

REPORT OF THE 39TH MEETING OF THE PROGRAMME COORDINATING BOARD

Additional documents for this item: none

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

adopt the report of the 39th 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 39th meeting on 6–8 December 2016 in the Executive Board room of the World Health Organization (WHO) in Geneva.
2. The Programme Coordinating Board Chair, Ambassador Valentin Zellweger, Permanent Representative of Switzerland to the United Nations Office and to other international organizations based in Geneva, welcomed participants to the 39th meeting, noting the high-level representation, including at ministerial level, from many countries. Following a minute of silence in memory of all people who have died of AIDS, the Board adopted the draft annotated agenda.
3. Emphasizing the central role the Joint United Nations Programme on HIV/AIDS (UNAIDS) plays in the global AIDS response, Ambassador Zellweger noted the challenging financial context in which UNAIDS is operating. Yet the urgency of implementing the UNAIDS Strategy 2016–2021 (the Strategy) and reaching the agreed targets for 2020 has not diminished: efforts to end the AIDS epidemic would not succeed without a fully-functioning Joint Programme, he said.
4. Citing UNAIDS's strong record in advocacy, policy guidance, data collection and analysis, the promotion of rights-based activities and support for affected communities, Ambassador Zellweger stressed the need to bring long-term stability to UNAIDS and its work. He was encouraged, he said, by the constructive dialogue that had occurred between the UNAIDS Secretariat and the Cosponsors, as well as the additional financial contributions made by Member States during 2016.

1.2 Consideration of the report of the 38th Programme Coordinating Board meeting

5. The Board adopted the report of the 38th Programme Coordinating Board meeting.

1.3 Report of the Executive Director

6. Michel Sidibé, Executive Director of UNAIDS, began his presentation by recognizing Pavlo Rozenko, the Deputy Prime Minister of Ukraine and chair of the Global Fund Country Coordinating Mechanism, as well as other ministers present, and Gao Feng, the Vice Governor of Yunnan Province, China.
7. The Board was meeting at both the best and the worst of times, Mr Sidibé said. The world was in a period of uncertainty and seismic change, marked by new waves of nationalism and isolationism, exclusion and inequality, the unprecedented mobility of people, and a series of emerging epidemics.
8. It was the best of times, Mr Sidibé said, because countries were adopting the Fast-Track approach to end AIDS. This was evident in the 18.2 million people who were receiving antiretroviral (ARV) treatment in mid-2016, compared with 3 million only 10 years earlier, for example. The number of children receiving treatment has doubled to 910 000 in the past five years, and the number of children newly infected with HIV has declined by 60% in the 22 priority countries of the *Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive* (Global Plan). The world has changed the face of the AIDS epidemic, he said, and UNAIDS has been at the forefront of setting ambitious global goals and inspiring and supporting action in countries. The world is making important progress towards the 90-90-90 targets for

2020, Mr Sidibé said. A few countries, such as Sweden, have already achieved the 90-90-90 targets, and others (such as Malawi, Zambia and Zimbabwe) were getting close.

9. It was clear from countries with high treatment coverage that “treatment as prevention” is working, Mr Sidibé said, adding that the progress has been made possible by the US\$ 70 billion which the United States President’s Emergency Plan for AIDS Relief (PEPFAR) has invested in the HIV response since 2004. He stressed that prevention and treatment are mutually reinforcing.
10. Referring to the remaining gaps in HIV prevention, Mr Sidibé informed the Board that UNAIDS will establish a grand prevention coalition in 2017 to close the prevention gap and lay the path for reducing the global number of people newly infected with HIV to fewer than 500 000 in 2020. It is up to the Joint Programme to ensure that the epidemic does not rebound, he said. Strengthened HIV prevention in cities will be crucial, as the United Nations Conference on Housing and Sustainable Urban Development (Habitat III) recognized in its Quito Declaration on Sustainable Cities and Human Settlements for All in October 2016.
11. Reviewing the progress of AIDS responses in different regions, Mr Sidibé stressed the need to reach people who are left behind, strengthen system capacities and service delivery approaches, and use HIV as an entry point to strengthen communities and train community health workers. The impact of success goes beyond HIV: it helps countries manage emerging epidemics and includes important economic and social benefits.
12. Closing the remaining gaps, however, also demands addressing the underlying causes of epidemics like HIV, Mr Sidibé said. HIV risk among adolescent girls in sub-Saharan Africa, for example, remains extremely high. Referring to the targets set in the 2016 Political Declaration on Ending AIDS (Political Declaration), Mr Sidibé reminded the Board that the goal is for every child to be born HIV free, every adolescent and young woman to grow up staying HIV free and every child and adolescent living with HIV to receive lifelong, life-saving treatment to stay AIDS free and realize their full potential.
13. He emphasized the need for a special focus on reaching and empowering girls and young women, enabling them to stay in school, and equipping them with the skills and capacities to take control of their sexual lives. Citing the UNAIDS World AIDS Day report for 2016, Mr Sidibé said such a focus fitted a life-cycle approach that protects people from HIV for life. Building on the success of the Global Plan, countries are adopting the new Start Free, Stay Free, AIDS Free framework. The life-cycle approach also highlights the critical need to reach key populations with HIV prevention and treatment programmes that meet their specific needs throughout their lives. Noting that an estimated 45% of new HIV infections are associated with key populations, Mr Sidibé highlighted the need for appropriate, protective laws and regulations that enable HIV services to reach these populations.
14. Stigma and discrimination remain major hindrances, however. Mr Sidibé singled out countries in Asia and the Pacific that are tackling HIV-related stigma, including India where landmark HIV legislation protecting people living with and affected by HIV has been approved by the Cabinet. Thailand is scaling up its HIV-related stigma reduction programme among health-care workers, and health facilities have reported changes in practices and policies as a result. The Lao People’s Democratic Republic and Vietnam are adapting those tools for use in their own countries.

15. HIV cannot be addressed in isolation, Mr Sidibé told the meeting. It is vital to also deal with the other preventable, treatable diseases which are linked with HIV. In 2015, 400 000 of the 1.1 million people dying from AIDS-related causes died from TB, including 40 000 children. This showed that the responses to HIV, TB, human papillomavirus and cervical cancer, and other comorbidities (including non-communicable diseases) have to be integrated more effectively and widely. The growing epidemic among people older than 50 years also has to be addressed.
16. Mr Sidibé said that it would have been impossible to reach more than 18 million people with antiretroviral therapy (ART) if major drug price reductions had not been achieved. At the initial price of US\$ 10 000 per person per year, treating 18 million people would have cost the world US\$ 180 billion per year. The price reductions were the result of a more balanced use of intellectual property regulations, support for the use of the flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS agreement), and other important changes. He urged that similar breakthroughs be made with respect to other essential commodities, to speed up testing for HIV and viral loads. Mr Sidibé described several new regional initiatives, among them an agreement involving countries in Eastern Europe and Central Asia, the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) and UNAIDS Cosponsors which would enable the countries to shift immediately to international and pooled procurement for affordable and quality-assured antiretroviral and anti-TB medicines.
17. Turning to the financial aspects of the AIDS response, Mr Sidibé congratulated the Global Fund on its successful replenishment, and thanked Canada for hosting the meeting. He reminded the Board that optimal use of HIV investments requires a fully functional AIDS ecosystem, including a robust Joint Programme, and reiterated the importance of partnership capable of engaging and supporting communities. Emphasizing the value of the Joint Programme as a major technical and political partner enabling effective allocation and use of Global Fund resources, Mr Sidibé said that the UNAIDS Secretariat and the Global Fund had commissioned an independent evaluation of their partnership with a focus on support for the design, deliver and monitor country programmes.
18. Mr Sidibé reported that a recent meeting of the Committee of Cosponsoring Organizations (CCO), agreed on short-term funding allocations to the Secretariat and the Joint Programme, based on reforms introduced in the past months. The Secretariat and Heads of Agencies also agreed to better capture and report the joint value of the Joint Programme, strengthen accountability of the Joint Programme and of each Cosponsor, apply a differentiated approach to programming at all levels, and continue to work closely with other key actors, including PEPFAR and the Global Fund.
19. Referring to the Joint Programme's financial situation, Mr Sidibé noted that competing priorities – including refugee crises, climate change, and political conflict and uncertainty – were making it more difficult to mobilize long-term predictable and sustainable resources. At the same time, and despite enormous progress, 1.1 million people lost their lives to AIDS in 2016, HIV still infects 6000 people every day, and AIDS remains a leading cause of death among children, adolescents and women in Africa. Having two million people acquire HIV annually is unacceptable, he stressed. Key populations, adolescents and women are being left behind.
20. Highlighting the Joint Programme's unique place in the global health architecture and the AIDS response, Mr Sidibé recalled the multiple roles UNAIDS plays in supporting countries and other partners, including civil society at all levels, to promote equality, dignity and human rights around the world. Yet UNAIDS faced a very challenging financial situation. When the previous Board meeting was held, in June 2016, the Joint

Programme had raised only US\$ 100 million of the approved US\$ 242 million budget, and the projected funding shortfall for 2017 had been even greater.

21. Intensified resource mobilization, along with various cost-saving measures, had improved the resource outlook, Mr Sidibé said, and UNAIDS expected to raise US\$ 175 million this year. He singled out the support from several donors, including the United Kingdom and the United States, as well as Côte d'Ivoire, Kenya, Sweden and Switzerland. China, Denmark and Norway had also indicated possible increases in their contributions to the core budget. Despite the difficulties, the Joint Programme remains united, and the UNAIDS Secretariat and Cosponsors will intensify efforts to mobilize resources from new and non-traditional donors, Mr Sidibé assured Board members. Heads of agencies have met and analysed programmes and activities, and emerged with clear understandings of the actions that are required. A strong Fast-Track focus was a major recommendation, as was the adoption of differentiated actions by cosponsors (in line with their strengths and mandates). They also agreed to maintain the 2016 levels of core resources to the Cosponsors in 2017 (US\$ 44 million).
22. Nevertheless, Mr Sidibé warned that the impact of the reductions in funding and budget shortfalls could not be underestimated: it is threatening UNAIDS's capacity to deliver on the 2016–2021 Strategy. Budget cuts were having the biggest effect in places and programmes that were lagging the furthest behind. It was impossible to select some parts of the Strategy for implementation while abandoning other parts. Doing so would slow progress, risk defeating the Fast-Track approach, and lead to a rebounding epidemic. Recent experiences in the TB epidemic were a powerful lesson: if the Fast-Track approach is not sustained, the epidemic will make a comeback. A fully-funded Joint Programme is essential, including for effective allocation and use of Global Fund Resources. A reduced UNAIDS presence would see the Global Fund lose a key neutral broker and partner in ensuring strategic, effective and efficient use of resources, Mr Sidibé warned.
23. The financial situation has led to transformation across the Secretariat and the Joint Programme, including a range of cost-saving and efficiency measures to reposition the Programme for a stronger focus on Fast-Track countries and increased impact. Difficult cost-saving decisions have been made, including scaling back some programming and reducing funding to partners, lowering operating costs and enhancing efficiency, and redeploying and reducing staff. There were 233 fewer HIV-dedicated staff members across all Cosponsors in 2016 and 100 fewer staff members for the Secretariat. Mr Sidibé informed the Board that cuts in activities and operational budgets, combined with reductions in staff, resulted in overall savings of US\$ 15 million, or a 10% decrease in these budgets.
24. The challenges are also opportunities, Mr Sidibé pointed out. The Joint Programme remains an admired example of United Nations reform and represents the future of coordinated solutions to global problems. The UNAIDS model reduces duplication, increases cooperation, lowers costs and increases results. But the longer term viability of the Joint Programme depends on revitalizing resource mobilization efforts, establishing a more predictable, diversified and sustainable funding model, and strengthening the business model of the Joint Programme. Heads of agencies have agreed that this should occur within the framework of the Sustainable Development Goals (SDGs). Mr Sidibé outlined actions UNAIDS would undertake to increase resource allocation and efficiency, strengthen resource mobilization, and achieve a stronger business model.
25. Mr Sidibé announced plans to convene a Global Review Panel, together with the Chair of the United Nations Development Group (UNDG) to review, with view to refining,

the UNAIDS Joint Programme model. Awa Coll Seck, Minister of Health of Senegal, and Lennarth Hjelmåker, Swedish Ambassador for Global Health, had been invited to co-chair this multi-stakeholder panel. The panel would commence work immediately after the 39th PCB.

26. At the 38th PCB meeting, the Board had emphasized UNAIDS's crucial role in maximizing the impact of Global Fund grants and requested proposals on how UNAIDS could further benefit from its relationship with the Global Fund. Reiterating the importance of UNAIDS's close relationship with the Global Fund, Mr Sidibé proposed that the same review panel will also address that request from the Board. Mr Sidibé proposed that the review panel would submit its recommendations to the head of the CCO, before presenting them to the 40th meeting of the PCB in June 2017.
27. In conclusion, Mr Sidibé assured the Board that the Joint Programme continues to deliver for people, despite the challenges, and that its transformation will enable it to do even more. The Joint Programme leads and coordinates a global AIDS response that encompasses the social, economic and other structural drivers of the epidemic. It represented an asset, he said, that can be leveraged to address broader global health challenges.
28. Mr Sidibé concluded by introducing Gao Feng, Vice Governor of Yunnan Province in China.
29. Mr Feng noted that HIV remains one of the biggest public health challenges in the world, but that recent achievements in Yunnan Province, which accounts for about 14% of new HIV infections in China, showed that rapid progress could be made against the epidemic. The province's prevention strategy includes building strong political leadership and support, strengthening infrastructure, laboratory systems and local health facilities, and performing outreach testing. The strategy has transformed Yunnan from a hard-hit province into an HIV showcase with major reductions in HIV infection rates among key populations and children (36 000 HIV infections were prevented in the past decade). Increased access to treatment has also reduced AIDS mortality. Mr Feng expressed his confidence that Yunnan would become the first province in China to reach the 90-90-90 targets.
30. The Board took note of the Executive Director's report. Commending the achievements of recent years, Board members highlighted the central role of UNAIDS in setting agendas and targets, and linking scientific knowledge with community mobilization and involvement. Thanking donors and other partners for their support to the Joint Programme, Board members noted, however, that the world was still far from eradicating AIDS. They expressed concern particularly about the slowdown in the reduction of new HIV infections, a trend that underscores the need for stronger global efforts. A major coalition for HIV prevention is needed, with the Joint Programme being a vital centrepiece. Members underscored the need for a well-functioning and well-financed ecosystem for HIV, and the central role of the Joint Programme in it.
31. Board members welcomed the Secretariat's efforts to mobilize new resources and increase efficiencies and noted with approval that the outlook for 2017 was more optimistic than it had been at the June 2016 Board meeting. A number of Board members confirmed they were providing exceptional financial support to mitigate the immediate effects of the budgetary crisis. Members commended the increasing number of low- and middle-income countries, especially in Africa, that contribute financially to the Joint Programme.

32. While emphasizing the need to stabilize the Joint Programme's financial situation, members agreed on the need for a renewed business model that can lay the basis for a lasting solution. Members felt that the budgetary crisis underscored the need for a review that would preserve and strengthen the most important features of the unique model of the Joint Programme. They welcomed the creation of the proposed high-level review panel to recommend a revised and sustainable business model for the Joint Programme. Board members urged that the goals of the 2016–2021 UNAIDS Strategy should guide the restructuring efforts, in particular the Strategy's rights-based approach and emphasis on prevention, country-level action and key populations.
33. Board members noted the constructive and concrete proposals emerging from discussions with the Cosponsors, although some concern was expressed about the accountability and transparency of Cosponsor activities within the ambit of the Joint Programme. Welcoming the decision to maintain the 2017 allocation to the Cosponsors at the 2016 level, Board members also noted that the proposed review panel presented an opportunity to consider a new funding distribution model, including a differentiated funding approach to Cosponsors. It was suggested that some Cosponsors should consider contributing resources to the Joint Programme, including providing balanced support to the Secretariat. Board members also expressed their support for a strengthened and sustainable relationship between the Joint Programme and the Global Fund.
34. Board members reminded the meeting that the Joint Programme had been created to provide the sustained, joint and multisectoral action that the AIDS epidemic demanded. They therefore reiterated their support for the 2016–2021 Strategy, in particular the focus on prevention and on continuing to take AIDS out of isolation, and integrating it with wider health and development systems. However, there were concerns that scaling down staff and programme activities might threaten achievement of the UNAIDS Strategy. Members felt strongly that the repositioning of UNAIDS would have to both preserve the integrated AIDS response and enable UNAIDS to retain its focus on advancing human rights and promoting the active involvement of civil society and communities in the response.
35. In response to the Board's interventions, Mr Sidibé reassured Board members that the Heads of Agencies took seriously the calls for greater accountability and improved results-oriented reporting of their HIV-related activities. The proposed review panel would recommend additional, clear mechanisms for such reporting against the next budget.
36. Citing the slow pace of progress in some regions, including West and Central Africa, Mr Sidibé reiterated the need to accelerate prevention efforts further. He announced that UNAIDS, along with the World Health Organization (WHO), Médecins Sans Frontières (MSF) and other partners, was launching an urgent catch-up plan focusing on that region.

2. LEADERSHIP IN THE AIDS RESPONSE

37. Mr Mark Dybul, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) highlighted some of the defining features of the current period, including major demographic shifts, growing inequality and large-scale migration – challenges, he said, that also brought opportunities.
38. Noting the accomplishments of the global AIDS response in recent years, Mr Dybul reminded the meeting that 15 years ago many had deemed such achievements – particularly those related to HIV treatment – impossible. Improved data, innovative

medicines and technologies, sustained community action, and strong partnerships were some of the core elements of success. Further progress in the global response required collecting and using data even more effectively, including at local levels, Mr Dybul told the meeting. The benefits would reach beyond HIV and shape entire public health systems. Already, the AIDS response was a pioneering example of how effectively data can be used to control a major epidemic. The response also marked a departure from paternalistic approaches to health and development, with much greater emphasis on country ownership and community action.

39. Drawing attention to demographic changes in Africa, Mr Dybul stressed the need to reach adolescent girls and young women with HIV programmes if the epidemic was to be controlled. Structural improvements in the lives of girls and women were vital, including improved education, reduced gender inequality and gender-based violence, and stronger social protection.
40. Responding to the presentation, Board members congratulated the Global Fund on its successful replenishment and expressed the hope that a new business model for the Joint Programme would feature a strengthened relationship between the UNAIDS and the Global Fund.
41. Replying to comments from Board members, Mr Dybul underscored the importance of strong functional partnerships for the Global Fund to achieve its objectives. Since the Global Fund is not a technical agency, it relies entirely on other entities for technical work. In that regard, the Joint Programme is irreplaceable for the Global Fund's HIV activities: the two were "joined at the hip", he said.
42. In his comments, Mr Sidibé, referred to the formal Memorandum of Understanding between the Global Fund and the Joint Programme, and lauded the close relationship built between the two entities in recent years. The proposed review panel would explore ways to further strengthen this relationship, he assured the meeting.

3. UPDATED GAP ANALYSIS ON PAEDIATRIC HIV PREVENTION, TREATMENT, CARE AND SUPPORT

43. Introducing the *Updated gap analysis on paediatric HIV prevention, treatment, care and support*, Mr Luiz Loures, Deputy Executive Director of UNAIDS, Programmes, summarized the major progress made in reducing new HIV infections and preventing AIDS deaths in children. The success could be attributed in large part to implementation of the *Global Plan towards the elimination of new HIV infections among children and keeping their mothers alive*, he said. There were very few other examples in public health where the world had progressed this far towards ending an epidemic, in this case among children, without a vaccine, Mr Loures said.
44. Estimates showed that, since 2000, the number of new HIV infections in children had decreased from about 500 000 to 150 000. However, about 1.8 million children were living with HIV, about 57% of who were receiving ART in mid-2016. Paediatric HIV testing remains a challenge, with testing coverage exceeding 50% in a minority of the Global Plan priority countries. To capitalize on the progress and close the remaining gaps, new targets have been set, including having 1.6 million children and 1.2 million adolescents on ART and reducing new HIV infections in children to under 40 000 by 2018.
45. Pointing to Namibia and Botswana as examples that ambitious targets can be reached, Mr Loures expressed concern about the extent of the remaining gaps in several other

countries, including in West and Central Africa. Dr Loures told the meeting that the need for new, super-Fast-Track targets stems from the fact that half of the children who become perinatally infected with HIV die before their second birthday if they do not receive prompt and effective treatment. Modeling showed that 54 000 additional deaths in children could be averted if ART treatment coverage were scaled up to 80% in 2017 and to 95% in 2018. In addition, important demographic shifts among children with HIV demand further, rapid progress. In the coming years, Mr Loures told the Board meeting, greater proportions of children living with HIV would be in the 5–10 and 11–15 year age groups – which poses new challenges to HIV programmes.

46. Mr Loures described the new Start Free, Stay Free, AIDS Free framework as a super-Fast-Track approach for rapidly removing the remaining gaps around paediatric HIV. Led by PEPFAR, the framework adopts a life cycle approach and brings together a coalition of partners, including UNAIDS, WHO, the Elizabeth Glaser Pediatric Foundation, the DREAMS Partnership, the Accelerating Children's HIV/AIDS Treatment (ACT) Initiative, and All-in. The new framework will be used to drive political commitment and policy changes, enhance service delivery, build community engagement, and innovate new products.
47. Turning to challenges, Mr Loures emphasized that stigma and discrimination against women living with HIV continues to hold back quicker progress. Other challenges includes retaining mothers on ART during pregnancy and breastfeeding, prevention of HIV infection during pregnancy, linking mother-infant pairs in health systems, expanding uptake of infant diagnosis, and the affordability and availability of suitable paediatric diagnostics and drugs.
48. The meeting took note of the report and analysis. Board members emphasized that the world would not achieve an AIDS-free generation if it did not end paediatric AIDS. They called for special attention to scaling up early infant diagnosis; the development of simplified, more acceptable paediatric ARV formulations; tracking mother-infant pairs; enrolling all children living with HIV into treatment in a timely manner and retaining them in care. The use of differentiated service delivery models for different ages was emphasized, as was the need to counter the effects of stigma, discrimination and address structural factors that harm the health of women and children. The Joint Programme was asked to develop further recommendations for appropriate action on stigma and discrimination. Board members also requested the Joint Programme to provide progress reports on the paediatric HIV response and on the elimination of stigma and discrimination against children, adolescents and young people living with HIV.
49. The meeting expressed support for the Start Free, Stay Free, AIDS Free framework, with Board members noting that the framework illustrated the Joint Programme's vital role in setting and driving ambitious agendas and in holding partners to account. In response to questions about the implementation details of the super-Fast-Track approach given the current fiscal circumstances, the meeting was told that the main objective was to make the money "work better", including by unblocking funding that was "stuck" in some countries with large paediatric HIV gaps.
50. Concerns were raised by civil society about the continued use of the term "mother-to-child transmission", which could be seen as stigmatizing. The phrase "vertical transmission" was proposed as an alternative. Mr Loures told the meeting that the Secretariat would consider the proposal.

4. FOLLOW UP TO THE THEMATIC SEGMENT FROM THE 38TH PCB MEETING: THE ROLE OF COMMUNITIES IN ENDING AIDS BY 2030

51. Ms Mariangela Simao, Director for Rights, Gender, Prevention and Community Mobilization for UNAIDS, presented a summary report of the Programme Coordinating Board Thematic Segment on *The role of communities in ending AIDS by 2030* of the 38th Board meeting. Citing examples of community “trailblazers for change”, she described recent shifts in community service delivery approaches and their impact, while the space for civil society and community action was shrinking due to political restrictions and funding constraints.
52. Board members took note of the summary report. They highlighted the vital and diverse roles that communities play in the AIDS response, but emphasized that community-based action is being undermined by major political, cultural and funding challenges. Emphasizing that ending the AIDS epidemic required the sustained involvement of communities, the Board urged Member States to remove regulatory and other barriers that hinder the effective involvement of civil society in designing, implementing and evaluating HIV policies and plans. It also recommended that community-based social and health service delivery be integrated more systematically into formal health systems. The Board requested the Joint Programme to document the cost and health benefits of community responses to HIV, and to analyse the challenges and opportunities for integrating community-led HIV responses in national AIDS plans.
53. Noting that only about 1% of HIV investments reaches communities, Board members called for sufficient funding, including earmarked funding for community organizations engaged in the AIDS response. They also emphasized the need for the creation of enabling legal and policy environments, and for capacity building at community level.

5. UNIFIED, BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF) 2016–2021

54. Mr Joel Rehnstrom, Director of Planning, Finance and Accountability, presented an update on the Joint Programme’s finances, the impact of reduced funding on the implementation of the UNAIDS Strategy, and measures taken to deal with the reduced funding.
55. Mr Rehnstrom noted that the financial situation had begun deteriorating in 2015 and remained difficult throughout much of 2016 before improving towards the end of the year, with approximately US\$ 175 million expected to be raised in 2016 against a budget of US\$ 242 million. The resource outlook for 2017 was similar.
56. Noting that large parts of the non-core funding of Cosponsors were earmarked and could not easily substitute for lost core funding, Mr Rehnstrom told the meeting that the budget shortfall was affecting the Joint Programme’s capacity to deliver on the UNAIDS Strategy across all result areas and regions. Steps taken by the Cosponsors to minimize the impact of the funding shortfall include reducing staff and scaling back programming, reallocating funds to priority actions and Fast-Track countries, drawing on other organizational resources for HIV work, and increasing cost-sharing across regional and country offices.
57. The UNAIDS Secretariat was being repositioned to situate the AIDS response more firmly within the ambit of the SDGs and to maximize the impact of the Joint Programme. The adjustments will yield a more streamlined Headquarters presence, smaller and more country focused regional operations, and greater focus on Fast-Track countries, Mr Rehnstrom said.

58. At country level, a differentiated approach was being adopted, guided by specific country needs and Fast-Track priorities. Varied ways of providing support are being applied; enabling UNAIDS to strengthen its presence in the most affected countries. Regional support teams are being streamlined, covering core skills on information, inclusion and implementation support.
59. A field-oriented focus is evident in a 70:30 field-to-headquarters staff ratio, while the shift towards fewer units at headquarters and a flatter hierarchy reflect further streamlining. This will facilitate greater productivity, effectiveness and cost efficiencies, he said, while lowering operating costs. The Secretariat's work will continue to focus on leadership, strategic information, advocacy, partnerships, coordination and accountability. Overall, staff numbers have been reduced by about 100 in 2016, and the redeployment of staff from headquarters and regional support teams to Fast-Track countries is continuing. These and other cost-cutting interventions have led to savings of 10% against the 2016 budget – US\$ 15 million.
60. Turning to the proposed next steps for raising and allocating funds, Mr Rehnstrom told the meeting that intensified resource mobilization and further efforts to maximize efficiencies will be a priority for 2017. The review panel proposed by the Executive Director will explore a strengthened operating model for the Joint Programme, and the recommendations will be considered in the development of the UNAIDS 2018–2019 budget for submission to the PCB in June 2017.
61. The meeting praised the work of UNAIDS, and Board members reiterated the central role of the Joint Programme and the UNAIDS Secretariat in reaching the Fast-Track goals and ending AIDS. The United Kingdom told the meeting that its own assessment had confirmed the efficiency and responsiveness of the Secretariat. Board members encouraged all Member States to contribute to UNAIDS and called on current donors to increase their contributions and encouraged countries that were not yet donors to UNAIDS to become donors. Ghana announced that it was making a contribution of US\$ 100 000 to the Joint Programme.
62. The meeting took note of the report and expressed support for continued efforts to address the budgetary shortfall to achieve a fully funded UBRAF. It also approved the proposal to provide the Cosponsors the same level of core UBRAF funds in 2017 as in 2016 (US\$ 44 million).
63. The proposal for a review of the UNAIDS operating model was supported, with the Board requesting the Executive Director and the CCO to establish a review panel to make recommendations for a sustainable and fit-for-purpose Joint Programme, including by revising the operating model.¹ The Secretariat, the Cosponsors and members of the Board's constituencies will be represented on the panel, along with independent experts. The Board stressed that the review panel's recommendations should prepare the Joint Programme to function under all likely funding scenarios.
64. A tight timeframe was proposed for the process. The Board requested that a multi-stakeholder consultation on proposed revisions be convened before end-April 2017, and that the revised operating model be presented to 40th meeting of the PCB for consideration and approval.
65. Board members pointed to a need for differentiated funding for Cosponsors, with allocation decisions reflecting Cosponsor mandates, their abilities to raise funding from

¹ As referred to by UNAIDS as the business model in document UNAIDS/PCB (39)/16.21.

other sources, and programme performance. Board members requested greater accountability and transparency regarding Cosponsors' use of UBRAF core funds.

66. Replying to questions, Ms Jan Beagle expressed appreciation that all the members had recognised the importance of a fully funded UBRAF and thanked the Member States that had maintained or even increased their contribution to UNAIDS. With regard to the repositioning of the UNAIDS Secretariat, Ms Beagle pointed out that the process had started more than a year earlier as an effort to realign the Secretariat to a new political environment, the SDGs, the Fast Track Strategy, and the Political Declaration; the financial situation had brought a sense of urgency to the process. Ms Beagle said that the repositioning was aimed at achieving a coherent and streamlined structure and cost-effective systems that would be maintain the capacity of the Secretariat in all of its areas of comparative advantage so that it could support the Joint Programme and the AIDS response where it could really add value. Ms Beagle added that the repositioning would result in a simpler structure with approximately 20% less posts, with reduced size of the HQ and redeployment of more staff to the field so as to achieve a 70-30 staff ratio with 70% of staff in the field. Ms Beagle said that at the level of the HQ, the focus will be on the support to the Fast Track, strategic information, community mobilization, partnerships and resource mobilization, with an emphasis on risk management, change management, accountability and transparency. The regional and country offices would be streamlined but not with a one-size-fits-all approach but looking at the profile of each region and country to ensure that we address the actual context and provide the right kind of support in right places. Ms Beagle stressed two of the factors underpinning the repositioning process, namely the focus on gender, increasing the number of women in leadership positions, and the focus on youth by preserving P2 and P3 positions within the organization. Finally, Ms Beagle said that the Secretariat finds itself well aligned with the QCPR discussions at the General Assembly which have put emphasis on multisectorality, broader partnerships, linkages across the humanitarian, development and human rights activities, evidence based approaches, disaggregated data and a focus on vulnerable groups, leaving no one behind.
67. In addition, Mr Rehnstrom stressed the need for the 2018–2019 budget to be developed in parallel with the review of the operating model and that the Board would need to agree the next budget at its June 2017 meeting. He reminded Board members that the UNAIDS Strategy continues to serve as the basis for UNAIDS work and that the 2018–2019 budget would be developed, based on the Strategy. Regarding criteria for allocations to Cosponsors, Mr Rehnstrom said UNAIDS acknowledged the need to move to a more differentiated model.

6. SYNTHESIS REPORT OF EXISTING RESEARCH AND LITERATURE ON INTELLECTUAL PROPERTY (IP)-RELATED AND OTHER FACTORS IMPACTING THE AVAILABILITY, AFFORDABILITY AND ACCESSIBILITY OF TREATMENT AND DIAGNOSTICS FOR HIV AND CO-INFECTIONS IN LOW- AND MIDDLE-INCOME COUNTRIES

68. Mr Luiz Loures, Deputy Executive Director of UNAIDS, Programmes, introduced the synthesis report by noting that affordable and equitable access to medicines has been a central priority – and achievement – for the AIDS movement. More than 18 million people are receiving ART, a feat made possible by the dramatic reduction in ARV prices, especially for first-line therapies, since the early 2000s. However, despite some reductions, second- and third-line prices are still very high: respectively 2.7 times and 17.4 times more expensive than first-line therapies. There are also wide price variations in the cost of ARVs, depending on the region and the income classification of countries. Given the scale of treatment need, ARVs have to become more affordable if the 90-90-

90 targets are to be reached. While the vast majority of people in low- and- middle-income countries are on first-line treatment, the demand for second- and - third-line treatment is expected to grow in the coming decades.

69. If the main barriers to treatment access are overcome, Mr Loures told the meeting, 30 million people could be receiving ART by 2020. Current obstacles include: poor supply chain management; high prices (especially of newer, more effective ARVs, which tend to be patent protected); limited access to generics for middle-income countries; the inclusion of TRIPS-plus provisions in trade agreements; gaps in research and development (especially in relation to the development of new paediatric ARV formulations); and difficulties reaching key populations (due to criminalization, stigma and discrimination, and the defunding of community-based and other civil society organizations). Mr Loures referred to evidence that ART access tended to be lowest where ARV prices were high, and that high prices were associated with tight patent protections.
70. Feasible improvements include addressing regulations, policies and practices that hinder affordable access to efficacious ARV regimens; supporting full use of the TRIPS flexibilities; and ensuring that intellectual property provisions in trade agreements do not undermine access to essential medicines such as ARVs. Mr Loures reminded the meeting that the UNAIDS Strategy committed the Joint Programme to promote innovation and ensure the availability, quality and affordability of HIV medicines and technologies; explore new incentive systems for research and development; support the removal of regulatory barriers; and support countries to use of TRIPS flexibilities and avoid TRIPS-plus provisions in trade agreements.
71. In his keynote speech, Mr Michael Kirby, former Justice of the High Court of Australia, told the Board that if HIV treatment had been left strictly to market mechanisms, the world would not have achieved the current levels of treatment access. After outlining the work and findings of the recently concluded UN Secretary-General's High-Level Panel on Access to Medicines, Mr Kirby urged UNAIDS to further explore the Panel's core recommendations. Those recommendations include a call for greater transparency on pricing and patent status of medicines; full use of TRIPS flexibilities; and new incentives for the research and development of health technologies.
72. The Board heard testimony from participants about their experiences in trying to expand access to HIV treatment, and the life-saving impact of those efforts. Evidence was presented of the ongoing negative impact of patent restrictions on ARV pricing and access in some regions, while differing viewpoints were expressed about the centrality of intellectual property provisions and ARV pricing in affecting treatment access. Some Board members highlighted a need for increased transparency on the research and development costs and production costs of essential medicines (echoing a recommendation of the UN Secretary-General's High-Level Panel on Access to Medicines). One Board member cautioned that the mandate and conclusions of the Panel had been too restricted, and noted that intellectual property rights and trade are essential to medical innovation, which is fundamental to promoting global health.
73. There was general agreement in the meeting that all countries should be encouraged and should be able to make further use of existing TRIPS flexibilities to ensure wide access to essential medicines. Also affirmed were legislative arrangements that enable countries to use those exemptions. Several members expressed concern about the negative effects that TRIPS-plus provisions in trade agreements could have on treatment access. The role of additional factors, including procurement and supply management, on treatment access was recognized, and the facilitating role of innovative licensing mechanisms such as the Medicines Patent Pool was commended.

Praise was expressed for the successful efforts to extend the TRIPS exemptions to 2033 for low-income countries.

74. The meeting took note of the synthesis report, and reaffirmed UNAIDS's mandate, reiterated in the 2016–2021 Strategy, to address matters relevant to access to HIV medicines, including intellectual property provisions. The meeting requested the Joint Programme to facilitate further discussion on access to medicines, taking account of the report of the UN Secretary-General's High-Level Panel on Access to Essential Medicines and other relevant reports. UNAIDS was asked to further identify data gaps, best practices and challenges to support countries in tackling intellectual property-related and other barriers affecting the availability, affordability and accessibility of medicines, treatment and diagnostics. The meeting requested the Joint Programme to report to the 41st PCB on progress made in that regard.

7. REPORT BY THE NGO REPRESENTATIVE

75. Ms Laurel Sprague, representative of the PCB NGO Delegation for North America (Global Network of People Living with HIV: GNP+) presented a summary of the report *An unlikely ending: ending AIDS by 2030 without sustainable funding for the community-led response*. Based on interviews with 150 nongovernmental organizations working in 70 countries, the report found that, despite wide recognition of the importance of communities in the AIDS response, community organizations still lacked adequate support and funding. Even when resources were available, respondents reported that repressive environments made it difficult or impossible to operate. Restrictive or inhospitable political and legal environments were cited as major and persistent challenges for community organizations, particularly those serving key populations.
76. When funding is available, Ms Sprague told the meeting, technical capacity constraints can make it difficult for community organizations to comply with complex and onerous application and reporting requirements. Financial accountability procedures and demands for data-driven impact assessments are often challenging. Funding therefore tends to flow to organizations that can service the technical expectations of donors, and it is often channelled through large NGOs or governments. Donors lack an appetite for risk when funding community activities, effectively offloading risk onto communities, the report found. Respondents also reflected that the current HIV funding architecture sometimes forces organizations to sacrifice advocacy and activism for the sake of "neutral" service provision.
77. Referring to the report's recommendations, Ms Sprague called on donors and partners to improve the political and legal environments in which community organizations operate. Increased support for core operating functions and other sustainability measures are also needed, as is simplified and improved access to funding for community organizations and the creation of specific funding channels for community-based activities. Ms Sprague urged donors to adapt their risk calculations to the realities in which community organizations operate, and to ensure that funds are available for advocacy and other non-service delivery activities.
78. Board members agreed on the importance of investing in and supporting community activities – not only for the AIDS response, but also for addressing other health and human rights challenges. Members reiterated the importance of strong communities and community organizations for achieving advancing the UNAIDS, reaching the Fast-Track targets and achieving the SDGs.

79. Referring to UNAIDS's estimates that funding for community mobilization should increase three-fold from 2016 to 2020, the meeting called on Member States to develop mechanisms for effective and sustained funding of community-led AIDS responses. Board members also recommended that governments promote suitable social and political environments, and increase investments in social enablers, including advocacy, legal reform, human rights, public communication and stigma reduction. UNAIDS was requested to further analyse the barriers to effective funding of community-led responses and to guide the development of new risk assessment frameworks for funding community-led AIDS responses. UNAIDS will report on progress at the 41st PCB meeting.

8. NEXT PROGRAMME COORDINATING BOARD MEETINGS

80. The Board decided that the 44th PCB meeting would be held on 25–27 June, 2019, and the 45th PCB meeting would be held on 10–12 December, 2019. It also approved themes for the 40th and 41st meetings, and mandated the PCB Bureau to prepare the thematic discussions. The approved themes are: *HIV prevention 2020: a global partnership for delivery* (40th PCB meeting), and *Zero discrimination in health care settings* (41st PCB meeting).

9. ELECTION OF OFFICERS

81. The Board elected Ghana, current Vice Chair of the Board, to assume the function of Chair for one calendar year, beginning 1 January 2017, and elected the United Kingdom as Vice-Chair. The composition of the PCB NGO delegation was also approved. The Board requested the Chair to continue consultations with Member States to fill the position of rapporteur. Approval would be achieved using the intersessional decision making process.

10. ANY OTHER BUSINESS

82. No other business was brought before the Board.

11. THEMATIC SEGMENT: HIV AND AGEING

83. The Chair and UNAIDS Executive Director, Mr Michel Sidibé, introduced the thematic session on "HIV and ageing". He told the meeting that demographic shifts meant that increasing numbers of people living with HIV were aged 50 years and older. Of the estimated 36.7 million people living with HIV in 2015 globally, 5.8 million (2.5 million women and 3.3 million men) were aged 50 years or older. The number of people living with HIV who are 50 years or older was expected to increase to 8.5 million by 2030, a trend that will have significant cost implications for national budget planning and financing. Mr Sidibé highlighted the need to adopt a lifecycle approach to HIV and to address the epidemic in distinct ways for people in different age groups.
84. Two keynote speakers from the community of people living with HIV shared their experiences. Ms Angeline Chiwetani, Director of the Widows Fountain of Life project in Zimbabwe, highlighted the importance of social protection for people who are ageing with HIV, including the need for pensions, ongoing social support and life insurance. John Rock, from Australia, shared his personal experience of living and ageing with HIV for 36 years, including the inflammatory effects of HIV and various effects of long-term treatment. He told the meeting that depression, loneliness, low self-worth, social isolation and "survivor guilt" affect many people living with HIV. Mr Rock highlighted the different conditions pertaining in developed and developing countries, and emphasized the importance of health infrastructure, social protection, the use of treatment for

prevention, and reduction of social stigma and self-stigma. He also noted the importance of specific issues affecting ageing people who belong to key populations.

85. During the panel discussion, the meeting heard from people living with HIV, and from representatives of various national Ministries of Health and civil society organizations on what needs to be done to ensure that people living with HIV are able to live long and healthy lives.
86. Professor Peter Reiss, of the Amsterdam Institute for Global Health and Development in the Netherlands, presented new research evidence on HIV and ageing, including a thorough overview of the impact of the epidemic on the physical and mental health of people living with HIV who are aged 50 years and over. Professor Reiss noted that the success of the response to HIV means that the number of people who are older than 50 years and are living with HIV is rising. He reported that almost 35% of people with HIV in high-income countries were older than 50 years; in the Netherlands, that proportion was 45% and it was expected increase to 75% by 2030. About 25% of new HIV diagnoses in the Netherlands in 2015 were in people older 50 years.
87. Reminding the meeting that age is a major risk factor for a wide range of diseases, Professor Reiss said that the comorbidity burden is consistently elevated in people living with HIV, with cardiovascular disease, diabetes and various forms of cancer among the most prominent comorbidities. He emphasized the importance of early diagnosis and treatment to ensure that people live long and healthy lives with HIV. He also cautioned that more research is needed to understand the cumulative impact of HIV infection, HIV treatment, comorbidities and ageing. Research studies (including the from the AgeHIV and Cobra cohorts) are providing important new data on these questions. Current data suggest that the risk of comorbidities appears to be associated with the length of time that a person experiences low CD4 cell counts, rather than overall exposure to ART. This highlights the importance of early diagnosis and treatment of HIV infection, and of healthy lifestyles.
88. Ms Ekaterine Gardapkhadze, Head of the Board of the ACESO International Organization for Women in Georgia, outlined the challenges older people who are living with HIV and who use drugs face when trying to access needed services. She highlighted issues of violence and stigma, lack of information about ageing with HIV while receiving substitution therapy, and the lack of health professionals who are trained to deal with ageing and HIV issues. Ms Gardapkhadze stressed the importance of harnessing the experience of older people living with HIV. She also noted a lack of medical and social services within the prison system for dealing with comorbidities such as cardiovascular diseases. Services for imprisoned women drug users are lacking and breaches of confidentiality are commonplace. She concluded by saying that social isolation, stigma and discrimination could be more destructive to individuals than HIV infection and drug use.
89. Mr Stephen Ayisi Addo, Programme Manager of Ghana's National AIDS Control Programme, told the meeting that approximately 8% of people living with HIV in Ghana are over 50 years of age and that various barriers are blocking their access to services. Chronic care clinics have been set up to ensure they receive the services and to reduce the stigma surrounding HIV. The clinics support different age groups, including adolescents, middle-aged people and those older than 50 years.
90. Mr Clive Blowes, National Coordinator of the Health, Wealth and Happiness Project of the Terence Higgins Trust in the United Kingdom, said that although people living with HIV who are older than 50 years are receiving quality clinical care, they experience twice as many long-term conditions as HIV-negative people and have little information

about how these conditions interact with each other. Depression and anxiety, stigma and self-stigma have been found to be very common, along with loneliness, loss of friends and social isolation. The project provides financial advice, income support, emotional and psychosocial support and medical information, and includes a back-to-work programme.

91. Ms Norlela Mokhtar, Chairperson of the International Community of Women Living with HIV, Asia-Pacific, shared her experiences working with the Wahidayah Shelter, a community-led initiative in Malaysia. She outlined the vulnerabilities of women living with HIV (in particular sex workers, drug users and widows) who are often shunned by their communities and families, and who end up needing housing support.
92. The panel discussion focused on preventing HIV in older people and began with a screening of two short TV campaign videos from Brazil which creatively highlighted HIV prevention among older women and older men. Ms Shirley Hankerson, co-chair of the Positive Women's Network in the United States of America, spoke about the hidden issues of sexual reproductive health among women over 50 years of age and shared her personal experience of being diagnosed with HIV as a 58-year-old woman. She urged improved education about HIV for older adults, particularly for women who may have lost a partner to death or divorce and who are sexually active but lack knowledge about HIV or about their personal health risks.
93. Ms Kay Thi Win, regional coordinator of the Asia-Pacific Network of Sex Workers, spoke of the elevated risks which key populations living with HIV experience due to restrictive laws and policies and a lack of services. Older sex workers are especially at risk, since they have to operate from the street, where they are exposed to higher levels of violence. They also are paid less for their services and face high levels of stigma and discrimination, particularly as they get older. Condom distribution programmes often miss active, ageing sex workers. Ms Win noted the need for education and support programmes to provide condoms, sexual health information and include income generation.
94. Ms Adele Benzaken, Director of the Department of STDs, AIDS and Viral Hepatitis in the Ministry of Health, Brazil, said that sexuality among older people is a priority for the Government in Brazil, which has more than 40 million people older than 50 years. While much is still unknown about the best ways to address sexual health and HIV prevention among older people, Ms Benzaken stressed the importance of engaging older people in health services when they present with other illnesses. While health care programmes for the elderly have included sexual care for older adults, the sexuality of older people tends to remain a taboo among health professionals.
95. Mr Kenneth Mugayehwenkyi, Executive Director of Reach One Touch One Ministries, Stephen Lewis Foundation, Uganda, also spoke of the needs and rights of older people. He described how grandmothers living with HIV have developed a strong movement for change and have been instrumental in the expansion of social protection in national policies.
96. Introducing the closing panel on age-sensitive health systems for health, Mr Gottfried Hirnschall, Director of WHO's Department of HIV and Global Hepatitis Programme, noted that health systems are poorly adapted to cope with ageing populations of people living with HIV. Services tend to be highly specialized (and expensive) in high-income countries, but are weak in most low- and middle-income countries. Strengthened health work forces are essential for supporting growing numbers of people that experience multiple health complications, and health systems will also have to interface more systematically with social and financial protection systems. He drew attention to WHO's

Health sector strategy on HIV for 2016–2021, which addresses the issue of ageing and HIV.

97. Ms Carmen Pérez Casas, HIV Strategy Manager for UNITAID, drew attention to several challenges. They include the need to further reduce the costs of ART and to improve the effectiveness and safety of treatment regimens in order to prevent drug resistance and avoid having to switch patients to expensive second- and third-line regimens. She emphasized the need to develop formulations with less toxicity and at reduced cost, and pointed to innovations, such as self-testing, that are reducing barriers to stigma and discrimination. She urged that pre-exposure prophylaxis be made more widely available.
98. Finally, Ms Erika Castellanos, Executive Director of C-NET+, Belize, spoke of the different priorities of younger and older people who are living with HIV. She stressed the need to protect the rights of people living with HIV, which includes the right to a household, to buy insurance and to plan for older age.
99. Closing the thematic discussion, Mr Luiz Loures, UNAIDS Deputy Executive Director, Programmes, reiterated the need to apply a human rights approach across the entire life cycle and called for continued discussions to ensure that the issue of HIV and ageing is kept high on the agenda.

12. CLOSING OF THE MEETING

100. The 39th meeting of the Board was adjourned.

[Annexes follow]

Annex 1

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (39)/16.16.

Issue date: 25 November 2016

THIRTY-NINTH MEETING

DATE: 6–8 December 2016

VENUE: Executive Board Room, WHO, Geneva

TIME: 09h00 – 12h30 | 14h00 – 18h00

Annotated Agenda

TUESDAY, 6 December

1. Opening

1.1 Opening of the meeting and adoption of the agenda

*The Chair will provide the opening remarks to the 39th PCB meeting.
Document: UNAIDS/PCB (39)/16.16*

1.2 Consideration of the report of the thirty-eight meeting

*The report of the thirty-eight Programme Coordinating Board meeting will be presented to the Board for adoption.
Document: UNAIDS/PCB (38)/16.15*

1.3 Report of the Executive Director

*The Board will receive a written outline of the report by the Executive Director.
Document: UNAIDS/PCB (39)/16.17*

2. Leadership in the AIDS response

This item provides an opportunity for the UNAIDS Executive Director to invite a speaker to address the Board on an issue of current and strategic interest.

3. Updated gap analysis on paediatric HIV prevention, treatment, care and support

*The Board will receive an update on the gap analysis on paediatric HIV prevention, treatment, care and support, actions undertaken by UNAIDS to move forward the paediatric treatment agenda, and analysis on the effects of stigma, discrimination and structural barriers on mothers' and children's health.
Document: UNAIDS/PCB (39)/16.18*

4. Follow-up to the thematic segment from the 38th Programme Coordinating Board meeting

The Board will receive a summary report on the outcome of the thematic segment on the role of communities in ending AIDS by 2030.

Document: UNAIDS/PCB (39)/16.19

WEDNESDAY, 7 December

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

The Board will receive a report on the follow-up actions requested by the PCB at its 38th meeting.

Documents: UNAIDS/PCB (39)/16.20; UNAIDS/PCB (39)/16.21

6. Synthesis report of existing research and literature on intellectual property (IP)-related and other factors impacting the availability, affordability, and accessibility of treatment and diagnostics for HIV and co-infections in low- and middle-income countries

The Board will receive a synthesis report on intellectual property.

Document: UNAIDS/PCB (39)/16.22

7. 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 (39)/16.23

8. Next PCB meeting

The Board will agree the topics of the thematic segments for its 40th and 41st PCB meetings in June and December 2017, as well as the dates for the 44th and 45th meetings of the PCB.

Document: UNAIDS/PCB (39)/16.24

9. Election of officers

In accordance with Programme Coordinating Board procedures, the Board shall elect the officers of the Board for 2017, and is invited to approve the nominations for NGO delegates.

Document: UNAIDS/PCB (39)/16.25

10. Any other business

THURSDAY, 8 December

11. Thematic Segment: HIV and ageing.

Documents: UNAIDS/PCB (39)/16.26; UNAIDS/PCB (39)/CRP1

12. Closing of the meeting

Annex 2

PROGRAMME COORDINATING BOARD

39th Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland

6–8 December 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-eighth meeting

2. *Adopts* the report of the 38th 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 3: Updated gap analysis on paediatric HIV prevention, treatment, care and support

- 4.1 *Takes note* of the report and analysis of the gaps in children's access to HIV treatment, prevention, care and support services as well as the effects of stigma, discrimination and structural barriers on women's and children's health, and the need for psycho-social support for children and affected families;
- 4.2 *Calls* on Member States, with the support of the Joint Programme, to take all necessary steps to achieve the global and regional targets set out in the SDGs, the 2016 Political Declaration, the UNAIDS Strategy 2016–2021 and the Start Free, Stay Free, AIDS Free framework paying particular attention to scaling up early infant diagnosis, tracking mother-infant pairs, enrolling all children, including older children, living with HIV into treatment with the most optimal formulations in a timely manner and retaining them in care, while providing differentiated service delivery models that support adherence and ensure viral suppression across the age-spectrum;

4.3 *Calls* on the Joint Programme to support countries' efforts to achieve the elimination of mother-to-child HIV transmission (EMTCT) and WHO certification of validation of EMTCT;

4.4 *Requests* the Joint Programme, in cooperation with partners, to:

- a. Building on ongoing research and work by partners, further collect and assess data on the effects of stigma and discrimination on children, adolescents and young people living with HIV as a barrier in accessing prevention, treatment, care and support, in consultation with these populations, and develop recommendations to respond to these issues;
- b. Strengthen support to countries in implementing programmes and allocating resources to eradicate stigma and discrimination against children, adolescents, and young people living with HIV, including through education and HIV prevention in and out of schools in line with the UNAIDS Strategy 2016–2021;
- c. Provide progress reports to the PCB on paediatric prevention, treatment, care and support and eliminating stigma and discrimination against children, adolescents and young people living with HIV;

Agenda item 4: Follow-up to the thematic segment of the 38th PCB meeting: *The role of communities in ending AIDS by 2030*

5.1 *Takes note* of the summary report of the Programme Coordinating Board Thematic Segment on *The role of communities in ending AIDS by 2030*;

5.2 *Recognizes* that:

- a. Communities have played, and continue to play an essential role in the AIDS response in advocacy, campaigning and participation in accountability; service delivery, including mobilizing demand; participatory, community-based research; and community financing;
- b. Communities confront considerable political, cultural and funding challenges to effective participation in the AIDS response;

5.3 *Encourages* member states to:

- a. Identify, address and overcome regulatory and cultural barriers to the effective involvement of civil society and ensure the meaningful inclusion of civil society, including people living with HIV and other key populations, young people and women at all levels of planning, as well as national and donor policy and programming frameworks, to ensure full involvement, quality participation and influence in the design, implementation and evaluation of policies and programmes;
- b. Systematically and strategically include community-based social and health service delivery as part of comprehensive systems for health;

5.4 *Encourages* the Joint Programme to:

- a. Intensify efforts, in collaboration with communities and other partners, to generate stronger evidence for the cost and health benefits of community responses to HIV;
- b. Conduct an analysis of barriers to the integration of community-led HIV responses in national AIDS plans and of potential solutions for removing those barriers;

- c. Identify innovative measures to support UN member states to effectively strengthen the input of communities, in accordance with the GIPA Principle, in the committees formed to design, evaluate, and review national HIV programmes as well as national and donor policy and programming frameworks for HIV;

Agenda item 5: Unified Budget, Results and Accountability Framework (UBRAF)

- 6.1 *Takes note* of the report and encourages the Executive Director and the CCO to continue to mitigate the impact of the budgetary shortfall through further efficiencies and through renewed and innovative resource mobilization strategies towards a fully funded UBRAF, including by broadening the donor base, with the primary aim of securing the best attainable delivery against the UNAIDS Strategy 2016–2021, while taking into account priorities and needs at country and regional levels;
- 6.2 *Requests* the Executive Director and the CCO to continue to work towards greater accountability and clearer reporting that more effectively demonstrates the contributions of all Cosponsors and the Secretariat, while presenting how each organization uses its core UBRAF funds, starting at the 40th PCB;
- 6.3 *Agrees* to the proposal of the Executive Director to provide the Cosponsors the same level of core UBRAF funds in 2017 as in 2016;
- 6.4 *Requests* the Executive Director and the CCO to:
 - a. Establish a review panel to make recommendations for a sustainable and fit for purpose Joint United Nations Programme on HIV/AIDS by revising and updating the operating model,² in particular joint working, financing and accountability, and governance, and have the panel present its recommendations to the CCO;
 - b. Include in the review panel members from the Secretariat, the Cosponsors and members of the PCB constituencies, as well as independent experts, and organize it in a manner that allows for input from all relevant stakeholders, such as member states, paying specific attention to balanced regional representation, civil society and people living with HIV and AIDS;
 - c. Convene a multi-stakeholder consultation on potential revisions to the operating model before the end of April 2017, based on the recommendations of the review panel, with input from the CCO;
 - d. Present a revised operating model to the 40th meeting of the PCB for consideration and approval, taking into account the recommendations of the review panel;

Agenda item 6: Synthesis report of existing research and literature on intellectual property (IP)-related and other factors impacting the availability, affordability, and accessibility of treatment and diagnostics for HIV and co-infections in low and middle- income countries

7.1 *Takes note* of the report;

² As referred to by UNAIDS as the business model in document UNAIDS/PCB (39)/16.21.

- 7.2 *Reaffirms* the UNAIDS Strategy 2016–2021 and the mandates therein to be implemented by the Joint Programme on the many matters relevant to access to HIV/AIDS medicines, including intellectual property;
- 7.3 *Requests* the Joint United Nations Programme on HIV/AIDS to report to the 41st PCB meeting on progress made in implementing the UNAIDS Strategy 2016–2021 in this regard;
- 7.4 *Takes note* of the report of the UN High Level Panel on Access to Medicines (UN HLP) and requests the Joint United Nations Programme on HIV/AIDS to facilitate further discussions on access to medicines bearing in mind, as appropriate, the UN HLP report and other relevant reports, including the trilateral report of WHO/WIPO/WTO Promoting Access to Medical Technologies and Innovation and keep the PCB informed of the matter;
- 7.5 *Requests* the Joint Programme, within its mandate and available resources, together with all relevant partners, and in collaboration with member states, to further identify data gaps, best practices and challenges therein, collect and analyze the necessary data including existing data, in order to better support countries to address intellectual property-related barriers, as one important barrier, as well as the other barriers impacting on availability, affordability, and accessibility of medicines, treatment and diagnostics for HIV and HIV co-infections and co-morbidities in low- and middle-income countries;

Agenda item 7: Report by the NGO representative

- 8.1 *Recalling* the 2016 United Nations Political Declaration on HIV and AIDS, paragraphs 60d and 64a, *calls* on UN member states, to readdress their investments in domestic funding mechanisms and systems to determine where barriers to funding community-led organizations exist, particularly funding for networks and organizations of people living with HIV and other key populations,³ including women and young people, and to further develop mechanisms that effectively and sustainably fund the community-led response;
- 8.2 *Recognizes* that to Fast-Track the AIDS response and realize their potential towards ending AIDS, community organizations and networks require sufficient financial resources and that UNAIDS estimates that funding for community mobilization should increase three-fold from 2016 to 2020; the proportion of services delivered through community channels should rise to 30% by 2030; and investment in social enablers – including advocacy, political mobilization, law and reform, human rights, public communication and stigma reduction – should account for 6% of global AIDS investments;
- 8.3 *Recalling* decisions 5.2, 6.2(b) and 6.4 from the 38th Programme Coordinating Board, and the commitments in the 2016 Political Declaration on HIV and AIDS, paragraphs 63 (a)–(e), *calls* on UNAIDS, to:
- a. Undertake further analysis of the barriers to effective funding of community-led responses by international and private funders, as well as better understanding of the challenges faced by national governments in allocating funding to community-led responses;

³ As defined in the UNAIDS Strategy 2016–2021 (p.33).

- b. Continue to work on mobilization of resources and advocacy to ensure sustainable support for community-led key population responses, where needed, including in middle-income countries;
- c. Adapt existing mechanisms, including in the reporting for the 2016 Political Declaration, as appropriate, to support UN member states to track and share their investment in community-led responses;
- d. Provide guidance to funders for the development of new frameworks for risk assessments in funding for community-led HIV responses and on good practices for the monitoring and evaluation of funds to grassroots and community-based organizations, and guidance for countries to create or reform national mechanisms to fund comprehensive community responses to HIV;
- e. Collaborate with partners to identify and scale up mechanisms to increase investment in community-led responses to HIV;
- f. Report on progress at the 41st PCB;

8.4 *Recognizing* the urgent need to integrate HIV response programming with other health programming, *calls* on UNAIDS, to engage with other multilateral platforms including but not exclusively, the Global Fund to Fight AIDS, Tuberculosis and Malaria; UNITAID; regional development banks; and donor development agencies, in order to seek mechanisms for better multilateral support of civil society and communities as independent development actors;

8.5 *Encourages* member states to explore ways of increasing both domestic and international funding for the *community*-led HIV response, including investment in community health workers, and to enhance investment in social enablers;

Agenda item 8: Next PCB meetings

9.1 *Agrees* that the themes for the 40th and 41st Programme Coordinating Board meetings be:

- a. *HIV Prevention 2020: a global partnership for delivery* (40th);
- b. *Zero discrimination in health care settings* (41st);

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 42nd and 43rd Programme Coordinating Board meetings;

9.3 *Agrees on* the dates for the 44th (25–27 June 2019) and the 45th (10–12 December 2019) meetings of the Programme Coordinating Board;

Agenda item 9: Election of officers

10. *Elects* Ghana as the Chair and the United Kingdom as the Vice-Chair for the period 1 January to 31 December 2017 and *approves* the composition of the PCB NGOs.

[End of document]