



## UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (37)/15.26  
Issue date: 26 April 2016

### **THIRTY-EIGHTH MEETING**

**Date:** 28-30 June 2016

**Venue:** Executive Board room, WHO, Geneva

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**Agenda item 1.2**

**Report of the 37th Meeting of the Programme Coordinating Board**

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**Additional documents for this item:** *none*

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

*adopt* the report of the 37th 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 37th meeting on 26-28 October 2015 in the Executive Board room of the World Health Organization (WHO) in Geneva.
2. The Programme Coordinating Board Chair, H.E. Mr Pagwesese David Parirenyatwa, Minister of Health and Child Care, Zimbabwe, welcomed participants to the 37th meeting. Following a moment of silence in memory of all people who have died of AIDS-related illness, the Board adopted the draft annotated agenda.

### 1.2 Consideration of the report of the thirty-sixth meeting

3. The Board adopted the report of the 36th meeting of the Programme Coordinating Board.

### 1.3 Report of the Executive Director

4. UNAIDS Executive Director Michel Sidibé addressed the Board, reporting that he has seen renewed and sustained commitment to the AIDS response. Mr Sidibé advised the Board that the global AIDS response is at a critical juncture, as it embarks on a historic effort to end the AIDS epidemic as a public health threat by 2030.
5. Substantial gains have been made in the response to AIDS. More than 15 million people are now receiving antiretroviral therapy, substantial reductions have been recorded in new HIV infections and AIDS-related deaths, and enormous progress has been made towards eliminating new HIV infections among children. Scientific breakthroughs are emerging more frequently than ever before; the largest financial contributor to the AIDS response, the United States of America, has made critical new commitments to reduce new HIV infections among adolescent girls and young women; and key steps have been taken by such countries as China and Russia to increase their leadership on AIDS.
6. Mr Sidibé observed that AIDS continues to shed a harsh light on global inequalities. An estimated 76 million people have acquired HIV since the epidemic began, 37 million people are currently living with HIV, and 1.2 million AIDS-related deaths occur annually. Nearly 19 million women are living with HIV and HIV continues to disproportionately affect people from vulnerable and marginalized groups.
7. The next five years represent a fragile window of opportunity to lay the foundation to end the AIDS epidemic. If the world fails to seize this opportunity, Mr Sidibé advised, the epidemic will rebound. If the response is not fast-tracked, it will grow into a debt that will forever be unaffordable. The updated 2016-2021 UNAIDS Strategy, the product of 10 months of extensive consultation and inputs from stakeholders across the world, describes what needs to happen to transcend “business as usual” and bring the appropriate sense of urgency to the AIDS response.

8. Mr Sidibé issued an urgent call to front-load investments in the AIDS response, including allocating 25 per cent of amounts mobilized globally for HIV prevention programmes. At the same time, strategic steps are needed to ensure access to good-quality generic medicines and to lower the prices of second- and third-line treatment regimens. Specific actions are required to meet the testing and treatment needs of children, to ensure young people's access to sexual and reproductive health and rights, and to empower young women so that they can avoid HIV infection. The 2016-2021 UNAIDS Strategy before the Board is grounded in a human rights-based approach that will ensure that no one is left behind, Mr Sidibé stressed. To make the goals and vision of the UNAIDS Strategy a reality, civil society will require substantial, sustained funding as well as the political space and freedom to assume their optimal role in the response.
9. The core budget of UNAIDS for 2016-2017 amounts to US\$485 million, or about 1% of total funding for AIDS. It is a zero growth budget that aims to catalyse stakeholders and partners to Fast-Track the response. The 2016-2021 UNAIDS Budget, Results and Accountability Framework (UBRAF) will be supported by a refined results matrix and by a robust monitoring plan. A second financing dialogue will be held in 2016, with the aim of further broadening the UNAIDS donor base.
10. Mr Sidibé reminded the Board that the countdown to 2030 has begun. The coming year (2016) will be marked by key gatherings, including the High Level Meeting on Ending AIDS and the International AIDS Conference in Durban, as well as the replenishment of the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund). Mr Sidibé closed his remarks by thanking all the Member States and the thousands of organizations who collaborated in developing and finalizing the 2016-2021 UNAIDS Strategy.
11. Board members took note of the Executive Director's report and commended UNAIDS for the inclusive process used to develop its 2016-2021 Strategy. Board members said that the UNAIDS Strategy serves as a model for implementation of the Sustainable Development Goals. Noting the many factors that drive HIV risk and vulnerability, Board members expressed satisfaction that the Strategy recognizes the continued urgency of multisectoral action to address AIDS. As the global economic and development climate continues to evolve, the AIDS response will need to adapt to these changes.
12. It was agreed by Board members that the next five years present a fragile window of opportunity that must be leveraged to end the AIDS epidemic. Board members applauded the ambitious Fast-Track targets, with many specifically emphasizing the importance of the 90-90-90 approach to HIV testing and treatment scale-up and the urgent need to strengthen and renew combination prevention efforts. Board members noted the need to tailor approaches to national and local conditions and circumstances.

13. Countries are already taking steps to implement the fast-track agenda. Latin American countries have embraced the 90-90-90 target and adopted new HIV prevention targets that call for a 75% reduction in new HIV infections among adults and young people and 90% HIV treatment coverage for key populations. The African Union has reaffirmed its goal of ending the AIDS epidemic and developed a visionary plan for pharmaceutical production.
14. Concerns were expressed regarding the risk that some groups may be left behind by the response, with Board members emphasizing the urgent importance of closing access gaps for all people living with or affected by HIV. Board members urged concerted action to address the needs of adolescents, migrants and key populations. As development partners increasingly orient their assistance towards low-income countries, pleas were made for UNAIDS to continue to advocate for and support robust AIDS response in all regions, including Eastern Europe and Central Asia. Calls were made to intensify efforts to eliminate stigma and discrimination and to ensure that all aspects of the response align with recognized international human rights norms and standards.
15. Board members cited concern regarding the sustainability of resource mobilization efforts for the AIDS response. The goal of mobilizing US\$31 billion annually by 2020 to implement the fast-track approach will require renewed collaboration and strengthened global partnerships. Board members emphasized that AIDS spending should be viewed as an investment rather than an expense. Innovation will be needed to close the investment gap, including leveraging the push towards universal health coverage.
16. Mr Sidibé thanked the Board for their comments and for their vision and courage to transform the AIDS response. He observed that the United Nations system is also aligning its efforts with the fast-track approach, including new guidelines from the World Health Organization that recommend a test-and-treat approach, as well as the adoption by UNODC of a new forward-looking HIV strategy.

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

17. Mr Kent Buse, Chief, Strategic Policy Directions, UNAIDS, introduced the agenda item by reflecting on the past three years of the most consultative process in the history of UN. The adoption by Member States of a universal, ambitious and people-centred Agenda, the 2030 Agenda for Sustainable Development, was described as the end of a long journey. This was the sixth time that this agenda item was featured and discussed at the PCB. Mr Buse thanked the Board members, with a special mention to civil society and young people, for their leadership in ensuring that ending the AIDS epidemic was included in the 2030 Agenda as Target 3.3.
18. Mr Buse noted how the 2030 Agenda provides a powerful platform for action to strengthen the AIDS response and consolidate its role as pathfinder for social justice and sustainable development. In this context, four critical opportunities were highlighted. The first is the creation of a global indicator framework that leverages the power of data for leaving no one behind. In this regard, Mr Buse recalled the decision from the last Programme Coordinating Board meeting, to request 'the Joint Programme to advocate for the multi-sectoral approach of the AIDS response to be

reflected in HIV-relevant target indicators for the SDGs' and referred to the report which outlines how UNAIDS has been doing this and what tools have been effective in the AIDS response for monitoring progress at the country level.

19. A second opportunity, which was described, is the development of a global accountability framework, the United Nations High-level Political Forum on sustainable development (HLPF), to ensure that the framework works for communities most affected across the SDGs. In this context, the Global AIDS Response Progress Reporting (GARPR) and the unique UNAIDS governance model were noted as valuable examples of people-centred and inclusive platforms that have driven accountability for results. Third, multi-sectoral work is to be the norm and not the exception, and Mr Buse shared experiences and lessons of the Joint Programme. Fourth, Mr Buse noted how the SDGs provide an opportunity to critically examine how we need to change to effectively deliver the SDGs. He described UNAIDS' active engagement in various processes focused on ensuring "UN fit-for-purpose" and that lessons learned from the AIDS response and the Joint Programme were being reflected within the discussions.
20. Finally Mr Buse underscored the need to maintain momentum and encouraged the Board to engage in several events of strategic significance scheduled to take place next year, including the 2016 African Union Summits; the UN General Assembly Special Session on the World Drug Problem; the UN General Assembly High-Level Meeting on Ending AIDS; the 21st International AIDS Conference; and the fifth replenishment of the Global Fund. The High Level Meeting on HIV and AIDS will provide a critical entry point for Member States to consolidate and agree concrete targets on HIV at the highest inter-governmental level, to help catalyze and commit resources to achieve the fast-track targets by 2020 and to mobilize civil society, the private sector and all other partners for action to this end.
21. Board members emphasized the importance of moving from commitment to implementation under the 2030 Agenda. Member States were encouraged to advocate for the global indicator framework for the Sustainable Development Goals to accurately monitor progress on the AIDS response in all countries and for all populations. More granular indicators for programme performance were also cited as important. Board members said the GARPR system provides an excellent model for transparent, timely accountability reporting, and it was also recommended that steps be taken to streamline and harmonize indicators to minimize reporting burdens on countries.
22. Member States were also encouraged to advocate for key approaches of the AIDS response to be reflected in the global framework for follow-up and review to be elaborated at the High-Level Political Forum. These key approaches include leaving no one behind and the inclusion and meaningful participation of communities most affected. Board members stressed the importance of strong partnerships and also cited opportunities associated with youth-led accountability under the 2030 Agenda.
23. The links between HIV and other Sustainable Development Goals were noted. Board members called for concerted efforts to build strong and sustainable health systems. To help make the goal of ending AIDS a reality, Board members asked for a solid strategy for financing the AIDS response.

24. The Board encouraged the Joint Programme to continue to share its experience in the AIDS response in developing innovative and multisectoral approaches to address complex development challenges and to strengthen the new Global Partnership for Sustainable Development. Calls were made to further remove silos between sectors and to encourage coordinated, synergistic action to achieve results.
25. Board members noted the health ramifications of the failure to implement evidence-based harm reduction strategies and applauded the Joint Programme for its robust engagement in the planning of the upcoming UN General Assembly Special Session on Drugs (UNGASS). The Board requested the Joint Programme to strongly advocate for a people-centred, human rights-based, public health approach to the global drug problem. The Board asked the Joint Programme to work to ensure that such measures are clearly reflected in the outcome document of the UNGASS on drugs.
26. The Board also asked the Joint Programme to undertake advocacy efforts to influence the Political Declaration resulting from the High-Level Meeting on Ending AIDS in 2016. In particular, Board members said the outcome document should include a commitment to address the social and economic drivers of HIV in order to realize the goal of ending the AIDS epidemic by 2030, and to connect HIV with the eradication of extreme poverty, ending hunger and inequality and the promotion of human rights, dignity for all, education and social protection, including the right to the enjoyment of the highest attainable standard of health and implementation of universal health coverage. Board members stressed the importance of concrete action towards gender equality and the empowerment of women and girls.
27. Noting the interventions of the Board, Mr Buse said the push to end the AIDS epidemic should advance the unfinished agenda of the Millennium Development Goals. He noted the importance of disaggregated and decentralized data in fast-tracking the response and also emphasized the importance of human rights, non-discrimination and gender equality, as well as the continuing need for multisectoral action beyond the health sector.

### 3. UNAIDS STRATEGY 2016-2021

28. Mr Buse presented the 2016-2021 UNAIDS Strategy for the Board's consideration, recalling that the Board at its 35th meeting asked the Executive Director to undertake a consultative process to update the Strategy. Working closely with the Cosponsors, the Secretariat convened 10 regional consultations, one global consultation and 2 virtual, on-line consultations to solicit input from diverse stakeholders. A synthesis report and outline were presented at the 36th Board meeting; a draft outline of the Strategy was prepared based on the Board's input at that meeting. Additional consultations were held, including informal and formal briefings, following the 36<sup>th</sup> PCB meeting. All Executive Heads of Cosponsoring agencies endorsed the updated Strategy.
29. The 2016-2021 Strategy, which aims to lay the foundation to end the epidemic by 2030, is ambitious and bold but also realistic, communicating a clear message of urgency to the world regarding the AIDS epidemic. Building on the 2011-2015 Strategy, the updated Strategy maintains the vision of the three Zeros as well as the three strategic directions. It also outlines strategic milestones and targets for 2020,

with the aim of Fast-Tracking the response, and links these milestones and targets to 5 Sustainable Development Goals especially relevant for the AIDS response. The first United Nations strategy to be explicitly embedded in the 2030 Agenda, the UNAIDS Strategy 2016-2021 calls for concerted action to address social determinants of HIV risk and vulnerability and places particular emphasis on meeting the needs of young people, women and girls, and key populations. While global in scope, the updated Strategy recognizes the diversity of national and local epidemics and contexts as well as the need for new forms of leadership and accountability. The evidence-based, people-centred Strategy seeks to optimize the comparative advantages of the Joint Programme.

30. Eight result areas of the Strategy are organized around five of the Sustainable Development Goals. The 2016-2021 Strategy outlines 10 priority targets for 2020, involving a mix of:
- epidemiological outcomes (e.g., zero new infections among children, and mothers are alive and well),
  - coverage targets (e.g. 90-90-90, 27 million additional men circumcised in high-prevalence settings, as part of integrated sexual and reproductive health services for men, 90% coverage of combination prevention among key populations),
  - resource levels (e.g. overall investments of at least US\$31 billion by 2020) and
  - addressing the social and structural drivers of HIV risk and vulnerability (e.g. 90% of women and girls free of gender inequality and gender-based violence, 90% of people living with or affected by HIV report no discrimination).
31. The Board congratulated UNAIDS for the updated 2016-2021 Strategy and formally adopted it<sup>1</sup>, following a consensus which was reached through compromise. The Board further welcomed the broadly consultative process used in developing the Strategy. Board members emphasized that implementation of the Strategy will need to take account of local characteristics, epidemiology and contexts, which will require targeting of priority locations and populations. Board members said they looked forward to the development of realistic indicators for the ambitious targets set forth in the Strategy.
32. It was noted by Board members that UNAIDS is the first United Nations organisation to adopt a strategic blueprint for implementation of the Sustainable Development Goals. The inter-dependence of diverse development sectors was emphasized, as Board members expressed appreciation for the Strategy's focus on multiple sources of vulnerability. As such, the multi-sectoral and multi-stakeholder AIDS approaches to date, as emphasised in the Strategy, can continue to act as pathfinder for broader health and development agendas. Board members said the updated Strategy effectively leverages the diverse contributions of the broader United Nations system.
33. Board members emphasized the urgent need to Fast-Track the response over the next five years. In particular, front-loaded investments will be needed to implement the Fast-Track approach, including the scaling-up of efficient interventions and

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<sup>1</sup> The Islamic Republic of Iran disassociated itself from some parts of the UNAIDS Strategy 2016-2021 and reaffirmed that in the implementation of the Strategy full consideration and respect should be given to cultural, moral and religious values, national sovereignty, and legal and social systems of the countries concerned.



accelerated action to achieve the 90-90-90 target. Particular efforts – including local manufacturing, preservation of generic alternatives and innovative, public health-oriented intellectual property strategies – will be required to ensure a reliable, sustainable supply of good-quality, affordable antiretroviral drugs. Board members stressed the importance of maximizing the efficient use of available funds.

34. Appreciation was expressed regarding the grounding of the updated Strategy in human rights principles. Board members cited the importance of ensuring access to sexual and reproductive health and rights. Particular concern was expressed regarding the urgency of closing access gaps for key populations and other vulnerable groups.
35. Some Observer Member States expressed concerns regarding some of the terminology used in the 2016-2021 UNAIDS Strategy, which they suggested be aligned with terminology used in the 2011 United Nations General Assembly Political Declaration on HIV/AIDS.

#### 4. UNAIDS UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF) 2016-2021

36. Mr Joel Rehnstrom, Director, Planning, Finance and Accountability, UNAIDS, presented the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) 2016-2021 for the Board's consideration. The new UBRAF, an instrument to translate the Joint Programme's Strategy into action, was developed in parallel with the updated Strategy. The 2016-2021 UBRAF takes into account the recommendations of the Quadrennial Comprehensive Policy Review (QCPR), including a focus on specific results and goals, delivering as one, and enhancing effectiveness, transparency and accountability. The new UBRAF aims to reflect United Nations reform in action and was informed by the advice of numerous experts.
37. The UBRAF aims to encourage front-loaded investments in the AIDS response, more strategic targeting of efforts towards most affected locations and populations, shared responsibility and global solidarity, appreciation of regional epidemics, cross-sectoral partnerships and people-centred accountability. The UBRAF consists of two parts: a business plan that offers a high-level synthesis of results, and a budget, results and accountability matrix. (A more detailed budget, results and accountability matrix will be developed for presentation to the Board at its 38<sup>th</sup> meeting.)
38. The 2016-2021 UBRAF has a clear and simpler structure compared to the 2012-2015 UBRAF. The number of outputs has been reduced from 64 to 27. The UBRAF aims to reflect overarching priorities, regional differences and improved linkages between investments and results. The results chain of the UBRAF consists of specific outputs, which are linked to broader results and targets in the UNAIDS 2016-2021 Strategy, the Sustainable Development Goal to which these are pertinent, and the ultimate vision of zero new HIV infections, zero AIDS-related deaths, zero discrimination.

39. The budget covers two years and amounts to US\$ 485 million, a level that has remained constant since 2008-2009. Funding allocations within the Joint Programme are guided by principles articulated by the Board, including epidemic priorities, comparative advantages of the United Nations, and performance of Cosponsors and Secretariat. The core UBRAF accounts for some 1 per cent of total HIV investments, consistent with the catalytic role of the Joint Programme. Thirty percent of UBRAF funding is allocated for work at the global level, with the remainder allocated for work at regional and country levels. About two-thirds of core UBRAF funding at country and regional level will support work in Fast-Track countries. Among regions, UBRAF funding is allocated based on several considerations, including regional profiles, targets and identification of “game-changers.”
40. The performance monitoring component of the UBRAF aims to measure progress against expected results. As in prior years, an annual performance monitoring report will be presented to the Board, with a particular focus on achievements at country level and including both overall results, as well as the contributions of specific members of the Joint Programme. UBRAF performance monitoring seeks to demonstrate the links between resources and results. A web-based tool (the Joint Programme Monitoring System, or JPMS) for reporting will be complemented by independent evaluations. A web portal will supplement annual reporting to the Board, with the goal of better communicating the activities and achievements of the Joint Programme.
41. Following Mr Rehnstrom’s presentation, the Board approved the 2016-2021 UBRAF, including the core budget of US\$ 485 million in 2016-2017. Board members called for greater specificity and granularity in linking resources with results and noted that they looked forward to the presentation of a revised Results and Accountability Framework for approval at the 38<sup>th</sup> meeting. An expectation was expressed that the updated results matrix will be presented together with the budget for the 2018-2019 biennium. In specifying results in the UBRAF, Board members asked that efforts be made to better differentiate between progress in the overall AIDS response and the specific contributions of the Joint Programme. The Board also requested that the UBRAF specify in more detail how resources are allocated to Cosponsors and to work in countries. Some Board members noted that the allocation of resources among Cosponsors had not undergone substantial changes over time.
42. Appreciation was expressed for the inclusive involvement of diverse partners in the development of the new UBRAF. Board members also noted that the UBRAF continues to improve over time, with appreciation expressed for the greater simplicity and fewer outputs in the new UBRAF. In addition to outlining the roles, responsibilities and budgets of individual members of the Joint Programme, the UBRAF is also an important platform for dialogue in the response. Board members encouraged member states to work together to ensure synergistic action on AIDS in concert with the United Nations system. The Board urged all constituencies to use the UBRAF 2016-2021 as a framework to meet their reporting needs. Noting the priority given by the new UBRAF to Fast-Track countries, requests were also made for the Joint Programme to continue work in regions and countries where HIV prevalence may be lower.
43. Concerns were expressed regarding the decline in funding available for civil society, especially for advocacy as this remains a vital tool to promote the Fast-Track

agenda. Calls were made to prioritize work to strengthen community systems and to increase funding for civil society organizations.

44. The Board urged intensification of resource mobilization efforts and full funding of the UBRAF 2016-2021. Board members specifically noted the necessity of sufficient funding of the Secretariat to ensure its ability to fulfil its core functions to implement the fast-track approach and UNAIDS Strategy, and stressed that the UBRAF is the only funding source for the UNAIDS Secretariat. The Board noted that Cosponsors have leveraged core UBRAF funds to mobilize additional resources for the AIDS response, and Cosponsors were encouraged to continue to strengthen their role in resource mobilization to support their programmatic contributions to the Joint Programme. Noting the leading role of the Joint Programme within the context of the broader AIDS response, the Board underlined the urgent need for increased investments to accelerate scale-up of the response to meet ambitious Fast-Track targets.
45. In response to the Board's interventions, Mr Sidibé expressed appreciation that UNAIDS had only seen a modest decline in its resource base. As requested by the Board, he said the Joint Programme would provide greater specificity regarding the links between resources and results and he urged that PCB working group on the UBRAF give priority to developing a revised Results and Accountability Framework. Mr Sidibé also agreed with the Board's call for greater funding for civil society, announcing that he would make efforts to promote a catalytic UNAIDS fund to support civil society.

## 5. REPORT BY THE NGO REPRESENTATIVE

The Board agreed that this agenda item be postponed and the Report presented at the 38<sup>th</sup> PCB meeting in June 2016.

## 6. HIV IN PRISON AND OTHER CLOSED SETTINGS

46. Mr Aldo Lale-Demoz, Deputy Executive Director and Global AIDS Coordinator for UNODC, informed the Board that 30 million people, mostly male, live in closed settings every year, with people who use or inject drugs comprising up to half of the prison population and other key populations also over-represented. Although member states have pledged to provide prisoners with the same standard of care available in the community, people in prisons and other closed settings are typically denied basic public health services; prisons in most countries do not provide needle and syringe programmes or opioid substitution therapy. The prevalence of HIV, HBV, HCV and TB among prison populations tends to be two to 10 times higher than the prevalence in the general population. While women account for only 5-10 per cent of the prison population, they have a higher prevalence of HIV and TB than male prisoners. HIV risk behaviours are common in prison settings and overcrowding, poor hygiene and nutrition, violence and other human rights violations, and poor ventilation increase the risk of HIV and TB transmission. Where services are available in prisons, they tend to be poorer quality than what is available in the community, and ensuring continuity of care is a major challenge. In the push to leave no one behind under the fast-track agenda, the needs of people in prison and other closed settings must be addressed. Appropriate, good-quality HIV prevention, treatment and care services must be available to people in prisons and other closed

settings; the quality and comprehensiveness of services must improve; and joint action is required to implement criminal justice reform, including alternatives to incarceration.

47. Ms Simran Dahal, a former female prisoner in Nepal who now provides outreach HIV prevention services in prison settings, described the prison system in Nepal, which consists of 74 prisons that house 17 000 prisoners (12 000 more than the official capacity of the prison system). Conditions are bad, as most prisons were built over 100 years ago and inadequate funds are allocated to prison management. The prison system has one doctor for every 900 inmates and no system in place to deal with HIV-positive prisoners. Non-governmental organizations work to provide antiretroviral therapy to prisoners living with HIV, and UNODC provides health services for female prisoners in Nepal. Risk behaviours are common in prisons, including sexual abuse. The April 2015 earthquake killed 20 prisoners, injured more than 100, and destroyed or damaged more than half of the country's prisons, leaving prisoners without basic services, including health care. UNODC's quick intervention was crucial to provide water to the central prison following the earthquake. Ms Dahal said it was time to review and revise prison policies in Nepal. In 2015, the country adopted standard operating procedures for prisons that align with recommendations by ILO, WHO, UNODC and UNAIDS.
48. Ms Nathalie Carter, of GIP ESTHER (part of Expertise France), reported on work by the French government to strengthen the health services within the prison system in Côte d'Ivoire. Prison conditions in Côte d'Ivoire are poor, she reported, with the large prison having an occupancy rate of 300% of capacity. More than 20 000 prisoners pass through the system each year. Prior to 2008, antiretroviral therapy was unavailable in prisons in Côte d'Ivoire, but the project by France supported the introduction of prevention, screening, treatment and care in prisons. A twinning agreement was implemented, linking a large health centre in the country with an outpatient centre in Bordeaux, France. Following a situation analysis in nine prisons, a pilot project was implemented to strengthen the prison partnership for health, including engaging local NGOs. Interventions supported by the technical assistance project included capacity building for HIV and TB services, sensitization of prison staff, community training to conduct screening and provide psychosocial assistance to prisoners, and integration of HIV and TB screening in prisons. Based on results of the pilot project, the approach is now being expanded to 22 of the country's 34 prisons. In 2013-2014, more than 21 000 prisoners were tested for HIV, with 677 testing HIV-positive and 339 receiving antiretroviral therapy. Work is presently underway to produce a policy document on health care in prisons, drawing from the experience of the technical assistance project. Consideration is also being given to new measures to strengthen HIV prevention in prisons, including through condom programming. Efforts are also underway to reinforce the capacity of medical personnel to address prisoners' other health problems, including malnutrition and depression.
49. Ms Svetlana Doltu, adviser to the Chief of the Department of Penitentiary Institutions in the Moldova Ministry of Justice, reported that Moldova is expanding a comprehensive package of services in the country's 17 prisons, which altogether house 7 643 inmates. Prevalence in prisons is 1.6% for HIV, 4.6% for hepatitis C and 1.3% for TB. In addressing health challenges faced by people living in prisons, prison authorities have engaged with civil society and exhibited high-level commitment on

prison health. Among 15 interventions recommended in the package of comprehensive service for people who inject drugs, Moldova provides 13 of them (all but routine HCV vaccinations and implementation of a system for preventing sexual and other forms of violence, albeit the latter is planned to be launched in 2016). Moldova began needle and syringe and condom programming in 1999 and built on that foundation to add antiretroviral therapy and other recommended services for people who inject drugs. Harm reduction programmes in prisons were primarily financed by the Global Fund, and in 2013 the prisons management department assumed responsibility and gradual take-over of funding. Key partners within Moldova meet quarterly in a technical working group focused on HIV services in prisons. Results have been promising, with 100% of inmates reporting use of sterile injecting equipment and HIV prevalence on the decline. No major negative consequences have been reported as a result of implementation of harm reduction services. Experience in Moldova underscores the importance of partnering with civil society. Persistent challenges include staff turnover, limited capacity in prisons, financing challenges (especially following the reduction in external funding), and legal and policy frameworks that need to be revised. Moldova aims to continue implementation of the recommended services to address the HIV-related needs of people living in prisons and closed settings, including plans, beginning in 2016, to create therapeutic communities for people who inject drugs in prison.

50. Mr Mohammed Mehdi Gouya, head of disease management at the Health Ministry of the Islamic Republic of Iran, reported on his country's leadership on HIV prevention in prisons. National policy recognizes prisons as an essential venue for the delivery of HIV prevention services, as more than 60% of prison inmates in the country have a history of drug use. More than 43 000 inmates in the Islamic Republic of Iran are receiving opioid substitution therapy; staff has been trained on HIV and TB detection; condoms are provided in conjugal meeting rooms; and voluntary HIV testing services and antiretroviral therapy are made available in prison settings. Follow-up after discharge from prison is also ensured. As coverage of opioid substitution therapy has increased, HIV prevalence has declined among inmates and other benefits have been achieved, including reductions in suicide, drug use and drug trafficking in prisons. The country is now taking steps to further improve its service package for prisoners, including expanding HIV care and treatment.
51. Following the presentations, the Board took note of the report on HIV in prisons and other closed settings and thanked the Secretariat for bringing the issue before the Board. Board members expressed concerns that prisoners are being left behind by the AIDS response and that the AIDS epidemic cannot be ended without effective action to address the HIV-related needs of people in prisons and other closed settings. Particular concern was expressed for key populations, who are disproportionately represented in prisons. Board members noted that prisoners have a basic human right to the same standard of health care as people in the general population and that the health of the prison population is also connected to the health of the community. More effective follow-up measures to ensure continuity of care upon discharge were recommended by Board members.
52. Board members noted that a number of countries have taken important steps to improve HIV prevention, treatment and care services in prison settings. The Board requested the Joint Programme to support member states and civil society in strengthening the human rights and public health approach to prison health. In line

with the updated UNAIDS Strategy and with the United Nations Standard Minimum Rules for the Treatment of Prisoners, the Joint Programme was also requested by the Board to support efforts to increase access to knowledge and evidence-based HIV prevention, treatment and care services for people of all ages in prisons and other closed settings, including women and girls, people living with HIV and other key populations. Board members cited advocacy as an essential strategy to encourage evidence- and rights-based approaches to HIV in prisons and other closed settings. The Board asked the Joint Programme to report to the Board at a future meeting regarding concrete actions taken in furtherance of these requests.

53. It was noted that effective responses to the HIV-related needs of people in prisons and other closed settings demand a multisectoral approach. The Board asked the Joint Programme to encourage collaboration between justice, health and other relevant ministries in relation to HIV and health in prisons and closed settings, with the aim of ensuring the highest attainable standard of health for prisoners and people in closed settings. The Board encouraged the Joint Programme and relevant partners to ensure that issues relating to HIV in prisons and other closed settings are addressed in the 2016 UNGASS on the World Drug Problem and at the 2016 High Level Meeting on AIDS.

## 7. FOLLOW-UP TO THE THEMATIC SEGMENT FROM THE 36TH PROGRAMME COORDINATING BOARD MEETING

54. Ms Mariangela Simão, UNAIDS Director of Rights, Gender and Community Mobilization, said that the thematic segment at the 36<sup>th</sup> Board meeting had two objectives: to highlight the effects of humanitarian emergencies on the AIDS epidemic and to raise awareness of the need to incorporate crisis preparedness and management in national strategic plans. More than 300 million people are affected by emergencies, and there are now more people who are forcibly displaced (67 million) than ever before. Ms Simão reminded the Board that the thematic session included panels on HIV in emergency contexts, a review of the latest evidence, effective strategies for delivering in times of emergency and promoting preparedness and resilience. The thematic session underscored that emergencies are diverse but invariably disruptive, often lead to double discrimination against people affected by them despite the fact that refugees do not increase HIV risk, frequently result in increases in sexual violence, pose particular challenges regarding service delivery and increase vulnerability, including malnutrition among people living with HIV.
55. As emphasized during the thematic segment at the 36<sup>th</sup> Board meeting, people affected by emergencies are the world's largest fragile community. Never have there been so many simultaneous humanitarian emergencies of such magnitude. As of 2013, nearly 1.6 million people living with HIV were affected by humanitarian emergencies, whilst over one million people had no access to treatment in emergencies. Moving forward, these populations need to be prioritised. The integration of the needs of displaced persons in local HIV programmes needs to improve, and HIV must be better integrated into emergency responses. Ms. Simão noted that HIV vulnerability and risk can be managed during emergencies, but that this requires effective action to end sexual violence, eliminate stigma and discrimination and ensure food security and service continuity. Preparedness needs to be embedded in diverse strategies and activities, including logistics, supply chain

management and flexibility of funding whilst ensuring that both affected and host communities are engaged in the response.

56. The Board took note the report and expressed appreciation for the summary. The Board emphasized the important of strong and resilient health systems to the management of HIV in emergency situations. Engaging civil society and affected communities in the planning and provision of the emergency response was recognized as critical for achieving the Fast-Track goals in the UNAIDS Strategy 2016-2021. Particular efforts are needed to engage networks of people living with HIV, other vulnerable groups and key populations. The Board also recognized that women and children are among the people most affected by humanitarian emergencies and that addressing their HIV-related needs should be prioritized in planning efforts. The Board encouraged the Joint Programme to prioritize actions to address gender-based violence against people affected by humanitarian emergencies, including women, young people and other key populations; in this regard, the Joint Programme was encouraged to continue to provide technical support to the inter-agency working group on reproductive health in crisis.
57. The Board encouraged the Joint Programme to undertake initiatives to ensure that appropriate HIV interventions are routinely incorporated in all humanitarian emergency preparedness and response programmes. Board members noted that emergencies are typically complex and that responses need to be tailored, comprehensive, culturally sensitive and participatory. To ensure effective responses, the Board asked the Joint Programme to assist country programmes, including those that are directly affected and those that receive refugees, to incorporate appropriate preparedness and disaster risk reduction strategies, with the aim of ensuring continuity of comprehensive HIV services during humanitarian emergencies. Innovative strategies, such as alternative logistics mechanisms, decentralised stock piles and health travel cards, were encouraged to prevent disruption of HIV treatment services.
58. The Board called for the Joint Programme to promote cross-border and regional collaboration, as well as greater collaboration within countries and communities, to ensure access to HIV services for refugees and other displaced populations. Board members noted the importance of granular data to inform emergency responses, with the Board encouraging UNAIDS to strengthen strategic HIV-related information, including age and sex disaggregated data, in humanitarian emergencies during the preparedness and response phases. The Joint Programme was also asked by the Board to advocate for increased funding for all organizations, including NGOs and community-based organizations, working on HIV in emergency settings.

## 8. NEXT PCB MEETINGS

59. Ms Jan Beagle, Deputy Executive Director, UNAIDS, recalled the process used to select thematic segments for future Board meetings, including solicitation of proposals through the Programme Coordinating Board Bureau and the issuance of recommendations for future topics by the Bureau. Based on the Bureau's review of five proposals received in this round, the Board agreed that the theme for the 38<sup>th</sup> meeting will be: *The role of communities in ending AIDS by 2030* and that the theme for the 39<sup>th</sup> meeting will be *HIV and aging*. The Board asked the Bureau to take appropriate and timely steps to ensure that due process is followed in the call for

themes for the 40<sup>th</sup> and 41<sup>st</sup> Board meetings. It was also agreed that the dates for the 42<sup>nd</sup> and 43<sup>rd</sup> Board meetings will be 26-28 June 2018 and 11-13 December 2018, respectively.

## 9. ELECTION OF OFFICERS

60. The Board elected Switzerland as the Chair, Ghana as Vice-Chair and Ecuador as Rapporteur for the period 1 January to 31 December 2016. The Board also approved the composition of the NGO delegation.

## 10. OTHER BUSINESS

No other business was brought before the Board.

**11. THEMATIC SEGMENT:** *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.*

61. Mr Sidibé advised that adoption of the 2016-2021 UNAIDS Strategy highlighted the importance of the means of implementation. New ways of thinking and doing will be needed to end the dependency crisis of many national AIDS responses. Sustainability pertains not only to financing but also to programmes, policies and government systems. New mechanisms for the sharing of responsibility will be needed, with nearly 80 per cent of poor people residing in middle-income countries. Available tools will need to be optimized and new delivery strategies adopted. New governance models will also be required, along with an intensive focus on building the needed capacity locally for the manufacture of generic medicines.
62. Mr Ibrahim Assane Mayaki, CEO of the NEPAD Planning and Coordinating Agency, emphasized the importance of understanding and responding to changes associated with the transition from the Millennium Development Goals to the Sustainable Development Goals. The Millennium Development Goals re-emphasized the social dimension of development, galvanizing substantial gains across numerous development priorities. Global governance has also adapted, as reflected by UNAIDS, which has provided a global focal point to ensure robust national strategic plans and efforts. Over the last 15 years, important changes have occurred, including economic growth that was often robust but seldom inclusively shared, growing prominence of civil society and the private sector, and increasing visibility of groups whose needs have often been neglected, including women and youth.
63. Reducing dependency demands a roadmap for action, which the African Union, with the support of UNAIDS, articulated in its Roadmap for shared responsibility and global solidarity with respect to HIV, TB and malaria. Countries now need to develop more intense ownership of their responses, diversify the means of funding, expand the array of stakeholders with whom decision-makers interact, and think more in bottom-up rather than top-down terms.



64. Africa's potential is enormous, but the region continues to lag behind. According to the Economic Commission for Africa, increasing fiscal pressure by one per cent would generate an additional US\$65 billion. To mobilize such sums, better management of fiscal systems and contractual negotiations with extractive industries will be needed. The AU Roadmap has highlighted how official development assistance can be used to increase domestic resource mobilization capacity. Through experience, Africa has also learned that multisectorality is key to progress with respect to AIDS and other development challenges.
65. Mr Mayaki noted that the Sustainable Development Goals are universal in their scope. Taking this universal approach on board, Africa's Agenda 2063 adopted a 50-year perspective that emphasizes both the AIDS response, as well as the social dimension of development. Ending AIDS by 2030 is a global challenge that requires a global solution. He noted that UNAIDS is an important success story, with an efficient governance mechanism that can be replicated to address other development challenges. At this critical juncture in the AIDS response, global solidarity will remain essential during the transition period to greater domestic financing.
66. Ms Alessandro Nilo, co-founder and Executive Director of GESTOS-HIV+, emphasized the importance of ensuring through systematic mechanisms that funding reaches community groups that need it the most. Highlighting the importance of data, Ms Nilo urged the development of robust indicators to monitor and drive funding for communities. Indicators are also needed to track the inclusion and empowerment of people living with HIV.
67. Ms Nilo said that fast-tracking the response will require a paradigm shift in the political and economic mindset and global power relations. With the goal of ensuring universal access to services, Ms Nilo called for greater regulation of the private sector and more assertive government policies to ensure access to life-saving services, especially generic medicines. She recommended that development partners reverse the withdrawal of official development assistance and that the global community explore binding agreements to finance the Sustainable Development Goals and the Fast-Track agenda. She particularly recommended use of a financial transaction tax to curb illicit capital flows and generate substantial new resources for global health and development, advising that a 0.05 per cent derivatives tax could produce US\$68 billion per year. At this important moment in the AIDS response, she said, we should not be celebrating victories but instead emphasizing the urgency of action.
68. Mr Luiz Loures, Deputy Executive Director of UNAIDS, moderated a high-level panel discussion. Highlighting the importance of data to a sound AIDS response, Mr Stephen Ndungu Karau, Kenya's Ambassador Extraordinary and Plenipotentiary, described the Kenya Situation Room, which both reflects and strengthens national commitment in the AIDS response. The Situation Room provides up-to-date, granular data on key HIV and health indicators, aiding policy makers in monitoring progress, addressing gaps and developing strategic responses. With the support of UNAIDS, the Kenyan Ministry of Health fast-tracked development of the Situation Room, which was launched by the President of Kenya in December 2015. The Situation Room, the first of its kind in any country, includes a feature that permits

immediate production of reports for the President. Kenya is now in the process of rolling the Situation Room out in 47 counties.

69. Ms Deborah Birx, United States Ambassador-at-large and Global AIDS Ambassador, cautioned that the world is headed towards an increase in new HIV infections if it fails to build on gains to date. Even though HIV incidence has fallen, the population of young people is increasing even faster. Noting that sustainability is only feasible if the epidemic is under control, she emphasized key actions needed during the fragile five-year fast-track period, including scale-up of core services and improved targeting of services. The world needs to continue progress towards the goal of eliminating new HIV infections among children and recognize that treatment is a core prevention intervention, as countries that have scaled up treatment the fastest have experienced the greatest declines in HIV incidence. New targets by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) aim to accelerate progress in the Fast-Track period.
70. Ms Birx emphasized the importance of immediate adoption of WHO's new guidelines on starting antiretroviral treatment. She emphasized the importance of innovation in accelerating treatment scale-up, including extended medication refills and decentralization of treatment service delivery. Ms Birx emphasized the importance of optimizing the efficiency of treatment service delivery, citing analysis indicating that it is possible with available funding to reach 26 million people with HIV treatment by World AIDS Day 2016 if optimal service delivery strategies are used. As one example, performing diagnostic tests once rather than twice each year could free up valuable clinical resources. Special efforts are needed if the world is to eliminate paediatric HIV infection, including interventions to help women remain on treatment. PEPFAR's ACT initiative aims to sharply increase the number of children receiving antiretroviral treatment, and new PEPFAR targets also seek to address a driving force in many national epidemics: the high rate of new infections among young women.
71. Ending the AIDS epidemic will require much better use of data and substantially more strategic targeting of programmes and resources. Civil society will have a key role in the Fast-Track period, but many civil society groups are losing funding because donors no longer prioritize support for civil society advocacy. Ms Birx encouraged member states to increase their funding to UNAIDS to allow UNAIDS to provide essential funding to civil society advocates.
72. Mr Mohammed Maalt, Deputy Minister of Finance of Egypt, addressed how finance ministries can help mobilize resources to support the HIV strategy adopted by the Arab League. He noted that Egypt has exhibited important political support for addressing key health problems such as HIV and hepatitis C. With respect to the goal of ending HCV in Egypt by 2020, both the private sector and civil society are playing important roles. A multi-partner committee is helping determine the extent of the HCV problem and how much money is needed. The Deputy Minister advised stakeholders in the health field to learn the language of finance ministries, focusing on such issues as national security, social development, productivity and efficiency.
73. Ms Fatma Mrisho, Executive Chairperson of the AIDS Commission of the United Republic of Tanzania, outlined opportunities and challenges associated with sustainability of the country's AIDS response. Tanzania is working to use more

granular data analysis to determine where best to target finite resources, including identification of hotspot sub-districts. This approach has also helped identify priority populations in need of services, such as the mining community. Steps have been taken to integrate HIV with other health services and to use non-conventional methods and avenues for service delivery. Data are being used to identify and address service bottlenecks and to better document the actual costs of service delivery. In addressing the AIDS challenge, additional work is needed to engage other sectors. Like Zimbabwe, Tanzania also has an AIDS trust fund, although it is poorly funded at the moment. At the same time that the country endeavours to prioritize its HIV investments, it is also important to ensure that no one is left behind. She also called for donors to avoid arbitrary funding decisions based on national income classifications.

74. Ms Daria Matyushina-Ocheret, Deputy Director of Advocacy and Communication for the Eurasian Harm Reduction Network, emphasized the importance of increasing domestic financing for Fast-Tracking the response. She cited the example of Tajikistan, which has fewer domestic resources than the Russian Federation but has nevertheless pledged to co-fund harm reduction programmes over the next three years. An important reason for Tajikistan's leadership is the effective advocacy of civil society. Citing civil society as a key link in mobilizing increased domestic resources, she expressed hope that UNAIDS would become a vehicle to ensure essential funding for civil society networks.
75. Mr David Wilson, Global AIDS Programme Director of the World Bank, said allocative efficiency (i.e., focusing on the most effective mix of interventions) would increase the impact of HIV investments by 30 per cent in concentrated epidemics, 20 per cent in mixed epidemics and 10 per cent in generalized epidemics. He advised that programmatic efficiency measures (e.g., improved logistics, targeting and performance contracting) could yield additional efficiency gains of 20-40 per cent. New technological innovations will be needed, more rigorous monitoring of programme performance and health outcomes are essential, and implementation and delivery science must be prioritized. All countries will need to increase domestic financing for both health in general and for their AIDS response, and development partners must remain engaged, especially to address the needs of fragile, low-income countries that are unlikely to climb the national income ladder in the foreseeable future. As African countries continue to grow economically, Mr Wilson recommended steps to capture a portion of these resources to support health and HIV, including universal health coverage.
76. In response to the high-level panel discussion, Board members encouraged UNAIDS to continue to prioritize advocacy for resource mobilization. It was urged that international development partners recognize that HIV is a global issue that requires global solidarity. In working to increase domestic funding, high-quality data were cited as a key to persuading senior decision-makers. The importance of maximizing efficiency gains through hotspot mapping and other means was emphasized, as was continued progress towards universal health coverage. While endeavouring to increase both domestic and international funding, Board members also encouraged efforts to improve procurement structures and systems.
77. Ms Alanna Armitage, Director of UNFPA, Geneva, moderated another high-level panel discussion that focused on partnerships. The first speaker was Mr Lambert

Grijns, Ambassador for sexual and reproductive health and rights for the Netherlands. Mr Grijns noted that official development assistance is decreasing, underscoring the importance of using funding as effectively as possible. With the aim of bringing added value to the response, the Netherlands will launch a US\$100 million programme in early 2016 focused on service delivery and advocacy to address the needs of key populations. He described a tripartite partnership (involving UNAIDS, the Dutch government and civil society) to build the capacity of, and empower, organizations and networks of key populations in Indonesia, Kenya and Ukraine.

78. Mr Ade Fakoya, Senior Advisor on HIV at the Global Fund, emphasized the importance of using data to target programmes to the right people in the right locations. He noted the importance of increasing the quality of data with respect to key populations, improving gender and age disaggregation and harmonizing data systems among development partners. While working to strengthen health systems, it is important to strengthen community systems as well.
79. Mr Michael Rabbow, team leader with corporate public affairs at Boehringer Ingelheim, focused on strategies to build a skilled health workforce. He advised that there is particular potential in having multiple pharmaceutical companies join forces to train health workers and create value in countries.
80. Mr Skhumbuzo Ngozwana, President of Serenus Biotherapeutics Limited in South Africa, noted the importance of regulatory authorities to drug access. The Pharmaceutical Manufacturing Plan for Africa outlines concrete steps to build robust pharmaceutical production capacity in the region. Reforms in regulatory practices and systems will be needed to ensure access to essential medicines, he said. He also encouraged governments to take steps to incentivize the development of manufacturing capacity.
81. Mr Paulo Barone, Green Coffee Sustainability Manager at Nespresso, described the company's coffee sourcing programme, which works with more than 75 000 coffee producers, providing employment-related training, technical assistance and sustainability support. While working to safeguard quantities and quality of coffee, the programme also aids in improving farming livelihood and protecting the environment. These relationships, he said, make the local economy stronger, contribute to stability and reduce human mobility. He described particular efforts to revive the coffee industry in South Sudan.
82. Ms Marake Sala, of the Action for Health Initiative in the Philippines, stressed the importance of building the capacity of communities to influence budgeting and policy. Challenges to effective community work include the withdrawal of development support from many middle-income countries and widespread stigma, which reduces political support for programming for key populations. She urged members of the Board to remain mindful of the challenges confronting the AIDS response in the Asia and Pacific region.
83. Mr Luiz Loures said the presentations offered examples of how to translate the notion of shared responsibility from rhetoric to reality. Innovations are already being tried, but these now need to be brought to scale. He said the thematic session emphasized the importance of data, innovation, high-level political determination and

the critical role of civil society. Citing the example of Nespresso, Mr Loures said the private sector could serve as an ideal laboratory for innovation.

84. In closing the 37<sup>th</sup> meeting of the Programme Coordinating Board, Ms Beagle lauded the new energy, momentum and hope for multilateralism associated with adoption of the Sustainable Development Goals. She noted that this Board meeting had been exceptionally productive, with approval of the 2016-2021 UNAIDS Strategy and adoption of the UBRAF. Thanks were given to Zimbabwe for chairing the Board in 2015 and for the leadership of ILO in the Committee of Cosponsoring Organizations.

85. The meeting was adjourned.

[Annexes follow]



## Annex 1

# PROGRAMME COORDINATING BOARD

UNAIDS/PCB (37)/15.15.rev1

Issue date: 28 October 2015

### THIRTY-SEVENTH MEETING

DATE: 26 -28 October 2015

VENUE: Executive Board Room, WHO, Geneva

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

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## Annotated Agenda

### MONDAY, 26 OCTOBER

#### 1. Opening

##### 1.1 Opening of the meeting and adoption of the agenda

*The Chair will provide the opening remarks to the 37th PCB meeting.*

##### 1.2 Consideration of the report of the thirty-sixth meeting

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

*Document: UNAIDS/PCB (36)/15.14*

##### 1.3 Report of the Executive Director

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

*Document: UNAIDS/PCB (37)/15.16*

#### 2. 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 (37)/15.17*

### **3. UNAIDS Strategy 2016-2021**

*The updated and extended 2016-2021 UNAIDS Strategy will be presented for adoption by the Board.*

*Document: UNAIDS/PCB (37)/15.18.rev1*

**TUESDAY, 27 OCTOBER**

### **4. Unified Budget, Results and Accountability Framework (UBRAF)2016-2021**

*The Unified Budget, Results and Accountability Framework (UBRAF) for 2016-2021 will be presented for adoption by the Board.*

*Documents: UNAIDS/PCB (37)/15.19; UNAIDS/PCB (37)/15.19 CRP1*

### **5. 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 (37)/15.20*

**POSTPONED**

### **6. HIV in prisons and other closed settings**

*The Board will receive a report on HIV in prisons and other closed settings.*

*Documents: UNAIDS/PCB (37)/15.21*

### **7. Follow-up to the thematic segment from the 36th Programme Coordinating Board meeting**

*The Board will receive a summary report on the outcome of the thematic segment on HIV in emergency contexts.*

*Document: UNAIDS/PCB (37)/15.22*

### **8. Next PCB meetings**

*The Board will agree the topics of the thematic segments for its 38th and 39th PCB meetings in June and December 2016 as well as the dates for the 42nd and 43rd meetings of the PCB.*

*Document: UNAIDS/PCB (37)/15.23*

### **9. Election of Officers**

*In accordance with Programme Coordinating Board procedures, the Board shall elect the officers of the Board for 2016 and is invited to approve the nominations for NGO delegates.*

*Document: UNAIDS/PCB (37)/15.24*

### **10. Any other business**

**WEDNESDAY, 28 OCTOBER**

**11. Thematic Segment:** *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.*

Document: UNAIDS/PCB (37)/15.25 ; UNAIDS/PCB (37)/15.25 CRP2

**12. Closing of the meeting**





## Annex 2

28 October 2015

### 37th Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland

26-28 October 2015

#### 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-sixth meeting**

2. *Adopts* the report of the 36th meeting of the UNAIDS Programme Coordinating Board;

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

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

## **Agenda item 2: Update on the AIDS response in the post-2015 development agenda**

- 4.1 *Encourages* member states to advocate for the global indicator framework on the Sustainable Development Goals to accurately monitor progress on the AIDS response in all countries and for all populations;
- 4.2 *Further encourages* member states to advocate for key approaches of the AIDS response, including leaving no one behind and the inclusion and meaningful participation of communities most affected, to be reflected in the global framework for follow-up and review of the 2030 Agenda to be elaborated by the High-level Political Forum;
- 4.3 *Recognizes* that implementing the 2030 Agenda and the UNAIDS 2016-2021 Strategy will demand, and be determined by, action across a range of relevant Sustainable Development Goals and by building strong and resilient systems for health;
- 4.4 *Requests* the Joint Programme, in light of the above decision point 4.3, to continue to share its experience in the AIDS response in developing innovative and multisectoral approaches to address the complex development challenges and to strengthen the new Global Partnership for Sustainable Development and adapt, in order to contribute to results across the 2030 Agenda;
- 4.5 *Requests* the Joint Programme to strongly advocate for a people-centred, public health approach and respect for human rights, including an accountability mechanism, in the current drug control system and that this is clearly reflected in the Outcome Document of the UN General Assembly Special Session (UNGASS) on the World Drug Problem in April 2016;
- 4.6 *Requests* the Joint Programme, in light of the integration of AIDS into the Sustainable Development Goals and decision points 6.1 - 6.3 of the 35th Meeting of the PCB, to strongly advocate for inclusion in the political declaration resulting from the High Level Meeting on HIV/AIDS in 2016, of a commitment to address the social and economic drivers of HIV in order to realize the goal of ending the AIDS epidemic, and to connect HIV with the eradication of extreme poverty, ending hunger and inequality, and the promotion of human rights, dignity for all, education and social protection, including the right to the enjoyment of the highest attainable standard of health, and implementation of universal health coverage;

## **Agenda item 3: UNAIDS Strategy 2016-2021**

- 5.1 *Adopts* the UNAIDS Strategy 2016-2021<sup>2</sup>;

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<sup>2</sup> The Islamic Republic of Iran disassociated itself from some parts of the UNAIDS Strategy 2016-2021 and reaffirmed that in the implementation of the Strategy full consideration and respect should be given to cultural, moral and religious values, national sovereignty, and legal and social systems of the countries concerned.

- 5.2 *Encourages* the Joint Programme to use existing regional platforms to reinforce political will and accelerate the implementation of the UNAIDS Strategy 2016-2021;

**Agenda item 4: UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) 2016-2021**

- 6.1 *Approves* the 2016-2021 Unified Budget, Results and Accountability Framework, taking into account the views expressed by the Board, *recalls* decision point 7.2 of the 36th meeting of the Programme Coordinating Board and *looks forward* to the presentation of a revised Results and Accountability Framework for approval at the 38th meeting of the Programme Coordinating Board;
- 6.2 *Approves* US\$ 485 million as the core budget for 2016-2017 and the budget allocations of the Cosponsors and the Secretariat and *looks forward* to a clear link between results and resources as set out in the final, prioritized and more detailed Results and Accountability Framework to be presented at the 38th meeting of the Programme Coordinating Board, taking into account the views expressed by the Board at its 37th meeting;
- 6.3 *Requests* UNAIDS to report back annually to the Programme Coordinating Board on the implementation of the 2016-2021 Unified Budget, Results and Accountability Framework demonstrating clearly the link between resources and results, cost and value consciousness, and accountability;
- 6.4 *Urges* all constituencies to use the UNAIDS 2016-2021 Results and Accountability Framework to meet their reporting needs;
- 6.5 *Notes* the value of the multi-stakeholder engagement in the formulation of the 2016-2021 Unified Budget, Results and Accountability Framework and the further refinement of the Results and Accountability Framework;
- 6.6 *Requests* that the UBRAF lay out in detail an explanation of how resources are allocated between Cosponsors and countries;
- 6.7 *Looks forward* to a second Financing Dialogue, aimed at ensuring predictable and full funding for the implementation of the 2016-2021 UBRAF, to be held before the 38th meeting of the Programme Coordinating Board;
- 6.8 *Urges* intensification of resource mobilization efforts and full funding of the 2016-2021 UBRAF to fund the Joint Programme, while noting the necessity to ensure that the UNAIDS Secretariat is sufficiently funded to secure its core functions to implement the Fast Track approach and the 2016-2021 Strategy. *Acknowledges* current efforts, and encourages all Cosponsors to continue to strengthen their role in resource mobilization in support of their programmatic contributions to the Joint Programme;
- 6.9 *Underlines* the urgent need for increased investment in a further scale-up of the global HIV/AIDS response in order to reach the fast track targets, and the

importance in this regard of adequately resourcing the Joint Programme to enable it to fulfil its leading function in this global effort;

#### **Agenda item 6: HIV in prisons and other closed settings**

- 7.1 *Takes note* of the report;
- 7.2 *Requests* the Joint Programme to support member states and civil society in strengthening a human rights and public health approach to prison health and accelerating efforts to increase access to knowledge and evidence based HIV prevention, treatment and care services for people of all ages in prisons and other closed settings, including for women and girls, people living with HIV and other key populations, in line with the UNAIDS Strategy 2016-2021: On the Fast-Track to end AIDS, and in line with the revised United Nations Standard Minimum Rules for the treatment of Prisoners and report on concrete actions taken at a future meeting of the Programme Coordinating Board;
- 7.3 *Encourages* the Joint Programme and relevant partners to address issues related to HIV and health in prisons and other closed settings by building upon the momentum and fully engaging in the 2016 Special Session of the United Nations General Assembly on the World Drug Problem and in the 2016 High Level Meeting on HIV and AIDS, and by encouraging collaboration between justice, health and other relevant ministries in relation to HIV and health in prisons and closed settings to ensure the highest attainable standard of health for prisoners and people in closed settings;

#### **Agenda item 7: Follow-up to the thematic segment from the 36th Programme Coordinating Board meeting**

- 8.1 *Takes note* with appreciation of the summary report of the Programme Coordinating Board Thematic Segment on HIV in emergency contexts;
- 8.2 *Recognizes* the importance of working towards resilient health systems;
- 8.3 *Recognizes* that the specific inclusion of people affected by humanitarian emergencies, including networks of PLHIV, other vulnerable groups and key populations in the planning and provision of the emergency response is critical to achieving the fast track goals in the UNAIDS 2016-2021 Strategy;
- 8.4 *Further recognizes* that women and children are among the most affected people in humanitarian emergencies and that planning should prioritise their specific needs to ensure access to the required HIV related services;
- 8.5 *Encourages* the Joint Programme to:
  - a. *Undertake* initiatives to ensure that appropriate HIV interventions are routinely incorporated in all humanitarian emergency preparedness and response programmes;

- b. *Assist* country programmes - both those that are directly affected and those that are receiving refugees - to incorporate an appropriate level of preparedness and disaster risk reduction strategies to ensure continuation of comprehensive HIV services during humanitarian emergencies, particularly prevention, care and treatment, food and nutrition and other types of support, including the introduction of innovative approaches to tackle treatment disruption, such as alternative logistics mechanisms and *Health Travel Cards* in contingency planning and response to humanitarian emergencies;
- c. *Prioritize* actions to address gender based violence against people affected by humanitarian emergencies, including women, young people and other key populations and encourage the Joint Programme to continue to provide technical support to the inter-agency working group (IAWG) on reproductive health in crisis;
- d. *Promote* cross border and regional collaboration, as well as national and community collaboration, to ensure access to essential HIV prevention, care, treatment and support services for refugees and other displaced populations;
- e. *Strengthen* strategic HIV-related information, including age and sex disaggregated data, in humanitarian emergencies during the preparedness and response phases to ensure appropriate responses during emergencies according to HIV prevalence, protection and human rights issues;
- f. *Advocate* for increased funding for the HIV response and for resource mobilization for all organizations, including NGOs and community-based organizations, working on HIV in humanitarian emergencies to ensure appropriate comprehensive preparedness and response;

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

- 9.1 *Agrees* that the themes for the 38th and 39th Programme Coordinating Board meetings be:
  - a. *The role of communities in ending AIDS by 2030* (38th);
  - b. *HIV and aging* (39th);
- 9.2 *Requests* the Programme Coordinating Board Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 40th and 41st Programme Coordinating Board meetings;
- 9.3 *Agrees* the dates for the 42nd (26-28 June 2018) and the 43rd (11-13 December 2018) meetings of the Programme Coordinating Board;

**Agenda item 9: Election of Officers**

10. *Elects* Switzerland as Chair, Ghana as Vice-Chair and Ecuador as Rapporteur, for the period 1 January to 31 December 2016, and approves the composition of the Programme Coordinating Board NGO delegation.

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