



## UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (38)/16.15  
Issue date: 1 November 2016

### **THIRTY-NINTH MEETING**

**Date:** 6-8 December 2016

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

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### **Agenda item 1.2**

### **Report of the 38th 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 38th 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 38th meeting on 28-30 June 2016 in the Executive Board room of the World Health Organization (WHO) in Geneva.
2. The Programme Coordinating Board Chair, Ambassador Alexandre Fasel, Permanent Representative of Switzerland to the United Nations Office and to other international organizations based in Geneva, welcomed participants to the 38th meeting. Following a moment of silence in memory of all people who have died of AIDS, the Board adopted the draft annotated agenda.

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

3. The Board adopted the report of the 37th meeting of the Board.

### 1.3 Report of the Executive Director

4. Michel Sidibé, Executive Director of UNAIDS, began his remarks by acknowledging the contributions of key actors who are taking on new assignments, including Mr Colin Mcliff of the United States Mission in Geneva, Ms Alice Ouedraogo Sorgho of the International Labour Organization and Mr Paul Spiegel of the Office of the United Nations High Commissioner for Refugees. Mr Sidibé also noted that the Chair was attending his last Board meeting, and he thanked him for his many contributions to the Joint Programme.
5. Mr Sidibé observed that the negotiations towards the Political Declaration on HIV and AIDS: *On the Fast-Track to accelerate the fight against HIV and to end the AIDS epidemic by 2030* (Political Declaration) were complicated, but that the final Political Declaration provides a progressive vision that will enable UNAIDS and its partners in the AIDS response to pursue a robust agenda to end the epidemic. Acknowledging that the final Political Declaration omitted certain provisions and language from the zero draft, Mr Sidibé said the Political Declaration provides a clear mandate to quicken the pace of the global response. It calls for major investments in civil society and community-based services and for the first time specifically refers to transgender people, the treatment needs of prisoners, the importance of universal access to sexual and reproductive health and rights, and gender equality. The Political Declaration calls for doubling the number of people receiving HIV treatment by 2020, includes concrete targets for key co-morbidities, prioritizes efforts to eliminate gender inequalities and gender-based violence, and makes a strong case for front-loading investments in the response. Building on the UNAIDS Strategy 2016-2021, the Political Declaration includes specific targets for paediatric HIV treatment and regarding new infections among adolescent girls and young women, as well as commitments to address the needs and human rights of people with disabilities.

6. AIDS is not over, Mr Sidibé stressed. A renewal of commitment to HIV prevention is needed, including for young people, people who use drugs and other key populations. Mr Sidibé said he was encouraged by signs of strong political commitment, such as the expansion of opioid substitution therapy in Kazakhstan, the pledge by the Minister of Health of the Russian Federation to remove HIV-related travel restrictions, and a new zero discrimination campaign in Latin America and the Caribbean led by the First Lady of Panama. Mr Sidibé said that the world must follow through on the movement to end new HIV infections among children, building on achievements under the *Global plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive*, including a 60% reduction in the number of AIDS-related deaths among children. With 1000 adolescent girls acquiring HIV every day, efforts must intensify to address the factors that increase girls' vulnerability, including harmful gender norms, poverty, lack of education, food insecurity, violence and inadequate access to sexual and reproductive health services. UNAIDS has joined with the United States of America President's Emergency Plan for AIDS Relief (PEPFAR) to launch the *Start Free, Stay Free, AIDS* initiative, providing a Fast-Track framework for ending AIDS among children, young women and adolescents by 2020.
7. Mr Sidibé cited the substantial gains that have been made in expanding access to HIV treatment, aided by strategies that simultaneously reduced drug prices while protecting innovation. Additional innovations, such as long-acting injectable antiretrovirals, are imminent, and there is also growing political commitment, including efforts of the First Lady of Côte d'Ivoire, to close the HIV treatment gap for children. Expanded treatment access supports HIV prevention efforts, and more and more countries are now adopting WHO's recommended "treat-all" approach. However, the pace of scale-up of HIV treatment must accelerate if we are to achieve the 90-90-90 target by 2020. UNAIDS is finalizing an emergency plan for closing treatment gaps in western and central Africa, where treatment coverage lags behind what has been achieved in eastern and southern Africa. Nineteen million people living with HIV worldwide still do not know their HIV status, underscoring the need to intensify testing efforts.
8. Noting that sexual relations are the primary mode of HIV transmission, Mr Sidibé called for stronger efforts to guarantee sexual rights. In particular, he noted that the world now has the largest youth cohort ever, highlighting the dangers posed by continued low levels of HIV-related knowledge among young men and women. Much stronger efforts are needed to ensure service access and meaningful engagement of key populations, who account for more than 90% of people newly infected in central Asia, Europe, North America, the Middle East and North Africa. Community-centred approaches to reach members of key populations have proven highly successful in diverse settings, including Algeria, Iran, Lebanon, Morocco and Thailand. Mr Sidibé acknowledged the leadership of USA Global AIDS Ambassador Deborah Birx, pointing to the new US\$ 100 million fund established by PEPFAR to accelerate support for key populations. Guaranteeing sexual rights is essential to the Fast-Track approach, Mr Sidibé emphasized.
9. The Fast-Track approach is the only way to end AIDS, he said, and the only way to implement this approach is to invest now. Without front-loaded investments, the world runs the risk of witnessing a resurgence of the epidemic. By committing to new investments in the AIDS response, Mr Sidibé said the world could show solidarity

with the millions of people who need HIV services. He said the Joint Programme had reached the point where it was impossible to do more with less. Noting that the Joint Programme's funding shortfall raised serious questions regarding the ability of UNAIDS to ensure achievement of the commitments in the Political Declaration, Mr Sidibé asked the Board for guidance on how to proceed, but he emphasized the urgent need to protect the core work of the Joint Programme, including advocacy, strategic information, engaging civil society, supporting key populations, ensuring an inclusive and rights-based response and leveraging investments by PEPFAR and the Global Fund.

10. The Board took note of the Executive Director's report. Board members welcomed the adoption of the Political Declaration and said it provided a strong framework for action to end the AIDS epidemic, although Board members also expressed disappointment in certain changes made from the zero draft, including deletion of some specific mentions of key populations. Board members emphasized the need for continued progress to achieve the 90-90-90 target, including steps to improve the efficiency of testing and treatment programmes. It was noted that several countries are already on track to reach the 90-90-90 target and that the target is within reach for many others. Board members rejected the acceptability of a "two-track approach" to treatment scale-up, urging concerted focus on countries and regions where treatment scale-up is lagging, including western and central Africa.
11. Strong calls were made for intensification of efforts to prevent HIV acquisition, with Board members noting that little progress has been made in recent years in reducing the number of new HIV infections. Similarly, Board members underscored the need to strengthen efforts to eliminate stigma and discrimination, and supported calls to recognize sexual rights as a key component of the Fast-Track approach. Calls were also made from Board members to ensure universal access to sexual and reproductive health services and to prioritize access to harm reduction services to prevent transmission associated with injecting drug use. To maximize impact and reach those at risk of left behind, Board members said programmes should be better targeted to high-need locations and populations.
12. Board members called for innovation and renewed commitment to mobilize sufficient resources to implement the Fast-Track approach. Particular concern was expressed regarding the financial situation of the Joint Programme, with Board members noting the importance of continued and support for the Joint Programme's core functions, including advocacy, partnership and the strategic information that informs the development and implementation of partners' many initiatives. Board members called for greater clarity regarding the links between the Joint Programme's budget and results, especially with respect to Cosponsors.
13. Board members recommended enhanced efforts to strengthen health and community systems. There were also calls for additional steps to take AIDS out of isolation, including by improving HIV prevention efforts and management of key co-morbidities.
14. Appreciation was expressed to UNAIDS for the planning of the Board's successful field visit to China. Delegates noted that the field visit helped inform various elements of the Board meeting and discussions.

15. In response to the Board's interventions, Mr Sidibé said that while the Political Declaration has certain shortcomings, it nevertheless has positive elements that should be effectively leveraged to drive progress towards ending AIDS, including ensuring that no one is left behind. He called for greater focus on the countries where impact will be greatest, with particular attention to high-burden countries, where progress in the response remains too slow. On the question of resource mobilization for the response, Mr Sidibé suggested that the same funding modalities that supported achievement of Millennium Development Goal 6 may not be the same approaches that will be needed to achieve the Sustainable Development Goals. He called for particular efforts to address the funding needs of civil society, to identify strategies to ensure the affordability of medicines and to ensure continuity and strengthening of national responses in the context of insecurity.

#### **1.4 Report of the Chair of the Committee of Cosponsoring Organizations (CCO)**

16. Ms Ertharin Cousin, Executive Director of the World Food Programme and chair of the CCO, said that the Joint Programme is a one-of-a-kind partnership, incorporating the input of civil society and enhancing the coherence and coordination of the United Nations system's efforts on AIDS. The Sustainable Development Goals underscore the interconnectedness of global health and development issues and the need for the Joint Programme's multisectoral approach. Citing the Cosponsors' continued value to the AIDS response, she said that Cosponsors had received only 50% of their allocation under the Unified Budget and Accountability Framework (UBRAF). Ms Cousin said that now, as the response aims to build further momentum towards ending the epidemic, is not the time to reduce support for the Cosponsors as this could potentially make them concentrate ever more exclusively on high burden locations and populations, reducing the Joint Programme footprint worldwide.
17. Over the last year, the AIDS response has been endorsed in numerous United Nations declarations and resolutions and in numerous strategic plans of Cosponsors. Noting that food insecurity can pose a major barrier to treatment adherence and undermine other HIV-related outcomes, Ms Cousin said that WFP will continue to work in collaboration with Cosponsors to explore linkages to reach the most vulnerable.
18. The Board took note of the CCO report, with Board members indicating that the Joint Programme serves as an important model of partnership for results. Board members said additional steps were needed under the UBRAF to account for investments in Cosponsors' work and that UNAIDS should intensify integration of Cosponsors in all Fast-Track countries.

## 1.5 Report by the NGO representative

19. Ms Laurel Sprague, NGO delegate from North America, focused her presentation on behalf of the NGO delegation on the links between the right to development and the sexual and reproductive health and rights of people most affected by HIV. She reported that limited action regarding sexual and reproductive health and rights and for key populations continues to drive new HIV infections and AIDS-related deaths, especially among adolescents and young people. Sexual and reproductive health and rights, she said, represent an integral part of the right to development, while addressing the needs of key populations will be critical to the achievement of 90-90-90.
20. Ms Sprague called for comprehensive sexuality education. Particular efforts are needed to protect the sexual rights of people living with HIV, as women living with HIV report that coercion and violence are widespread. Statutes criminalizing the behaviours of key populations cause people to live in fear, avoid HIV services or experience discrimination when they attempt to access services, and also increase the risk of hate crimes. People with disabilities who are also living with HIV experience multiple burdens, including in many cases lack of sign language for hearing-impaired people. In addition to legal reform and provision of comprehensive sexuality education, Ms Sprague underlined that peer self-empowerment initiatives can help individuals to support one another and work together to promote and protect their collective rights to health and dignity. She called for countries to emulate and build on positive examples of leadership to address the linked rights to development and sexual and reproductive health, such as the recognition of same-sex relationships in some countries.
21. The Board took note of the report by the NGO delegation, stressing the importance of an AIDS response grounded in human rights and specific measures to address the needs of adolescent girls, key populations and other vulnerable groups and to ensure their meaningful engagement in the response. Board members said that key populations are not only essential targets for intervention, but also the groups that are leading the AIDS response. Calls were made for respect for the individual's right to have control over matters related to one's sexuality and to be free of coercion, discrimination and violence. Board members called for further attention to the economic development of people living with and affected by HIV. Board members emphasized the importance of addressing the needs of women and girls. The Board urged UNAIDS and other partners to continue to provide funds and technical assistance to strengthen civil society and community-level capacity consistent with the 2030 Agenda for Sustainable Development.

## 2. LEADERSHIP IN THE AIDS RESPONSE

22. This agenda item was postponed until a later Board meeting.

### **3. FOLLOW-UP TO THE THEMATIC SEGMENT FROM THE 37TH PROGRAMME COORDINATING BOARD MEETING**

23. Mr Mbulawa Mugabe, Director of Country Impact and Sustainability for UNAIDS, summarized the thematic session of the 37th Board meeting. The session focused 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 (Greater Involvement of People Living with HIV) principle and addresses the needs of key populations, including women and girls, and other vulnerable groups, in line with national epidemiological contexts.
24. Mr Mugabe noted that the Fast-Track framework requires US\$ 26.2 billion annually for the AIDS response by 2020. Domestic HIV investment in low- and middle-income countries tripled from 2006 to 2014, but lower-middle-income countries now face acute challenges in mobilizing sufficient resources for their national responses. Closing the resource gap for the Fast-Track approach will require mechanisms to share responsibility for key priorities, sound policy approaches and governance models and inclusive, innovative partnerships.
25. The thematic session noted the critical role that global solidarity and shared responsibility played in achieving Millennium Development Goal 6. In particular, the MDGs brought a welcome focus on the social dimension of development in Africa, catalysing steps to reduce the region's dependence on external aid, as reflected in the African Union Roadmap on Shared Responsibility and Global Solidarity. However, it was agreed that progress to date remains fragile and that far too many people are being left behind in the AIDS response. In working to increase funding for the AIDS response, the thematic session at the 37th Board meeting noted that AIDS spending should be regarded as an investment rather than an expense and that particular efforts are required to ensure that funding reaches communities at the grass roots.
26. An initial panel discussion at the earlier thematic session addressed the sustainability of the response. Panelists emphasized that the response would not be sustainable until the HIV epidemic was brought under control, highlighting the importance of the UNAIDS Strategy focus on the means of implementation. Effective use of real-time, granular data to target programmes can help improve the efficiency of the AIDS response. The panel stressed that civil society is an important agent for catalysing change. A call was made for continued international solidarity across different regions, particularly with countries in transition. Better use of data and the development of investment cases were cited as strategies for improving efficiency and optimizing available resources.
27. A second panel discussion at the thematic session of the 37th Board meeting explored the power of partnerships for implementation, innovation and equity. It was agreed that partnerships can improve results by supporting alternative delivery models, lowering costs, strengthening governance and helping address the needs of people living with HIV, key populations and vulnerable groups. Community systems, civil society, youth and key populations play a critical role in the response and need to be strengthened, and people-centred approaches are warranted to empower people who experience stigma and discrimination. Speakers suggested that lessons



learned from the AIDS response can be applied to the management of non-communicable diseases. Data collection needs to improve, including data on key populations and at the facility level, while the use of data should become more strategic to improve investment and service delivery. Regulatory and policy changes are needed to catalyse local pharmaceutical production.

28. In response to the summary of the thematic session at the 37th Board meeting, Board members urged better focusing of interventions on target populations. Calls were made for people-centred accountability, multi-stakeholder partnership and improved efficiency of programmes. Board members said that shared responsibility will require increases in domestic financing, continued support from the international community and increased use of innovative financing strategies. The Board recommended that steps be taken to ensure the financial sustainability of AIDS responses. Innovation in service delivery needs to complement increased innovation in financing the response.
29. The Board called for increased financing for civil society, including networks of people living with HIV. It was noted that UNAIDS has recommended that the share of HIV services that are community-led should rise to 30% to achieve Fast-Track targets. Member States were encouraged to use values of equity and fairness to guide their efforts, in collaboration with other key stakeholders, to implement differentiated responses in line with the 2030 Agenda for Sustained Development.
30. The Board called for more granular, good-quality data to be collected and used to eliminate inefficiencies and reallocate resources towards high-need populations and locations. Intensified efforts were recommended towards enabling Universal Health Coverage, stronger human resources for health, technology transfer and capacity building, including capacity to maximize the use of available resources. The Board encouraged assistance to countries to identify opportunities to improve and/or sustain the supply of antiretroviral medicines and other HIV-related health commodities.

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

##### **4.1 Performance monitoring**

31. Mr Joel Rehnstrom, Director of Planning, Finance and Accountability for UNAIDS, presented the Performance Monitoring Report of the Unified Budget, Results and Accountability Framework. Reports produced on the Joint Programme's performance include a synthesis report, a detailed analysis, seven regional reports, 22 thematic reports, and 102 country summary reports.
32. The Joint Programme Monitoring System has strengthened and streamlined performance reporting by members of the Joint Programme, and UNAIDS has also improved its communications of Joint Programme results, including through web portals and infographics. Mr Rehnstrom said that reporting in the future would be further strengthened as the 2016-2021 UBRAF had improved indicators and measurements for monitoring the Joint Programme's performance, linking UBRAF results to the global AIDS targets derived from the 2016-2021 UNAIDS Strategy and

*2011 Political Declaration on HIV and AIDS: Intensifying our efforts to eliminate HIV and AIDS.*

33. Mr Rehnstrom reported that the Joint Programme had contributed to progress towards the three zeros – zero new HIV infections, zero AIDS-related deaths and zero discrimination. The Joint Programme has enhanced the availability of prevention commodities, supported progress towards elimination of new HIV infections among children, improved access to services for people who inject drugs, and sustained the global commitment to HIV treatment and integrated HIV/TB services. The Joint Programme supported the removal of legal barriers diminishing HIV service access, supported social protection to address the social and economic drivers of HIV, and provided technical guidance, tools and other efforts to increase the effectiveness of national responses to women, adolescents, girls and key populations.
34. The Joint Programme has remained the leading global advocate for a strong, sustained, evidence- and rights-based response to HIV. Strategic information disseminated by the Joint Programme has supported the development of investments cases and country concept notes as well as the reviews of national strategic plans and analyses of gender inequalities and violence against women and girls.
35. The Joint Programme has supported the sustainability of the response and “making the money work”, developing resource needs estimates, aiding countries in improving the efficiency and sustainability of national responses, conducting fiscal space analyses for 28 countries, and catalysed the approval of more than US\$ five billion in funding from the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund). Enhanced efforts have been undertaken to further strengthen the engagement of civil society in the AIDS response, including support for community engagement in the Fast-Track strategy and advocacy, integration of community responses in national AIDS plans and Global Fund concept notes and advocacy for the increased involvement of young people and people living with HIV.
36. Persistent challenges include inadequate progress in reducing HIV risk and vulnerability among key populations, young women and girls; the flattening and potential decline in external HIV funding (combined with an urgent need to increase domestic funding); and responding effectively to HIV in humanitarian contexts, where HIV is not typically regarded as a priority. Mr Rehnstrom said key future actions include intensifying support to implement the 2016 Political Declaration, advocacy for increased international and domestic investments, support for mobilization of funding for civil society and community responses, and continued work to build closer ties with key partners such as PEPFAR and the Global Fund.
37. In response to the presentation on performance monitoring, the Board took note of the performance monitoring report. Board members congratulated UNAIDS on its improvement over time in linking budgets with results, although Board members said the link was often clearer for the Secretariat than for Cosponsors. Calls were made to intensify the Joint Programme’s support for increased funding to civil society and community service delivery. Board members called for the further streamlining of annual performance monitoring reports of the 2016-2021 UBRAF, with a simpler structure, fewer outputs and improved indicators. Appreciation was expressed for the

emphasis on external evaluations, and the Board called for further support for independent evaluation and validation of UBRAF results and Joint Programme performance. The Board urged all constituencies to contribute to UNAIDS efforts to strengthen performance monitoring. In response to the Board's interventions, the Joint Programme will examine ways to improve the clarity of linkages between budgets and results for Cosponsors in the 2018-2019 budget. In their response, Cosponsors welcomed the opportunity to share their work with the Board, and emphasized their willingness to demonstrate results more clearly.

## 4.2 Financial reporting

38. Mr Rehnstrom also reported on the Joint Programme's financial situation. He reported that UNAIDS had received an unmodified "clean audit" opinion by external auditors and had implemented all external audit recommendations conducted in 2015.
39. In 2015, UNAIDS reached 83% of its resource mobilization target, with US\$ 200.9 million mobilized compared to US\$ 232.8 million in 2014 and total core expenditures in 2015 of US\$ 242.2 million. The difference between income and expenditures in 2015 – US\$ 41.3 million – was covered from the fund balance, which stood at US\$ 82.6 million as at 31 December 2015 (i.e., below the minimum level of US\$ 107 million established by the Board, representing 22% of the UNAIDS biennial budget). Mr Rehnstrom reported that the gap between resources and expenditures had grown each biennium over the last six years, from US\$ 8 million in 2010-2011 to US\$ 27 million in 2012-2013 and US\$ 51 million in 2014-2015.
40. As at the time of the 38th Board meeting, US\$ 99.9 million had been mobilized by UNAIDS against the 2016 core budget. It was projected that US\$ 168 million will be mobilized for the 2016 core budget, representing 70% of the target for 2016 (compared to 83% mobilization in 2015 and 96% in 2014). The drop in funding in 2016 stems from reduced contributions from key donors and a strong US dollar (as 70% of the core funding is provided in currencies other than the US dollar).
41. The UNAIDS Secretariat yielded important cost savings and efficiency gains in 2015 compared to 2014, with most savings generated in areas of transfers and grants to partners, general operating expenses and travel. Staff and personnel costs continue to represent the largest expenditure category in the Secretariat.
42. Mr Rehnstrom provided an overview of the internal audit recommendations for the period 2010 to 2015. During this period a total of 27 audits were conducted resulting in 586 recommendations (16 audits for Country & Liaison Offices; 5 audits for Regional Support Teams and 6 audits for Headquarters). As at the end of June 2016, 62% of recommendations for the Country and Liaison Offices; 50% of the recommendations for Regional Support Teams and 58% of the recommendations for Headquarters functions were closed.
43. Mr Rehnstrom also noted that UNAIDS has undertaken an examination and categorization of its risks, and grouped risks into five major areas as follows: technical and programmatic; staff security, skills and wellbeing; funding and financial; systems and infrastructure; and political and governance. The UNAIDS top risks for 2016 were also shared with the Board, which have been developed based on a

thorough analysis and evaluation and scored in terms of likelihood and impact. In the midst of a difficult financial environment, Mr Rehnstrom called for UNAIDS to redouble efforts to build trust and consensus on difficult issues; strengthen bold advocacy; generate strategic information; build the capacity of countries and communities to deliver services; foster country ownership, leadership, coordination, partnerships, good governance and accountability systems; create space for civil society; and convene and coordinate partnerships.

44. In response to Mr Rehnstrom's presentation, Board members acknowledged the difficult financial situation of the Joint Programme. Board members underscored the critical role played by UNAIDS, especially given the need to Fast-Track the response to end the epidemic by 2030. Concern was expressed regarding unfunded staff liabilities, and calls were made for heightened financial transparency (in line with the growing emphasis on financial transparency in the development field). In response to the Board's interventions, Mr Rehnstrom said the UNAIDS was among the United Nations system's top performers with respect to covering staff liabilities and that UNAIDS Secretariat is working towards becoming compliant with the International Aid Transparency Initiative (IATI) by the end of 2016.
45. The Board accepted the financial report and audited financial statements for the year ended 31 December 2015 and took note of the interim financial management update for the 2016-2017 biennium, including the replenishment of the Building Renovation Fund. The Board encouraged donors to make multi-year contributions and release their contributions towards the 2016-2021 UBRAF as soon as possible. The Secretariat was asked to continue to monitor the UBRAF fund balance with a view to increasing it to within the minimum and maximum levels established by the Board.
46. The Board addressed the challenge of mobilizing resources for the Joint Programme, noting the urgent need of the Board to support and guide the Joint Programme to ensure continued delivery of core functions. Acknowledging the potential for the financial shortfall to impede the Joint Programme's ability to advance the goal of ending the AIDS epidemic by 2030, the Board reiterated its firm support for UNAIDS as a key catalyst for the historic achievements of the AIDS response. Recognizing the urgency of UNAIDS' financial situation, the Board reaffirmed the shared responsibility to find both short- and medium-term solutions and urged Member States and funding partners to contribute to UNAIDS, while acknowledging the critical role played by domestic resources. Donors were urged to maintain and, where possible, increase their contributions to UNAIDS, especially for the core budget. The Board recommended that UNAIDS build on its strong partnership with the Global Fund to explore strategies whereby UNAIDS could benefit from its relationship with the Global Fund, and report back to the Board in this regard at the 39th Board meeting. The Board encouraged the Joint Programme to strengthen its communications regarding the impact of its work and urged UNAIDS to generate additional resources in support of UBRAF implementation, including from non-traditional donors, in-kind contributions, private sector, private foundations and innovative financing mechanisms.

47. In response to the financial situation of UNAIDS, the Board suggested criteria for the Executive Director to use in allocating resources in 2017, in the event of the persistence of 2016 budget shortfalls into 2017. The Board urged sufficient funding for the Secretariat and also encouraged Cosponsors to strengthen their own resource mobilization efforts in support of the Joint Programme. The Board requested that Cosponsors receive a minimum of 15% of the UBRAF in 2017 in the event of continuing funding shortfalls, with each Cosponsor to receive no less than US\$ 1.5 million. Above this minimum threshold, funding to Cosponsors should take into account those with a high share of HIV spending accounted for by the Joint Programme and those who are most at risk of being unable to maintain critical core functions affecting the ability of the Joint Programme to implement the 2016-2021 Strategy.
48. The Board asked the Executive Director to report at the 39th Board meeting on how these criteria have been applied to support a differentiated approach to Cosponsors funding for 2017. UNAIDS was asked to conduct an analysis on how the 2016 budget shortfall and 2017 projections will affect delivery of the UNAIDS 2016-2021 Strategy, and to develop funding scenarios, with a report provided to all Board members and Member States through the Programme Coordinating Board Bureau as soon as possible. The Board agreed to revisit these decision points based on this analysis at the 39th Board meeting. UNAIDS was requested to inform the Board by the beginning of October 2016 on its plans for managing the Joint Programme's budget shortfall, bearing in mind decision 6.8 from the 37th Board meeting. The Board also asked that the Joint Programme better define its core functions and delineate its criteria for resource allocations, for presentation at the 40th Board meeting along with a 2018-2019 budget, which should include the different sources of financing and a strong link between resources and results, including Cosponsors core financing.
49. In response to the Board's decision points pertaining to resource allocation, Mr Martin Bloem, UNAIDS Global Coordinator for WFP, spoke on behalf of the Cosponsors. He noted that the Cosponsors had experienced a 50% budget cut in core funding as a result of the funding shortfall and said that no Cosponsors had flexible core or other HIV funds to sustain their core capacities. Mr Bloem said that further reductions in UBRAF support to Cosponsors potentially risked the existence of the Joint Programme. Cosponsors asked the Board to reconsider the time frame of its decision points to the next biennium as well as the proposed percentage allocation to Cosponsors. Through the CCO, Cosponsors have established a working group to analyse how the 2016 budget shortfall will affect delivery on the UNAIDS Strategy 2016-2021. Cosponsors, citing the terms of reference for both the Board and the CCO, also reiterated a request for the right to review budget decisions before they are presented to the Board for adoption<sup>1</sup>.
50. Mr Sidibé thanked the Board for its thoughtful and difficult work in addressing the Joint Programme's funding challenge. While noting that the funding shortfall is a serious problem for the Joint Programme, he stressed the need to focus on the substantive work of the Joint Programme to accelerate progress towards the goal of

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<sup>1</sup> Cosponsors are conducting an analysis on what percent of other HIV funds may be flexible to support core capabilities. This will be included in a report to the 39th PCB.

ending the AIDS epidemic by 2030. The Joint Programme is a unique mechanism within the United Nations system, he said, encouraging work in a multisectoral, horizontal manner, a single joint budget and coordination to reduce duplication and enhance coherence of efforts. Mr Sidibé stressed the need to stabilize the financial situation of the organization, noting the potential need to make major cuts to staff in the event that the funding shortfall is not remedied. Such a result, he said, would diminish the ability of the Joint Programme to give voice to civil society and mobilize for key populations and those who are being left behind.

51. Mr Sidibé said he was disturbed by the Cosponsors' statement that no Cosponsor had core resources from their own agency to close gaps caused by reductions in UBRAF allocations. He said the lack of core HIV funding within Cosponsor agencies undermined the notion of the Joint Programme, and he encouraged Board members to challenge Cosponsors to increase their own HIV funding. Mr Sidibé vowed to work to help the Joint Programme recover and to improve reporting and accountability for results, observing that no other organization unites such a diverse group of organizations to advance a single, shared agenda. In working to overcome the Joint Programme's funding difficulties, he encouraged all UNAIDS stakeholders to remain mindful of the human dimension of the AIDS response, including people who are waiting for treatment and those who are denied basic rights and services.

#### **4.3 Revised 2016-2021 UBRAF**

52. Ms Jan Beagle, UNAIDS Deputy Executive Director, said the UBRAF is a prototype for supporting implementation of the 2030 Agenda for Sustainable Development. She noted UNAIDS' core functions and priorities, as set forth in the UBRAF, including rallying global support, providing strategic information to guide decisions, taking AIDS out of isolation, mobilizing communities, giving voice to the voiceless, leveraging the political advocacy and technical support of Cosponsors. Ms Beagle reported that a Board Working Group developed and endorsed the revised Results and Accountability Framework..
53. Ms Brigitte Jordan-Harder of Germany, Chair of the Board Working Group, described the review and further development of the UBRAF. The working group included four independent experts nominated by Member States, two independent experts nominated by the Board's NGO delegation, two Cosponsor representatives and two UNAIDS Secretariat representatives. Using virtual exchanges and face-to-face meetings, the working group reviewed the UBRAF presented to the 37th Board meeting; agreed on a final, prioritized and more detailed Results and Accountability Framework; worked to balance the needs of different constituencies; and drew on document review, experience and interaction among working group members, and information gathered between meeting. The process ensured inclusion of civil society perspectives for stronger engagement in UBRAF implementation and monitoring.
54. Ms Jordan-Harder said the revised UBRAF includes major improvements, in particular: has a clearer presentation, describes core functions of Secretariat and Cosponsors, explains resource allocation principles, presents the work of UNAIDS in each region, expands partnerships, provides a broad range of monitoring and evaluation tools, strengthens accountability through the addition of external perspectives and independent evaluation, describes the theory of change linking outputs to results (including the Sustainable Development Goals), and reflects the

risks posed by funding shortfalls. Indicators were refined, with an eye to ensuring concrete measurements of UNAIDS's results while minimizing demands for extensive data collection.

55. The UBRAF now has a simpler structure, with the number of outputs declining from 64 to 20. More clarity is provided in the revised UBRAF with respect to the definition of core and non-core UBRAF funds. An additional feature of the UBRAF is the provision of regional profiles and priorities. In addition to the increased range of monitoring and evaluation tools (such as inclusion of external perspectives), more detailed information on UBRAF implementation and reports will be provided on the web.
56. UBRAF indicators are now fewer and stronger, shifting from monitoring process to monitoring results at country level. Proposed indicators have been field-tested and indicator guidance developed (along with baselines, milestones and targets), with data pertinent to the indicators collected through the Joint Programme Monitoring System (JPMS). UBRAF results are linked to broader global AIDS results and progress against the indicators that track the global AIDS response provides the context against which to triangulate and analyse UBRAF indicator data. Underperforming areas will trigger a 'red flag' review to determine the reasons for poor performance, while top performers will be documented as case studies and best practices. The 2016-2021 UBRAF strengthens the engagement of civil society, including indicators of investment in and engagement of civil society and key population groups at country level and the success of UNAIDS in mobilizing resources for civil society.
57. Recalling its decisions 6.1 and 6.2 at the 37<sup>th</sup> Board meeting approving the 2016-2021 UBRAF, the Board took note of the Board Working Group's report and conclusions and approved the final, prioritized and more detailed 2016-2021 UBRAF as recommended. Board members commended the Working Group and agreed that the Group's efforts had resulted in a notably improved framework. Particular appreciation was expressed for the UBRAF's delineation of a theory of change for each result, improvements to UBRAF indicators, greater clarity regarding the allocation of resources and increased focus on evaluation. Concern was expressed regarding the UBRAF's heavy reliance on self-reporting, and Board members encouraged the Joint Programme to regard the UBRAF as work in progress that warrants continuous improvement. Board members recommended that the UBRAF be amended if needed to incorporate the specific targets set forth in the 2016 Political Declaration.
58. In response to the Board's interventions, Ms Beagle agreed that the UBRAF is a living document that will continue to be refined, in light of the experience and taking into account lessons learned from implementation during its first biennium. She reaffirmed the Joint Programme's commitment to use resources to obtain the best return on investments and to explore how best to capture non-monetary contributions in the UBRAF.
59. The Board asked the Secretariat to inform the Board at its 39th meeting on the continued work to refine the UBRAF, taking into account the 2016 Political Declaration targets. The Secretariat was advised by the Board to consider using diverse and geographically balanced external expertise as appropriate. A request

was made by the Board for more information in future reports on Cosponsors use of core UBRAF funding and results achieved.

## 5 UPDATE ON STRATEGIC HUMAN RESOURCES MANAGEMENT ISSUES

60. Ms Beagle opened the agenda item, noting that The Secretariat has always been cost conscious, able to move quickly, and respond to evolving priorities, but is now faced with challenges of the sudden and significant funding reduction. Ms Beagle emphasized that for the Secretariat - as a knowledge organisation - staff are the major asset, and cost and that despite increasing demands over the last five years, has reduced staff and overall expenditures by 12%. She noted that the Secretariat has continually realigned its small staff through reprofiling and mobility to ensure that the right people are in the right places.
61. Mr Jonathan Ball, Chief, Organizational Development, UNAIDS Department of HRM, updated the Board on human resource management issues, including the update and extension of the UNAIDS Secretariat Human Resource Strategy 2016-2021. Noting the need under the 2030 Agenda for Sustainable Development for an agile, flexible, multidisciplinary workforce, UNAIDS continued its efforts to align the workforce with the epidemic, with on-going review of country-level and regional structures. In 2015, 30 staff members were transferred pursuant to the Secretariat's mobility policy, primarily to sub-Saharan Africa and Asia.
62. Significant progress in implementing the organization's Gender Action Plan was reported. Notable gains have been made on all targets of the Gender Action Plan, including the proportion of UNAIDS Country Directors who are women (from 27% in 2013 to 41% in 2016) and the proportion of P5 staff who are women (from 36% to 44%). The Secretariat is now moving into its third cohort of the Leadership Programme for Women and the Mentoring Programme for Women, which aim to empower female staff and explore strategies to tackle challenges and leverage their individual strengths in leadership positions.
63. The Secretariat continues to prioritize learning and leadership development for its staff, including through online learning platforms, language courses, briefings and webinars for junior professional officers, and comprehensive induction and global webinars for Heads of Country Offices. The Secretariat reported 98% compliance with performance evaluations, and staff objectives are aligned with strategic result areas of the Secretariat. Work continues to ensure an enabling workplace for staff, including through strong staff-management partnership, progress with staff health insurance, new initiatives to promote an ethical culture in the Secretariat, coordination of UN Plus and UN Cares workplace programmes, and active engagement on staff safety and security issues.
64. The number of staff (799) reflects a 4% reduction from 2015, with 51% locally recruited and 49% internationally recruited. The international professional staff come from 106 countries and all regions, with 71% of all staff located in the field. Among country office staff, 62% serve in Fast-Track countries, with the largest international professional presence found in sub-Saharan Africa. In moving forward, the Secretariat will continuously reposition itself to deliver on targets and commitments,



bearing in mind the need for new ways of working under the 2030 Agenda, the 2016 Political Declaration and the UNAIDS Strategy 2016-2021.

65. The Board took note of the update on strategic human management issues. In response to questions from Board members regarding the empowerment of Secretariat staff living with HIV, Mr Ball stressed that GIPA remains a guiding principle for UNAIDS. In response to questions from the Board regarding the challenge of managing organizational change, Mr Ball reported that the Secretariat has developed internal career support initiatives to help staff navigate and adapt to organizational change.

## **6 STATEMENT BY THE REPRESENTATIVE OF THE UNAIDS STAFF ASSOCIATION**

66. On behalf of the UNAIDS Staff Association, Mr Taavi Erkkola, Chair of the Staff Association, updated the Board on staff issues. He cited the strong and productive dialogue between the Staff Association and UNAIDS senior management, noting the shared goals of upholding an ethical working environment, socially responsible working conditions and fair, transparent and consistent application of human resource policies and grievance procedures.
67. A survey of staff in March 2016 generated a 70% response rate and identified three overarching priorities. First, staff expressed concerns regarding the repositioning exercise currently underway to facilitate implementation of the UNAIDS Strategy 2016-2021. Mr Erkkola said staff appreciated the commitment of UNAIDS management to remain mindful of 'the human face' when implementing repositioning decisions and encouraged earliest possible notification to staff of decisions that could affect them negatively as well as assistance to staff to enable them to 'land on their feet' with new positions. Concern was expressed regarding the possibility of increasing reliance on national staff in country offices, especially in countries where national staff might confront challenges in advocating on issues regarding the lesbian, gay, bisexual and transgender communities. Mr Erkkola said increased use of national staff could also potentially reduce opportunities for staff mobility and cross-learning.
68. The second priority area identified in the staff survey concerned insurance provided to staff through WHO. Improvements have been reported in some aspects of insurance, including claims processing, and thanks were extended to UNAIDS management to facilitating inclusion of UNAIDS staff on the WHO staff health insurance body. Continued vigilance was recommended to avoid backsliding on claim processing times, and a call was also made for steps to further increase local recognition of WHO insurance. Mr Erkkola also said that co-payment requirements place a considerable burden on staff living with HIV or other chronic conditions, and he called on UNAIDS to reduce these financial burdens.
69. Promoting dignity in the workplace was the third priority area in staff responses. Mr Erkkola expressed thanks for the continued commitment of senior management to maintain zero tolerance of any form of ill treatment or harassment. A request was made for further improvements in the transparency of performance management tools and processes. Mr Erkkola said the staff association, through FICSA, is advocating for increased support for mental health support and for modernization of

family leave policies. Mr Erkkola said the Staff Association remained committed to working with staff and management to ensure that UNAIDS remains a workplace of choice with highly committed and professional staff.

70. The Board took note of the statement by the representative of the UNAIDS Staff Association and appreciated the skills and passion of the Secretariat staff.

## **7 ANY OTHER BUSINESS**

71. No other business was brought before the Board.

## **8 THEMATIC SEGMENT: THE ROLE OF COMMUNITIES IN ENDING AIDS BY 2030**

72. The Board had a full-day thematic discussion regarding the role of communities in the effort to end AIDS by 2030. The paragraphs below offer a brief summary of the thematic session, with a separate, more detailed report on the session submitted to the Board in advance of the 39th meeting.
73. Ms Christine Stegling, Executive Director of the International HIV/AIDS Alliance, moderated the day-long thematic discussion. No other disease, she said, has had the degree of community mobilization exhibited by the AIDS response. A key focus of the session is to demonstrate that community engagement works in responding to HIV. A major challenge she noted concerns funding, as 70% of civil society organizations responding to a recent UNAIDS survey reported experiencing either flat-lined or reduced funding since 2013.
74. An initial panel discussion set the stage for the day's thematic session. Mr Sidibé said the major gains achieved in the AIDS response would not have been possible without communities, citing communities' watchdog role, building demand for and delivering services and monitoring outcomes in remote areas. He said community leadership would be critical to achieving the 90-90-90 target and reaching people who have been left behind.
75. Ambassador Lambert Grijns of the Netherlands noted that civil society advocacy had been key to treatment breakthroughs, which have virtually eliminated differences in life expectancy between people living with HIV and HIV-negative people in settings with different levels of health service access. Communities have also played a central role in fighting statutes or policies that criminalize HIV transmission, exposure or non-disclosure. Fully leveraging the potential of communities, he said, requires participatory processes that bring communities on board meaningfully and inclusively from the very beginning of efforts.
76. Mr Anele Yawa, National General Secretary of the Treatment Action Campaign in South Africa, emphasized that civil society is not an extension of the government. He said communities and people living with HIV need to be empowered with knowledge about HIV and available treatments. He called for concerted efforts to strengthen public health systems, whose weaknesses diminish the impact of community engagement. Mr Yawa expressed disappointment regarding lack of mention of specific key populations in the 2016 Political Declaration, and he encouraged UNAIDS to denounce these omissions.

77. Ms Robin Montgomery, Executive Director of the Interagency Coalition on AIDS Development, noted the decline in investments in key population networks and coalitions of civil society organizations. She applauded efforts to enhance the integration of HIV with other health and development efforts, but she cautioned against diluting the special history and experience of the HIV movement. Ms Montgomery called on UNAIDS to support Member States in developing mechanisms to fund comprehensive community responses and to undertake rapid assessments and other monitoring activities regarding investments in community responses.
78. Board members and observers responded to the first panel's remarks, noting the role of civil society in progress in different settings. Examples were referred to including advocacy for and delivering medical and social services in Ukraine, as well as provisions in the Constitution of Ecuador prohibiting discrimination on the basis of gender or sexual orientation. It was emphasized that, at the same time it is recommended that support is intensified for organizations and networks of key populations, it is also critical that steps are taken to ensure that health care workers have the skills to deal fairly and without discrimination with all clients, including members of key populations.
79. In closing the first panel discussion, Mr Sidibé said that the ultimate issue regarding community engagement concerned democratizing society. He said that civil society organizations should be wary of a blanket policy of refusing financing from national governments and also emphasized the importance of building a broad base of vocal and active civil society organizations. He pledged that UNAIDS would work with PEPFAR to explore strategies for monitoring and reporting on financing for civil society.
80. Following the screening of a video that highlighted the mobilization of entertainment workers in Cambodia, a second panel examined the benefits of robust community engagement and leadership. Ms Rosalie Rodriguez-Garcia reported results from a multi-country evaluation of the effects of HIV community engagement, in particular around community-based service delivery. Evidence indicates that communities build social capital, increase uptake of key HIV interventions (including condom use, HIV knowledge, HIV counselling and testing), aid in mobilizing resources for the response, and increase the efficiency of HIV programmes.
81. Mr Michael Bernard Etukoit, Executive Director of The AIDS Service Organization (TASO) in Uganda, described the growth of TASO from a peer-led organization to a major provider of services. Innovative strategies used by TASO include use of expert clients to trace and address loss to follow-up, community distribution of antiretroviral therapy, and focused outreach to address the needs of key populations.
82. Mr Smarajit Jana of the Sonagachi Research and Training Institute described the peer-driven Sonagachi alliance of sex workers, which have transitioned the sex worker community from mere service recipients to gatekeepers and managers. The model has been widely emulated across India, and the National AIDS Control Programme has budgets in place to build community capacity and infrastructure. Focused programmes for key populations have succeeded in reducing new HIV infections, highlighting the concrete prevention benefits of community engagement and leadership.

83. Ms Darricia Castillo-Salazar, of Our Circle in Belize, described how Our Circle functions as a platform uniting diverse groups of people living with HIV, men who have sex with men, lesbians and young people. Although she said Belize criminalizes same-sex sexual relations, Our Circle remains public, bold and persistent in its advocacy. This advocacy is bearing fruit, she said, citing the proclamation by the Prime Minister in 2014 that all young people, including LGBT people, have equal rights.
84. Mr Augustin Lopez, Director of the National AIDS Programme of Mexico, said the Mexican government has invested US\$ 15 million in civil society organizations to implement numerous projects. In particular, he noted the key role of civil society in addressing the needs of key populations. Activists and people living with HIV, Mr Lopez said, are part of the solution.
85. During the discussion that followed the second panel, Board Members and observers highlighted numerous examples of the vital role played by civil society, including combating stigma, working to decriminalize same-sex relations, expanding access to harm reduction services and delivering essential services such as HIV testing. However, considerable barriers persist, including stigmatization of people who inject drugs and government laws (such as registration requirements) that burden civil society groups.
86. Following the screening of a video highlighting the work of Zvandiri, an Africaid-funded programme serving more than 5 000 children and adolescents living with HIV in Zimbabwe, the third panel focused on systemic requirements to optimize the impact of civil society engagement and leadership. Mr Franck Fwamba, Director of the National AIDS Control Programme of the Democratic Republic of the Congo (DRC), described how the national health system is drawing on lessons from the AIDS response, including in its recent successful effort to fight Ebola. Community initiatives in DRC include community distribution of antiretroviral therapy, community-based adherence support (generating 95% adherence after two years on treatment), and community surveillance to track coverage indicators.
87. Ms Amanda Banda, HIV Advocacy and Communications Coordinator for the Africa Region for Médecins Sans Frontières, described how innovative and validated community models for HIV treatment have been taken up nationally in countries such as Malawi, Mozambique and South Africa. These community-based models are also being supported by the Global Fund and PEPFAR.
88. Ms Kritima Samitpol, Clinic Supervisor for the Tangerine Clinic in Thailand, described her programme's services for transgender people. Ms Samitpol emphasized that organizations grounded in key populations can often better gain the trust of key populations, helping them feel they belong in the service setting. Tangerine Clinic offers comprehensive care and treatment, as well as HIV testing. To create community-delivered services for key populations, she recommended building incrementally on what already exists.
89. Mr Jorge Saavedra, Global Public Health Ambassador for the AIDS Healthcare Foundation (AHF), highlighted the value of South-South collaboration. He noted that

AHF had successfully applied effective models from one setting (e.g., HIV testing in Argentina) to other settings (e.g., Uganda, Mexico City). Mr Saavedra stressed the urgent need to increase access to HIV testing in order to meet the first component of the 90-90-90 target, and he said the civil society is more effective than government at reaching marginalized populations.

90. Ms Lucy Wanjiku, All In! Coordinator for the National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK), focused on the needs of young people. Noting that her programme started only two years ago with a Facebook page, she emphasized the importance of an enabling environment for civil society efforts to flourish.
91. During the discussion that followed the panel discussion, the value of the engagement of civil society was noted in different contexts, including India (key populations), Nepal (successful advocacy to obtain recognition of LGBT people), Morocco (HIV testing) and Ukraine (antiretroviral therapy).
92. With preceding panels having clearly demonstrated the benefits of robust community responses (civil society advocacy, engagement in accountability mechanisms, and community-based service delivery), the final panel addressed mechanisms to supporting civil society efforts. Ambassador Deborah Birx, USA, described how PEPFAR had altered its policies in order to facilitate greater community engagement. Communities are now key players in the development and review of PEPFAR Country Operational Plans; PEPFAR has established a new \$100 million Key Population Investment Fund, to support organizations led by and work with key populations; and PEPFAR is now developing clinical cascades for key populations in countries that receive PEPFAR support.
93. Mr Kene Esom, Executive Director of African Men for Sexual Health and Rights, noted that different key populations often face common challenges, including criminalization, a discriminatory policy environment, lack of data and the harmful role of the news media in inciting violence – all of which can hinder the meaningful participation of these organizations in national responses to AIDS as equal partners. He called for concerted efforts to develop broader alliances and described a project piloted in eight countries to bring together community members to share experiences regarding service barriers and effective common strategies.
94. Mr Mark Dybul, Executive Director of the Global Fund, stressed the need for civil society organizations to receive allocations in country grants. The Global Fund intends to prioritize community systems strengthening and is currently working with governments in Central America to build mechanisms to facilitate funding for civil society organizations. He emphasized the importance of finding and supporting local organizations and said that national governments will need to increase domestic funding for community groups.
95. Mr Sergey Votyagov, Executive Director of the Eurasian Harm Reduction Network, recalled how civil society advocacy had galvanized HIV treatment scale-up and expansion of harm reduction services. However, he noted the importance of sustaining advocacy, citing the closure of harm reduction programmes in Eastern Europe after the withdrawal of Global Fund support. Mr Votyagov underscored the

need to couple investments in community service delivery with investments in civil society advocacy.

96. Closing the thematic discussion, Mr Luiz Loures, UNAIDS Deputy Executive Director, Programme, said that communities had driven the first phase of the AIDS response, while the second was focused on using evidence to scale up programmes. Recalling the earlier presentations, he noted that communities implement evidence-based programmes better, faster and more efficiently than many mainstream actors. Mr Loures said the third phase of the response will focus on ending AIDS. In the push to end AIDS, he noted the need to balance urgency with sustainability, suggesting that communities could be the critical bridge between these two priorities.

## **9 CLOSING OF THE MEETING**

97. The 38th meeting of the Board was adjourned.

[Annexes follow]



## Annex 1

# PROGRAMME COORDINATING BOARD

UNAIDS/PCB (38)/16.1.rev1

Issue date: 22 June 2016

### THIRTY-EIGHTH MEETING

DATE: 28-30 June 2016

VENUE: Executive Board Room, WHO, Geneva

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

## Annotated Agenda

### TUESDAY, 28 JUNE

#### 1. Opening

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

*The Chair will provide the opening remarks to the 38th PCB meeting.*

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

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

Document: UNAIDS/PCB (37)/15.26

##### 1.3 Report of the Executive Director

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

Document: UNAIDS/PCB (38)/16.2

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

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

Document: UNAIDS/PCB (38)/16.3

**1.5 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 (38)/16.4

**2. Leadership in the AIDS response**

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

**POSTPONED**

**3. Follow-up to the thematic segment from the 37th Programme**

**Coordinating Board meeting**

*The Board will receive a summary report on the outcome of the thematic segment on Shared responsibility and global solidarity for an effective, equitable and sustainable HIV response for the post-2015 agenda.*

Document: UNAIDS/PCB (38)/16.5

**WEDNESDAY, 29 JUNE**

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

**4.1 Performance reporting**

*The Board will receive a report on the implementation of the UNAIDS Unified Budget, Results and Accountability Framework 2012-2015.*

Document: UNAIDS/PCB (38)/16.6; UNAIDS/PCB (38)/16.7

**4.2 Financial reporting**

*The Board will receive a financial report and audited financial statements for 2015 which includes the report of the external auditors for 2015 as well as an interim financial management update.*

Document : UNAIDS/PCB (38)/16.8; UNAIDS/PCB (38)/16.9

**4.3 Revised 2016-2021 UBRAF**

*The Board will receive a revised 2016-2021 UNAIDS Unified Budget, Results and Accountability Framework*

Document: UNAIDS/PCB (38)/16.10; UNAIDS/PCB (38)/16.11

**5. Update on strategic human resources management issues**

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

Document: UNAIDS/PCB (38)/16.12

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

Document: UNAIDS/PCB (38)/16.13

**7. Any other business**



**THURSDAY, 30 JUNE**

**8. Thematic Segment:** *The role of communities in ending AIDS by 2030.*

Document: UNAIDS/PCB (38)/16.14 ; UNAIDS/PCB(38)CRP1

**9. Closing of the meeting**



## **Annex 2**

30 June 2016

### **38th Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland**

**28-30 June 2016**

#### **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-seventh meeting**

2. *Adopts* the report of the 37th Programme Coordinating Board meeting;

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

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

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

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

**Agenda item 1.5 Report by the NGO representative**

- 5.1 *Takes note* of the report;
- 5.2 *Urges* UNAIDS and other partners to continue to provide funds and technical assistance to strengthen civil society and community-level capacity consistent with the 2030 Agenda for Sustainable Development;

**Agenda item 3: Follow-up to the thematic segment from the 37th Programme Coordinating Board meeting**

- 6.1 *Takes note* of the summary report of the Programme Coordinating Board Thematic Segment on “Shared responsibility and global solidarity”;
- 6.2 *Recognizes* that:
- a. The Fast-Track requires accelerated action, focus, front-loading of resources, and innovation in service delivery, financing and partnerships and, therefore, it is critical to ensure continued international and increased domestic support to achieve the ambitious Fast-Track goals by 2020 in order to end AIDS by 2030;
  - b. In view of the meaningful and measurable involvement of civil society organizations and people living with HIV in the AIDS response, it is important to continue investing and supporting civil society, including networks of people living with HIV, to enhance their essential role in fast tracking the AIDS response;
- 6.3 *Encourages* member states to:
- a. Pursue tailored approaches to investment in the AIDS response in cooperation with their development partners, civil society organizations and the private sector based on values of equity and fairness guided by principles enshrined in the 2030 Agenda for Sustainable Development and the Addis Ababa Action Agenda, including common but differentiated responsibilities and Global solidarity and shared responsibility, as well as regional commitments, such as the African Union Roadmap on Shared responsibility and global solidarity for AIDS, TB and Malaria;
  - b. Base resource allocation on good-quality and more granular data and continue to strengthen data systems to eliminate inefficiencies and reallocate existing resources based on a population and location approach; and
  - c. Accelerate actions regarding resource mobilization, efficiency gains, Universal Health Coverage and social protection, human resources for health, technology

transfer and capacity-building to fill the existing funding gap to gain epidemic control;

*6.4 Requests the Joint Programme to:*

- a. Support member states and civil society organizations and other partners in coordinating discussions on HIV financing and transition planning for programmatically and financially sustainable AIDS responses;
- b. Further support member states and civil society organizations in maximizing the use of available resources and exploring and implementing innovative financing options;
- c. Support countries to strengthen systems for health that incorporate the public sector, private sector and local communities in the response, and explore innovative service delivery options; and
- d. Support countries in identifying opportunities to improve and/or sustain the supply of antiretroviral medicines and other HIV-related health commodities;

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

**4.1 Performance reporting**

- 7.1 *Takes note* of the performance monitoring report and continued efforts to rationalize and strengthen reporting, in line with decisions of the Programme Coordinating Board, and based on experience and feedback on reporting;
- 7.2 *Looks forward* to further streamlined performance monitoring reports based on a simpler structure, fewer outputs and improved indicators in the 2016-2021 Unified Budget, Results and Accountability Framework;
- 7.3 *Encourages* the further strengthening of performance reporting with independent evaluation and validation;
- 7.4 *Urges* all constituencies to contribute to efforts to strengthen performance reporting and use UNAIDS' annual performance monitoring reports to meet their reporting needs;

**4.2 Financial reporting**

- 7.5 *Accepts* the financial report and audited financial statements for the year ended 31 December 2015;
- 7.6 *Takes note* of the interim financial management update for the 2016–2017 biennium for the period 1 January 2016 to 31 March 2016, including the replenishment of the Building Renovation Fund;

- 7.7 *Encourages* donor governments to make multi-year contributions and release their contributions towards the 2016–2021 Unified Budget, Results and Accountability Framework as soon as possible, and;
- 7.8 *Requests* the UNAIDS Secretariat to continue to monitor the fund balance of the UBRAF with a view of increasing it to be within the minimum and maximum levels established by the Programme Coordinating Board;

### **Resource Mobilization**

- 7.9 Bearing in mind decision 6.2 at the 37th Programme Coordinating Board that approved the UBRAF budget 2016-2017 and recognising the unprecedented and unexpected financial shortfall due to a decrease of contributions by donor governments as well as currency fluctuations, amongst others, currently facing the Joint Programme, *recognises* the urgent need of the Programme Coordinating Board to support and guide the Joint Programme in ensuring the continued delivery of core functions;
- 7.10 *Recognises* the impact of the current situation on our common goal to end AIDS as an epidemic by 2030 as stated in the 2030 Agenda for Sustainable Development and on the already observed impacts on the ability of the Joint Programme to provide support at regional and country levels;
- 7.11 *Reaffirms* its full support to UNAIDS and the unique and innovative nature of the Joint Programme, which has been key to reaching unprecedented results in the AIDS response and promoted coordination and coherence across the UN on a critical cross-cutting issue, including the delivery of critical technical assistance in improving the efficiency of national and global HIV investments;
- 7.12 *Recognises* the urgency of the current financial situation of UNAIDS and *reaffirms* the shared responsibility of finding both short and medium-term solutions to avoid negative consequences on the implementation of the UNAIDS 2016-2021 Fast-Track Strategy and the 2016 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030, including country-level delivery;
- 7.13 *Urges* all member states and other funding partners to contribute to UNAIDS whilst acknowledging the critical role played by domestic resources;
- 7.14 *Urges* donor countries to maintain and, where possible, to increase their contributions to UNAIDS, particularly in funding the core budget, in the context of their overall investment in tackling the epidemic;
- 7.15 *Recognises* the strong partnership between UNAIDS and the Global Fund and the critical technical assistance UNAIDS provides to maximise impact of Global Fund grants, strongly *encourages* UNAIDS to engage with the Global Fund to explore a variety of means through which UNAIDS could further benefit from the relationship with the Global Fund, and report back to the 39th Programme Coordinating Board;

- 7.16 *Stresses* the direct contribution of the work of the Joint Programme to the broader 2030 Agenda for Sustainable Development and in that regard *encourages* the Joint Programme to strengthen its communication on the impact of their work to the epidemic and beyond;
- 7.17 *Urges* UNAIDS to generate additional resources, including at country level, which should be fully accounted for, in support of the implementation of the UBRAF, including from non-traditional donors, in-kind contributions, private sector, private foundations and innovative financing mechanisms;

## **2017 resource allocation**

- 7.18 Recalling the extraordinary financial situation of UNAIDS and the critical need to find solutions to protect the core competencies of the Joint Programme in the current biennium, decides that if the 2016 budgetary shortfalls were to persist in 2017, *requests* that the Executive Director, on an exceptional basis, bases the allocation of resources in 2017 on the following criteria:
  - a. Decision 6.8 from the 37th Programme Coordinating Board which urged that the Secretariat to be sufficiently funded and encouraged Cosponsors to strengthen their own resource mobilization efforts in support of the Joint Programme;
  - b. The amount provided to Cosponsors should amount to a minimum threshold of 15% of funds mobilized against the UBRAF, with a guarantee of no less than US\$1.5 million to each Cosponsor;
  - c. Above this minimum threshold, funds should be provided to the Cosponsors, considering the Cosponsors with a high share of HIV spending accounted for by the Joint Programme and who are most at risk of being unable to maintain critical core functions, which would have a disproportionate negative effect on the ability of the Joint Programme to implement the 2016-2021 Strategy;
- 7.19 *Requests* that the Executive Director provide a report at the 39th PCB on how these criteria have been applied to support a differentiated approach to Cosponsor funding for 2017;
- 7.20 *Requests* UNAIDS to conduct an analysis on how the 2016 budgetary shortfall and the 2017 projections will affect delivery of the UNAIDS 2016-2021 Strategy, and to develop funding scenarios and provide a report on findings to all Programme Coordinating Board members and all member states through the Programme Coordinating Board Bureau, as soon as possible. The Programme Coordinating Board will revisit these decision points based on this analysis at the 39th Programme Coordinating Board;
- 7.21 *Requests* that UNAIDS inform the Board by beginning of October 2016 on how they intend to manage the Joint Programme's budgetary shortfall, bearing in mind decision 6.8 from the 37th Programme Coordinating Board;

### **Medium term funding**

- 7.22 *Requests* that the Joint Programme to better define its critical core functions, as well as criteria for the differentiated allocation of resources within the Joint Programme, for presentation at the 40th Programme Coordinating Board and to present a 2018-19 budget detailing the different sources of financing the budget which provides a strong link between resources and results including Cosponsor core financing;

### **4.3 Revised 2016-2021 UBRAF**

- 7.23 *Recalls* decisions 6.1 and 6.2 of the 37th Programme Coordinating Board meeting approving the 2016-2021 UBRAF, US\$485 million as the core budget for 2016-2017, and the budget and allocations of the Cosponsors and the Secretariat;
- 7.24 *Takes note* of the report and conclusions of the Programme Coordinating Board working group established in accordance with decision 7.2 of the 36th Programme Coordinating Board “to review and further develop the Results and Accountability Framework and to present the revised Results and Accountability Framework to the 38th meeting of the Programme Coordinating Board”;
- 7.25 *Approves* the final, prioritized and more detailed 2016-2021 UBRAF based on the recommendations of the Programme Coordinating Board working group;
- 7.26 *Requests* the Secretariat to inform the 39th Programme Coordinating Board on the continued work to refine the UBRAF taking into account the targets set in the 2016 Political Declaration on HIV and AIDS and to consider using diverse and geographically balanced external expertise as appropriate, and;
- 7.27 *Requests* the Joint Programme to provide more information in future reports on how the Cosponsors use the core UBRAF funding, and what results have been achieved;

### **Agenda item 5: Update on strategic human resources management issues**

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

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

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

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