Agenda item 1.2

UNAIDS/PCB (44)/19.22

REPORT OF THE 44TH PROGRAMME COORDINATING BOARD MEETING

10-12 December 2019 | Geneva, Switzerland
UNAIDS Programme Coordinating Board
Issue date: 31 October 2019

Additional documents for this item: *none*

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

adopt the report of the 44th Programme Coordinating Board meeting.

Cost implications for decisions: *none*

1. OPENING

1.1 Opening of the meeting and adoption of the agenda

1. The UNAIDS Programme Coordinating Board (the Board or PCB) convened for its 44th meeting on 25 June 2019 at the Starling Hotel in Geneva.

2. The Chair of the Programme Coordinating Board, Xia Gang, Deputy-Director General, Bureau for Disease Control and Prevention, National Health Commission, China, welcomed participants and called on the meeting to show unity, to respect the consensus decisions taken previously, and to guide and support the Joint Programme's work.

3. Following a moment of silence in memory of all people who have died of AIDS, the Board adopted the draft annotated agenda.

4. The Chair briefed the meeting on logistical arrangements.

1.2 Consideration of the report of the 43rd PCB meeting

5. The Board adopted the report of the 43rd meeting of the Board.

1.3 Consideration of the report of the Special Session of the PCB

6. Members said the Special Session, held in March 2019, had been an important unifying step for UNAIDS. Some speakers expressed their commitment to continue to discuss the issues highlighted at the Special Session, including the ability of the PCB to convey recommendations to the United Nations (UN) Secretary-General and whether human resource management lay beyond the remit of the PCB.

7. The Board adopted the report of the Special Session of the PCB.

1.4 Report of the Executive Director

8. Gunilla Carlsson, a.i. Executive Director of UNAIDS, paid tribute to the passion and work of Michel Sidibé, the previous Executive Director of UNAIDS, and congratulated him on his appointment as Minister of Health and Social Affairs in Mali.

9. She noted that the UN Secretary-General's report on the AIDS response had emphasized the need to accelerate actions to meet the Fast-Track targets. Some countries and regions were making remarkable progress by using the sophisticated knowledge that exists about HIV and actions that can halt the epidemic.

10. Member States had made strong commitments on several key issues, she said, and regional institutions like the Southern African Development Community (SADC) were vital to support country-led actions. She referred to the SADC Road Map for Sustained Health, HIV and AIDS Response which had been developed to increase the accountability of Member States. Political leadership was also vital to establish sustainable solutions, to link the AIDS response to universal health coverage (UHC) and to ensure commitments are met.

11. Calling for continued efforts to eliminate HIV-related stigma and discrimination, Ms Carlsson said UNAIDS welcomed the recent decision of the Botswana High Court to decriminalize same-sex relations. She told the PCB that the HIV epidemic highlights fault-lines in societies by taking hold where inequality, power imbalances, and injustices occur. It was important for judiciaries to be active in protecting human rights and for community-led projects to take the lead in creating enabling environments for HIV prevention, treatment and support. Affected communities had to be meaningfully

included in the design, implementation and monitoring of health and social programmes, she urged.

12. Referring to recent country visits she had undertaken, she said communities were often making a crucial difference and needed greater support to play their roles to their full extent and capacity.

13. Ms Carlsson called for increases in donor and domestic resources, together with greater efficiencies and well-supported, community-led responses. She applauded the continued support for the AIDS response, via the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

14. Unfortunately, many countries were missing the 2020 Fast-Track targets, she told the PCB, with progress uneven in and across countries and regions. The scale of unmet need—for both prevention and treatment—was substantial, and there was a real risk of losing the momentum for change, she told the PCB.

15. Adequate and predictable investments in the AIDS response were needed. It was especially important to invest in adolescent girls and young women so they can make their own life choices, fulfil their potential and be free from gender-based violence.

16. Behaviours can be changed, she insisted. This requires urgent frontloading of investments, a focus on locations and populations that are most affected, and the efficient use of resources. Greater global solidarity and shared responsibility was needed.

17. Ms Carlsson assured the PCB that UNAIDS would continue to strengthen its long-term partnership with the Global Fund to maximize the impact of investments, contribute to strong and inclusive governance mechanisms at country level and accelerate people-centred responses.

18. Those core elements were reflected in a new Memorandum of Understanding with the Global Fund. The pending sixth replenishment of the Global Fund would be crucial to secure additional donor commitments for 2020 to 2022 and to spur additional domestic funding of AIDS responses.

19. She told the meeting that UNAIDS strongly endorsed the Global Fund call for a commitment of US$ 14 billion in the forthcoming replenishment in October 2019, an investment that would help save 16 million lives.

20. Member States were urged to restore full funding for the Unified Budget, Results and Accountability Framework (UBRAF). By mid-2019, UNAIDS had received only US$ 33 million, about one-third the amount usually received at that point in the previous five years. This created cash-flow management challenges and threatened the Joint Programme's operations, Ms Carlsson told the PCB.

21. She thanked the governments with whom UNAIDS had multiyear agreements, and those with whom it was starting or renewing such multiyear, voluntary core contributions. A large percentage of UNAIDS' core funding came from only five countries, and the Secretariat was working hard to broaden the donor base, she added. Ms Carlsson assured the meeting that UNAIDS was committed to position its work and the AIDS response generally within the broader health agenda. The reform of the UN system was shifting UN operations in countries and regions to a more demand-driven approach. Agencies would have to become more agile and able to show accountability for results through a system-wide accountability framework.

22. UNAIDS was already acting in that spirit, she said. The Secretariat had developed the Management Action Plan for a healthy and enabling workplace and was already

introducing the required changes. It had put on hold human resource decisions concerning senior management positions to create maximum space for the next Executive Director to make the required changes. But it was not delaying decisions essential for its functioning and continuity. The ambition was to have continuity and change at the same time—a stable organization but not a stagnant one, she said.

23. Thanking members for their commitment, Ms Carlsson said she was nonetheless worried that the required urgency to end the epidemic was not evident everywhere. She reminded the meeting that, during course of the 44th PCB meeting, more than 14 000 people would acquire HIV and 6500 people would die of HIV-related causes.

24. Members thanked Ms Carlsson for her comprehensive report, thanked UNAIDS staff for their commitment and hard work, and noted that the AIDS epidemic was far from over. Ending the epidemic was vital for the Sustainable Development Agenda and for advancing human rights, they said.

25. Members paid tribute to Michel Sidibé, the previous Executive Director, and highlighted the people-centred approach he had championed. They called on UNAIDS to lead the way in addressing harassment, including sexual harassment and abuse of power.

26. They also commended the Secretariat for the positive steps taken to achieve a healthy workplace and to ensure it would function more effectively, including the development of the Management Action Plan and evaluation policy, and the swift nomination process for the next Executive Director.

27. Communities, especially key populations, continued to be left behind in many countries, speakers told the PCB. They urged UNAIDS to keep prioritizing and investing in human rights- and community-based responses, to push for the removal of legal barriers, and to prioritize tailored interventions.

28. Members said strong health systems and an empowered civil society were vital for success, and they emphasized the principle of solidarity. Each country needed an HIV strategy that confronted its specific challenges and that was truly inclusive.

29. Noting that more than 60 countries had restricted the operation of civil society organizations in recent years, members emphasized that civic space had to be protected. They expressed concern about a retreat from rights-based approaches in several countries. Organizations fighting injustices and discrimination had to be supported and strengthened, they insisted.

30. Members raised concerns that structural barriers were not being tackled sufficiently. While some countries were reforming obstructive laws, others were upholding or introducing punitive laws. Members said they supported the development of targets for social enabling indicators.

31. A lack of financing was a major risk, speakers warned. They urged partners to make the next Global Fund replenishment exercise, to be held in Lyon, France, on 10 October 2019, a success.

32. They called for greater complementarity with the Global Fund, the effective linking of HIV and sexual and reproductive health and rights, and the integration of HIV delivery and financing within Universal Health Coverage (UHC), all with strong community involvement. Some speakers noted that, although integration was important, negative spillover and duplication had to be avoided.

33. Timely, disaggregated and granular data were essential to inform effective actions, along with performance monitoring and a greater focus on outcome and impact data.

34. Members noted the slow decline in new HIV infections globally and the troubling rise in new HIV infections in several dozen countries. Women and girls continued to be at high risk of HIV infection. Some members pointed out that a "test and treat" approach was not sufficient: combination prevention programmes had to be scaled up and access to sexual health and reproductive services had to be guaranteed.

35. Some members updated the meeting on recent developments in their national AIDS responses, including the expansion of HIV treatment, legal reforms and the impact of sanctions on their HIV programmes.

36. Cosponsors commended the strong spirit of collaboration in the Joint Programme and paid tribute to the work of the outgoing Director of the World Health Organization's (WHO) HIV Department, Gottfried Hirnschall.

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

37. Natalia Kanem, Executive Director of the UN Population Fund (UNFPA), presented the report of the Chair of the Committee of Cosponsoring Organizations (CCO). She summarized the progress made but stressed that it was unacceptable that 940 000 preventable deaths were still occurring annually due to HIV. Sufficient knowledge of HIV status and access to treatment were still lacking in many countries and many of them retained laws criminalizing key populations. HIV was still a leading cause of death among women of reproductive age, she told the meeting.

38. Highlighting Cosponsor actions, she emphasized the importance of comprehensive sexuality education for adolescents and young people. Actions included the UN Educational, Scientific and Cultural Organization's (UNESCO) launch of the Our Rights, Our Lives, Our Future programme, which aimed to reach 20 million learners and support more than 400 000 teachers to deliver comprehensive sexuality education.

39. The World Food Programme provided millions of kids with school meals in Africa with a focus on the most vulnerable children, while the World Bank financed prevention interventions and integrated them into sex education programmes, she told the meeting.

40. The UN Children's Fund (UNICEF) supported programmes for adolescents, including adolescent clubs, gender-responsive integrated health services, integrated social protection and more. UNDP actions included promoting sexual minorities' rights in 53 countries, while WHO supported the rollout of new HIV testing approaches as well as essential prevention tools alongside pre-exposure prophylaxis (PrEP) and voluntary medical male circumcision.

41. The International Labour Organization (ILO) linked its support for workplace programmes with the promotion of the rights of sexual minorities, while the UN Office on Drugs and Crime (UNODC) was rolling out practical guidance for collaborative interventions for people who inject drugs and working to improve access to tuberculosis (TB) and HIV services in prisons. The UN Refugee Agency (UNHCR) and UNFPA addressed the health and human rights needs of sex workers in several countries, while UN Women promoted young women’s access to economic knowledge and opportunities.

42. Dr Kanem said the examples cited showed the value and impact of the Joint Programme and its importance as a basis for wide-ranging partnerships with civil society and community groups. She acknowledged the contribution of the previous UNAIDS Executive Director, Michel Sidibé.

43. She emphasized that sexual and reproductive health and rights had to be fundamental components of Universal Health Coverage (UHC). UHC offered considerable opportunities for HIV prevention and treatment, she said, but noted that vertical and integrated HIV programmes were not mutually exclusive. UNAIDS had to adapt to the new realities while maximizing the value of the Joint Programme, which was widely recognized as a good practice within the UN system.

44. Dr Kanem also noted remarkable gains in SRHR since the International Conference on Population and Development (ICPD) in Cairo in 1994. There was however still much to do to fully implement the ICPD Programme of Action; the Nairobi Summit on ICPD25, from 12 to 14 November 2019, would bring together thousands of stakeholders from across the globe with a common purpose and an expressed commitment.

45. Members thanked the CCO for the report and said the Joint Programme remained a best practice for supporting country HIV responses. Members reiterated the necessity of maintaining Cosponsor capacity, continued collaboration and a strong Joint Programme to reach the goal of ending the AIDS epidemic by 2030.

46. Highlighting the challenges of HIV-related stigma and discrimination, and the negative impacts of criminalizing laws and policies, they encouraged Cosponsors to work together to reduce stigma and discrimination. Key populations also needed greater access to wider ranges of effective and suitable prevention options, they said.

47. Speakers also emphasized sexual health and reproductive rights, especially for women and young people. Realizing those rights would also contribute to reducing poverty, improving equality and advancing UHC. HIV and sexual and reproductive health services had to be linked and primary HIV prevention had to be scaled up, they said.

48. Gender equality was vital for the HIV response and for sustainable economic and social development. Speakers said they hoped the Nairobi Summit would boost commitments to address unfinished business, especially regarding sexual health and reproductive rights. HIV, gender equality and sexual and reproductive health rights had to feature centrally in the UHC agenda, they said.

49. Members stressed the need for a people-centred approach and for tailoring interventions where the need was greatest. They said adolescent girls and young women should be at the centre of the HIV response and they urged that sufficient funding be made available to community-based organizations.

50. Some members described recent achievements in their national responses, including South Africa, where 80% of the HIV programme was being funded with domestic resources.

51. In reply, the Chair of the CCO thanked the meeting for the comments and noted the strong support for sexual and reproductive health and rights. Referring to the recently published results from the ECHO trial in South Africa, Dr Kanem said the high HIV incidence found in that study reiterated the need for a wide range of prevention choices and for linking HIV and sexual and reproductive health rights interventions. She added that the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination was an opportunity to focus partnerships and actions around a single, clear goal.

1.6 Report of the NGO representative (Postponed)

2. Leadership in the AIDS response (postponed to future a PCB meeting)

3. Report of the Working Group of the Programme Coordinating Board (PCB) to strengthen the PCB's monitoring and evaluation role on zero tolerance against harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat.

52. The Board received the recommendations of the PCB Working Group on strengthening the PCB's monitoring and evaluation role on zero tolerance against harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat.

53. Ms Laurie Newell, Chair of the PCB Working Group, thanked the Group members for their commitment and the UNAIDS governance team for its support. She said the Working Group's broad scope of work had led to it reviewing a wide range of processes and documents from the UN and elsewhere.

54. Recalling the establishment of the Working Group at the 43rd PCB meeting, Ms Newell said that the Group had held 11 meetings and had conducted a document review that was benchmarked against current practices in the Joint Programme. The Group had worked on a consensus basis.

55. Since the PCB Special Session in March 2019, the Working Group had been in dialogue with functional leads in UNAIDS and the UNAIDS Secretariat Staff Association (USSA). The Group's work therefore had already influenced some of the processes underway at the UNAIDS Secretariat. The Group had met three times to discuss the Management Action Plan (MAP), elements of which had been shaped by the Working Group's work, she said.

56. Ms Newell then outlined the paper which the Working Group had prepared. She said the Group welcomed the discussions between UNAIDS and WHO on a service-level agreement on investigations. It welcomed the human resources report to this PCB, as well as the UNAIDS Management Action Plan (MAP) and the well-developed evaluation policy, which had been developed through transparent, inclusive processes.

57. The Group's recommendations were mainly for the PCB, she said. It invited the Board to take note of its report and of the enhanced update on strategic human resources management issues and requested the UNAIDS Executive Director to ensure that the Secretariat ethics function conforms to the standards recommended by the Joint Inspection Unit. It also asked the Executive Director to ensure annual publication of a list of disciplinary cases and actions taken.

58. The Working Group invited the Board to welcome the MAP, support implementation efforts and to request that the Secretariat annually report on implementation via the human resources management update. It also invited approval of the UNAIDS evaluation policy and requested that an evaluation plan be presented to the 45th PCB meeting, as well as annual reporting of implementation.

59. Ms Newell said the capacity offered by a Working Group-type structure would be useful to maintain, but the Group was not recommending that the structure continue functioning. As stated in the terms of reference, the mandate of the Working Group ended with the presentation of this report. Any future work should be defined by the PCB, through the PCB Bureau.

60. The Group encouraged the Secretariat to conclude a service-level agreement with WHO. It fully supported UNAIDS' intention to publish a UNAIDS Secretariat-specific policy covering sexual harassment if timelines and alignment with WHO proved impractical. It also called on the Secretariat to build the capacity of the UNAIDS Global Advisory Committee and encouraged the Secretariat to advocate with WHO/IOS for sufficient staffing of the investigations function, once target investigation timelines were

established. The Group recommended that WHO conclude all outstanding UNAIDS Secretariat cases as soon as possible.

61. Ms Newell explained the background to recommendations for the Joint Inspection Unit. Regarding the standard of proof to substantiate or refute an allegation, she noted that the Independent Expert Panel report had recommended use of the “balance-of-probabilities” standard of proof, which has a less onerous evidentiary burden than the standard currently used by WHO and the UN.

62. The Working Group recommended that the Joint Inspection Unit study on the investigations function in the UN system review concluded cases from both the ILOAT and UNAT tribunal systems to assess whether using the “balance of probabilities” standard would have an impact on outcomes.

63. It also recommended that the Joint Inspection Unit review its 2011 recommendation to establish a Joint UN Investigation Unit while noting concerns raised by the Chief Executives Board in 2012.

64. The Working Group had discussed several other issues without agreeing on specific recommendations, Ms Newell said. It did not reach consensus on whether messaging should be conveyed to the UN Secretary-General.

65. Most Group members felt it was unusual for the board of a UN organization not to have formal oversight over human resource management issues. However, it did not reach consensus on any specific recommendation.

66. Ms Newell said the Working Group believed that UNAIDS was implementing a credible, sincere process to create a fully enabling workplace, free of harassment, bullying and abuse of power, and that the MAP commitments were in line with good practice. The Group urged the Secretariat to sustain the work and measure progress, and asked that the PCB endorse, monitor and guide that work, particularly the implementation of the MAP.

67. Ms Carlsson thanked the Working Group for its hard work, which had informed and supported the Secretariat's efforts. Thanking UNAIDS staff for its buy-in, she said the MAP had been fully costed and that implementation had begun. Processes had been set up to ensure ongoing staff involvement, while a new delegation of authority framework was also being developed.

68. The Secretariat was working within the broader context of UN management reforms and was engaged in processes focusing on strengthening formal systems, she said. Those reforms were needed as a matter of course to enhance the Secretariat's work.

69. Jason Sigurdson, Senior Advisor, Change Management at UNAIDS, thanked the Working Group for its important contributions and the care and concern it had shown for UNAIDS staff. He then briefed the meeting on the new elements in the MAP, which was aimed at building a positive organizational culture, putting into practice desired behaviours and strengthening related systems at UNAIDS.

70. He said the MAP was a living document and that the latest version included three elements: key expected outcomes; indicative success measures; and costing. Implementing the Plan would cost about US$ 4.1 million annually through the end of 2021, equivalent to approximately 2% of staff costs, Mr Sigurdson said.

71. He described the theory of change underpinning the plan. Staff engagement was key and a learning-by-doing approach would be adopted, with the Staff Association playing a critical role in taking the process forward. There would be a special focus on early action to address any signs of conflict, incivility or exclusion. Layered interventions

would be used. Formal justice systems had to be accessible and had to produce timely and accessible results, he added.

72. Mr Sigurdson highlighted five action areas: staff would be at the centre, with a focus on dignity at work, mental health and wellbeing; senior management accountability and capacity building; systems strengthening and transparency; performance management and career development plus increased investment in staff development and learning; and progress monitoring to track and assess the impact of change. Many of the planned actions were basic good practice, he told the PCB.

73. The Staff Association's annual survey would remain a key tool for monitoring implementation and would be complemented with a professional survey that provides granular data down to country and team levels.

74. Mr Sigurdson then outlined key developments since the Special Session of the PCB in March. Those included sessions on the MAP and dignity at work at regional management meetings; advertising of positions to strengthen human resource management policy and legal capacity; the sharing of UNAIDS internal justice summary reports with staff; conclusion of an assessment centre pilot exercise for UNAIDS Country Director positions; the use of UN common services (OneHR) for job classification reviews and reference checking; and the launch of a short-term development assignments (“stretch assignments”) policy.

75. UNAIDS was committed to keep making progress and was grateful for the support of the Working Group and the PCB, he said in conclusion.

76. In discussion from the floor, members thanked the Working Group for a balanced and comprehensive report, for adhering to its terms of reference, and for the great amount of work done in a short period. They congratulated the Group's chair on the work done but expressed differing options on whether the Working Group should continue functioning.

77. Members welcomed a reassessment of the standards of proof applied in investigative processes and felt that the standard of proof used for cases of alleged harassment, abuse or bullying had to be proportional to the gravity of the alleged action. Several speakers said that a "balance of probability" standard of proof should be sufficient in many cases.

78. There was support for the actions taken by the Secretariat to tackle harassment and appreciation for the close collaboration with the Staff Association.

79. The meeting welcomed the updated MAP, the consultative manner in which it had been developed and the Working Group's confirmation that the Plan addressed most of the recommendations of the Staff Association and the Independent Expert Panel. They commended the fact that it had been costed, would be a "living document" and drew on emerging best practice across the UN system. They felt that the MAP was aligned with related platforms and systems in the UN system.

80. Success depended on effective implementation, however, and that required adequate human and financial resources. Close scrutiny of implementation was needed. Members said they looked forward to annual reports on implementation. The meeting was informed that a new international standard on the elimination of violence and harassment in the world of work had been passed in the previous week by the International Labour Conference, and that its framework could support follow-up on the MAP.

81. Some speakers asked why reservations expressed at previous PCB sessions were not reflected in the Working Group report. There were also concerns about possible

"governance gaps" in the PCB's oversight of the Secretariat. Some speakers said they would have preferred for the PCB to convey a message to the Secretary-General, but noted that the Committee of Cosponsoring Organizations could also do so.

82. Several speakers expressed concern that staff were overburdened due to funding constraints; they called on donors and Member States to invest fully in the Joint Programme.

83. Speakers called for rapid conclusion of investigations into outstanding harassment cases and for annual reporting on investigated cases of harassment, abuse and bullying. They also stated their support for strengthening the ethics function within the Secretariat, which should comply with Joint Inspection Unit standards.

84. A representative of the UN Joint Inspection Unit told the PCB that a review of investigative functions in UN system was ongoing and that the Working Group's report has been forwarded to the team conducting that review.

85. In reply, Ms Newell thanked the meeting for supporting the Working Group report. Regarding the report's references to the Independent Expert Panel report, she said the Group could not have heeded its terms of reference without mentioning the Panel's report. She noted the information provided by the Joint Inspection Unit. Mr Sigurdson thanked the PCB for its support and noted that, while a great deal of work still lay ahead, staff and management were committed to the success of the MAP.

86. Joel Rehnstrom, Director of Evaluation at UNAIDS, presented the UNAIDS evaluation policy. After reminding the meeting that external reviews in the past had noted the lack of an evaluation function at UNAIDS, he described the consultative process through which the policy had been developed and an independent evaluation function established.

87. The key elements of the policy were vision and purpose; decision-making, learning and accountability; United Nations Evaluation Group and the Organisation for Economic Co-operation and Development (OECD)’s Development Assistance Committee’s norms and standards; system-wide evaluation and UN reform; and responsibilities, competencies and quality assurance.

88. He said the Evaluation Office would set the evaluation agenda and was expected to perform evaluations without undue influence. The Office needed adequate resources to conduct its work and had to be positioned independently from management functions.

89. Different models for responsibility and accountability had been considered, Mr Rehnstrom said. The current approach called for the PCB to approve the evaluation policy, plan and budget, consider annual reports and to draw on evaluations for decisions. It would also appoint a representative and balanced (up to) seven-member Expert Advisory Committee to provide guidance on the UNAIDS evaluation function.

90. A Cosponsor Evaluation Group will leverage resources of Cosponsor evaluation offices and promote system-wide and joint evaluations related to HIV.

91. The UNAIDS Evaluation Office will evaluate the work of the UNAIDS Secretariat and HIV-related activities of UNAIDS Cosponsors, Mr Rehnstrom explained. It will be structurally independent with a budget equal to about 1% of organizational expenditures. The UNAIDS Executive Director would appoint the Director of the Evaluation Office, in consultation with the PCB.

92. Next steps included the establishment of the Expert Advisory Committee, proceeding with a consultative process to develop the evaluation plan for 2020–2021 (to be approved by the PCB in December 2019), and implementation of a system-wide

evaluation of the UN response to AIDS (i.e. an evaluation of the 2016–2021 Strategy and UBRAF).

93. Ms Newell then summarized the Working Group's feedback on the evaluation policy. She said the envisaged level of investment was within good practice range. After discussing the proposed architecture, lines of reporting and representation, she told the meeting that the policy was credible and that the Working Group fully endorsed it.

94. In discussion from the floor, members stressed the importance of systemic evaluation and welcomed the policy and its clear definition of norms and responsibilities. The policy was aligned with those of other UN agencies, with the UN Evaluation Group norms and standards and with the Sustainable Development Goals (SDGs), they noted.

95. Members asked how the funding for the Evaluations Office would be secured. There were also requests for clarity regarding specific sections of the policy, e.g. how evaluation topics would be chosen, whether a budget line was foreseen with detailed costs for the Office, and whether the Expert Advisory Committee would be funded through the UBRAF budget.

96. Speakers welcomed the independent nature of the Office, the fact that it would evaluate the entire Joint Programme, and the proposed direct reporting line to the PCB. It was suggested that evaluation be a separate agenda item for future PCB sessions.

97. Mr Rehnstrom thanked speakers for their remarks and guidance. He expected the establishment of the Evaluation Office to minimize requests for external evaluations, although periodic MOPAN reviews would continue.

98. He said the Evaluation Plan, which would be presented to the PCB in December, would be developed through a consultative process. Costings would also be presented. Resource needs had been factored into the 2020–2021 budget, though the Secretariat would welcome in-kind contributions from Member States, he said.

99. The draft decision points were then briefly discussed. The main point of disagreement was whether the Working Group should continue functioning.

4. Update on strategic human resources management issues

100. Alison Holmes, Director Human Resources at UNAIDS updated the Board on strategic human resources management issues.

101. In December 2018, she said, the Secretariat had 680 staff, 70% of whom worked outside headquarters. Approximately three quarters of field staff were based in sub-Saharan Africa or Asia and the Pacific. The percentage of female staff rose from 52% to 54% over the period 2013–2018. Although women were still under-represented at senior levels, almost half of Country Directors were women (up from 27% in 2013). A total of 124 nationalities were represented in the workforce.

102. Regarding learning and development opportunities, Ms Holmes said that 654 staff had received training in 2018 and that 97%completed their annual performance evaluation (25% of whom had been rated "exceeded expectations").

103. Disciplinary measures had been taken against three staff members in the period 2014–2018. Of the 63 administrative review requests received in 2018, 47 related to International Civil Service Commission (ICSC) compensation review and the rest were related to a variety of issues (e.g. contract status, mobility, separation etc.). The documents had been shared in response to staff requests for greater information and

transparency about formal appeals and their outcomes.

104. In order to ensure a strong roster of candidates for Country Director positions, a management assessment process, involving 257 applicants, had been piloted in 2018, Ms Holmes told the PCB. The option of joint assessment centres with other UN entities was being explored.

105. She said that staff had been calling for increased career and staff development opportunities but noted that this could be challenging in an organization with many small country offices. Several approaches were being used, including short-term development assignments, mentoring (36 pairings had been set up in 2019), career management workshops and inter-agency learning initiatives.

106. Noting that UNAIDS had been under the spotlight on issues of harassment and bullying, she said that several processes were underway to ensure a healthy and enabling workplace. In addition to the MAP and other efforts, the performance management culture was being strengthened. Since 2018, the formal performance management process has included a 180-degree, "upward feedback" exercise, which was mandatory for Regional Directors and for senior managers with large numbers of reporting staff. Supplementary webinars had also been held.

107. Regarding the classification of staff positions, she said vacant and incumbent positions had been graded in-house previously. UNAIDS was now using the services of OneHR to classify positions, which should increase staff confidence in the process and ensure transparency and alignment with other UN entities.

108. Ms Holmes added that the delegation of authority framework would show clearly the decision making authority for human resource matters. Training modules for recruitment and related policies were also being developed, and a Staff Welfare Officer would be shortly recruited.

109. She concluded by saying that the Ethics Office had received 131 requests for general information and 103 requests for advice and guidance in 2018, and that it had responded to 15 complaints which had been lodged via the confidential hotline.

110. In discussion from the floor, members thanked Ms Holmes for a comprehensive and high-quality report. They congratulated UNAIDS for further professionalizing its human resources management and for the important steps taken since 2018. These actions set strong examples for the rest of the UN.

111. Several speakers shared their concerns about the 25% decrease in staff numbers since 2013. They pointed out that UNAIDS had developed an ambitious and expanding HIV response agenda that was not accompanied by increased funding and asked whether this created unrealistic work burdens and damaged staff morale. Speakers referred to concerns raised in Staff Association surveys about excessive workloads and poor work-life balance, and requested information on how UNAIDS management intended to address those issues. Donors were urged to adequately resource UNAIDS to ensure a thriving workforce.

112. Speakers welcomed the emphasis on gender equality in the report but noted that women were less well-represented at senior levels. They also noted the diverse composition of staff and encouraged UNAIDS to work towards a human resource strategy that reflects the diverse needs and competencies of staff. There were suggestions that future reports should include information on additional diversity markers (besides nationality and gender).

113. Members welcomed the strengthened performance management system and applauded the intention to share monthly reports on staffing and staff movement.

Concerns were raised about long delays in filling vacant positions.

114. In reply, Ms Holmes thanked the meeting for the positive comments and said UNAIDS agreed on the need to avoid overburdening staff (including in offices/departments where there were staffing gaps when colleagues are on parental or long-term medical leave). She added that the Secretariat had fairly flexible working arrangements policies.

115. Ms Holmes said future reports could include information on other diversity markers. Regarding training, she added that it was important to tailor training to staff needs. Career development and support were priorities, she said.

116. Referring to the recruitment of staff, Ms Holmes said the process took an average 220 days in 2018 from date of advertisement to the date of the staff member accepting the position. Though this timeline was not abnormal for UN agencies, it was important to review internal processes to determine where delays might be occurring. It was likely that much of the delay occurred between the closing of vacancy announcements and the convening of hiring panels. She pledged to examine the reasons for delays more closely.

117. UNAIDS agreed on the importance of diversity and training, she said. Regarding management performance reviews, the Secretariat had done a 180-degree review as a pilot. The goal was to extend the upward feedback pilot to more staff.

118. The draft decision point was adopted.

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

119. Chris Fontaine, Chair of the UNAIDS Secretariat Staff Association, told the PCB that UNAIDS was in a period of transition. Urgent work was needed to support people living with HIV, to repair the damage done to public perceptions of UNAIDS and staff morale, and to address the underlying challenges that had led to the situation.

120. There had been warning signs in the annual staff surveys, he said, where staff had indicated concerns about career and work-life balance, transparency in recruitment, harassment and bullying, the protection of UN salaries and conditions of service, among other issues.

121. Focusing on harassment and abuse of authority, staff wellbeing and the MAP, Mr Fontaine said more than 1 in 10 respondents in the latest survey had reported some form of workplace discrimination and 10 respondents had reported 15 instances of sexual harassment.

122. Noting that UNAIDS was one of many UN organizations under scrutiny, he said there remained an impression that harassment cases were too easily dismissed at the reporting stage. He urged that long-running investigations be concluded.

123. There were also concerns about the burdens placed on people reporting cases, Mr Fontaine said, with alleged victims subjected to lengthy processes in which an unrealistic standard of proof ("beyond reasonable doubt") was applied. Perceived or actual shortcomings of investigative processes convince many people not to report cases, he told the meeting, adding that the current standard of proof was too high.

124. The most recent survey had highlighted again that staff wellbeing and work/life balance were top priorities for UNAIDS staff. Reduced funding to implement an ambitious strategy implied doing more with less and this had an impact on staff over time, he said. In the latest survey, 82% respondents had stated that their workloads had increased in the previous 12 months, and almost 60% had said that their work

performances were affected by work-related stress or anxiety. Mr Fontaine called on UNAIDS to ensure that staff have manageable workloads. When staff were on parental leave or medical leave, the hiring of temporary support should be routine, for example.

125. He congratulated the Secretariat on the dignity-at-work programme and its commitment to review the mobility policy and related practices. In the survey, half the respondents had stated that the mobility process was not fair and transparent.

126. Regarding the MAP, he said the Staff Association had provided substantial comments during its development, many of which appeared in the final document. The Association was also pleased that the findings of the Working Group were largely in line with the MAP and the Staff Association's recommendations. It fully supported the MAP and it called for adequate resources to be allocated to ensure effective implementation of the Plan, and expected the PCB to play a leading role in ensuring implementation.

127. Staff wanted transparency, consistency, accountability and action, Mr Fontaine told the meeting. They also wanted regular communication of key decisions taken by senior management. He said that collaboration between management and the Staff Association continued to be healthy and expressed appreciation for the strong relationship it had maintained with Michel Sidibé over the years. During the leadership transition, the a.i. Executive Director, Ms Carlsson, had made remarkable efforts to engage with staff and to ensure that their concerns were reflected in plans and actions.

128. After a period of division and low morale, UNAIDS was now cautiously optimistic, Mr Fontaine said. He called on the PCB to rally behind the MAP and to ensure that additional funding for implementation was available. This was an important opportunity to build a stronger, healthier UNAIDS that can deliver on its mandate, he said in conclusion.

129. Speaking from the floor, a WHO representative updated the meeting on the prevention of sexual harassment policy and the background to the reference model policy (on which UNAIDS and WHO had collaborated). The meeting was told that the draft policy was progressing well and could be submitted to the WHO Director-General in 2019.

130. David Webb from the Office of Internal Oversight Services (IOS) at WHO, updated the meeting on progress with current investigations. He said IOS was committed to work with UNAIDS management to implement the MAP, including expanding the service-level agreement, and he reassured the PCB that IOS gave priority to UNAIDS cases.

131. IOS always followed a victim-centred approach, Mr Webb said, and no cases were closed unless properly investigated. He added, though, that there remained barriers discouraging some people from reporting cases or persisting with the entire process. Protection measures for people who lodge challenges could be strengthened and more support could be provided to people involved in cases. He said a study was being done to inform how IOS could fulfill its function as effectively as possible.

132. Members welcomed the Staff Association report, commended it for its commitment to maintain a productive dialogue with UNAIDS management and for its use of empirical survey data. They noted the key findings from the most recent survey, including staff's strong commitment to UNAIDS and its mandate, but were concerned that abuse and harassment continued to be concerns.

133. Speakers supported the priorities identified by the Staff Association to create a healthier and more supportive work environment, and asked for more information about steps taken to create a healthy work-life balance for staff.

134. They were gratified by the adoption of the MAP and the fact that it reflected staff inputs,

but also noted that almost 1 in 4 staff seemed not to think that the Action Plan presented a clear way forward. Speakers said culture changes were needed to change unhealthy power relations in the workplace. They also urged UNAIDS to incorporate the GIPA principle more fully.

135. In reply, Mr Fontaine thanked the speakers for their supportive remarks. He said staff remained highly committed to the Joint Programme, but reminded that UN staff generally experienced elevated levels of stress and burnout.

136. The draft decision point was considered and adopted.

6. Follow-up to the thematic segment from the 43rd Programme Coordinating Board meeting

137. Tim Martineau, Director of Fast-Track Implementation at UNAIDS, presented a summary report on the outcome of the thematic segment on Mental Health and HIV/AIDS from the PCB 43rd session. He began by emphasizing the importance of this often-overlooked issue and then outlined the background paper and key recommendations. After describing the extent of mental health issues generally, he said that social inequality, discrimination and human rights violations were associated with many mental health conditions.

138. Multiple social determinants influence both mental health and HIV risk, and these factors can create a “context of vulnerability” that must be considered for effective HIV prevention and care. For example, severe mental health conditions are associated with increased HIV mortality. As further evidence of this bidirectional relationship, HIV-incidence is associated with elevated suicide rates.

139. Furthermore, social stigma associated with both mental health conditions and HIV can limit provisions and uptake of HIV prevention, treatment and care services. Mental health conditions have also been associated with lower likelihood of receiving ARV medications and can be further complicated by neuropsychiatric side effects of the medication.

140. Depression and anxiety are the most common mental health conditions among people living with and at risk of HIV. Adolescents and young adults are the age cohort most at risk for HIV and the presentation of mental health conditions.

141. The links between mental health, substance use and alcohol dependence are also relevant for HIV prevention, treatment and care. For example, alcohol consumption is associated with HIV risk and AIDS mortality, contributing to an estimated 33 000 (3.3%) deaths among people living with HIV in 2016. Access to healthcare for people who use drugs is hindered by stigma and discrimination, scarcity of services and fragmented care, despite the fact that an estimated 1 in 8 people who inject drugs are living with HIV.

142. Experiencing mental health issues could put a person at increased risk of poverty, which in turn could elevate the risk of aggravating those issues: improving people's living conditions therefore could also help improve their mental health, he said. He also emphasized that stigma and discrimination was associated with poor health and poor quality of life for people living with HIV, key populations and people with mental health conditions. The double stigma experienced by people living with both HIV and mental health conditions is an important issue that has to be addressed.

143. Mr Martineau noted that the duration of the thematic segment, unfortunately, had been reduced due to other agenda items during the 43rd session, but added that none of the

scheduled speakers had been excluded. The discussions had recognized the intersectionality between mental health and HIV, and between substance use and HIV. Much of the discussion had focused on the need to address mental health to enhance the HIV response, especially HIV prevention and addressing stigma and discrimination.

144. Recommendations had been drawn from the background paper and from discussions during the thematic segment, he said. They focused on:
    - evidence-based, people-centred, human rights and community-based policies and practices and services;
    - mental health and HIV, including in prisons and for key populations;
    - substance use prevention and treatment, and HIV;
    - quality of life;
    - stigma and discrimination related to HIV, mental health and substance use;
    - addressing social determinants of mental health and HIV, including through social protection; and
    - community engagement.

145. Key follow-up actions included the development by UNAIDS and WHO of an implementation guide for integrating mental health and substance use services into HIV services. PEPFAR had also added a new technical area on mental health and HIV in their 2019 County Operational Plan.

146. Mr Martineau ended by outlining a way forward which, he said, required addressing HIV and mental health together within a life-cycle approach. Mental health and substance use interventions should be integrated in HIV strategies and programmes to reach Sustainable Development Goals 3.3, 3.4 and 3.5.

147. In discussion, members welcomed the report and the decision points of the thematic segment, but expressed regret that the time allocated to the segment at the 43rd session of the PCB had been shortened.

148. They reiterated the importance of this neglected area and the need for a human rights-based and people-centred approach that integrates social factors. They also urged that the decision points be reflected in the global HIV response and called on the Global Fund, PEPFAR and other donors to provide the resources for doing so.

149. Comments from the floor emphasized the importance of an integrated response to HIV, mental health and substance use, and addressing stigma and discrimination. Increased mental health services could contribute to more effective HIV services, and these services worked best when integrated into community-based primary health care. Cosponsors pledged to fully considered mental health in country-level work and partnerships and to share good practices.

150. It was suggested that UNAIDS include an integrated mental health and HIV component in next UNAIDS Strategy. The PCB was also requested to consider stimulant drugs use and HIV as the topic of a future thematic segment.

151. Some members described steps they had taken to integrate mental health, HIV and substance use services. The need for greater attention to interactions between HIV treatment and mental health-related medications was raised.

152. Mr Martineau thanked speakers for their comments, country representatives for sharing news of their interventions, and UNODC and various WHO departments for collaborating around the thematic segment. The guidance that was being developed may be one way to continue this discussion at the PCB, he suggested.

153. Decisions points were considered and adopted.

154. The Chair returned the discussion to agenda item 3. Draft decision points where presented, with members expressing divergent opinions about them. Several additions and amendments were proposed and discussed.

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

7.1. Performance reporting

155. George Farhat, Director of Planning, Financing and Accountability at UNAIDS, introduced this segment. He recalled a decision point from the 42nd session of the PCB calling for strengthening performance monitoring and reporting. The 2018 report therefore was in a new format and provided a panoramic view of UNAIDS work, he said, with greater focus on results, bottlenecks and gamechangers.

156. The report was divided into four sections: an introduction, a regional and country report (with 11 country summaries), a strategic results and indicator report, and an organizational report (which summarizes key achievements of Cosponsors and the Secretariat). He referred to companion documents and other material that was available on the Transparency Portal.

157. Shannon Hader, Deputy Executive Director of UNAIDS, presented the section on the HIV epidemic and response, programming and gaps.

158. She told the meeting that UNAIDS was focused on global good and local results for people and that its work was imbedded in the SDGs. She reminded the meeting of the 2020 Fast-Track targets and programme targets (such as 90–90–90) and emphasized that the pace of progress had a big effect on the impact achieved.

159. After briefly reviewing the regional distribution of HIV infections, Ms Hader said there had been major progress in reducing HIV-related deaths and scaling up HIV treatment, but that those gains were not entirely on-track. A large number of people were still not being reached with testing and treatment services, and paediatric treatment was lagging especially. Retention in care had to improve so people could fully benefit from treatment, she added.

160. There had been progress in reducing new HIV infections, she said, but it was too slow to reach the 2020 targets. There was also great variation between regions and countries, with progress especially slow in western and central Africa and new infections increasing in some regions (including eastern Europe and central Asia, which had experienced a 30% increase since 2010). Even in eastern and southern Africa, progress was stalling in some countries.

161. Necessary improvements included improved services for men, young people, adolescent girls and young women, and key populations; reduced stigma and discrimination and protection of human rights; stronger roles for civil society; and more support for community-led responses.

162. Ms Hader said HIV treatment coverage was lower for men in almost every region. Although women and girls in eastern and southern Africa were more likely to acquire HIV infection, men and boys were more likely to die of HIV-related causes. About 2 in 5 new HIV infections in that region were among young people (and 7 in 10 infections among them were in adolescent girls and women). Service combinations had to be tailored for targeted populations, she said. This applied also to key populations (including in eastern and southern Africa, where key populations accounted for about 17% of new HIV infections).

163. She called for greater investment in communities and civil society, and for enhanced actions to eliminate HIV-related stigma and discrimination in health-care settings and generally.

164. Elizabeth Benomar, UNFPA Global Coordinator and Chair of the Committee of Cosponsoring Organizations (CCO), presented the key actions and results of the Joint Programme for 2018.

165. She told the PCB that HIV prevention (Strategic Direction 1) was lagging overall, with progress either stalling or regressing many countries. Achievements included the ongoing work of the Global Prevention Coalition, which was focusing on 28 countries and was revitalizing the prevention agenda.

166. Country capacities to reach key populations with services were increasing and size estimations of young key populations had been done for 25 countries. UN International Technical Guidance on Sexuality Education had been revised and implementation support was provided in 60 countries. Other work focused on keeping young people in school and transitioning to the world of work. In eastern and southern Africa, the integration of national social protection and sexual and reproductive health rights services was supported.

167. An adolescents and young key populations guidance and programming toolkit had been developed, along with guidance for HIV services in prisons settings and support for harm reduction services, Ms Benomar said.

168. Condom procurement had been strengthened, with 1.2 billion male condoms and 12.9 million female condoms supplied, and 14 countries were scaling up voluntary medical male circumcision using updated normative guidance and technical support for countries. PrEP was now included in the national HIV policies of 40 countries, she said.

169. Progress on Strategic Direction 2 (testing, treatment and care) was not quick enough, she continued. Achievements included the VCT@Work partnership, which had mobilized almost 6 million people to take an HIV test, while more countries were adopting self-testing policies. About 75% of people living with HIV knew their HIV status in 2018 and about 59% were receiving ART.

170. A major decline in mother-to-child transmission had been achieved through clear guidance and support for country programmes, Ms Benomar said, noting that progress was much stronger in eastern and southern Africa (93% of pregnant women were accessing ARVs) than in western and central Africa (only 52% of women were accessing ARVs). Globally new HIV infections in children had been reduced to 180 000 in 2018, a 40% reduction since 2010. Syphilis was increasingly being integrated into prevention of mother-to-child transmission (PMTCT) programmes. The Global Fund was increasingly engaged to shape investment allocations, especially around technical assistance.

171. Ms Benomar told the meeting that the number of refugees accessing HIV treatment through national health systems had risen fourfold in 2014–2018. Food and nutrition support to people living with HIV and/or TB had also increased. About 12 000 Inter-Agency Emergency Reproductive Health kits had been distributed to serve more than 3 million people in 55 countries.

172. Strategic direction 3 focused on human rights and gender equality, and reflected the need for a multisectoral response, she said. About 53 countries had HIV strategies that included gender-responsive actions and 96 countries had national action plans or legislation that addressed gender-based violence.

173. Emphasizing the importance of the rule of law, Ms Benomar said the Joint Programme

strived to promote human rights-based laws and policies to confront stigma and discrimination. She noted the 2018 supplement to the Report of the Global Commission on HIV and the Law, which reviewed key developments and challenges. UNDP had also supported legal environment assessments in 25 countries.

174. Another highlight was the launch of the Global Partnership for action to end HIV-related stigma and discrimination, she told the PCB. It was important for criminal law in HIV-related cases to reflect the latest science, which showed clearly that a person with an undetectable viral load could not transmit HIV.

175. Normative guidance had been developed on TB and human rights, and for addressing gender-based violence and assuring the sexual and reproductive health rights of women and youth living with disabilities. The first International Labour Standard on Violence and Harassment in the world of work had also been adopted, she said.

176. Cross-cutting work had included the Joint Programme's support for allocative efficiency studies in the health sector in nine countries, the strengthening of linkages between HIV and sexual and reproductive health rights in frontline service delivery, imbedding HIV services as an important component of UHC, and targeting comorbidities such as TB. She said the evidence showed that integration boosted services and saved money (e.g. in Zimbabwe).

177. The Joint Programme had also supported new ways of using technology and data to improve service delivery (e.g. for young people in India and Malaysia). Joint HIV-sensitive assessments of social protection programmes had been done 10 countries and collaboration with PEPFAR's DREAMS project had occurred in 14 countries. Tailored support had been provided in more than 90 countries to build social protection systems, and the International IATT Conference had been convened around the theme "Fast-Track social protection to end AIDS".

178. Ms Benomar said that the Joint Programme had developed an improved indicator scorecard system to guide decision-making. She then discussed the main challenges lay ahead, stressing the need for urgent action.

179. Key issues included the pushback against gender equality, human rights, sexual and reproductive health rights, limited financial resources, and an ongoing need for greater innovation and efficiency. Civic space was diminishing (affecting human rights programmes and support for civil society and key populations).

180. Gender equality remained a linchpin for the HIV response, but a lack of gender expertise in national AIDS commissions was a handicap and community-led actions that challenge harmful gender norms were insufficiently funded and supported.

181. Opportunities were being missed to enhance HIV treatment: about one third of people presented for treatment with advanced disease and retention in care was not strong enough. The specific treatment needs of different populations had to be accommodated, she noted, which also required more disaggregated data for key populations. Stronger action was needed to meet the emerging HIV and related needs of migrants and people in humanitarian crises.

182. Those challenges would not be resolved by 2020 and would therefore also inform the new UNAIDS Strategy and 2025/2030 target-setting, Ms Benomar told the PCB.

183. She underscored the prevention crisis and called for scaled-up efforts to reach young people and key populations with services and interventions, to recognize and respond to challenges against human rights, and to promote evidence-based programming. A strong country-specific focus should not compromise UNAIDS' support for human rights, key populations and gender equality.

184. The Joint Programme recognized that the funding landscape was changing and that allocative and implementation efficiencies were very important: it would use synergies and maximize the added value that Cosponsors brought to the HIV response. Ms Benomar concluded by saying that resource constraints should not deflect attention and action from the structural barriers and drivers of the epidemic.

185. Vinay Saldanha, UNAIDS Regional Support Director for eastern Europe and central Asia, presented highlights of the Joint Programme results at regional level and in countries.

186. In 2018, the Joint Programme had delivered and documented results in 97 countries, he said, with Joint UN Plans on AIDS guiding collective UN action in all those countries, while country envelopes supported work in 71 of them.

187. An alarming situation had developed in eastern Europe and central Asia, where for various reasons many countries were off-track to reach the 2020 targets. They faced challenges regarding 90–90–90, especially the second "90", which was a sign that linkage to care was a major problem, he said. Resource gaps were large, with total funding in 2018 well short of the projected needs for 2020. Funding from national governments was increasing, but total funding was diminishing (including from the Global Fund)

188. Joint Programme results in that region included the revision of HIV protocols to reduce the number of recommended treatment regimens, and around PrEP, community testing and self-testing. More than 12 000 people in one country had received ART in nongovernment-controlled areas (thanks to Joint UN teamwork with civil society and the Global Fund), while UNICEF had procured ARVs on behalf of the Ministry of Health, with big savings.

189. The speaker reviewed key accomplishments of the Joint Programme's work in eastern Europe and central Asia, including implementation of rapid HIV testing and financing of needle and syringe projects. He highlighted countries that were on-track to validate the elimination of mother-to-child transmission. Most countries had significantly reduced their ART costs, he said. Significant recent developments included the Minsk2 Agreement, signed by 9 countries, with 8 partners supporting implementation.

190. Key challenges mentioned by Mr Saldanha included a growing funding gap to meet the Fast-Track targets, and major gaps in government support and funding for harm reduction and combination prevention.

191. Highlights in 2018 included stronger commitment to scale up PrEP and support from the Inter-agency Task Team on Adolescents and Young Key Populations for national programmes in two countries. Also mentioned was the roll-out of innovative models for HIV testing among key populations and the use of social media to strengthen linkage to treatment, as well as technical support for Global Fund grantmaking process and implementation.

192. In the Middle East and North Africa, said Mr Saldanha, work had focused on strengthening collaboration between Cosponsors, the Global Fund and the International Organization for Migration (IOM) to provide needed services in humanitarian emergencies. UNAIDS had strengthened partnerships with four countries to develop and implement Global Fund grants, and it had supported the scale-up of HIV services in prisons in several countries.

193. Progress was slow in western and central Africa, he said. The contributions of the Joint Programme and Joint Teams were clear and measurable, but more work was needed to advocate for UBRAF investment to scale up results. Engagement of UN Joint Teams

with civil society partners was vital. People who used and inject drugs were becoming significant factors in the region's epidemic, he added.

194. In eastern and southern Africa, the Joint Programme had the integration of sexual and reproductive health rights, HIV and gender-based violence in 5 countries, Mr Saldanha told the meeting. The SADC Ministry of Health had also endorsed a regional sexual and reproductive health rights strategy and had agreed on a scorecard to monitor implementation.

195. The Joint Programme had supported countries to improve their use of strategic information to guide programmes and had helped set up HIV and health situation rooms in six countries. Closer attention had to be focused on the intersection between gender-based violence and HIV, he said, and on improving the integration of programmes.

196. Significant work in Latin America had focused on human mobility and HIV vulnerability, including UNAIDS' support for HIV services to refugees and migrants from Venezuela. A US$ 5 million emergency Global Fund grant for ARVs and community-based monitoring had been implemented. Other work had included enhanced support for sexual and reproductive health rights education in Jamaica.

197. Mr Saldanha concluded by telling the meeting that this year's UBRAF showed more clearly where and how the Joint Programme was supporting regions and countries, even with limited resources. Imagine what could be done with a fully funded UBRAF, he said.

198. Members welcomed the comprehensive reports and applauded the new format as well as the scope and depth of reporting. The concise Strategic Result Areas report in particular was a powerful synthesis of results, they said. Some members lamented the late publication of reports on the UNAIDS website.

199. The links between funding and results could be highlighted more clearly, speakers said. Some felt that country-level impact of Joint Programme investments was still difficult to discern, while others said that new format made it possible to identify achievements and challenges at country level. It was suggested that "traffic light" scorecards be included in a summary report in the future and that reports could more clearly reflect results relating to the use of the country envelopes.

200. Members noted that the reporting showed important achievements, along with the large differences across regions and countries. However, some felt that the reporting did not fully convey UNAIDS' important work on overarching issues such as building political will, strengthening strategic information, promoting human rights and removing structural barriers. Many of the disparities between countries were due to structural barriers, speakers said, and they applauded the Joint Programme for consistently tackling such difficult issues.

201. They also congratulated the Joint Programme for its technical guidance for the drafting of national HIV strategies and called on it to ensure that the HIV response is carefully linked to UHC in countries.

202. Speakers expressed concern that important targets were not being reached and noted the need for further progress. They noted that inequality still fueled the epidemic and urged that harmful policies and laws be amended or abolished. Stronger strategic action was needed on key populations and adolescent girls and young women, yet many countries were not focusing on the most vulnerable groups, they said.

203. Members also expressed concern that investment targets for tailored combination prevention were not being reached. There was a real risk of complacency among some

donors and governments, they warned, adding that UNAIDS needed adequate resources to fulfil its roles and mandates.

204. Issues demanding stronger action included upholding the rights of women and young people to control their own sexual lives, and reaching the most marginalized populations with services. Speakers welcomed UNAIDS' role in promoting science-based evidence to advocate for services for the most vulnerable and urged it to continue striving to create enabling environments in and beyond the health sector. They expressed strong concern about the pushback against human rights and said it was important to support and work with civil society organizations to counter those pressures.

205. Ms Hader thanked speakers for their remarks. She agreed with comments that the existence of policies should not be equated with actual implementation and acknowledged that some indicators did not reflect the scale of implementation.

206. She assured the meeting that structural drivers would inform the new UNAIDS strategy and that community partners were being involved constantly in developing strategies, action plans, etc. The next round of reporting would focus on reporting on issues that were difficult to measure, she added. The HIV response had to be better at reaching key populations, she added. Greater action was also needed to ensure continuity of care and to avoid and deal with supply chain interruptions.

207. Ms Hader said she had been impressed by Country Joint UN Teams' positive reports on the impact of the country envelopes allocation (core UBRAF Cosponsor funding), which were promoting stronger joint planning and coordinated action among UN agencies at country level.

208. In her reply, Ms Benomar said she believed the November 2019 Nairobi Summit to Advance the ICPD Programme of Action would be very important for responding to the pushback against sexual and reproductive health and rights.

209. The focus and efforts on HIV prevention had increased in the past year and the new momentum had to be maintained, she said, adding that condom supplies were increasing and that it was important to also boost demand. She thanked speakers for emphasizing the need to ensure that the right interventions were available in the right places.

210. Mr Farhat thanked the meeting for the comments. He said 2018 had been the first year of rolling out the country envelopes allocation, which already seemed to have improved coordination between country actors. Disbursements in 2019 had occurred earlier than in 2018. Mr Saldanha thanked the meeting for highlighting the areas where the Joint Programme could do better.

7.2. Financial reporting

211. George Farhat, Director of Planning, Finance and Accountability at UNAIDS, presented the financial reporting, saying it represented the seventh set of financial statements prepared according to IPSAS accounting standards.

212. He informed the PCB that UNAIDS had received an unmodified audit opinion from external auditors and that all recommendations of the 2018 external audit had been implemented.

213. Summarizing the financial highlights, he said core income was stable but tight, and stood at US$ 189 million in 2018 compared with US$ 177 million in 2017. Total core

expenditures were US$ 176 million, almost the same as in 2017 (US$ 175 million), thanks to cost controls and other savings. The net fund balance (the Joint Programme's "working capital") stood at US$ 95 million, an increase of US$ 13 million compared to 2017.

214. Core Secretariat expenditure was US$ 132 million in 2018, the same as in 2017. This represented a saving of US$ 8.3 million against the core budget of US$ 140 million, thanks to continued emphasis on cost effectiveness and cost containment. Overall expenditures under the major expense categories in 2018 were in line with those in 2017. Savings had been achieved mainly under staff costs and transfers to counterparts.

215. UNAIDS had mobilized US$ 189 million in 2018, up from the US$ 177 million in 2017, Mr Farhat told the meeting. However, it needed to mobilize US$ 184 million to fully fund the core 2019 budget.

216. For 2019, core expenditure and encumbrances at end-May were US$ 102 million. Cosponsors' share of the core budget was US$ 44 million, while the Secretariat's core expenditure and encumbrances amounted to US$ 58 million.

217. He added, however, that only US$ 33 million had been mobilized to date—the lowest level yet at this stage of the year. On average, at least US$ 100 million in revenue had been available at mid-year in the previous five years. Mr Farhat appealed to donors to make firm pledges and to pay their contributions in full.

218. Turning to the auditor reports, Mr Farhat said that proactive management measures taken by UNAIDS had included strengthened management accountability; new, enhanced and interconnected online management tools for planning, reporting and accountability; and identification of specific country offices and operational areas deemed at risk by UNAIDS management.

219. He said the 2019 internal audit report had recommended strengthening in several areas. They included:
- compliance with procurement procedures and competitive bidding process;
- consistency between the fixed assets register and annual physical verifications;
- internal coordination and strategic planning between Headquarters, Regional Support Teams and Country Offices;
- monitoring procedures for organizational learning; and
- regular review of user access rights to the Enterprise Resource Planning management system.

220. Mr Farhat then summarized the internal audit reports of alleged misconduct during 2016–2018, which indicated an increase in reports of concern (including 6 cases of "failure to comply with professional standards" and 4 of fraud).

221. The external audit had issued an unmodified opinion on UNAIDS' financial statements in 2018, he said, and had commended the Secretariat on the maturity of its financial statements. It had also recognized the prompt action taken on the 2018 recommendations and the 100% implementation of the 2017 recommendations.

222. Issues identified in the 2019 external audit included:
- further strengthening the travel management and planning system;
- reinforcing the internal control self-assessment checklist;
- strengthening status reporting and feedback mechanisms for follow-up actions related to direct financial contributions; and
- enhancing assurance processes for direct financial contributions through reinforcing the segregation of duties.

223. Mr Farhat concluded by stressing that implementation of the budget and achievement of the targeted results could only be achieved with a fully funded UBRAF.

224. Members welcomed the audited financial statements and interim report, and applauded the Secretariat for achieving an unmodified audit opinion and for full implementation of previous recommendations. Some members noted the internal audit conclusion that none of the internal reports was satisfactory and urged UNAIDS management to address situation.

225. Several speakers stated their concern about a "disconnect" between the Joint Programme's large ambitions and tasks and its shortfalls in funding. They urged existing donors to increase their support and called on new donors to also fund the Joint Programme. They applauded the countries that had made voluntary contributions and called on more donors to make multiyear contributions. Funding sources had to be diversified further, they said.

226. Members recognized the actions taken to reduce costs and increase efficiency, but noted that total funds had decreased in 2018 and expressed concern about the low level of income secured thus far in 2019.

227. It was noted that travel costs in 2018 had exceeded those in 2017, while overall staff costs had decreased. Concern was also expressed about current liabilities, which appeared to total US$ 27 million.

228. Speakers welcomed the increased funds made available to the supplementary fund for Cosponsors and asked whether this would be a continuing trend.

229. A representative from the Global Fund briefed the meeting on the recently signed strategic collaboration agreements between the Global Fund and UNAIDS. She said the agreement was an important milestone and would enhance the organizations' abilities to fulfil their mandates.

230. Mr Farhat thanked the meeting for the positive remarks. Regarding travel costs, he said it was more accurate to compare the 2018 costs with those in 2015 when travel costs were US$ 9 million. UNAIDS was using web-based meetings more often, but country-level consultations and trainings in 2018 had required in-person presence and accounted for the slight increase over 2017.

231. Regarding current liabilities of US$ 27 million, Mr Farhat said this was a small amount compared to cash in-hand. The liquidity ratio was nine times the current liabilities, so UNAIDS was actually in a good position, he explained.

232. Mr Farhat explained that, despite the funding shortfalls, the fund balance enabled UNAIDS to transfer funds to Cosponsors and to continue operating until donors hopefully stepped forward with their contributions. UNAIDS would continue to try and expand its donor base in line with its resource mobilization strategy.

233. The increase in reported cases of misconduct was probably due to staff feeling more confident about systems and speaking out more, he suggested. In 2018, UNAIDS had requested two country audit visits due to risks that had been detected. He added that UNAIDS was working on improvements to address the unsatisfactory findings of the internal audits.

7.3. Workplan and budget 2020–2021

234. Ms Hader briefly outlined the conceptual framework for the 2020–2021 workplan and budget, which retained the structure of the UNAIDS Strategy and UBRAF for 2016–

2021. Looking ahead, she said, the emphasis was on country focus; prioritization; partnerships; inclusiveness, gender equality and human rights; and linking HIV actions with the SDGs.

235. Elizabeth Benomar, UNFPA Global Coordinator and Chair of the Committee of Cosponsoring Organizations, presented the Workplan and Budget 2020–2021.

236. She said that under Strategic Direction 1 (HIV prevention), the Joint Programme would:
- scale up the work of the 2020 Prevention Coalition, reinvigorate combination prevention programmes (behavioural, structural and biomedical), promote the use of key populations implementation tools;
- support initiatives such as Family Planning 2020, the Global Fund's HER (HIV Epidemic Response) strategic investment; and
- strengthen linkages between the Prevention Coalition and the Global Partnership to eliminate all forms of HIV-related stigma and discrimination.

237. Under Strategic Direction 2 (treatment, care and support), UNAIDS would:
- support implementation of the WHO testing and treatment guidelines, with a major focus on key populations, children and adolescents, men and other people living with HIV with poor access to those services;
- emphasize differentiated models;
- promote viral load monitoring; improve PMTCT coverage in humanitarian contexts, including a focus on western and central Africa; and
- address normative and operational gaps in optimizing TB-HIV integration, in the context of UHC.

238. Strategic Direction 3 (human rights and gender equality) would have UNAIDS:
- implementing the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and supporting countries to implement recommendation from the Global Commission on HIV and the Law;
- supporting countries to repeal discriminatory laws and practices (especially those affecting key populations);
- supporting the participation of civil society and law enforcement structures in HIV responses;
- supporting implementation of UN/EU Spotlight Initiatives; and
- leading efforts to integrate gender-responsive approaches with national HIV policies, funding proposals, programmes, budgets etc.

239. Work in cross-cutting areas would include:
- supporting analysis to improve allocative efficiency and updating investment assess on HIV strategic planning;
- using the 2025–2030 target setting process to inform the new UNAIDS strategy;
- ensuring that services for key populations are at the heart of the UHC agenda; and
- advocating to increase civic space.

240. Mr Farhat apologized for the delay in posting the 2020–2021 workplan and budget document, the final workplan and budget within the 2016–2021 UNAIDS strategy. The new budget included regional and country targets and identified priorities, he said, before outlining the consultative process used to decide the priorities and targets.

241. UNAIDS retained its target of a fully funded UBRAF budget (US$ 242 million annually), he told the PCB. It aimed for a US$ 3 million increase for the country envelopes allocation (core UBRAF Cosponsor funding), bringing the annual core allocation to US$ 187 million. An additional allocation of supplemental core funds to address particular epidemic and country contexts was projected to total US$ 55 million (US$ 40 million for

Cosponsors and US$ 15 million for the Secretariat) and would be mobilized jointly.

242. Speaking from the floor, members welcomed the workplan and budget, and said they were impressed with the focus on country-level work and on human rights and gender.

243. They highlighted the importance of political will and of independent community voices, which UNAIDS was actively building and supporting. They also emphasized UNAIDS' key role in the collection, validation and transparent availability of data, which laid the basis for reliable, authoritative accounts of the epidemic and the response. Some members said the late submission of documents had made it difficult to properly study the budget and workplan. They asked why the delay had occurred.

244. Speakers noted the ongoing reluctance of many countries to adopt and implement evidence-based harm reduction policies while instead pursuing a costly yet ineffective "war on drugs". They urged the Joint Programme to continue championing the greater involvement of people living with HIV and key populations, and to engage in difficult conversations around harm reduction and sexual and reproductive health rights.

245. They supported the additional US$ 3 million allocation to country envelopes, while suggesting the amount could have been higher. They also requested UNAIDS to continue promoting a needs-based agenda. Differentiated responses that conformed to country contexts were key, they said.

246. It was not always clear how allocations corresponded to emerging epidemic priorities, some members noted. They were concerned that non-core allocations to gender equality activities appeared to have decreased and they asked for explanations for some of the "trade-off" allocative decisions. Others were concerned about reduced staff numbers and increased staff workloads.

247. Members also urged realism about budget targets and reminded the meeting that the previous two biennia had seen UBRAFs with significant funding gaps. They suggested that the Secretariat should have a contingency plan to ensure it could at least achieve those parts of the Strategic Result Areas that could have the biggest impact.

248. Cosponsors told the meeting that the workplan and budget increased resources to countries by US$ 3 million while noncore resources from Cosponsors decreased from US$ 300 million to US$ 265 million, a 12% decrease that was partly due to staff reductions. Political support from countries was not translating into increased contributions. They highlighted the outstanding challenges and outlined priorities that would guide Cosponsors' work in countries and regions.

249. Ms Hader and Ms Benomar thanked speakers for their comments and for highlighting priorities and challenges. Mr Farhat explained that the delay in circulating the workplan and budget had been due to the time-consuming process of finalizing country and regional priorities. For the first time, he said, the workplan and budget detailed priorities for 86 countries.

8. Nomination of the next Executive Director of UNAIDS

250. The Chair of the Search Committee, H.E Ambassador Yury Ambrazevich, presented the Report of the Committee and thanked the PCB and the Committee members for their commitment and hard work.

251. He reminded the meeting that the Search Committee had been mandated by the PCB, at its 43rd meeting, to immediately proceed with the search for a new Executive Director. The process called for the UN Secretary-General appointing the next Executive Director from a short list of candidates based on a recommendation from CCO. He thanked the PCB for the very clear terms of reference it had provided.

252. Mr Ambrazevich said his presentation would focus first on the report and work of Search Committee and lessons learned, after which discussion would turn to the short list of candidates and the desired core competencies of the next Executive Director. He asked members to respect the integrity and confidentiality of the process and to not communicate externally during the session.

253. Mr Ambrazevich said nine Search Committee meetings had been held between mid-March and June 2019. Terms of Reference provided by the PCB guided the process, and the Committee worked on a consensual basis. It was independent of UNAIDS and drew on external support. Committee members adhered to a code of conduct to ensure the confidentiality and impartiality of the proceedings and to protect the privacy of the applicants. Most of the vacancy advertisements were online by end-April 2019.

254. Drawing on lessons from the 2008 search process, the Search Committee had engaged an executive search firm (selected through a competitive recruitment process among 6 companies with existing long-term agreements with UN organizations) to assist in attracting the strongest pool of candidates possible, he said. Oxford Human Resources was selected.

255. To ensure that applicants were assessed on merit only, the Committee developed a scoring tool that reflected the priorities prescribed by the PCB, he said. Eighteen competencies, organized under 3 categories (strategic leadership, strategic management and international experience in health and development), were scored from 0–5 with a maximum score per candidate of 90.

256. A total of 267 candidates applied, of whom 21% were female and 43% came from Africa, 31% from Europe and North America, 17% from Asia and Pacific and 4% from Latin America and the Caribbean. The Committee reviewed progress reports from the search firm and directed it to ensure a strong pool of candidates, especially because the proportion of female candidates was low.

257. The Committee short listed 11 applicants for interviews, drawn from a group of 27 whose screening scores made them "suitable" candidates (i.e. they scored more than 50 out of 90). Two candidates withdrew and the Search Committee interviewed 9 in total. Each interviewed candidate had to do a presentation (each on the same topic) and answer a set of standardized questions. An interviewing scoring tool was developed based on key competencies set out in the Terms of Reference. It assessed 20 competencies, some of which overlapped with the application screening competencies.

258. The final list of 5 candidates was selected by consensus, without ranking the candidates. Mr Ambrazevich said the Committee was confident that these were the 5 strongest applicants when assessed against the agreed competencies: any of them would be an excellent Executive Director. He then named them and provided brief biographical descriptions: Salim Abdool Karim (South Africa), Sani Hussaini Aliu (Nigeria), Chris Beyrer (United States of America), Winnie Byanyima (Uganda) and Bernard Haufiku (Namibia).

259. The Committee Chair said that the executive search firm had conducted due diligence, and he outlined that process. The complete due diligence findings would be shared with the CCO before it made its recommendation to the UN Secretary-General. Reference checks had already been done. Due to confidentiality requirements, that documentation had not been shared with the PCB, but there were no "red flags" raised about any of the candidates during the due diligence process.

260. Mr Ambrazevich then shared some lessons learned. In future, the search could be enhanced if an external recruitment firm were engaged even earlier in the process, he

said. It had been useful to use password-protected portal and future processes would benefit from having a shared portal that allowed for editing, while restricting copying and printing.

261. The Chair invited discussion of the search process and lessons learned.

262. PCB members congratulated the Search Committee for its thorough work and comprehensive report. They expressed appreciation that the Committee had adhered to the Terms of Reference approved by the PCB and had maintained the confidentiality of the process. They also acknowledged the delivery of the Search Committee report and the short list of candidates within the timeframe set out in the Terms of Reference.

263. Several PCB members regretted not having had the opportunity to hear from the short-listed candidates themselves, unlike during the 2008 process. Mr Ambrazevich noted that the Terms of Reference approved by the PCB had not specified that the PCB should meet the candidates. Members suggested that this could be a lesson to inform a future Executive Director search process.

264. Members recognized the efforts to achieve diversity but expressed regret that only one woman was on the short list of candidates. Some members asked for more information about candidates who had not been short listed and the reasons why they had not been short listed. There were also requests to view the assessments of each candidate, including the scoring sheets. Some speakers expressed disappointment that GIPA considerations had not been central to the assessed competencies and requested that they receive greater more prominence in the next interviewing stage.

265. The PCB Chair invited discussion on the competencies which PCB members desired in the new Executive Director. The Committee Chair outlined the main competencies and experience, which had been set out in the Terms of Reference that had been agreed at the March 2019 PCB Special Session.

266. In discussion from the floor, members noted the high calibre of the short-listed candidates and that twice as many people had applied compared with the 2008 search process. However, some speakers expressed concerns about the gender and geographical distribution of the short-listed applicants. It was suggested that the specific roles and responsibilities of the PCB in the search process could be spelt out more clearly in the future.

267. There was wide consensus about the basic competencies and experience required, with members highlighting the need for:
- demonstrated political leadership and skills, ability to work with political leaders, and strong diplomatic skills;
- the ability to "build bridges" between different constituencies and to link the biomedical and sociopolitical dimensions of the response;
- a clear vision for the AIDS response;
- strategic strengths and a strong commitment to human rights, strong knowledge of vulnerable groups, commitment to equality and to ending stigma and discrimination;
- the ability to interact with people most affected by the epidemic;
- good experience of the UN system and commitment to UNAIDS values and principles; and
- a drive to motivate UNAIDS staff towards achieving common goals.

268. Highlighted strategic management skills included:
- strong management capacity and ability to mobilize resources, including by restoring UNAIDS' reputation and implementing policies against harassment and abuse of power;

- strong communication and advocacy skills;
- the ability to unite the organization;
- the commitment and ability to resolutely deal with and eradicate sexual harassment and bullying in the organization; and
- a demonstrated ability to manage a multicultural and complex organization.

269. Desired international health and development experience and competencies included:
    - strong international experience and knowledge of international development and public health, with special emphasis on HIV;
    - a proven track record in the AIDS response at national, global and regional levels; and
    - the ability to systematically integrate HIV into the broader health system.

270. Some members suggested that the next Executive Director should be from the global south, should be a woman, should champion human rights and gender equality and should be able to link networks of people working on HIV with those working on social justice issues. Having a skill set that complements the skills of the rest of the UNAIDS leadership would be valuable. Multilingualism was also emphasized.

271. Speakers noted that short-listed candidates had very impressive curricula and that they all seemed to command sufficient skills to meet the challenges ahead. In discussing the competencies of candidates, several members stated and motivated their support for a specific individual.

272. In reply, Mr Ambrazavich said that the Search Committee had from the outset encouraged female applicants and geographical diversity in the posted advertisements. Of the 11 people interviewed for the short list, 45% were female, he said. The Committee had strived to make decisions based on merit, skills and competencies, and the final 5 candidates were considered to be the strongest.

273. He noted that the competencies described by members were indeed catered for in the Terms of Reference guiding the search process and had been used to assess the candidates.

274. Regarding the possibility of the PCB meeting the short-listed candidates, he reminded the PCB that it had approved the Terms of Reference of the Committee, which did not include candidate interviews by the PCB. (He added that such a step would also have prolonged the process, whereas the PCB had insisted on a rapid transition). However, the PCB Bureau had noted the requests and would consider them for inclusion in future selection processes.

275. The Search Committee was committed to treating all candidate information as confidential, he said adding that a number of candidates on the “long list” had requested that their names not be disclosed unless they were short listed. Sharing the detailed due diligence with the entire PCB may have compromised the confidentiality which the Committee had sought to maintain. He said the PCB has been provided with overview of the due diligence.

276. The PCB Chair handed the floor to Natalia Kanem, UNFPA, Chair of the CCO. She thanked all participants for their views and insights. She also thanked all applicants and noted that the record number underlined the importance of the Executive Director role.

277. Dr Kanem said it was useful to hear speakers first hand emphasize crucial aspects of the agreed Terms of Reference, ahead of the interview process that she would be leading as CCO Chair.

278. She summarized the main points emerging from the discussion as: a need for

exceptional and proactive leadership; a clear vision; integrity; the ability to bridge science and advocacy, with foremost emphasis on human rights; and strong appreciation of the GIPA principle. The next Executive Director would have to lead an effective response, show zero tolerance for harassment and abuse of power, and be able to engage with people at all levels.

279. Mr Ambrazevich thanked speakers and said the Search Committee had spent many hours reviewing the documents provided by the 9 long-listed candidates, had interviewed each for about 90 minutes and had heard presentations from each. He suggested that the PCB clarify the practical value added if it were to interview short-listed candidates in the future. He committed to share the Search Committee's report with the CCO shortly.

280. The Chair thanked the Committee for its hard work and for diligently following the Terms of Reference agreed to by the PCB.

281. Draft decision points were presented to the meeting and discussion followed, including proposals of additional decision points.

Thursday 27 June 2019

9. Thematic segment: delivering on SDG3—strengthening and integrating comprehensive HIV responses into sustainable health systems for Universal Health Coverage

282. Tim Martineau, Director of Fast-Track Implementation at UNAIDS, chaired the thematic segment. He outlined the structure and said the aim was to clarify what Universal Health Coverage (UHC) entails, discuss lessons from the HIV response for UHC, and identify priority issues and next steps. He introduced H.E. Ambassador Cleopa Mailu, Permanent Representative of the Republic of Kenya to the UN in Geneva.

283. After briefly discussing the status of Kenya’s HIV response, Mr Mailu said key lessons learned included the power of prioritizing and focusing interventions, the importance of engaging with civil society to understand and address stigma and discrimination, and the need for multisectoral coordination to address social and structural barriers to health.

284. Sustainable responses were vital, particularly in the context of dwindling external resources, he added. This called for focusing on efficiency and creating synergies with other enabling sectors. The Kenya Government was committed to ensure that all people can access health care without financial strain, he said. A comprehensive health benefits package would be defined and an integrated, people-centred approach would be adopted.

285. Mr Martineau highlighted the need for prioritization, lessons for civil society, removing disparities and barriers, and using integrated community delivery that puts people at the centre. He introduced Rico Gustav, Executive Director of the Global Network of People living with HIV (GNP+).

286. Mr Gustav said investing in HIV was an investment in health and development broadly, since it entailed tackling many different issues and barriers. However, people at high risk of HIV infection continued to be criminalized and the funding for key population-focused programmes was inadequate. How can UHC be achieved in such a context? he asked.

287. He suggested that UHC had to reach those who are furthest behind first: health

systems that work for key populations would work for everyone. The principle "nothing about us without us" should be imbedded in UHC and UHC had to reflect the fact that health is not a commodity and that it is more than the absence of disease. Promoting health requires making progress with education, social protection, gender equality etc. The focus should be on systems for health, rather than health systems, he said.

What is UHC?

288. This session focused on definitions of UHC to build a common ground of understanding for later discussions.

289. Susan Sparkes, from the Department of Health Systems Governance and Financing at WHO, defined UHC as: all people are able to use needed health services (including prevention, promotion, treatment, rehabilitation, and palliation) of sufficient quality to be effective; and the use of these services does not expose the user to financial hardship.

290. Unpacking the definition, said that UHC implied an equity agenda, including greater focus on marginalized populations. She highlighted the emphasis on use relative to need ("needed health services") and on the quality of services (“quality to be effective”), adding that financing should not be a barrier to care. However, this did not mean all services had to be free, she said.

291. Ms Sparkes told the meeting that UHC was *not* about everyone being in an insurance scheme, having a standard package of services, or reaching a specific staffing or spending targets, etc. It was not an end-result, but a "direction" she said.

292. HIV interventions were by definition part of UHC, but some actions for addressing HIV also went beyond UHC (e.g. legal interventions addressing decriminalization could improve access to health services).

293. As to how countries could move in the right direction, Ms Sparkes distinguished between instruments ("what we do") and goals ("what we want"). The former included having a better mix and distribution human resources for health; investment to improve disease surveillance; reduced fragmentation; and provider payment reforms. The latter included equity in service use relative to need; focus on service quality; universal financial; and intermediate objectives such as equity and efficiency in resource use.

294. "Systems thinking", she said, provides for a more systematic approach and makes it possible to separate ends (e.g. effective coverage) from means (e.g. a specific health programme). It entails deciding on an objective and then ascertaining what is needed, what is already in place and what is lacking. This allows for defining and prioritizing appropriate actions and interventions.

295. In order to bring a UHC lens to HIV, she suggested, one should adopt the perspective of a Minister of Health, rather than that of an HIV programme manager. This reveals HIV as a part of a set of overall goals, and shows how it links and aligns with other benefits, system changes and governance structures.

296. In summary, she said, all countries can move towards UHC, HIV is included in UHC, we should separate ends (UHC) from means (health system strengthening), and we can apply "systems thinking" for a comprehensive problem-solving approach.

Opportunities and challenges of comprehensive HIV service delivery in the move towards UHC

297. The two sections in this session focused on country-level achievements and challenges in delivering comprehensive and integrated services for HIV, TB, STIs/STDs, sexual and reproductive health, and cervical cancer.

Examples of HIV-focused programmes which have evolved into integrated platforms for comprehensive health services for people

298. The first section highlighted effective delivery of services to key populations to ensure equitable health outcomes in pursuit of SDG targets 3.3. and 3.8.

299. Hu Yiyun, Director at the National Center for AIDS/STD Control and Prevention, CDC in China, said that his country had successfully controlled its HIV epidemic through top-level political commitment, implementation of several five-year AIDS action plans and integration of HIV into the Healthy China 2030 programme. HIV was part of China's UHC approach.

300. After describing the multilevel structure of the HIV response, he noted the importance of supply side reforms. China had promoted a "one-stop" model to provide a full chain of services at one facility, which had drastically shortened delays between people testing HIV-positive and starting treatment. He also described service-level improvements for key populations. China's State Council had set up an AIDS fund for nongovernmental organizations in 2015, which provided funding and designated local facilities to serve as service delivery training bases for nongovernmental organizations.

301. Allen Kyendikuwa, Programme Officer for the Uganda Youth Coalition on Adolescent SRHR and HIV, told the meeting that governments have to have services that meet the needs of women and girls, including family planning, gender-based violence etc. She said that service integration had important advantages but could overburden service providers and drain health system resources. Precautions were needed to avoid shifting those burdens onto service users. If integration is to work, it should not occur at the expense of those factors that make the HIV response work well.

302. Tatiana Makarevich, from the Republican Scientific and Practical Centre of Medical Technologies, Information, Management and Economics of Public Health in Belarus, described her country's progress towards UHC and SDG3. She said new legislation allowed the state to finance preventive medical and social protection services that civil society organizations can provide to key populations and other affected groups. However, existing programmes did not yet ensure that quality care was available for people who inject drugs, she said. Stigma, especially among health workers, remained common, and training and safety-at-work measures had to be strengthened.

303. Khuat Thi Hai Oanh, of the Center for Support Community Development Initiatives in Viet Nam, discussed lessons that the HIV response held for the UHC movement. They included the need for multistakeholder and civil society engagement; promotion of human rights and equity; removing access barriers; and ensuring that affordable medicines were available. Engagement of civil society was vital for empowering people and putting them at the centre of the response; for service delivery; for task shifting and community-based approaches; and for monitoring, accountability and advocacy for the removal of policy and other barriers, she said.

304. Speakers thanked UNAIDS for arranging the thematic segment. They highlighted lessons that UHC could take from the HIV response, including the centrality of civil society and communities for UHC progress; securing long-term sustainability of community systems; and investing in interventions to deal with stigma and discrimination and with human rights violations. There were calls for a focus on the problems faced by key populations and for recognizing that many governments were not keen on protecting the health and interests of key populations, especially people who inject drugs. Basic issues such as criminalization had to be addressed.

305. Speakers stressed that health was not a commodity and that it entailed more than the absence of illness. Some said that the framing of UHC seemed too narrow and did not

capture such wide-ranging understandings of health.

306. The Joint Programme was urged to continue aligning itself with Agenda 2030, including by promoting HIV services as part of a comprehensive package of services, by supporting countries to remove legal barriers and to ensure that health-relevant services are rights-based and gender-sensitive, and by promoting inclusive health governance, including voluntary national reviews.

307. Noting that investments in communicable diseases have not been equitable across countries, some speakers said it remained to be seen how equity would be built into the base of the UHC effort. Human rights had to guide UHC, they said and reiterated that primary health care was the most cost efficient and effective way to have healthy populations.

308. Speakers agreed on the need for strong, efficient and affordable health systems and reminded that this required investment and support. Some described how their countries were investing in integrated health systems to get "more health for the money" and to attract "more money for health".

309. Speakers shared experiences from their respective countries, including the persistence of stigma and discrimination, and a lack of understanding and respect among health-care workers for key populations. The need for quality health services was also emphasized and there was a suggestion that a future thematic segment could focus on that issue.

310. While noting that governments had a decisive role in moving towards UHC, eliminating health inequities and reducing financial barriers, some speakers said the private sector also had to live up to its social responsibilities. The Joint Programme was urged to put the strategic purchasing of health commodities high on its agenda.

311. Mr Martineau highlighted the importance of civil society, the fact that communities were still being left out, and the need to deal with criminalization and stigma and discrimination.

312. In their closing remarks, Mr Yiyun said the road to UHC would be tough, while Ms Kyendikuwa emphasized the importance of upholding human rights. It was not enough to focus on the delivery of services, she said. Ms Oanh stressed equity, human rights and community engagement and appealed to UNAIDS to ensure that lessons and capacities built in the HIV response were not lost in the push towards UHC.

<u>Achievements and challenges in providing comprehensive, inclusive and non-discriminatory services, including those for HIV, in facilities that have a broader health service mandate</u>

313. Juan Sotelo, Coordinator of the HIV Prevention Unit in Argentina's Ministry of Health, described how cooperation between civil society and government structures had led to the creation of stigma-free, “friendly consultation” rooms at hospitals and other health facilities for LGBTI persons. Training components had been added and opening hours and the mix of services had been adjusted. Respectful and non-discriminatory services were key, he said.

314. Zacharie Makong**,** of *Alternatives Cameroun* in Cameroon, described the support his nongovernmental organization provided to gay and other men who have sex with men and the services it offers to government facilities. Current services included a pharmacy dispensary service (enabling people to take HIV and viral load tests and to receive their ARVs) that serves about 800 men.

315. Merelin Muñoz, programme manager at the *Centro de Orientación e Investigación* in Dominican Republic, said that 76 centres were providing primary care to HIV patients.

Health staff had been consulted and sensitized to reduce sigma and discrimination, and HIV patients had set up support groups. Integrating services at the same facilities also helped reduce HIV stigma.

316. David Ruiz Villafranca, the AIDSfonds representative in Geneva, summarized recent research about opportunities and risks for integrating HIV into UHC. The findings emphasized that greater action was needed (e.g. by changing laws) to prevent populations from being left behind. The HIV movement was putting human rights at the centre, but the gains were fragile, he warned. Countries had to support communities' involvement in health programmes. The research also indicated that UHC had to build on the principles and structures underpinning the success of the HIV response, e.g. the GIPA principle.

317. Members thanked the panelists and highlighted the need for equitable access, quality health care (which requires investment), and cost reductions for users. Some speakers described changes they were introducing, including developing standard minimum packages of services and pursuing strategic purchasing. Others stressed that UHC involved more than service delivery.

318. Perspectives about UHC had to broaden and incorporate structural issues (including social protection, and food and nutrition support) and UHC had to be truly universal (e.g. by including migrants and people in fragile settings), speakers insisted. This would be increasingly vital as climate change shocks and other crises continue. There were concerns that UHC might involve integration into systems that neglect marginalized populations. Speakers said UHC had to be comprehensive and community-led if it was to be universal. They noted the continuity between UHC and the principles of the 1978 Alma-Alta Declaration.

319. In reply, Mr Sotelo said that reducing stigma and discrimination was a major priority, while Mr Makong described how his organization worked with neighbourhood and religious leaders and the police to reduce stigma and discrimination.

Financing mechanisms and governance issues

320. This session focused on financing and how inclusive health governance could shape programming and boost accountability for improved health outcomes.

321. Gerson Pereira, Director of the Department of Diseases of Chronic Conditions and Sexually Transmitted Infections in Brazil's Ministry of Health, said his country’s HIV programme centred on the principle of social solidarity and had rejected the idea that health care was a business. Human rights had to be a benchmark for UHC, he said.

322. Mark Blecher, Chief Director for Health and Social Development in the National Treasury in South Africa, told the meeting that his country was seeking more integrated service delivery and efficiency. He summarized the levels of integration of health-care workforce, information system and the procurement and distribution system.

323. He then discussed health financing in the wider African context and said that health funding (measured in purchasing power adjusted dollars) in 2010–2016 had been less than US$ 30 in at least 30 countries in sub-Saharan Africa. Tackling this had major implications for tax system and revenue-raising, which were essential for financing UHC. It might take decades to bring spending in some countries to the levels UHC called for, he said.

324. Praphan Phanuphak, Director of the Thai Red Cross AIDS Research Centre, discussed the chronology of UHC in Thailand during the 2000s. A big step forward had been the provision of free ART in 2006, due to advocacy and pressure from NGOs and activist

groups, and the lowering of treatment costs through licensing of generic ARVs. He described steps taken to improve access for key populations. Service training modules would be covered under UHC, along with steps to ensure the legal status and financial sustainability of the key populations-led model. PrEP would also be included in UHC.

325. Ms. Michaela Clayton, co-chair of the UNAIDS Reference Group on HIV and Human Rights, told the meeting that health is a human right—not a commodity or privilege—and that this principle applies to everyone. UHC has to put the poorest and most marginalized at the centre: it has to address social justice and it has to operate in an enabling environment that supports and upholds human rights. She called on Member States to repeal harmful criminalizing laws and to introduce legal protection for affected populations.

326. Ms Clayton said Member States had to eliminate out-of-pocket private spending for essential care and remove informal payments; end the use of punitive practices when people are unable to pay for health services; and set up domestic health financing systems that ensure equitable access to health services.

327. The UHC agenda had to ensure community engagement across all dimensions of health, she said. However, civic space was shrinking, and new restrictions were being applied, including by some donors. She called on Member States to protect civil society against undue restrictions, to monitor those trends and to ensure that civil society and communities are actively involved in implementation of the UHC agenda.

328. Speakers agreed that UHC is about more than health and should also involve removing social and structural barriers. Some speakers challenged the assumption that private sector services are better than public health services. Others asked how some countries were achieving good health service coverage at relatively low cost. There were also questions about how countries would be held accountable around UHC.

329. In reply, Mr Bletcher said it was not clear how countries were achieving good health coverage at low cost. He challenged a claim that more people were dropping out of ART than were starting treatment in South Africa, and described steps taken to strengthen retention in care. He suggested that UNAIDS' data collection work could be a basis for UHC accountability.

330. Ms Clayton said the key lessons from the HIV response (e.g. that people-centred and rights-based approaches work best) apply across public health and UHC. But she warned of a risk that UHC might narrow to a biomedical focus and neglect the social and economic context and enabling factors.

331. After thanking the organizers and panelists for the thematic segment, Ms Hader reminded the meeting that Thailand's achievements had been due to pressure from activists and the HIV movement and to concerted leadership from different sectors. The gains did not happen by themselves, she said.

332. The HIV response had consistently raised the alarm when people were being left out and that dynamic had to be brought to UHC, as well, she said. UNAIDS was dedicated to the success of UHC, but its focus was on coverage *and* health outcomes. For example, it was not only a matter of integration, but of integration for whom. She said UNAIDS looked forward to continued dialogue and to specific calls for action.

10. Any other business

333. No other business was brought before the Board.

11. Close of the meeting

334. In her closing remarks, Ms Carlsson thanked the meeting for the constructive engagements and for supporting the MAP, and pledged to keep the PCB informed about its implementation. UNAIDS had heard the call for an even more diverse workforce and greater commitment to GIPA, she said. An inclusive task force would be set up to address other dimensions of diversity, as well.

335. Ms Carlsson noted that the workplan and budget had been adopted and that the report of the Search Committee for the next Executive Director had been diligently discussed. UNAIDS' mission remained vitally important, since too many people were still being left behind, she said. The discussion on UHC showed that the HIV response could help ensure that UHC would be truly inclusive in design and implementation, she said. UNAIDS needed continuity and change at the same time, she said, before reiterating a call for donors to fully fund the UBRAF.

336. She thanked Mr Loic Picard, the legal counsellor, for his service over the years.

337. The PCB Chair thanked the meeting for the cooperation, trust and commitment it had shown, and thanked the technical and administrative staff for their hard work.

338. The 44th meeting of the Board was adjourned.

[Annexes follow]

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (44)/19.1

Issue date: 17 June 2019

FORTY-FOURTH MEETING

DATE: 25–27 June 2019

VENUE: Starling Hotel, 34 Route Francois-Peyrot, Le Grand-Saconnex, Geneva

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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 44th PCB meeting.
Document: UNAIDS/PCB (44)/19.1

1.2. Consideration of the report of the forty-third meeting
The report of the forty-third Programme Coordinating Board meeting will be presented to the Board for adoption.
Document: UNAIDS/PCB (43)/18.33

1.3. Consideration of the report of the Special Session of the PCB
The report of the Special Session of the Programme Coordinating Board will be presented to the Board for adoption.
Document: UNAIDS/PCB (EM)/2.3

1.4. Report of the Executive Director
The Board will receive a written outline of the report by the Executive Director a.i.
Document: UNAIDS/PCB (44)/19.2

1.5. Report of the Chair of the Committee of Cosponsoring Organizations (CCO)
The Chair of the Committee of Cosponsoring Organizations will present the report of the Committee.
Document: UNAIDS/PCB (44)/19.3

***1.6.* Report by the NGO representative (postponed)**
The report of the NGO representative will highlight civil society perspectives on the global response to AIDS.
Document: UNAIDS/PCB (44)/19.4

2. Leadership in the AIDS response (postponed)

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

3. **Report of the Working Group of the Programme Coordinating Board (PCB) to strengthen the PCB's monitoring and evaluation role on zero tolerance against harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat.**
The Board will receive the recommendations of the PCB Working Group on strengthening the PCB's monitoring and evaluation role on zero tolerance against harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat. The Secretariat will update the Board on progress in the implementation of the Management Action Plan.
Documents: UNAIDS/PCB (44)/19.5; UNAIDS/PCB (44)/19.6; UNAIDS/PCB (44)/19.7

4. **Update on strategic human resources management issues**
The Board will receive an update on strategic human resources management issues.
Documents: UNAIDS/PCB (44)/19.8; UNAIDS/PCB (44)/CRP1

5. **Statement by the representative of the UNAIDS Secretariat Staff Association**
Document: UNAIDS/PCB (44)/19.9

6. **Follow-up to the thematic segment from the 43rd Programme Coordinating Board meeting**
The Board will receive a summary report on the outcome of the thematic segment on Mental Health and HIV/AIDS-promoting human rights, an integrated and person-centred approach to improve ART adherence, well-being and quality of life
Document: UNAIDS/PCB (44)/19.10

WEDNESDAY, 26 JUNE

7. **Unified Budget, Results and Accountability Framework (UBRAF)**

7.1. Performance reporting
The Board will receive a report on the implementation of the UNAIDS Unified Budget, Results and Accountability Framework 2018-2019.
Documents: UNAIDS/PCB (44)/19.11; UNAIDS/PCB (44)/19.12 ; UNAIDS/PCB(44)/19.13; UNAIDS/PCB(44)/19.14

7.2. Financial reporting
The Board will receive a financial report and audited financial statements for 2018 which includes the report of the external auditors for 2019 as well as an interim financial management update.
Documents: UNAIDS/PCB (44)/19.15; UNAIDS/PCB (44)/19.16

7.3. Workplan and Budget 2020–2021
The Board will receive a proposed budget for the third biennium of UNAIDS 2016–2021 Unified Budget, Results and Accountability Framework
Documents: UNAIDS/PCB (44)/19.17; UNAIDS/PCB (44)/19.18

8. **Nomination of the next Executive Director of UNAIDS**
The Chair of the Search Committee will introduce the full report of the Committee including the presentation of the short list of candidates for the position of Executive Director. The Board will discuss the report of the Search Committee and provide general comments on the short list as well as specific comments on the short-listed candidates. Comments from the Board, including recommendations, will be

consolidated into a report to be sent to the Chair of the Committee of Cosponsoring Organizations by the PCB Chair.
Document: UNAIDS/PCB (44)/19.19

THURSDAY, 27 JUNE

9. **Thematic segment:** *Delivering on SDG3—Strengthening and integrating comprehensive HIV responses into sustainable health systems for Universal Health Coverage*
Documents: UNAIDS/PCB (44)/19.20; UNAIDS/PCB (44)/19.21; UNAIDS/PCB (44)/CRP2

10. **Any other business**

11. **Closing of the meeting**

27 June 2019

44th Session of the UNAIDS Programme Coordinating Board Geneva, Switzerland

27 June 2019

Decisions

The UNAIDS Programme Coordinating Board,

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

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

Agenda item 1: Opening of the meeting and adoption of the agenda

1. *Adopts* the agenda;

Agenda item 1.2: Consideration of the report of the forty-third meeting

2. *Adopts* the report of the 43rd Programme Coordinating Board meeting

Agenda item 1.3: Consideration of the report of the Special Session of the PCB

3. *Adopts* the report of the Special Session of the Programme Coordinating Board;

Agenda item 1.4: Report of the Executive Director

4. *Takes note* of the report of the Executive Director a.i.;

Agenda item 1.5: Report of the Chair of the Committee of Cosponsoring Organizations

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

Agenda item 3: Report of the Working Group of the Programme Coordinating Board (PCB) to strengthen the PCB's monitoring and evaluation role on zero tolerance against harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat

Report of the Working Group

6.1 *Takes note* of the report of the PCB Working Group to strengthen the PCB's monitoring and evaluation role on zero tolerance against harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat;

6.2 *Requests* the UNAIDS Executive Director to ensure that the Secretariat Ethics function conforms to the Standards recommended by the Joint Inspection Unit;

6.3 *Requests* the UNAIDS Executive Director to ensure the annual publication of a list of disciplinary cases and actions taken, in conformity with the relevant Joint Inspection Unit recommendation;

6.4 *Requests* the UNAIDS Secretariat to report to the next session of the PCB on the implementation of the Management Action Plan.

Management Action Plan

6.5 *Welcomes* the revised Management Action Plan, *supports* the required efforts to implement it fully and *requests* the UNAIDS Secretariat to report on implementation of the Management Action Plan through its annual update on strategic human resources management issues;

Evaluation Policy Paper

6.6 *Approves* the UNAIDS Evaluation Policy and *requests* the UNAIDS Evaluation Office to present an evaluation plan to the 45th meeting as well as annual reporting on the implementation of the evaluation plan.

Agenda item 4: Update on strategic human resources management issues

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

Agenda item 5: Statement by the representative of the UNAIDS Secretariat Staff

Association

8. *Takes note* of the statement by the representative of the UNAIDS Secretariat Staff Association

Agenda item 6: Follow-up to the thematic segment from the 43rd Programme Coordinating Board meeting

9.1 *Takes note* of the background note (UNAIDS/PCB (43)/18.32) and the summary report (UNAIDS/PCB (44)19.10) of the Programme Coordinating Board thematic segment on mental health and HIV/AIDS—promoting human rights, an integrated and person-centered approach to improving ART adherence, well-being and quality of life;

9.2 *Calls* on Members States to:

- Implement evidence-based, people-centred, human rights and community-based policies and programmes to promote mental health and quality of life, including by addressing stigma and discrimination related to both HIV and mental health conditions, in the context of HIV prevention, treatment and care services;
- Address social determinants of mental health and HIV, including through adopting and implementing social protection policies and programmes to reduce stigma and discrimination;

9.3 *Calls* on the UNAIDS Joint Programme to:

- Review and revise existing practices and guidelines to ensure the integration of mental health and substance use treatment and prevention services into the HIV service delivery platforms, and HIV services into mental health and substance use prevention and treatment programmes, and provide respective implementation guidance;
- Take into account the intersection between mental health and HIV, and the importance of improving the psycho-social wellbeing and quality of life of people affected and living with HIV, as part of a person-centred and human rights approach, when developing the next UNAIDS strategy for 2021–2030; and
- Report back to a future Programme Coordinating Board meeting on the progress made on the integrated approach to mental health and HIV.

Agenda item 7: Unified Budget, Results and Accountability Framework

Agenda item 7.1: Performance reporting

10.1 *Takes note* of the performance monitoring report and continued efforts to rationalize and strengthen reporting, in line with decisions of the Programme Coordinating Board, and based on experience and feedback on reporting;

10.2 *Urges* all constituencies to contribute to efforts to strengthen performance reporting and use UNAIDS annual performance monitoring reports to meet their reporting needs;

10.3 *Requests* UNAIDS to continue to strengthen joint and collaborative action at country level, in line with the revised operating model of the Joint Programme as a part of UN reform efforts;

Agenda item 7.2: Financial reporting

10.4 *Accepts* the financial report and audited financial statements for the year ended 31 December 2018;

10.5 *Takes note* of the interim financial management update for the 2018–2019 biennium for the period 1 January 2018 to 31 March 2019, including the replenishment of the Building Renovation Fund;

10.6 *Encourages* donor governments to make multiyear contributions and release their contributions towards the 2016–2021 Unified Budget, Results and Accountability Framework as soon as possible to fully fund the 2018–2019 budget of US$ 484 million;

Agenda item 7.3: Workplan and budget 2020–2021

10.7 *Recalls* its decision at the 38th PCB meeting approving the final, prioritized and more detailed 2016–2021 UBRAF based on the recommendations of the PCB working group (*decision* 7.23);

10.8 *Approves* UNAIDS 2020–2021 budget of US$ 484 million and the proposed allocation between the 11 Cosponsors and the Secretariat based on the revised resource mobilization and allocation model;

10.9 *Recognizes* that the UNAIDS 2016–2021 Strategy, Unified Budget, Results and Accountability Framework and the 2020–2021 budget, as well as the ongoing work to

refine the Joint Programme operating model, reflect UNAIDS' engagement in coherent and integrated support as called for in Agenda 2030, and as mandated through the 2016 Quadrennial Comprehensive Policy Review (QCPR) and the UN reform.

Agenda item 8: Nomination of the next Executive Director of UNAIDS

11.1 *Recalls* the Process and Terms of Reference for the Search Committee for the Nomination of the UNAIDS Executive Director that were agreed through intersessional decision making on 14 March 2019;[1]

11.2 *Recognizes* the formation of the Search Committee and the adherence to the Board approved process;

11.3 *Takes note* of the Report of the Search Committee and the views expressed by the Members of the Programme Coordinating Board and Observers of the meeting, including on the process as well as the short list;

11.4 *Requests* that the Committee of Cosponsoring Organizations takes into account all the views expressed by the Members of the Programme Coordinating Board and Observers of the meeting.

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[1] For approval on a no-objection basis.

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