



UNAIDS PROGRAMME COORDINATING BOARD

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Issue date: 27 April 2015

THIRTY-SIXTH MEETING

Date: 30 June-2July 2015

Venue: Executive Board room, WHO, Geneva

Agenda item 1.2

Report of the 35th Meeting of the Programme Coordinating Board

Additional documents for this item: *none*

Action required at this meeting – the Programme Coordinating Board is invited to:
adopt the report of the 35th Programme Coordinating Board meeting.

Cost implications for decisions: *none*

1. OPENING

1.1 Opening of the meeting and adoption of the agenda

1. The UNAIDS Programme Coordinating Board (the Board) convened for its 35th meeting on 9-11 December 2014 in the Executive Board Room of the World Health Organization in Geneva.
2. The Programme Coordinating Board Chair, H.E. Mr John Paton Quinn, Ambassador and Permanent Representative of Australia in Geneva, welcomed participants to the 35th meeting. The Board observed a minute of silence in memory of all who had passed away from AIDS since the last meeting.

1.1 Consideration of the report of the 34th meeting

3. The Board adopted the report of the 34th meeting of the Board as revised¹.

1.2 Report of the Executive Director

4. UNAIDS Executive Director Michel Sidibé dedicated his report to Dr Joep Lange and others who lost their lives when their plane crashed in Ukraine as they were on their way to the 2014 International AIDS Conference in Melbourne, Australia. Mr Sidibé reported on the launch of the global Fast-Track initiative, which recognizes the need to accelerate responses over the next five years in order to lay the groundwork to end the AIDS epidemic as a public health threat by 2030. The Fast-Track cities initiative, launched in Paris on World AIDS Day, provides a new platform to tailor responses to local needs and intensify the focus on closing gaps for those who are being left behind in the AIDS response.
5. The global and cities Fast-Track initiatives build on gains to date, which have successfully bent the trajectory of the epidemic. New HIV infections have fallen by 38% since 2001, the number of children newly infected with HIV has declined by 58% since 2009, and record numbers of people are accessing HIV treatment. Strides have been made in expanding harm reduction programmes in countries such as Vietnam; judicial bodies in Uganda, Namibia and Kenya took important steps to protect and promote the human rights of people living with and affected by HIV; and Thailand became the first country in Asia to offer HIV treatment to all people living with HIV, including documented and undocumented migrants. Technological innovations, such as pre-exposure antiretroviral prophylaxis (PrEP) continue to expand the toolkit of effective prevention strategies, while the new *All In initiative* is now being owned by young people across the world to address the needs of adolescents living with and affected by HIV. Numerous low- and middle-income countries have increased domestic investments in the AIDS response, and donors such as the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) continue to exhibit transformative AIDS leadership.

¹ http://www.unaids.org/sites/default/files/media_asset/20141216_Report34PCB_final_rev1.pdf

6. To fast-track AIDS responses worldwide, ambitious new targets are needed. Achievement of the 90-90-90 treatment target would avert nearly 28 million new HIV infections and 21 million unnecessary deaths globally. These new targets have been endorsed by health ministers of the BRICS group, and the Government of Luxembourg has contributed US\$500.000 to support achievement of the 90-90-90 treatment target.
7. Fast-tracking the AIDS response will require more effective efforts to address the social and political drivers of ill health and poverty. More will need to be done to support and empower people living with HIV, to address the linked epidemics of HIV and tuberculosis, to prevent intimate partner violence and to expand access to life-saving HIV services for children. Funding for civil society responses need to triple, commodity security must be assured, countries need to develop financial sustainability plans and AIDS must be more thoroughly integrated and linked with broader health and development efforts. New partnerships, renewed commitment and innovation will be essential to end the epidemic once and for all. Shared responsibility and global solidarity, along with an investment approach that prioritizes a focus on the locations and populations where greatest impact can be achieved, will also be vital ingredients.
8. The Ebola outbreak in West Africa has highlighted the inter-dependence of the world and the importance of strong health systems. Ebola has resulted in many of the same issues with which the AIDS response has had to respond, including panic, insecurity, isolation, fear and discrimination.
9. The past six months have helped clarify how best to move forward in the AIDS response. New data and analyses clearly indicate who is being left behind in the response and what is possible to achieve through a stronger, inclusive and strategic response. Mr Sidibé asked the Board to consider updating and extending the UNAIDS Strategy through 2021, as recommended by the executive heads of the UNAIDS Cosponsors, to ensure the Joint Programme's ability to inform and effectively leverage the 2016 High Level Meeting on AIDS. An updated, extended strategy will also enable the Joint Programme to be fit for purpose in the post-2015 era. As the only Cosponsored programme in the United Nations system, UNAIDS has already sparked considerable interest as a model for global health architecture.
10. The Board welcomed the report of the Executive Director. Taking into account new data and analysis in recent UNAIDS reports (the *Gap report*, *Fast-Track - Ending the AIDS epidemic by 2030* and *The Cities Report*) which provide compelling evidence for accelerated investment and action in the next five years to enable countries to end the AIDS epidemic by 2030, and reaffirming the UNAIDS vision of the Three Zeros, the Board asked Mr Sidibé to undertake a multi-stakeholder consultative process to update and extend the UNAIDS 2011-2015 Strategy through 2016-2021. The Board asked UNAIDS to align its updated and extended strategy with the resolution on the Quadrennial Comprehensive Policy Review (QCPR) of operational activities for development (67/226) and to take into account the 2011 Political Declaration of Commitment on HIV and AIDS and ongoing discussions on the post-2015 Sustainable Development Goals. The Board asked UNAIDS to report back to the Board at its 36th meeting and to submit an updated Strategy and UNAIDS Budget, Results and Accountability Framework (UBRAF) at the 37th Board meeting.

11. During interventions from the floor, Board members emphasized the importance of immediate action during the Fast-Track period to lay the foundation to end the epidemic by 2030. Noting that the tools now exist to end the epidemic, Board members welcomed the 90-90-90 treatment target. Board members highlighted several critical priorities in progressing towards the 90-90-90 target, including strengthening efforts to ensure knowledge of HIV status, reducing prices for second- and third-line antiretroviral regimens, and strengthening health systems. Board members emphasized the importance of scaling up HIV prevention services, noting recent gains in implementing voluntary medical male circumcision in sub-Saharan Africa, and also highlighted the substantial return on AIDS investments. The importance of continuing to ground the AIDS response in human rights principles was stressed, and Board members also emphasized the importance of effectively targeted responses to most affected geographic areas and populations. It was noted that a number of African countries have demonstrated their support for UNAIDS through financial contributions to the Joint Programme. Appreciation was expressed by Board members for the demonstrated support by UNAIDS leadership for the response to Ebola in West Africa.
12. In response to interventions by Board members, the Executive Director expressed appreciation for the Board's support for the *Fast-Track* initiative. He particularly emphasized the importance of achieving improved results on HIV testing, noting that 19 million people living with HIV do not know their HIV status. Self-testing and other strategies have the potential to help close the HIV testing gap. Emphasizing that the goal of HIV treatment is viral suppression, Mr Sidibé cited the success of the Diagnostics Access Initiative in negotiating a new global price ceiling for the leading viral load test. Innovative strategies and lessons learnt through the AIDS response, he said, offer lessons for Ebola and other health problems. The Executive Director applauded decisions by countries and institutions to provide financial support to the Joint Programme.

1.4 Report by the NGO representative

13. The NGO representative from the Asia-Pacific region presented the NGO delegation's report, which focused on the impact of intellectual property rights in the quest to ensure access to affordable, high-quality HIV treatment for all people living with HIV, drawing from outcomes of a consultative information-gathering process. Although the World Trade Organisation (WTO) Doha Declaration reaffirmed the right of countries under the Trade Related Aspects of Intellectual Property Rights (TRIPS) to protect public health through the implementation of public health related flexibilities within TRIPS (like compulsory licensing, parallel importation, among others), the NGO representative noted that it has often proven difficult for countries to use these flexibilities due to resistance from some high-income countries where large pharmaceutical companies are based. Problems are especially acute in middle-income countries, which are experiencing a substantial increase in the number of people living with HIV but are often excluded from voluntary licensing agreements. The NGO representative reported that Free Trade Agreements have often included provisions that include intellectual property provisions that are far greater than those provided under TRIPS. It was stated that low- and middle-income countries require access to independent advice to determine whether patent applications for new drugs should be granted. A PCB NGO representative noted the potential constraints

posed by intellectual property enforcement for UNAIDS efforts to establish independent pharmaceutical manufacturing capacity in Africa and stressed that intellectual property rules may have a restrictive effect on the country abilities to scale-up HIV treatment to prevent new infections and PrEP programmes. The NGO representative also stressed that civil society organizations are poorly funded to undertake further work in this area.

14. Emphasizing the effect that outcomes of intellectual property issues will have on the *Fast-Track* initiative, the NGO delegation noted that UNAIDS has a critical role and mandate to act in this area and urged that intellectual property-related work be reflected in the updated UBRAF.
15. Thanking the NGO delegation for its report, the Board recalled provisions of the 2011 *Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS* regarding the importance of access to essential medicines in low- and middle-income countries, including commitments to maximize use of TRIPS flexibilities and to effectively remove barriers to generic competition. Board members cited continuing high prices, especially for second- and third-line antiretroviral treatments, and noted that more affordable prices will be required to achieve the 90-90-90 treatment target. Concern was expressed by Board members regarding the exclusion of many middle-income countries from voluntary licensing agreements and other schemes to lower drug prices. Board members cited the need to strike an appropriate balance between intellectual property rights and access to medicines and stated that UNAIDS is well placed to guide the work of countries in this regard. It was suggested that efforts should be taken to avoid duplication of effort regarding medicines and intellectual property, as substantial activity is currently focusing on this area of work. Some Board members argued for a multi-faceted approach to the change of drug affordability and advised against addressing intellectual property issues in isolation from other factors that affect the prices of medicines.
16. Following the discussion, the Board asked the Joint Programme to develop a synthesis report of existing research and literature on intellectual property-related and other factors affecting the availability, affordability and accessibility of treatments and diagnostics for HIV and co-infections in low- and middle-income countries, for presentation to the Board in 2015. The Board urged UNAIDS to intensify technical support to countries to address intellectual property-related and other barriers to meaningful access to HIV treatments and diagnostics. UNAIDS was asked to intensify its cooperation and practical coordination with the World Trade Organization and the World Intellectual Property Organization on issues relating to public health, intellectual property and trade, and the Board also asked UNAIDS to collaborate with relevant partners to further develop collaborative mechanisms for price reductions to increase access to assured-quality products.

2. LEADERSHIP IN THE AIDS RESPONSE

17. His Excellency Mr Carsten Staur, Ambassador and Permanent Representative of Denmark in Geneva, addressed the Board, focusing on the role of the United Nations system in the AIDS response and drawing from his 2014 book that identified trends, concerns and challenges pertaining to the United Nations' work in a rapidly evolving global environment. Mr Staur noted that the AIDS response has been both highly effective and innovative, combining leadership, advocacy, engagement, strategic data and resource mobilization. The AIDS response was highlighted as one of the Millennium Development Goals (MDGs) and has been characterized by multi-sectoral engagement and national ownership. Price declines in HIV medicines catalysed an historic scale-up of HIV treatment in resource-limited settings, and scientific research has developed more effective treatment tools. Even more could have been achieved by the AIDS response, but gains to date provide a strong foundation on which to build in the post-2015 era.
18. Mr Staur noted that among the proposed 17 Sustainable Development Goals (SDGs), only one is likely to focus on health, with HIV likely to be one of nine sub-goals of this SDG. He added that much can be achieved in the post-2015 era if lessons learned over the last 20 years in the AIDS response are successfully applied. Essential elements of a strong AIDS response in the post-2015 era include strong national ownership, integral involvement of civil society and other non-state actors, and a focus on hard evidence in the development and implementation of policies and programmes. A holistic view of the many linkages and inter-dependencies that will influence HIV-related outcomes will be central to the development of incentives that nudge people to take the right decisions. Although the nine sub-goals of the proposed health-related SDG focus on specific health problems, the Ebola outbreak has underscored the importance of health systems. Mr Staur said AIDS need to be taken out of isolation and that strengths of vertical approaches need to be combined with those of horizontal approaches to health.
19. While global health assistance has sharply increased, Mr Staur said comparable further increases in future years will be far more difficult to achieve. Increasingly, donors are likely to concentrate on fragile states and low-income countries; although Mr Staur observed that most poor people live in middle-income countries. At the same time, the health sector is likely to encounter increased competition for funding from other sectors.
20. Mr Staur observed that the world is changing in other ways. By 2030, the combined gross domestic product (GDP) of the United States and the European Union will be less than 40% of global GDP, offer the possibility of a range of scenarios regarding global cooperation and governance. Mr Staur suggested that newly rich countries may in future decide to play a leading role in the existing multilateral system, or in the alternative a new multilateral system may emerge to compete with the existing international system. In particular, the emphasis on human rights and key populations in the global AIDS response and more broadly in the multilateral international arena is not shared by all countries, which could lead to schisms. Mr Staur argued for a strong, unified multilateral system to deal with global challenges, and he applauded the Fast-Track initiative as an example of an approach that fits well with a fast-changing world.

21. Board members thanked Mr Staur for his remarks and specifically noted the importance of combining horizontal and vertical health approaches into a “diagonal” approach that combines the strengths of each. Board members also endorsed Mr Staur’s emphasis on the importance of inclusive, innovative partnerships to drive progress in the post-2015 era.

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

22. Dr Kent Buse, Chief, Strategic Policy Directions, updated the Board on progress towards the post-2015 development agenda and on positioning AIDS on the agenda, including prospects for including ending AIDS as an important outcome in the post-2015 global development framework. Mr Buse thanked the Board for making the post-2015 development agenda a standing agenda item and for conveying its related decision point from the 34th meeting to the President of the United Nations General Assembly. He expressed appreciation for the many interventions from Board members in support of inclusion of AIDS as a priority in the post-2015 development agenda.
23. Recalling the Board’s endorsement at its 34th meeting of the goal of ending AIDS a public health threat by 2030, Mr Buse updated the Board on developments since July 2014 in the post-2015 process and on actions taken by UNAIDS to position AIDS in the post-2015 agenda. As the final stages of the multi-year process of developing a post-2015 development agenda approach, consensus is beginning to emerge in many areas. The President of the General Assembly, and others, including the Open Working Group on Sustainable Development, have highlighted the importance of a transformative agenda for the post-2015 era that is rooted in principles of non-discrimination, equality, participation and accountability and that reflects international standards for civil, political, economic, social and cultural rights.
24. Mr Buse said the report of the Open Working Group has been embraced by the General Assembly as the primary basis for integrating sustainable developing goals into the post-2015 development agenda. Although AIDS is likely to appear only in one of nine substantive targets under the single health-focused SDG, there is room for HIV-sensitive approaches under other SDGs and targets that address non-health sectors. Mr Buse argued that investments in the AIDS response can have multiplier effects across other health and development areas – and the multi-sector, multi-stakeholder, human-rights approach of the AIDS response has much to offer to the post-2015 agenda. Mr Buse noted that global solidarity will be needed to finance all elements of a comprehensive, effective response to AIDS. As work on the final form of the post-2015 development agenda continues, Mr Buse said it will be important to retain the target of ending AIDS, tuberculosis and malaria.
25. The United Nations Secretary-General’s ‘Synthesis’ report to the General Assembly proposes six essential elements for delivering on the SDGs: dignity, people, planet, partnership, prosperity and justice. The Secretary-General’s report emphasizes universality in addressing common problems, integration of sustainability across all efforts, a focus on addressing inequality, respect for human rights, analysis grounded in credible evidence, expanded partnerships and a renewed commitment to international solidarity. Mr Buse noted that UNAIDS welcomed the Secretary-General’s continuing commitment to a future free from AIDS.

26. Mr Buse described a series of milestones that will occur in 2015 towards the finalization of the post-2015 development agenda, culminating in adoption of the agenda at a global summit in September 2015. He noted that UNAIDS will continue to support a range of work on the post-2015 agenda, including collaborative work with UNFPA to support mobilization of young people under the *ACT! 2015* initiative. UNAIDS has also supported diverse civil society and faith-based organizations to make their voices heard in the development of a post-2015 agenda. In addition, UNAIDS has convened stakeholders at regional and global level to provide input into the SDGs, supported the work of the UN System Interagency Task Team on Post-2015, and is helping draft the UNAIDS-Lancet Commission report, which is expected to be launched in the second quarter of 2015.
27. Mr Buse reported that these many efforts have coalesced in a growing movement to end AIDS by 2030. To ensure a people-centred development agenda that addresses the political, economic and social determinants that drive ill health and HIV, Mr Buse emphasized the importance of engagement by Member States and the Joint Programme to prevent AIDS from being sidelined in the post-2015 agenda.
28. Board members welcomed the update by Mr Buse and reaffirmed their commitment to ending AIDS as a public health threat by 2030, expressing confidence in the feasibility of this goal, expressing appreciation for inclusion of the goal in the provisional SDGs recommended by the Open Working Group, and noting the Joint Programme as a useful common platform for accountability in the effort to end the epidemic. The Board encouraged Member States to advocate for the decisions of the Board relating to the post-2015 development agenda to be fully reflected in the final SDG documents.
29. In working towards this aim, Board members stressed the importance of the 90-90-90 treatment target, as well as a commitment to human rights and effective measures to meet the needs of those currently being left behind by the response. The Board recognized that ending the epidemic by 2030 can only be achieved through a post-2015 response that is sustainable, transformative, inclusive and ambitious. Hope was expressed that the post-2015 era will witness the emergence of a preventive vaccine and a cure for HIV. Board members cited the critical importance of civil society to achievement of the goal of ending AIDS by 2030.
30. Board members highlighted the importance of health systems strengthening for the goal of ending AIDS by 2030, and the AIDS response was cited as a catalytic agent for broader health system strengthening. Board members emphasized the importance of engagement of non-health sectors in the response, citing the Joint Programme as an example of multisectoral collaboration, issue-specific partnerships and inclusive governance.
31. In response, Mr Buse welcomed the interventions from the floor and applauded the Board's emphasis on multisectoral action and inter-linkages. He said UNAIDS agreed with the Board's sentiments that the AIDS response provides relevant lessons for other complex development challenges. Mr Buse assured the Board that UNAIDS is working to position AIDS in the agenda and its monitoring framework, including in indicator development.

4. FOLLOW-UP TO THE THEMATIC SEGMENT FROM THE 34TH PROGRAMME COORDINATING BOARD MEETING

32. Ms Mariângela Simão, Director of the UNAIDS Rights, Gender, Prevention and Community Mobilization Department, reported on outcomes from the thematic segment of the 34th Board meeting, which focused on HIV and social protection. Ms Simão noted that social protection has a role to play across the AIDS response; for example, achievement of the 90-90-90 treatment target will require support for transport, free antiretroviral therapy, food and nutrition and housing for many people living with HIV. She emphasized the importance of the zero discrimination element of the UNAIDS vision and stressed that the response must address the needs of all affected populations, leaving no one behind. Investments in organizations and networks of people living with HIV are critical.
33. To carry forward the work on HIV and social protection, Ms Simão reported that UNAIDS had been engaged in numerous activities since the 34th Board meeting. UNICEF has undertaken a review of the HIV impact of various social protection programmes, and a new research network on HIV and social protection was launched at the 2014 International AIDS Conference. A regional meeting to scale up proven social and structural interventions for prevention of sexual transmission of HIV among young women in East and Southern Africa was held in Johannesburg in July, 2014 and follow-up of the resulting recommendations is ongoing.
34. Ms Simão concluded that combining the movements on ending the AIDS epidemic, extreme poverty and inequality presents unprecedented opportunities for a re-invigorated AIDS response. A research agenda that lays out the pathways to social inclusion social protection and equitable economic growth in different geographic, political settings and HIV epidemic contexts is needed and will be an important step towards joint action on ending AIDS, extreme poverty and inequality. Ms Simão added that increased investment, by governments and development partners, in organizations and institutions of and led by people living with HIV, key populations and people most affected by HIV for strengthened partnerships will be important for reaching those in most need of HIV services and social protection.
35. The Board welcomed the report on follow-up from the thematic segment from the 34th Board meeting and called upon UNAIDS to actively work to connect HIV with the eradication of extreme poverty and inequality in the post-2015 development agenda. The Board called on UNAIDS to advocate for the promotion of human rights, dignity for all and social protection, including the right to the highest attainable standard of health.
36. The Board encouraged the Joint Programme to work collaboratively through the Interagency Task Team on Social Protection, Care and Support and other partners to strengthen social protection systems. UNAIDS was specifically encouraged to facilitate country-level dialogues on ending the AIDS epidemic, extreme poverty and inequality, and to conduct social protection assessments aligned with the *Fast-Track* initiative for accelerated action over the next five years. The Board asked UNAIDS to support scale-up and broadening of sustainable social protection programmes that enhance HIV prevention, treatment, care and support outcomes for vulnerable families and individuals. Action by UNAIDS was requested to strengthen research in social protection and the use of research findings to address the social and

economic drivers of HIV. The Board emphasized the importance of strengthening and promoting the Greater Involvement of People Living with HIV (GIPA) principle in social protection action.

5. RETARGETING PROCESS FOR UNIVERSAL ACCESS

37. UNAIDS Deputy Executive Director Luiz Loures summarized progress towards the development and implementation of new AIDS targets for the post-2015 era. Noting the feasibility of ending the AIDS epidemic as a public health threat by 2030, Mr Loures said the next five years offers a short window of opportunity to lay the foundation to end AIDS. Substantial gains have been made in scaling up HIV treatment, but the pace will need to double to reach the global treatment target. Efforts will need to be better focused on locations and populations. As stakeholders work to accelerate progress over the next five years, decision-makers should bear in the mind the extraordinary value of AIDS investments, with every US\$1 invested in the response generating US\$15 in returns.
38. Financing to achieve ambitious new AIDS targets will require different approaches for different countries, Mr Loures reported. Maximum support will be required for low-income countries, and lower-middle-income countries will also need continued support. Financing approaches will be more varied for upper-middle-income countries, which will be expected to finance a greater share of their national responses but may continue to require international assistance, especially for programmes for key populations. Mr Loures emphasized that there is not a single formula for ending AIDS but that a balanced, flexible portfolio will be needed, tailored to national needs and circumstances.
39. Mr Loures reported that the 90-90-90 treatment target has been enthusiastically embraced, including at a special high level side event at the United Nations General Assembly in September 2014. The BRICS group of countries, which account for 30% of all people living with HIV, has endorsed 90-90-90 and the *Fast-Track* initiative, and the Government of South Africa is already taking steps to put in place the strategies needed to reach the 90-90-90 target. Mr Loures emphasized that 90-90-90 is more than a target but represents a global movement to leverage treatment scale-up to end the epidemic. Particularly focused efforts are needed on the first 90 – HIV testing – as nearly 20 million people living with HIV still do not know their HIV status. He noted that prices for antiretroviral medicines will also need to decline further to reach the 90-90-90 treatment target. The UNAIDS Situation Room also illustrates how up-to-the-minute, more granular data may be used to increase the effectiveness and adaptability of treatment programmes.
40. Efforts continue to define new post-2015 targets on primary prevention and non-discrimination. Mr Loures said the global movement towards the 90-90-90 treatment target can also provide a greater push for more robust prevention efforts.
41. Board members welcomed the presentation by Mr Loures and agreed that ‘business as usual’ was not acceptable. Board members urged continued work to develop new targets on HIV prevention and discrimination, warning against pitting prevention against treatment and submitting instead that these two domains are mutually supportive. The Board asked UNAIDS to present a refined and finalized set of

targets for prevention, treatment, stigma and discrimination, along with a funding strategy, for consideration by the Board at its 37th meeting.

42. Strong support was expressed by Board members for the 90-90-90 treatment target. It was noted that early initiation of HIV treatment had generated broad support among civil society. Board members reported that countries in Latin America and the Caribbean had, like the BRICS group, strongly endorsed 90-90-90 and begun to take steps to align national targets with this approach. Board members noted the critical need for broader health systems strengthening to achieve the 90-90-90 treatment target, including training of healthworkers and focused efforts to build robust and sustainable laboratory capacity.
43. Board members agreed that setting clear national targets is the first step towards translating ambitious global targets and reinvigorating national responses. It was agreed that countries would welcome guidance and support from UNAIDS in the establishment of new targets, including support for modelling to develop reasonable, achievable goals. The Board called on Member States to take steps to implement national HIV prevention and treatment targets, ensuring equity and human rights and using WHO guidelines as a basis to reach the 90-90-90 treatment target. The Board asked the Joint Programme to support countries in ensuring equity and uninterrupted, non-discriminatory access to HIV treatment, prevention, care and support to all people who need it by 2020. UNAIDS was asked to aid countries in undertaking a comprehensive gap analysis based on ambitious new targets for 2020. The Board also asked UNAIDS to establish targets to ensure key populations' access to treatment and prevention services, with milestones for 2020 towards ending the AIDS epidemic by 2030, and to support countries in setting national targets.
44. Responding to interventions by the Board, Mr Loures stressed the importance of context-specific approaches, with actions matched to where the gaps and HIV burden are greatest. In this regard, he suggested that the traditional dichotomy between generalized and concentrated epidemics was no longer helpful but that more tailored, localized approaches are needed. Both Mr Sidibé and Mr Loures noted that more money would be needed to reach ambitious new targets but that an investment approach offered a way forward to mobilize the resources required and to maximize their impact. Mr Loures welcomed the Board's interventions on laboratory capacity, noting the strategic importance of diagnostics in achieving easier and faster results.

6. GAP ANALYSIS ON PAEDIATRIC HIV TREATMENT, CARE AND SUPPORT

45. Mr Loures reported on results of a gap analysis on paediatric HIV treatment, care and support and on efforts to ensure that the 90-90-90 treatment target works for children. An estimated 3.2 million children are living with HIV, but less than one in four receives HIV treatment. Mr Loures noted that significant data gaps impede effective action to address the HIV treatment needs of children.
46. Innovations are helping address many of the bottlenecks in diagnosing and treating children living with HIV, Mr Loures reported. These include use of multiple child-focused delivery points to diagnose children living with HIV, decentralization of service delivery, and use of family-centred approaches that improve health

outcomes. With the majority of HIV transmission among children now occurring during the breastfeeding period, engaging women in the post-natal period is essential. Mr Loures emphasized that barriers resulting from stigma and discrimination must be addressed, and further scientific advances are needed in the paediatric testing and treatment arena. With a multiplicity of global initiatives having emerged on paediatric HIV treatment, Mr Loures stressed the importance of effective coordination and coherence of these diverse efforts.

47. Ms Keren Dunaway, a young woman living with HIV from Latin America, described her own personal challenges in obtaining effective, tolerable HIV treatment. After experiencing considerable challenges with early therapies she received, including drug resistance and side effects, she was placed on her current regimen more than 10 years ago and has thrived on it. Beginning in 2004, she became an AIDS activist and now works to promote human rights and to increase awareness that effective HIV treatments exist to prevent people living with HIV from dying.
48. Ms Martina Penazzato of the World Health Organization reported on WHO's contributions to paediatric HIV treatment. WHO's 2013 consolidated antiretroviral guidelines recommend that all children living with HIV under age 5 initiate antiretroviral therapy. These guidelines also recommend more potent and simplified antiretroviral regimens for children. As of October 2014, more than 79% of WHO's 58 focus countries have aligned national guidelines with WHO's recommendation for initiating HIV treatment in all children under age five. Work continues to optimize antiretroviral therapy and to improve diagnostic efforts for children. With UNICEF and Elizabeth Glaser Paediatric AIDS Foundation, WHO launched the Double Dividend initiative, which focuses on integrated HIV in children's health services. WHO is now focused on aiding countries in translating the 90-90-90 treatment target into national guidelines and programme implementation.
49. The Board took note of the gap analysis and welcomed and endorsed the strategic directions outlined by UNAIDS for closing the paediatric HIV treatment gap. Board members called on countries to take immediate steps to implement relevant strategic directions outlined by UNAIDS in its gap analysis.
50. Board members emphasized the need for continue work to simplify dosing for children and to improve the range and tolerability of paediatric antiretroviral medicines. In particular, it was submitted that enhanced work with the private sector was generated to strengthen paediatric HIV treatments, in light of the failing market for antiretroviral medicines for children. Board members emphasized the importance of linking medical interventions with psychosocial support. While the gap analysis focused on children ages 0-14, Board members also highlighted the need to address testing and treatment issues for adolescents and young people generally. It was also noted that the paediatric HIV treatment agenda goes hand in hand with continued progress towards elimination of new HIV infections among children.
51. Board members expressed concern regarding the proliferation of initiatives on paediatric HIV treatment. The Board requested UNAIDS to work with relevant partners to establish a platform for coordination of paediatric treatment activities that focus on action at country, regional and global levels. The Board asked that UNAIDS provide regular reporting through UBRAF on concrete actions taken and progress made by countries towards reaching the 90-90-90 treatment target for children. The

Board also asked to UNAIDS to provide at a future Board meeting an updated gap analysis on paediatric HIV prevention, treatment, care and support.

7. UPDATE ON ACTIONS TO REDUCE STIGMA AND DISCRIMINATION IN ALL ITS FORMS

52. Ms Mariangela Simão, Director of the UNAIDS Rights, Gender, Prevention and Community Mobilization Department, introduced a Report, as requested by the Board, on actions taken by the Joint Programme to reduce HIV-related stigma and discrimination in all its forms. From the outset, she underscored the importance of addressing stigma and discrimination in order to reach zero new HIV infections and zero AIDS-related deaths. Before sharing some of the examples included in the Report, she shared some facts (set out in the GAP report) to demonstrate the magnitude of problem as follows: unemployment among people living with HIV is three times higher than for the general population and that many populations that are disproportionately affected struggle to obtain essential HIV services. Sixty per cent of countries report having laws, regulations or policies that present obstacles to effective prevention for vulnerable groups. High levels of gender inequality and violence against women, transgender people, men who have sex with men, sex workers and other groups have been reported. Thirty-eight countries have HIV-related travel restrictions in place; 63 have laws criminalizing HIV exposure, transmission or non-disclosure; 78 criminalize same-sex sexual contact; and most countries criminalize drug possession and some aspects of sex work.
53. Ms Simão explained that the report contained concrete examples of how the Joint Programme has responded to these challenges. The Global Commission on HIV and the Law set the stage for addressing the legal environment of the HIV response and, so far, actions have been undertaken in 84 countries to translate its recommendations into practice. Also, in the context of addressing the legal framework, the UNAIDS Secretariat has in recent years intervened as a 'friend of the court' in six precedent setting cases. Ms Simão also highlighted normative guidance issued by the Joint Programme recently on topics such as criminalization of HIV transmission and the prevention and treatment of HIV among key populations. Among examples of numerous advocacy campaigns, she included VCT@Work and the *Protect the Goal* initiative for the World Cup. The Joint Programme has also issued joint policy statements on key issues, including compulsory drug detention and forced, coercive or otherwise involuntary sterilization. A crucial area of work is the measurement of stigma and discrimination and, in this context, she noted the People Living with HIV Stigma Index, the National Composite Policy Index (NCPI) and the Global AIDS Progress Reporting System.
54. Illustrating efforts of the Joint Programme in supporting capacity building at country level to tackle HIV-related stigma and discrimination, the Board heard (via video) from Mr Jotham Arwa, Chair of the HIV Tribunal of Kenya, and Mr Nelson Otwoma, National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK), how the HIV Tribunal in Kenya constitutes an innovative and effective mechanism for addressing stigma and discrimination. About 40 cases have been submitted to the Tribunal since it was created pursuant to the national HIV law. Whereas an ordinary court case in Kenya requires three to four years, the Tribunal works to adjudicate disputes within three months.

55. Illustrating action at national level, Mr Bartholomew Boniface Ochonye, country director of the Heartland Alliance in Nigeria, provided an example of how stigma and discrimination impedes access to services for men who have sex with men, sharing experiences of his organization's work following Nigeria's passage of anti-gay legislation. He noted that HIV prevalence among men who have sex with men (17.2%) is more than five times higher than the national average and that it has increased over the last three years. The double stigma of homosexuality and HIV has driven men who have sex with men underground with respect to HIV services. In an effort to maintain services in such a difficult environment following passage of the national legislation, Mr Ochonye's organization intensified work with allies in government and civil society, effectively maintaining service delivery for thousands of men who have sex with men with support from PEPFAR, the Global Fund and UNAIDS. Safe spaces have been established for men who have sex with men, and paralegal trainings have been provided for community members. Mr Ochonye said his organization also works to sensitize health care providers regarding the needs of men who have sex with men. He emphasized that human rights abuses increase risks for HIV transmission and drive key populations away from needed prevention, treatment, care and support services.
56. The Board took note of the report and thanked the Joint Programme for its work on stigma and discrimination. Board members particularly noted the harmful effects of stigma and discrimination in the health care sector. The Board asked the Joint Programme to support Member States and civil society in efforts to establish enabling legal and social environments and to provide a report on such activities at a future Board meeting. Board members also supported UNAIDS' efforts to develop post-2015 targets on stigma and discrimination. The Board called on Member States to base efforts to measure and track progress on stigma and discrimination on results from the People Living with HIV Stigma Index and the NCPI, and reiterated its decision at the 26th Programme Coordinating Board encouraging efforts to improve stigma indicators for measuring progress at global, national and programmatic levels.

8. NEXT PROGRAMME COORDINATING BOARD MEETINGS AND THEMES

57. The Board agreed that the thematic segment for the 36th Board meeting will focus on HIV in emergency contexts. At the 37th Board meeting, it was agreed that the thematic segment would focus on 'Shared responsibility and global solidarity for an effective, equitable and sustainable HIV response for the post-2015 agenda: Increasing domestic funding to ensure a comprehensive and sustained HIV response, including ensuring domestic funding that respects the GIPA principle and addresses the needs of key populations, including women and girls, and other vulnerable groups, in line with national epidemiological contexts.' Also at the 37th Board meeting, HIV in prisons and other closed settings will be considered as a regular agenda item. The Board asked the Programme Coordinating Board Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 38th and 39th Board meetings.
58. The Board also agreed on dates for future Board meetings. The 37th Board meeting will take place on 26-28 October 2015. The 40th Board meeting will happen on 27-29 June 2017 and the 41st on 12-14 December 2017.

9. ELECTION OF OFFICERS

59. The Board elected Zimbabwe as Chair, Switzerland as Vice-Chair and Ukraine as Rapporteur, for the period 1 January to 31 December 2015. The Board also approved the composition of the Board's NGO delegation.

10. ANY OTHER BUSINESS

60. The NGO delegation expressed appreciation for the conference room paper on Board decisions related to civil society and welcomed the Secretariat's offer to establish a mechanism to track progress in implementing decision points relating to civil society. Thanks was also expressed for UNAIDS' support for the response to Ebola.

11. THEMATIC SEGMENT: HALVING HIV TRANSMISSION AMONG PEOPLE WHO INJECT DRUGS

61. Mr Sidibé noted that a thematic session devoted to HIV among people who inject drugs would have been difficult to convene only a few years ago. Noting that the world will fall short of its goal of halving HIV transmission among people who inject drugs by 2015, he encouraged reflection on why efforts have failed in this area. Science clearly demonstrates the effectiveness of a harm reduction package, and countries that have pursued evidence-based harm reduction strategies have experienced significant declines in new HIV infections in this population. Mr Sidibé emphasized that reaching people who inject drugs is critical for ending the AIDS epidemic.
62. In looking towards 2020, Mr Sidibé said a bold, courageous target of reducing new infections among people who inject drugs by 75% is needed. He urged decision-makers to recognize people who inject drugs not as a 'problem' but as part of the solution to the AIDS epidemic. Mr Sidibé urged particular action to address the HIV-related needs of prisoners, noting examples of progressive policies and programmes in a number of countries implementing harm reduction and other HIV prevention programmes in prisons.
63. Ms Ruth Dreifuss, a member of the Global Commission on Drug Policy, the head of the Swiss Federal Department of Home Affairs, and former president of the Swiss Federation, said the 'war on drugs' should be replaced with pragmatic solutions that respect human rights and empower people who inject drugs. Emphasizing the fundamental importance of trust and dignity in any therapeutic approach, Ms Dreifuss urged the removal of all sanctions or prosecution associated with accessing services for people who use drugs. Ms Dreifuss expressed particular concern regarding the impact of drug laws on access to medications for the treatment of pain, as more than 150 countries limit or preclude altogether access to opiate drugs. She called for decriminalization of drug consumption and related acts, citing the 2016 Special Session of the United Nations General Assembly (UNGASS) on drugs as an opportunity to rethink the international regime for the control of narcotics.
64. Ms Effi Kokkini, co-founder and chair of the Greek Drug & Substitution Users Union and a member of the International Network of People who Use Drugs, represented the community of people living with HIV who use drugs. She noted that current efforts are not working, as the world will fail to reach its target of reducing new

infections among people who inject drugs by 50% by 2015. She described how stigma, discrimination, ostracism and abuse undermine efforts to address the health needs of people who inject drugs.

65. Mr Aldo Lale-Dèmoz, Deputy Executive Director of UNODC, emphasized the importance of closing the access gap for people who inject drugs to meet global AIDS targets. He reported that 1.7 (13%) of the 12.7 million people who inject drugs are living with HIV, and that this population accounts for 5-10% of all new HIV infections worldwide and for 30% of new infections outside sub-Saharan Africa. Among people who inject drugs, HIV prevalence is higher among women than men, and HIV prevalence is higher in prisons than in the general population. He emphasized the need for new targets for the post-2015 era, with the goal of reducing new HIV infections among people who inject drugs by 75% by 2020 and by 90% by 2030. To help overcome impediments to an effective response for people who inject drugs, UNODC is providing intensified technical support in 24 priority countries. Mr Lale-Dèmoz emphasized that addressing human rights issues, including eliminating the estimated 1 000 drug detention centres that still operate, will be vital to progress towards ambitious post-2015 targets.
66. Mr David Wilson, Director Global HIV/AIDS Programme, World Bank, described the economic case for harm reduction, focusing on the core programmatic components of needle and syringe programmes (NSP), opioid substitution therapy (OST) and antiretroviral therapy. Data indicate that OST is six times as effective and at least 12 times as cost-effective as compulsory detention, Mr Wilson reported. Economic analyses also demonstrate that amounts invested in harm reduction programmes are amply paid for in health and economic returns. Roughly US\$150 million is currently spent on harm reduction programmes, most of it from the Global Fund, but resources needed to be scaled up to US\$2.5 billion to achieve recommended scale for harm reduction interventions.
67. Mr Gottfried Hirschall, Director Department of HIV/AIDS, WHO, emphasized the scientific basis of current recommendations for harm reduction programmes. New WHO guidance on key populations emphasized the importance of a comprehensive package that includes an enabling environment. In the case of people who inject drugs, he said that efforts to address their health needs must take account of hepatitis C as well as HIV.
68. In response to presentations, Board members highlighted examples of harm reduction experiences and leadership from different parts of the world. Board members cited examples from Brazil, China, India Morocco, Senegal, Ukraine and other countries.
69. Ms Susie McClain, of the International HIV/AIDS Alliance and Chair of the United Nations Strategic Advisory Group on Drugs and HIV, moderated a series of presentations from the frontlines on efforts to prevent HIV infection among people who inject drugs. Major Gairat Rakhmanov, Deputy Head of the Public Security Service of the Chini region of Kyrgyzstan, reported on the creation of a handbook for police to help officers deal appropriately with people who inject drugs. Mr Rakhmanov noted that a new version of the handbook specifically addresses additional vulnerable groups. Mr Sergei Bessonov, Director of the NGO Ranar in Kyrgyzstan, noted that NGOs were involved from the outset in the development of

the police handbook. Civil society advocacy helped ensure that the handbook was integrated into the mandatory police training and made available in pharmacies. Mr Bessonov's NGO operates a hotline for clients, as established a safe house for people convicted of criminal offenses, and supports outreach workers. In carrying forward its programme of activities, the NGO has had to work with police officers to avoid potential conflicts or service disruptions.

70. The experience of implementing harm reduction in New York State (USA) was the focus of two presentations. Ms Sharon Stancliff, of the New York State AIDS Coalition and the Harm Reduction Coalition, reported that after a rapid rise in HIV infections among people who inject drugs, New York State health authorities began working with community activists in an effort to locate and assist people who inject drugs and who were not receiving medical care. Through partnerships with community groups and law enforcement, 60 sites provide needle and syringe programming across New York State, distributing 55 million syringes. Since the creation of NSPs in the early 1990s, the share of new HIV infections among people who inject drugs in New York State has declined from 50% to 3%, and people who inject drugs and are living with HIV have rates of viral suppression that are equivalent to those reported for other people living with HIV in New York State. It was subsequently observed during interventions by Board members that New York State has launched a process to develop a strategy to end the epidemic, inspired in part by the State's substantial progress in reducing new infections among people who inject drugs.
71. Mr Robert Suarez, of the New York City Needle and Syringe Programme, described his own experience becoming a peer worker for a local NSP. From his early peer work, he has over time become involved in advocacy, working collaboratively with partners to urge New York State to end mass incarceration and the war on drugs. Advocacy by Mr Suarez and his partners led to passage of State legislation for the provision of naloxone and for screening for Hepatitis C. Mr Suarez emphasized that peer workers can go where public health authorities often cannot, helping link people who inject drugs with the services and support they need.
72. Experiences in Tanzania were also highlighted. Ms Fatma Mrisho, Executive Chair of the Tanzanian Commission on AIDS, reported on Tanzania's progress in expanding access to harm reduction services. After evidence indicated that HIV prevalence among people who inject drugs was six to seven times higher than in the general population, Tanzania developed a strategic framework for harm reduction programming. Ms Mrisho reported that Tanzania was among the first African countries to establish medically assisted therapy programmes, with three programmes currently reaching 1 600 of the estimated 30 000 people who inject drugs and are living with HIV. Ms Mrisho noted the need to further expand medically assisted therapy to reach those currently without access, and she said a study was currently underway to explore takeaway options for medically assisted therapy. Ms Happy Assan, Executive Director of the Tanzanian Network of People Who Use Drugs, emphasized the importance of integrating psychosocial services in harm reduction packages, noting the lack of housing and food security among many people who inject drugs in Tanzania.
73. Ms Fifa Rahman, of the Malaysian AIDS Council, reported on the introduction of harm reduction services in a country with what she termed among the most punitive

drug laws in the world. In response to evidence of a serious HIV epidemic among people who inject drugs, Malaysia introduced free, publicly funded OST in 2005 and launched the first NSP in 2006. The country operates Cure and Care Centres for people who inject drugs; some of these are voluntary but some are compulsory, she said. Ms Rahman reported that a study found that Malaysia's centres had averted 12 600 new HIV infections and gained 51 000 quality adjusted life-years. However, she cautioned that recent changes in national policy, such as the withdrawal of OST from compulsory Cure and Care Centres, suggested a possible backtracking on the country's commitment to harm reduction.

74. Mr Mohammed Mehdi Gouya, Advisor to the Health Deputy and Director of the Centre for Communicable Disease and Control of the Health and Medical Education Iran, described the country's provision of harm reduction services both inside and outside prison settings. Nearly half (45%) of inmates in Iran have been incarcerated for drug-related offenses, Mr Gouya said. In addition to a broad range of other health services, the country introduced OST in prisons in 2003. Currently 133 prisons clinics and after-release care centres are in operation, with a follow-up system in place to ensure continuity of care post-discharge. Mr Gouya reported that more than 40 000 inmates are currently receiving OST.
75. A video message on preparations for the 2016 UNGASS on drugs was delivered by Ambassador Shamaa, Chair of the Board of the Commission on Narcotic Drugs (CND) and tasked with the preparation of the UNGASS 2016. Subsequently, Mr Lale-Dèmoz reported that substantial changes have occurred since the earlier 1998 UNGASS on drugs, with preparatory efforts for the upcoming UNGASS reflecting a stress on inclusiveness, a commitment to a comprehensive response, and extensive discussions regarding criminal justice reform and alternatives to incarceration.
76. In response to the many presentations, Board members emphasized the importance of the 2016 UNGASS on drugs as an opportunity to rethink international approaches to drug use. Grounding approaches to drug use in human rights principles was emphasized. Board members and observers said that civil society has a critical role to play as full and equal partners in preparing for the UNGASS.
77. Board members expressed concern about the future of harm reduction programming in many middle-income countries. Appreciation was noted for the Global Fund's financial support for harm reduction programmes in the Eastern European region, although worries were articulated that the transition away from international assistance might imperil the sustainability of many of these efforts.

12. CLOSING

78. Following the thematic session, the Board formally approved the decisions from the meeting, which was thereupon adjourned.

[Annexes follow]



Annex 1

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (35)/14.17

Issue date: 2014

THIRTY-FIFTH MEETING

DATE: 9-11 December 2014

VENUE: Executive Board Room, WHO, Geneva

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

Draft Annotated Agenda

TUESDAY, 9 December

1. Opening

1.1 Opening of the meeting and adoption of the agenda

The Chair will provide the opening remarks to the 35th PCB meeting.

1.2 Consideration of the report of the thirty-fourth meeting

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

Document: UNAIDS/PCB (34)/14.16

1.3 Report of the Executive Director

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

Document: UNAIDS/PCB (35)/14.18

1.4 Report by the NGO representative

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

Document: UNAIDS/PCB (35)/14.19 ; UNAIDS/PCB (35)/14.CRP1

2. Leadership in the AIDS response

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

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

The Board will receive an update on the positioning of AIDS in the post-2015 development agenda.

Document: UNAIDS/PCB (35)/14.20

4. Follow-up to the thematic segment from the 34th Programme Coordinating Board meeting

The Board will receive a summary report on the outcome of the thematic segment on “Addressing social and economic drivers of HIV through social protection”

Document: UNAIDS/PCB (35)/14.21

WEDNESDAY, 10 December

5. Retargeting process for universal access

The Board will receive a report on the support of the Joint Programme to ongoing national and international processes led by countries and regional institutions to convene national and regional consultations for the definition of revised national targets for universal access keeping in mind the need for defining new milestones and targets for the AIDS response beyond 2015.

Document: UNAIDS/PCB (35)/14.22

6. Gap analysis on paediatric HIV treatment, care and support

The Board will receive a report focusing on a gap analysis on paediatric HIV treatment, care and support and the way forward to end paediatric AIDS as well as a strategy for how this would be achieved.

Document: UNAIDS/PCB (35)/14.23

7. Update on actions to reduce stigma and discrimination in all its forms

The Board will receive an update on actions to reduce stigma and discrimination in all its forms.

Document: UNAIDS/PCB (35)/14.24

8. Next PCB meetings

The Board will agree the topic of the Thematic Segment for its 37th PCB meeting in December 2015 as well as the dates for the 40th and 41st meeting of the PCB.

Document: UNAIDS/PCB (35)/14.25

9. Election of officers

In accordance with Programme Coordinating Board procedures, the Board shall elect the officers of the Board for 2015 and is invited to approve the nominations for NGO delegates.

Document: UNAIDS/PCB (35)/14.26

10. Any other business

THURSDAY, 11 December

11. Thematic Segment: Halving HIV transmission among people who inject drugs.

Document: *UNAIDS/PCB (35)/14.27;UNAIDS/PCB (35)/14.CRP2*

12. Closing of the meeting



Annex 2

December 2014

35th Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland 9-11 December 2014

Decisions

The UNAIDS Programme Coordinating Board,

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

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

Agenda item 1.1: Opening of the meeting and adoption of the agenda

1. *Adopts* the agenda;

Agenda item 1.2: Consideration of the report of the thirty-fourth meeting

2. *Adopts* the report of the 34th meeting of the UNAIDS Programme Coordinating Board, as revised;

Agenda item 1.3: Report of the Executive Director

- 3.1 *Takes note of and welcomes* the report of the Executive Director;
- 3.2 *Recalls* decision point 7 of the 34th meeting of the Programme Coordinating Board;
- 3.3 *Reaffirms* the UNAIDS vision of the Three Zeros and the strategic directions in the current UNAIDS 2011-2015 Strategy;
- 3.4 *Takes note of* the new data and analysis in recent UNAIDS reports (the Gap report, Fast Track report and Cities report) which provide compelling evidence for

accelerated investment and action in the next five years, based on regional variations, to enable countries to end the AIDS epidemic by 2030;

- 3.5 *Requests* the Executive Director to undertake a multi-stakeholder consultative process to update and extend the UNAIDS 2011-2015 Strategy through the fast track period 2016-2021 to align it with the resolution on the Quadrennial comprehensive policy review (QCPR) of operational activities for development (67/226), taking into account the 2011 Political Declaration on HIV and AIDS and ongoing discussions on the post-2015 Sustainable Development Goals, and report back on this process at the 36th Programme Coordinating Board, and to present on that basis an updated Strategy and UBRAF, for decision at the 37th Programme Coordinating Board;

Agenda item 1.4: Report by the NGO representative

- 4.1 *Recalls* the decisions from previous UNAIDS Programme Coordinating Board meetings² and also recalls Resolution 65/277 of the UN General Assembly - the Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS, July 2011³, on the importance of supporting low and middle-income countries to scale-up access to essential medicines;
- 4.2 *Requests* the Joint Programme, working with relevant partners, to produce a synthesis report of existing research and literature⁴ on intellectual property (IP)-related and other factors impacting the availability, affordability, and accessibility of treatment and diagnostics for HIV and co-infections in low and middle-income countries, including the following provisions in articles 71 a and b of the 2011 Political Declaration, which state:
- a. The use, to the full, of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights specifically geared to promoting access to and trade in medicines, and, while recognizing the importance of the intellectual property rights regime in contributing to a more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed in the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the amendment to article 31 of the TRIPS Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005;
 - b. Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help to reduce costs associated with life-long chronic care and by encouraging all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in

² Including Decision 12 from the 14th meeting of the PCB, Decision 5.3 from the 15th meeting of the PCB, Decision 7.15 from the 18th meeting of the PCB, decision 3.8 from the 19th meeting of the PCB, and Decision 6.1 from the 30th meeting of the PCB.

³ Including paragraphs 31, 36, 71 and 72 of that Declaration.

⁴ Building upon such analysis that has been done by relevant organizations including the WHO, UNDP, UNCTAD and the report of the UN Special Rapporteur on the Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health.

medicines, and to provide for safeguards against the abuse of such measures and procedures;

and present it to the Programme Coordinating Board in 2015 for its consideration;

- 4.3 *Urges* UNAIDS, together with other relevant partners, to intensify technical support to the Governments of low-and middle-income countries aimed to address, wherever appropriate, any IP-related and other barriers related to availability, affordability and accessibility of up-to-date treatment and diagnostics of HIV and co-infections, including through the implementation of TRIPS flexibilities, and recognizes the importance of increasing the capacity of UNAIDS to undertake this work;
- 4.4 *Requests* UNAIDS to intensify its cooperation and practical coordination with WTO and WIPO on issues around public health, intellectual property and trade to foster the affordability, accessibility and availability of treatment and diagnostics for HIV and co-infections in low and middle-income countries;
- 4.5 *Requests* UNAIDS in collaboration with relevant partners, utilizing their technical expertise, to further develop collaborative mechanisms for price reductions to increase access while securing quality products;

Agenda item 3: Update on the AIDS response in the post-2015 development agenda

- 5.1 *Takes note* of the report;
- 5.2 *Reaffirms* its commitment to ending the AIDS epidemic as a public health threat by 2030, as agreed at the 34th meeting of the Board and welcomes, in this regard, the report of the Open Working Group of the General Assembly on Sustainable Development Goals and its Goal 3 'Ensure healthy lives and promote well-being for all at all ages', in particular target 3.3 to 'by 2030 end the epidemics of AIDS, tuberculosis, malaria...';
- 5.3 *Encourages* Member States to advocate for the decisions of the Board pertaining to the post-2015 development agenda to be fully reflected in the final documents on the post-2015 development agenda, including in the outcome document of the Third International Conference on Financing for Development, as appropriate;
- 5.4 *Recognizes* that ending the AIDS epidemic by 2030 can only be achieved if no one is left behind and therefore encourages Member States to advocate for a sustainable transformative, inclusive and ambitious post-2015 development agenda;
- 5.5 *Recognizes* the need to further analyze and assess the ability of the UN system to respond to challenges of the post-2015 era and emphasizes the value of the experience of the Joint Programme in this regard, particularly in relation to multisectoral collaboration and issue-specific partnerships and its inclusive governance model;

- 5.6 *Recognizes* that the Joint Programme serves as a useful common platform for accountability for ending the AIDS epidemic;

Agenda item 4: Follow-up to the thematic segment from the 34th Programme Coordinating Board meeting:

- 6.1 *Takes note* with appreciation of the summary report of the Programme Coordinating Board thematic session on addressing the social and economic drivers of HIV through social protection;
- 6.2 *Recognizes* the need to strengthen action to address the social and economic drivers of HIV in order to realize the goal of ending the AIDS epidemic, and calls upon UNAIDS to connect, in the post-2015 agenda, HIV with the eradication of extreme poverty and inequality and the promotion of human rights, dignity for all and social protection, including the right to the highest attainable standard of health;
- 6.3 *Encourages* the Joint Programme, working collaboratively through its Interagency Task Team on Social Protection, Care and Support and with other partners, including the Global Fund, within national frameworks aiming to develop and strengthen social protection systems and consistent with ongoing efforts towards universal health coverage and access, to:
- a. *Facilitate* country-level dialogues on ending the AIDS epidemic, extreme poverty and inequality, and conduct HIV and social protection assessments, aligned to the Fast Track strategy, to inform a new investment approach to mainstreaming HIV in different sectors, in order to meet the specific needs of people living with, most affected by and at risk of HIV;
 - b. *Scale-up* and progressively broaden in scope and depth sustainable social protection programmes that enhance HIV prevention, treatment, care and support outcomes for vulnerable families and individuals. This may include a variety of evidence-based HIV-sensitive and HIV-specific cash transfer programmes, with linkages to care and support, as appropriate, and other development synergies, including insurance programmes, nutritional support, housing, education, employment and economic empowerment, as a critical contribution to combination prevention and treatment adherence efforts that benefit people living with HIV, women and girls, orphans and other vulnerable children, and other key populations⁵;
 - c. *Strengthen* existing efforts to advance research in social protection, with full involvement of impacted countries, and promote the use of evidence-based, action-oriented recommendations that address the social and economic

⁵ As defined in the UNAIDS 2011-2015 Strategy 'Getting to Zero', footnote n. 41: 'Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context'.

drivers of HIV and connect the movements to end the AIDS epidemic, extreme poverty and inequality;

- d. *Build* social protection literacy for people living with HIV, key populations⁶, women's organizations, young people, including orphans and other vulnerable children, and broader civil society to increase access to social protection services;
- e. *Continue* the strengthening and promotion of the Greater Involvement of People Living with HIV (GIPA) principle in social protection action, including active participation of people living with HIV, vulnerable and other key populations⁷, in defining priorities and implementing HIV-sensitive programmes and assuring that social protection services that are offered are free of stigma and discrimination;

Agenda item 5: Retargeting process for universal access

- 7.1 *Takes note* of the progress made by regions and countries in setting global and national targets, working to further refine and finalize for presentation and consideration at the 37th Programme Coordinating Board, as reflected in the proposed updated UNAIDS Strategy;
- 7.2 *Calls* on Member States to take steps to implement the national HIV prevention and treatment targets, including accelerating access to HIV treatment while ensuring equity and human rights, and using WHO guidelines as a basis to reach the 90-90-90 treatment targets;
- 7.3 *Requests* the Joint Programme to support countries in ensuring equity and uninterrupted, non-discriminatory access to HIV treatment, prevention, care and support to all people who need it by 2020;
- 7.4 *Requests* UNAIDS to support countries in undertaking a comprehensive gap analysis based on ambitious targets set for 2020 towards ending AIDS by 2030;
- 7.5 *Calls* on UNAIDS to urgently specify its 'fast track' prevention, treatment, stigma and discrimination 2020 targets, along with its funding strategy for achieving these targets and a mechanism for tracking progress towards these targets;
- 7.6 *Requests* UNAIDS to set targets to ensure key populations⁸ access treatment and prevention services, with milestones for 2020 towards ending the AIDS epidemic by 2030, and to support countries in setting respective national targets;

Agenda item 6: Gap analysis on paediatric HIV treatment, care and support

⁶ *Ibid.*

⁷ *Ibid.*

⁸ *Ibid.*

- 8.1 *Takes note* of the report and analysis of gaps in children's access to antiretroviral therapy;
- 8.2 *Welcomes and endorses* the strategic directions outlined by UNAIDS for closing the paediatric treatment gap and encourages the Joint Programme to initiate implementation of the outlined steps;
- 8.3 *Calls upon* countries and partners to take immediate steps to implement all relevant strategic directions outlined by UNAIDS for closing the paediatric diagnostic and treatment gap;
- 8.4 *Calls on* countries to ensure women's access to timely and quality antenatal, natal, and postnatal health services and information as a starting point for addressing children's needs;
- 8.5 *Calls on* countries, as part of timely and quality antenatal care, to ensure women's access to voluntary counselling and testing;
- 8.6 *Requests* UNAIDS to gather evidence and analyze the effects of stigma, discrimination and structural barriers on mothers' and children's health, and the need for psycho-social support for children and affected families, in partnership with children and adolescents living with HIV and their caregivers; and to report back at a future Programme Coordinating Board;
- 8.7 *Requests* UNAIDS with relevant partners to set up a platform for coordination of paediatric treatment activities which focuses on action at country, regional, and global levels;
- 8.8 *Requests* UNAIDS to provide regular reporting through the UBRAF on concrete actions taken and progress made by countries towards reaching the 90-90-90 targets for children;
- 8.9 *Requests* UNAIDS to provide to a future PCB an updated gap analysis on paediatric HIV prevention, treatment, care and support;

Agenda item 7: Update on actions to reduce stigma and discrimination in all its forms

- 9.1 *Takes note* of the report;
- 9.2 *Requests* the Joint Programme to support Member States and civil society in accelerating efforts to ensure enabling legal and social environments where everyone, including key populations⁹ and other marginalized populations, can access HIV services; and provide a report at a future meeting of the Programme Coordinating Board;
- 9.3 *Calls on* Member States to ensure that any mechanism for measuring and tracking progress on interventions to address stigma and discrimination draws from the

⁹ *Ibid.*

results of the People Living with HIV Stigma Index and the National Composite Policy Index, with assistance and support from UNAIDS, and builds on Decision 7.7 of the 26th Programme Coordinating Board on improving stigma indicators for measuring progress at global, national and programmatic levels;

Agenda item 8: Next Programme Coordinating Board meetings and themes

- 10.1 *Agrees* that the themes for the 36th and 37th Programme Coordinating Board meetings be:
- a. *HIV in emergency contexts* (36th);
 - b. *Shared responsibility and global solidarity for an effective, equitable and sustainable HIV response for the post-2015 agenda: Increasing domestic funding to ensure a comprehensive and sustained HIV response, including ensuring domestic funding that respects the GIPA principle and addresses the needs of key populations¹⁰, including women and girls, and other vulnerable groups, in line with national epidemiological contexts* (37th); and
 - c. *HIV in prisons and other closed settings* be considered as a regular agenda item at the Programme Coordinating Board meeting (37th);
- 10.2 *Requests* the Programme Coordinating Board Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 38th and 39th Programme Coordinating Board meeting;
- 10.3 *Agrees* the dates for the 40th (27-29 June 2017) and the 41st (12-14 December 2017) meetings of the Programme Coordinating Board;
- 10.4 *Agrees* that the dates for the 37th PCB meeting will be 26-28 October 2015;

Agenda item 9: Election of officers

11. *Elects* Zimbabwe as Chair, Switzerland as Vice-Chair and Ukraine as Rapporteur, for the period 1 January to 31 December 2015, and approves the composition of the Programme Coordinating Board NGO delegation.

[End of document]

¹⁰ *Ibid.*