjected to the ClearCheck process.

8. Report on the selection process for new members of the Independent External Oversight Advisory Committee (IEOAC)

251. Morten Ussing, Director of Governance and Multilateral Affairs, UNAIDS, presented this report. He began by reviewing the background to the creation of the IEOAC and approval of its terms of reference as a subsidiary body of the PCB. He described the work performed by the Committee and the purpose of that work.
252. He explained that the Committee's terms of reference stated that three members would have three-year non-renewable terms, while the other four members would have two-year renewable terms. Referring the meeting to the background report on the selection process for members, he said a new composition was being proposed for 2025–2026 and it required the PCB's approval.
253. An external firm had been hired to manage the recruitment process of Committee members, Mr Ussing said. This had enabled the recruitment of the initial seven members, while 14 other candidates had been included in a roster for future consideration. He said that the PCB Bureau had agreed in January 2024 that new IEOAC members would be sought from that roster and a selection panel had been created to consider the shortlist provided by the external firm. He then described the criteria used to select new members, including various competencies, as well as geographical and gender balance, based on which the selection panel had submitted a short list of three candidates.
254. Speaking from the floor, members said they appreciated the report and description of the process, which followed the required procedures. They approved the new composition of the Committee and said they were satisfied that a consultative process had been followed and had ensured a fair and transparent process. The selection process had ensured that selected members brought technical competence and balanced viewpoints to the IEOAC, they said. One member asked whether it was correct that being a member of the selection panel while also being a member of a PCB delegation is considered a conflict of interest. In this regard, the Secretariat suggested that procedures could be reviewed by the Board.
255. Mr Ussing, in reply, thanked speakers for recognizing the quality and skill sets of the candidates and said an open call for applications was part of the process in the current terms of reference. He briefly described key elements of the process, adding that, for

the current round of members, the existing roster of candidates had been deemed to provide a very strong list of candidates. He noted the importance of an open call and said the process for the next round of members would resemble the one used when the IEOAC was first established.

9. Fifty-fifth meeting of the PCB

256. Mr Ussing, told the meeting that Kenya had informed the PCB Bureau of its intention to host the 55th meeting of the PCB in Kenya in December 2024, and had stated its willingness to provide in-kind and other support to that end.
257. He reminded the meeting that several PCB meetings had been held outside Geneva previously, in line with criteria set out by the PCB. The proposed meeting in Kenya fulfilled those criteria, including regional rotation, overall cost-sharing, local expertise, adequate local facilities, no HIV-related travel restrictions, relevance to the thematic segment, and the added value of a having a meeting “in the field”. Previous meetings had been held in Brazil, India, Kenya, Thailand and Zambia, he noted. Mr Ussing then described the modalities of the meeting, the comparative budgets for holding a PCB meeting in Geneva and in Nairobi (a little under double the amount for Geneva, with Kenya covering the difference).
258. Speakers thanked Kenya for the proposal, which they supported. They believed the proposed venue would help add to the diversity of perspectives at Board meetings and increase awareness of AIDS-related realities and HIV responses in different settings. They noted that Kenya had offered assurances that the safety of all key populations including LGBTQI+ persons would be guaranteed, including at border crossings. It was suggested that Kenya also use the opportunity to advance further towards decriminalizing key populations.
259. Ms Byanyima thanked Kenya for the offer and noted that the country, although facing difficult challenges, consistently remained committed to multilateralism and global solidarity. She said Kenya had among the best HIV programmes for key populations, including for people who inject drugs and gay men and other men who have sex with men.
260. The representative from Kenya thanked the Board for considering the offer and reminded it that Kenya had been the first country to hold a PCB meeting outside Geneva, in 1997. The proposed meeting would show members the many ways in which the country was tackling the AIDS epidemic. The venue was also appropriate given the thematic segment’s focus on ending AIDS in children and the progress Kenya was making towards that goal, as well as its efforts to ensure that every girl has the chance to thrive and fulfil her promise.

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10. Thematic segment: Sustaining the gains of the global HIV response to 2030 and beyond

Introduction

261. The thematic segment focused on the sustainability of the HIV response and discussed lessons and ways of introducing the necessary foundations for a sustainable HIV response up to and beyond 2030.
262. The Chair began by highlighting some of the progress made by his country, Kenya,

towards achieving sustainable HIV progress. Innovative actions included developing social contracting modalities, deeper integration of HIV services into the overall health system and Universal Health Coverage (UHC). Anne Githuku-Shongwe, Director of the UNAIDS Regional Support Team for eastern and southern Africa, and Jaime Atienza Azcona, Director of Equitable Financing Practice, UNAIDS, moderated the thematic segment.

263. Winnie Byanyima, UNAIDS Executive Director, said the HIV response was at a crossroads. Even if the 2030 targets were reached, about 30 million people would be living with HIV and their health would have to be protected. Yet fiscal space for investments in health, education and social protection were tighter than ever. Half of the countries in sub-Saharan Africa were spending at least three times more on debt servicing than on health and were subject to high interest rates. The international financial system disadvantaged low- and middle-income countries, she told the PCB. UNAIDS was working closely with PEPFAR and the Global Fund, with governments in the lead, to support the development and implementation of sustainability roadmaps. She urged governments to conduct high-level assessments and draft these roadmaps over the next six months. A successful long-term response required strong national and global political leadership, meaningful partnerships with stakeholders, and laws and policies that uphold everybody's the right to health, Ms Byanyima reiterated.
264. Edwin Dikoloti, Minister of Health, Botswana, said his country's HIV response was driven from the highest political level and guided by the domestication of global guidance and policies. The support of the Joint Programme was vital, including its technical assistance for developing national policies and strategies and for collecting and analysing data. More than 70% of HIV funding came from the national government, he said. He summarized the achievements of the HIV response but noted important challenges that remained. Botswana was one of first countries to develop a sustainability roadmap, which was currently being implemented, he told the meeting.
265. Florence Riako Anam, co-Executive Director of GNP+, said her life and the lives of millions of others had been saved by an HIV response that was driven by solidarity and rights-based approaches and that brought people and sound science together. It was important to be clear and transparent about the sustainability process and how it would affect people living with HIV. Quality services and social enablers were their primary concerns; standard packages of services had to be defined and provided in ways that meet people's different needs. While noting the need for more integration, she stressed that quality of care and inclusivity had to be safeguarded, and services had to be devoid of stigma and discrimination. Communities' contributions to the HIV response had to be sustained with consistent support, including core funding. She concluded with a call for continued investment in a vaccine or cure for HIV.
266. Michelle Bachelet, former President of the Republic of Chile, addressed the meeting via video. She stressed that the AIDS epidemic was not over and that the threat of resurgence remained. A sustainable response required concerted action and solidarity of governments and the international community, strengthened health systems, solid human rights frameworks, gender equality and ensuring that no one was left behind. She said affected communities and countries should "own" the HIV response and an enabling environment was vital, including facilitating local production of medicines, affordable access to innovation and debt reduction.

Session overview

267. The session reviewed the highlights from the thematic segment background note, with a focus on "tipping points" that affect the sustainability of the HIV response.

268. Kathy Ward, Health, Nutrition and Population Global Practice, World Bank Group, said the world was evermore interconnected and that crises were becoming the “normal” operating environment, with leaderships and resources drawn in multiple directions. Agility, integration and creative collaboration were needed, along with an ability to respond quickly to the unexpected. She said sustainability implied interconnectedness -no entity could “go it alone”- and a coherent vision that spans the political, programmatic and financial areas and that focuses on equity and communities. Key requirements included multidisciplinary research, multisectoral responses, and strong health and social support systems. Tight fiscal space was a major challenge, Ms Ward said, and low- and middle-income countries relied on international resources for more than two thirds of their HIV work. Slow economic growth was forecast for countries accounting for more than 80% of the global population and some 60% of low-income countries were in or at high risk of debt distress. This inhibited greater domestic funding of HIV responses.
269. Jérôme Salomon, Assistant Director-General for Universal Health Coverage, Communicable and Noncommunicable Diseases at WHO, said there was nothing sustainable about an expanding epidemic. With 1.3 million people still acquiring HIV each year and 600 000 dying of AIDS-related causes, progress had to quicken. He said WHO was combining its work on HIV, sexually transmitted infections and viral hepatitis, given the commonalities in transmission, determinants of health and affected populations. All three areas of work were organized under UHC and were delivered through the PHC approach, with an emphasis on people-centred action. WHO’s most recent progress report had highlighted five priorities for action, Mr Salomon said: policy and financial dialogues to develop crosscutting investment cases and national sustainability plans; aligning the plans with the PHC approach; addressing the criminalization of most-affected populations and stigma and discrimination in health settings; expanding multi-disease elimination approaches; and strengthening a focus on primary prevention.
270. Mary Mahy, Director for the Data for Impact Practice at UNAIDS, reviewed the status of the epidemic and response and highlighted recent changes. While the HIV response was moving towards “controlling” the disease, she said continued improvements were needed to reach that goal. Even if stronger progress were achieved, the world would still face a formidable challenge, she cautioned. On current trends, there would be about 46 million people living with HIV in 2050; a stepped-up response that reached the 2025 targets would have some 29 million people living with HIV in 2025, all requiring lifelong treatment.
271. Outside sub-Saharan Africa, about 80% new infections were among key and marginalized populations, which underscored the need to remove barriers to service access, including stigma and discrimination. Significant demographic changes were also occurring, she said. For example, ageing populations of people living with HIV posed special challenges for HIV prevention, treatment and care. Integration was crucial, but a lot of work had to be done on that front. Health and social system capacities and infrastructure were likely to be tested as they converged, she said. For integration to work best, community organizations had to be able to provide or partner in at least some key services. In general, tailored responses should focus on prevention where most risk occurs, treatment plans should be based on projected population needs, and services should be accessible to all populations, which meant inequalities in services and systems had to be removed, she stressed.
272. Speakers congratulated UNAIDS for arranging the segment and commended it for its efforts to support sustainability. They asked whether there was clarity about the risks and gains of the choices that were being made, and whether the goal was sustainability or resilience. They stressed the need to follow up on the MOPAN

recommendations for achieving a suitable long-term operating model and said lessons learned during COVID-19 should be used to guide the quest for a sustainable response. The integration of HIV into PHC was emphasized, along with an awareness that this involved challenges. Speakers strongly supported enhanced sustainability of the human rights dimensions of HIV responses. Other remarks touched on whether data existed to identify the most efficient programmes and their financial implications, and on the use of artificial intelligence (AI) in HIV modeling and estimates.

273. Replying, Ms Anam said sustainability was a transformational process and was also a means towards achieving a resilient response. Mr Salamon stressed the need to focus on key populations and human rights and said there were many opportunities to combine health services while using rights-based and bottom-up approaches. Ms Ward said the HIV response could not be sustainable unless it was also resilient, which required being agile and adaptable. Reminding the meeting of the COVID-19 disruptions, she urged that adaptable systems be built ahead of time; doing so only when a crisis hit was too late. Disease responses also had to recognize that people do not prioritize different health and other threats: they seek care for the complaint or issue that affects them at a given point.
274. Ms Mahy said that UNAIDS was working with countries to track, estimate and assess their relevant epidemic trends and responses and their HIV needs and expenditures. Those data existed at country, regional and global levels and were available for sharing. She agreed that there were many opportunities to use AI in the HIV response to enhance interventions and said UNAIDS was exploring those opportunities. Ms Byanyima highlighted two major risks. Country ownership had to be enhanced, but that meant governments had to lead *with* civil society and other actors. Partners, especially donors, should be clear about their roles and should support rather than steer the process. The other risk was financial and called for reforming the international financial architecture. If countries remained trapped by debt and unable to borrow on international markets, sustainable health responses would stay out of reach.

Round table 1: The context and urgency of sustainability planning and response

275. Jaime Atienza Azcona, Director, Equitable Financing Practice, UNAIDS, introduced the session, which focused on the need for sustainability planning to sustain impact.
276. Christoph Kurowski, Global Lead for Health Financing, World Bank Group, said real central government health spending in low- and lower-middle-income countries had soared during the COVID-19 pandemic but had then receded to roughly the 2019 levels. In the poorest countries, spending had dropped below the 2019 levels. Macroeconomic growth was projected to be slow over the next five years, with a risk that low-income countries would fall further behind. He said that in 23 countries, general government expenditure was expected to keep growing over the next five years, but growth would be slower in another 32 countries, while spending capacity in 13 countries would keep dropping. Mr Kurowski said the share of interest payments in government expenditures was at its highest level since the Heavily Indebted Poor Countries (HIPC) initiative of the late-1990s. Likely future health spending would be shaped by such macro-fiscal conditions, he said.
277. Mr Azcona discussed the interrelated challenges of debt distress and donor dependence in countries with high HIV burdens. In sub-Saharan Africa, he said, several countries were already in debt distress and others were at high risk. There was a widening funding gap for HIV in low- and middle-income countries overall (especially for primary prevention). Funding had risen until 2016, but had fallen subsequently, including from domestic sources. Noting a big drop in contributions from bilateral donors other than PEPFAR and the Global Fund, he highlighted an alarming decrease

in external assistance in the past decade in regions experiencing a surge in new HIV infections. The economic context highlighted the need for enhanced efficiency and innovation and continued solidarity from all funding sources, particularly donors.

278. Yogan Pillay, Director, HIV & TB Delivery at the Bill and Melinda Gates Foundation, said the world was at a pivotal point in the HIV and TB responses, with high numbers of people still acquiring these diseases, not being tested and not on treatment. The number of people presenting with advanced HIV disease (or AIDS) was also rising. HIV responses had changed HIV epidemiology, he said: new HIV infections in sub-Saharan Africa, for example, were beginning to shift from 15–24-year-olds to 25–49-year-olds in some settings. A more granular understanding of the changing epidemiology was needed, which required tools for tracking the changes, and new analytics to identify and understand evolving trends. He suggested that the achievements of the HIV response may also have become its “Achille’s heel”, with the perception of success undermining funding for HIV. Programmes might have to plan on the assumption of eroding political and funding support for the HIV response, he said. Although paths to sustainability would depend on countries’ disease burdens and abilities to fund their responses, funding for prevention and for strengthening the PHC and social systems was vital. He cautioned that it was not realistic to provide everything to everyone everywhere: interventions had to be prioritized. Cost-effectiveness and cost-efficiency data should guide those decisions and they should be taken in concert with civil society and affected communities. Integrating HIV into the PHC system (he emphasized “PHC”, not just “primary care”) would be crucial.
279. Izukanji Sikazwe, Chief Executive Officer for the Centre for Infectious Disease Research, Africa HIV Control Working Group, Zambia, said the HIV epidemic was still evolving in Africa, which had the largest youth population in the world, the fastest growing population overall, and more than 20 million people living with HIV. After briefly discussing the heterogeneity of the epidemic, she said men with undiagnosed or unsuppressed HIV were major drivers of the epidemic, along with members of key populations and people in conflict settings, while oppressive laws, stigma, discrimination and violence were major obstacles to progress. African leaders should approach the HIV agenda as a national security matter, she said and called for the creation of an African health and wellness fund driven by investments from Africans, not by donations. Also needed were advances in medicines and diagnostic security and African-led research. The legacies of the continent’s current leaders would be shaped by how they respond to these challenges, Ms Sikazwe said.
280. Edwin Bernard, Executive Director of the HIV Justice Network, emphasized the centrality of “communities of allies”, including key populations, who understand that human rights and health are inseparable. The world was far from reaching the 10–10–10 targets, he noted, and human rights barriers persisted, including criminalization, gender inequalities, discrimination, shrinking civic space and the stifling of community leadership. Organizations continued to work on these issues, including the Robert Carr Fund, Mr Bernard said. But dismantling barriers that had been built over decades took time and money and needed community leadership. Yet relatively simple steps were available, such as decriminalization, which could produce cost-savings that could be used to fund human rights programmes. Following the science saved money and lives and would help make the HIV response sustainable, he said.
281. In discussion from the floor, speakers stressed the need to continue breaking down barriers, building and supporting strong community leadership, and advancing gender equality. They urged Member States to strengthen their legal and other frameworks to protect women and girls, as well as expand access to comprehensive SRH and HIV prevention treatment and care services for all. They also called for strengthening the integration of HIV, human rights and gender equality across sectors and for global

mechanisms to facilitate funding for community-led organizations, especially women- and youth-led organizations. Speakers appealed to donors, leaders and planners to resist complacency and increase their technical and financial contributions HIV responses. In reply, Ms Sikazwe said that HIV responses had to be country-owned and governments had to recognize that progress on societal enablers was crucial. Mr Bernard stressed the importance of human rights and urged countries to support community organizations and to move forward with decriminalization.

Round table 2: Sustainability challenges and opportunities

The session discussed lessons and experiences pertaining to some of the key challenges and opportunities for sustaining the impact of the HIV response to 2030 and beyond.

282. Glenda Gray, President of the South African Medical Research Council, said that drastic reductions in new HIV infections required greater availability of and demand for HIV testing and more regular testing in settings with high HIV incidence, along with rapid triage into care and wide promotion of U=U (undetectable = untransmissible). In sub-Saharan Africa, stronger demand creation was also needed for voluntary male medical circumcision. Also underlined was the need to address cost issues affecting access to oral and injectable PrEP. AIDS-related deaths could be reduced further through the use of long-acting ARVs (especially for breastfeeding women) and ensuring that children with HIV are in care and can access suitable ARVs. More men with HIV also had to be diagnosed and brought into care, and community viral load monitoring had to be accessible so more people can have suppressed viral loads. Calling for further research on the elimination of paediatric HIV, Ms Gray said it was crucial to know which interventions make the most difference and to understand the potential roles of long-acting ARVs and broadly neutralizing antibodies in the sphere of treatment and therapeutics. The latter promised to become an important tool and required ongoing research. While noting the potential impact of long-acting PrEP, she cautioned that a scale-up held major cost implications. The need to continue research into an HIV vaccine, was stressed. Resources needed for that work should be localized and African scientists should be able to play stronger roles, Ms Gray urged. Pharmaceutical manufacturing and related capacity issues on the African continent had to be resolved, she said.
283. Mariângela Simão, Director-President of the Instituto Todos pela Saúde (ITpS), Brazil, said the HIV response had been driven by engaged civil society, researchers, public health professionals and communities. The current context, though, brought new challenges, including competing health priorities (such as the increasing burden of noncommunicable diseases in developing countries), fiscal difficulties and spreading conservatism in many countries. In addition, there was the ongoing challenge to ensure equitable access to existing and new technologies. Partnerships between research institutions, pharmaceutical companies and governments could speed up technological transfers and increase manufacturing capacities. Diversifying production, though important, was not enough, however. Long-term access and affordability were needed and this could be advanced through changes to the intellectual property (IP) rights regime and by removing barriers that prevent countries from using existing policy options such as the TRIPS flexibilities, she said. She also called for stronger commitments to human rights and social justice, and for devising mechanisms to translate policies into concrete actions.
284. Adeeba Kamarulzaman, President & Vice-Chancellor of Monash University Malaysia, Malaysia, said it was important to show how investing in the HIV response could bring wider social and economic gains. Financing health was not a cost but an investment in

the future. Civil society organizations were fundamentally important, but they needed enabling environments, financial and technical support, and civic space, along with suitable legal and policy and financing frameworks. It was impossible to end AIDS while retaining laws that criminalize key populations, Ms Kamarulzaman said.

285. Cindy Kelemi, Executive Director, Botswana Network on HIV and the Law, Botswana, said even though her country had developed a transition plan and had achieved the 95–95–95 targets, the HIV response, especially the community response, was still heavily reliant on external funding and on a dubious expectation that the Government could step in to bridge gaps in donor funding. Many human rights projects may not survive the departure of donors, she warned. Citing a drop in funding for civil society due to competing demands for funding, she appealed for ring-fenced support for community organizations. The transition to sustainability should not disempower communities and civil society, she said. Regarding health system integration, she said supply chain management, for example, was strong for HIV but not for the rest of the health system. Integrating HIV into an ailing system carried a risk of eroding the gains made against AIDS, she warned.
286. Ganna Dovbakh, Executive Director, Eurasian Harm Reduction Association, Ukraine, said her region was not halting the growth of the HIV epidemic because it was failing to reach the 10–10–10 targets. Key populations were treated as criminals, did not get the information they needed, and struggled to access services. More countries were restricting civic space and attacks on key populations were increasing. The armed conflict in Ukraine had also disrupted access to essential medicines and social services and increased gender-based violence, especially in the occupied territories. Refugee-receiving countries were also affected, she said. More pragmatic approaches to address the interrelated HIV challenges of human rights, mental health needs, HIV service access and criminalization were needed, she noted. Community-led HIV responses were key, yet community organizations and other NGOs were being targeted and labelled as “foreign agents”.
287. Speakers highlighted the need for funding and other support for community and other civil society organizations and for their meaningful engagement in the HIV response. They said policy reforms were needed to advance the integration of HIV services and other services in the context of stigma and discrimination and criminalization of key populations. Some speakers urged that decriminalization be made a priority and said that ending the war on drugs could help achieve a sustainable HIV response.

Round table 3: A vision for a sustainable HIV response

288. The session discussed various visions of sustainability, including initiatives taken by governments, multilateral institutions, civil society organizations and others, and the strategies they have adopted.
289. Ambassador John Nkengasong, Ambassador-at-Large, US Global AIDS Coordinator, and Senior Bureau Official for Global Health Security and Diplomacy at the United States President’s Emergency Fund for AIDS Relief (PEPFAR), said the end of AIDS was feasible and UNAIDS had to remain the entity guiding and supporting efforts to reach that goal. He cautioned that the gains made against AIDS were fragile and that maintaining millions of people on HIV treatment for life was a growing challenge. About 20–50% people in some settings were presenting for treatment after having stopped or interrupted treatment earlier. In addition, many millions of people with HIV had not been diagnosed yet; reaching them demanded granular data to focus interventions. The challenge was not to cast a wide net, but to cast it effectively, he said. Progress was required on three fronts, he said. Political visibility was crucial: HIV had to be kept a priority. Programmes had to focus on the right actions and use resources effectively

and efficiently. And a fully financed HIV response and Joint Programme were vital.

290. Peter Sands, Executive Director of the Global Fund, said the HIV response would be truly sustainable when the pandemic was under control. Ultimately, domestic resources would have to finance the response, but in current circumstances sustainability still required continued support from PEPFAR, the Global Fund and UNAIDS, since many countries could not yet rely on domestic resources alone. Programmatic effectiveness was vital, as was rapid and cost-effective access to new technologies and ensuring that programmes were people-centred and differentiated to the needs of different communities. Not all countries were good at this, he said. If policy issues around LGBTQI+ rights and gender equality were not addressed, the HIV response could not be sustainable. He warned that staying on the current track was not an option with a pandemic like AIDS, which quickly adapts and overtakes country responses.
291. Ruth Laibon-Masha, Chief Executive Officer of the National Syndemic Diseases Control Council and chair of the HIV Multi-Sectoral Leadership Forum of National AIDS Commission Directors, Kenya, said different social, economic and political determinants were driving the AIDS epidemic and it was constantly evolving. She pointed to the demographic transitions, including ageing populations with HIV, and continued stigma and discrimination as major concerns. While noting that the efficiencies being achieved could be plowed back into systems, she cautioned that cofinancing systems also brought challenges. The education, public service and social protection sectors were vital for country readiness, as were conducive political systems, she said.
292. Keren Dunaway, Global Programmes Officer, International Community of Women Living with HIV, Honduras, said the resilience, knowledge and trust of community-led organizations were great assets. HIV responses were most effective when communities were in the lead, but they could not play those roles while under-resourced and destabilized by the uncertainties of sustainability. Partnerships between governments, the private sector and communities could be a source of sustainability if people's lives were the top priority, she said.
293. Speakers thanked the panelists for their presentations. They agreed that sustainability ultimately demanded strong political will in countries, an active and engaged civil society, and sufficient funding. Sustainability efforts had to be based on robust scientific evidence, they said, and had to push for the elimination of HIV-related stigma and discrimination and the removal of structural and legal barriers. The guiding principle should be the engagement of communities of people living with HIV as partners, not merely as beneficiaries. All people should have equitable access to HIV prevention, treatment and care services—which required removing social, legal and structural barriers, and promoting human rights and gender equality. A holistic approach to health care was crucial, they said. Speakers said strengthened PHC and greater synergies with SRH, TB and gender-based violence programmes could boost HIV programmes and help create more robust and resilient health systems.
294. A fit-for-purpose Joint Programme had a key role guiding and supporting countries along this complex journey, they said, but countries themselves were best placed to understand the issues they faced and how to best to use the funds and support they received. They pointed to the urgent need for increased predictable and sustained funding and emphasized the importance of long-term core funding for women-, youth- and key population-led responses. Also highlighted was the tension between dealing with limited financing and assuring quality services: resource allocation choices would have to be made and they would affect the quality and availability of services. It was also important to recognize the risks which integration may pose for service quality and

key populations, speakers said.

295. In reply, panelists reiterated the importance of keeping communities at the centre of the HIV response and sustainability efforts. They highlighted the needs of young people, key populations and women, and said advocacy for policies that protect, empower and fund communities were vital. A collective effort involving all stakeholders was needed. They agreed that pathways to sustainability had to be defined for each country and had to embody joint accountability and responsibility. This involved bringing politicians and policymakers along and keeping communities at the centre of the processes.

Conclusion

296. Christine Stegling, Deputy Executive Director for Policy, Advocacy and Knowledge at UNAIDS, summarized the discussions. She said the ultimate goal was to arrive at a point where no one was acquiring HIV, but the current trajectory would not achieve that. Fiscal space was becoming limited, with low economic growth and low investments in health and other social services posing major barriers. HIV responses would have to devise new solutions to these challenges. Country ownership was crucial, she said. Sustainability roadmaps had to be country-driven, fit country realities and involve both governments and civil society. There was also an opportunity to rethink the multisectoral response for the future and to safeguard and “ring-fence” community systems and human rights support. The most cost-effective ways to reduce new infections, she said, were decriminalization, removing human rights barriers, and reducing stigma and discrimination. Integration was also important, but there was a lack of clarity about standards for integration and how to ensure inclusivity. In addition, not all attempts at integration were working as well as hoped, she noted. It was vital to invest in new solutions, including in research capacity in Africa and elsewhere to find a cure and a vaccine, and to make them affordable to all countries. A continued commitment to radical hope was needed, along with a capacity for radical resilience, she said.
297. The Chair briefed the meeting on progress made in reaching consensus on the outstanding decision points and said many hours of discussion had led to amendments which had facilitated consensus. He thanked delegates for showing flexibility.
298. The decision points were adopted.

11. Any other business

299. There was no other business.

12. Closing of the meeting

300. Presenting her closing remarks, UNAIDS Executive Director, Winnie Byanyima, said she was pleased that the meeting had been able to reach consensus on the agenda items. This spoke to a common commitment to follow the evidence and remain focused on shared goals, she said. The Joint Programme had always been innovative and disruptive in transforming global health, the results of which were evident across the world.
301. She thanked the panelists and other participants, along with the team who had arranged the thematic session. She also thanked the PCB for its strong support for the proposed high-level panel, which would link with other important agenda-setting initiatives, such as the 2030 target-setting process and the development of the next

Global AIDS strategy. She assured the PCB that the panel would draw on various reviews and assessments, including the mid-term review. A radical hope for the future was needed, she said: many millions of lives depended on continued resolve and solidarity. The path that would end AIDS was not a mystery, but a choice. A world that upheld human rights would also be better prepared for future pandemics.

302. Ms Byanyima said the performance reporting showed the breadth and focus of the Joint Programme' activities at global, regional and country levels and demonstrated the impact of its partnerships with countries and communities. UNAIDS was delivering great value for money and it could do even more with more resources. She thanked Board members for their appreciation of the Joint Programme's work and achievements and thanked the PCB for retaining the budget at US\$ 320 million for 2024–2025.
303. Referring to the reports from the Human Resources Department and the Staff Association, she thanked PCB members for recognizing the dedication and commitment of staff and for showing understanding of the pressures they faced due to funding uncertainty. She assured the meeting that the culture transformation agenda had been fully integrated into the Secretariat's operations and that work would continue against racism in UNAIDS ranks and elsewhere.
304. In closing, the Executive Director thanked UNAIDS's long-standing donors and the Member States who had made new commitments, and called on other Member States to follow suit, if possible. After thanking the Chair, the PCB Bureau, NGO delegations and observers, she said she looked forward to convening in Nairobi in December at the next PCB meeting.
305. The Chair thanked the UNAIDS staff, the governance team and interpreters. He said remarkable achievements had been made but a lot remained to be done—by governments, the private sector, civil society, academia and others. He described his early interactions with HIV in the 1980s, when fear and stigmatization was rife. His father had headed a hospital in Mombasa and was involved in crafting the country's HIV response, work that led to his repeated detention and arrest. That background made his role as Chair especially fitting, he said, and he looked forward to welcoming the next PCB meeting in Nairobi.
306. The 54th meeting of the Board was adjourned.

[Annexes follow]

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (54)/24.1.rev1

Issue date: 22 May 2024

FIFTY-FOURTH MEETING

DATE: 25–27 June 2024

TIME: 09:00–18:00 (CET)

VENUE: Geneva, Switzerland

Annotated agenda

TUESDAY, 25 JUNE

1. Opening

1.1 Opening of the meeting and adoption of the agenda

The Chair will provide the opening remarks to the 54th PCB meeting and will present to the Board the draft agenda for adoption.

Document: UNAIDS/PCB (54)/24.1; UNAIDS/PCB (54)/24.2

1.2 Consideration of the report of the 53rd PCB meeting

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

Document: UNAIDS/PCB (53)/23.37

1.3 Report of the Executive Director

The Executive Director will present her report to the Board.

Document: UNAIDS/PCB (54)/24.3

1.4 Report of the Chair of the Committee of Cosponsoring Organizations

The Chair of the Committee of Cosponsoring Organizations will present the report of the Committee.

Document: UNAIDS/PCB (54)/24.4

1.5 Report by the NGO representative (postponed)

The report of the NGO representative will highlight civil society perspectives on the global response to AIDS.

2. Leadership in the AIDS response

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

3. Follow-up to the thematic segment from the 53rd PCB meeting

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

Document: UNAIDS/PCB (54)/24.5

WEDNESDAY, 26 JUNE

4. Unified Budget, Results and Accountability Framework (UBRAF) 2022–2026**4.1 Performance monitoring reporting**

The Board will receive a report on the implementation of the UNAIDS Unified Budget, Results and Accountability Framework 2022–2026

Documents: UNAIDS/PCB (54)/24.6; UNAIDS/PCB (54)/24.7; UNAIDS/PCB (54)/24.8; UNAIDS/PCB (54)/24.9; UNAIDS/PCB(54)/CRP1; UNAIDS/PCB(54)/CRP2

4.2 Financial reporting

The Board will receive a financial report and audited financial statements for 2023 which includes the report of the external auditors for 2023 as well as an interim financial management update for 2024.

Documents: UNAIDS/PCB (54)/24.10; UNAIDS/PCB (54)/24.11; UNAIDS/PCB(54)CRP3

5. Update on strategic human resources management issues

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

Documents: UNAIDS/PCB (54)/24.12; UNAIDS/PCB (54)/CRP4; UNAIDS/PCB (54)/CRP5; UNAIDS/PCB (54)/CRP6;

6. Statement by the representative of the UNAIDS Secretariat Staff Association

The Board will receive a statement delivered by the Chair of the UNAIDS Secretariat Staff Association.

Document: UNAIDS/PCB (54)/24.13

7. Organizational Oversight Reports and Management response

The Board will receive reports from following independent functions:

7.1 Internal Auditor's Report

The Board will receive the internal auditor's report for the year 2023.

Document: UNAIDS/PCB (54)/24.14

7.2 External Auditor's Report

The Board will receive the external auditor's report for the year 2023.

Document: UNAIDS/PCB (54)/24.15

7.3 Ethics Report

The Board will receive the annual report of the Ethics Office.

Document: UNAIDS/PCB (54)/24.16

7.4 Report of the UNAIDS Independent External Oversight Advisory Committee (IEOAC)

The Board will receive the annual report of the IEOAC.

Document: UNAIDS/PCB (54)/24.17

7.5 Management response to the Organizational Oversight Reports

The Board will receive the management response to the independent Organizational Oversight Reports.

Document: UNAIDS/PCB (54)/24.18

8. Report on the selection process for new members of the Independent External Oversight Advisory Committee (IEOAC)

The Board is invited to approve the composition of the UNAIDS IEOAC for 2025–2026 as submitted by the PCB Bureau.

Document: UNAIDS/PCB (54)24.19

9. 55th meeting of the Programme Coordinating Board

The Board will receive a report from the PCB Bureau on the proposal to host the 55th PCB meeting in Kenya.

Document: UNAIDS/PCB (54)24.20

THURSDAY, 27 JUNE

10. Thematic segment: *Sustaining the gains of the global HIV response to 2030 and beyond*

Documents: UNAIDS/PCB (54)/24.21; UNAIDS/PCB (54)/24.22;
UNAIDS/PCB(54)/CRP7

11. Any other business

12. Closing of the meeting

[End of document]

27 June 2024

**54th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland**

25–27 June 2024

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;

Intersessional decisions:

Recalling that, it has decided through the intersessional procedure (see decisions in UNAIDS/PCB(54)/24.2:

- Agrees that, health situation permitting, the 2024 PCB meetings will be held in-person with optional online participation in accordance with the modalities and rules of procedure set out in the paper, Modalities and Procedures for the 2024 PCB meetings;

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 53rd PCB meeting

2. *Adopts* the report of the 53rd meeting of the 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 of the Chair of the Committee of Cosponsoring Organizations

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

Agenda item 3: Follow-up to the thematic segment from the 53rd PCB meeting

- 5.1 *Takes note* of the background note (UNAIDS/PCB (53)/23.35) and the summary report (UNAIDS/PCB (54)/24.5) of the Programme Coordinating Board thematic segment on “Testing and HIV”;
- 5.2 *Requests* Member States, in collaboration with community-led HIV organizations and other relevant HIV-related organizations, with the support of the Joint Programme, to fast-track targeted and measurable actions towards the 2025 targets to:
 - a. Accelerate the implementation of evidence-based programmes and people-centred differentiated approaches that include facility-based, community-based, and self-testing in line with national testing algorithms and WHO guidance, focusing on key¹ and other priority populations, taking into consideration the national context;
 - b. Ensure quality of facility-based, community-based and self-testing to prevent misdiagnoses;
 - c. Strengthen prevention and treatment of HIV, including through implementation of community-led service provision, as appropriate, through the participation and meaningful engagement of community and other civil society organizations in HIV testing services and in increasing demand for testing, and by using community-generated data as a complement to data that are sourced from national monitoring and evaluation systems to inform decision-making around service quality improvement in line with national testing programmes;
 - d. Update relevant policies to enable and support trained lay-providers, especially people living with HIV and members of key and other priority populations, to perform HIV rapid diagnostic testing and facilitate linkage to HIV prevention and treatment services;
 - e. Implement HIV testing programmes as part of a holistic and integrated package of prevention, treatment and care services for HIV and other health services, including for sexual and reproductive health and reproductive rights, within the framework of primary health care, and encourage HIV testing as a means of reducing stigma and discrimination, promoting treatment and ART adherence and empowering persons living with HIV, including by promoting U=U messaging, as appropriate, taking into account WHO guidance, while continuing scientific research on the role of viral suppression on HIV transmission;
 - f. Consider reviewing legal and administrative provisions on the age-of-consent for HIV testing to ensure that they respond to the needs of children and adolescents in different national contexts in line with international human rights treaties;

¹ As defined in the Global AIDS Strategy 2021–2026: Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, gay men and other men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

- g. Increase efforts to reduce HIV-related stigma and discrimination experienced by people living with and affected by HIV, including those from key populations, promote service approaches that are led and monitored by key and other priority populations to increase equitable access to HIV testing and appropriate linkage to integrated and comprehensive HIV and related services, and implement gender responsive, gender sensitive differentiated approaches in HIV service delivery;
- h. Close the HIV testing gap, including by addressing gaps in funding, research and quality data and increasing efforts for the development of new and effective HIV testing tools, as well as promote equitable, timely, and unhindered access to safe, quality, and affordable HIV diagnostic tests;
- i. Promote increased access to affordable, safe, effective and quality diagnostics, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of International Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 WTO Doha Declaration on the TRIPS Agreement and Public Health which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to essential health tools for all, and notes the need for appropriate incentives in the development of new health products;
- j. Consider increasing domestic resource allocations to HIV testing services—including diagnostic, CD4 cell count and viral load testing—as part of essential health services to be included in the national health benefits packages, and enhance programme design and health system functions, including procurement and supply chain management, for uninterrupted supply of testing commodities as needed to achieve greater efficiency;

Agenda item 4: Unified Budget, Results and Accountability Framework (UBRAF) 2022–2026

Agenda item 4.1: Performance monitoring reporting

- 6.1 *Takes note*, with appreciation, of the 2022–2023 Performance Monitoring Report, including its scope and depth;
- 6.2 *Encourages* all constituencies to use UNAIDS's annual performance monitoring reports to meet their reporting needs;

Agenda item 4.2: Financial reporting

- 6.3 *Accepts* the financial report and audited financial statements for the year ended 31 December 2023;
- 6.4 *Takes note* of the interim financial management update for the 2024–2025 biennium for the period 1 January 2024 to 31 March 2024, including the replenishment of the Building Renovation Fund;
- 6.5 *Encourages* donor governments to release their contributions towards the 2022–2026 Unified Budget, Results and Accountability Framework as soon as possible and to make multiyear contributions;

- 6.6 *Recalling* decision point 7.7 from the 36th meeting of the Programme Coordinating Board in June 2015 that approved a minimum level for the Unified Budget, Results and Accountability Framework net fund balance equivalent to 22% of UNAIDS biennial budget, corresponding to US\$ 70 million for the 2024–2025 revised operating biennial budget of US\$ 320 million;
- 6.7 *Takes note* of the plan to cover the funding gap of US\$ 45–50 million for the 2024–2025 biennium and maintain an annual core budget of US\$ 160 million:
- a. By using the available fund balance, respecting the minimum level of US\$ 70 million;
 - b. By returning to the core fund balance the US\$ 25.1 million set aside for the Staff Benefits Fund in 2012, following decision point 7.4 from the 30th meeting of the Programme Coordinating Board to fully fund the organizational staff-related liabilities from the fund balance;
 - c. Noting that this would leave UNAIDS's accrued ASHI funding at US\$ 129.5 million compared to the 2023 actuarial requirement of US\$ 104.7 million;

Agenda item 5: Update on strategic human resources management issues

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

Agenda item 6: Statement by the representative of the UNAIDS Secretariat Staff Association

- 8.1 *Takes note* of the statement by the representative of the UNAIDS Secretariat Staff Association;

Agenda item 7: Organizational oversight reports and Management response

- 9.1 *Takes note* of the Internal Auditor's report for the financial year ended 31 December 2023;
- 9.2 *Accepts* the External Auditor's Report for the financial year ended 31 December 2023;
- 9.3 *Takes note* of the report of the Ethics Office;
- 9.4 *Welcomes* the report of the UNAIDS Independent External Oversight Advisory Committee and *looks forward* to the next report in 2025;
- 9.5 *Takes note* of the Management response to the Organizational oversight reports;

Agenda item 8: Report on the selection process for new members of the UNAIDS Independent External Oversight Advisory Committee

- 10.1 *Recalling* decision point 11.2 from the 53rd meeting of the Programme Coordinating Board in December 2023 approving the renewal of terms of the UNAIDS Independent External Oversight Advisory Committee membership as submitted by the PCB Bureau;
- 10.2 *Takes note* of the report prepared by the PCB Bureau on the selection process for new members of the UNAIDS Independent External Oversight Advisory Committee;
- 10.3 *Approves* the new membership of the UNAIDS Independent External Oversight Advisory Committee for 2025–2026 as submitted by the PCB Bureau;
- 10.4 *Encourages* the Executive Director, in consultation with the PCB Bureau, to continue efforts to improve the selection process for the membership of the UNAIDS Independent External Oversight Advisory Committee, in line with the terms of reference, including by maintaining the use of regular open calls for expressions of interest and considering the lessons learned from previous selection cycles and provide recommendations to the PCB;

Agenda item 9: 55th meeting of the Programme Coordinating Board

- 11.1 *Recalling* the intersessional decisions on modalities and procedures of the 2024 PCB meetings;
- 11.2 *Agrees* that the 55th meeting of the Programme Coordinating Board (10–12 December 2024) shall be held in Nairobi, Kenya.

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