

CONSIDERATION OF THE REPORT OF THE 42ND PROGRAMME COORDINATING BOARD MEETING

Additional documents for this item: *none*

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

Adopt the report of the 42nd 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 (PCB) convened for its 42nd meeting on 26–28 June 2018 in the Executive Board Room of the World Health Organization (WHO) in Geneva.
2. The PCB Chair, Anna Wechsberg, Policy Director for the United Kingdom's Department for International Development, welcomed participants to the meeting. Following a moment of silence in memory of all people who have died of AIDS, the Board adopted the annotated agenda.

1.2 Consideration of the report of the 41st meeting

3. The Board adopted the report of the 41st Programme Coordinating Board meeting.

1.3 Report of the Executive Director

4. Michel Sidibé, Executive Director of UNAIDS, began his remarks by acknowledging the importance of the #MeToo movement. From a few brave women to a courageous groundswell of hope and solidarity, the movement is exposing deep-rooted power imbalances and leading a process of social transformation.

Recognizing that sexual harassment and abuse of power are found everywhere, in the private sector, non-profits, government and UN organizations, including UNAIDS, Mr. Sidibé committed to positive change. He assured the Board that UNAIDS is taking bold, proactive action to stamp out sexual harassment, unethical workplace behaviours and all forms of abuse of power at UNAIDS and that he is committed to change, accountability and transparency.

5. Mr Sidibé thanked the Board for its leadership and oversight of the work of the Independent Expert Panel on addressing and preventing harassment, including sexual harassment, bullying and abuse of power and committed to swiftly implementing the Panel's recommendations. He informed the Board of steps taken to implement a Five-Point Plan to address inappropriate behaviour and abuse of authority including an Integrity Hotline and a programme of counselling, education and training.
6. Mr Sidibé welcomed the engagement with civil society organizations, noting that they are the agents of change of the HIV movement. In this context, he expressed appreciation for a recent meeting with ATHENA Network on the issue of sexual harassment. He recognized that UNAIDS must be a standard of reference as an organization and committed to leading the culture of change that is needed.

Turning to the Fast-Track commitments, Mr Sidibé reminded the Board that the world was at the halfway point to the 2020 milestone and underscored that this was indeed a watershed moment. In early June 2018, the UN Secretary-General had presented his latest report on the global AIDS epidemic to the General Assembly, noting that progress was uneven and fragile. With concerted effort, however, Mr Sidibé conveyed that it would be possible to reach 30 million people on treatment by 2020.

The AIDS response has increased life expectancy and improved maternal and child health in many countries. Eastern and southern Africa has made huge gains. On the other hand, countries in western and central Africa and in eastern and central Europe are lagging behind, while new HIV infections are increasing in some countries in the Middle East and North Africa.

With this year marking twenty years since the passing of Jonathan Mann, Mr Sidibé urged that we continue to honour his legacy by working for a “solidarity of inclusion”. We must stand up for the rights of key populations, he urged while noting that in all regions, discrimination continues to prevent them from accessing HIV services. The Global Prevention Coalition 2020 Road Map is aimed at changing this, Mr Sidibé said. It highlights sexual and reproductive health rights and services for key populations, a renewed focus on men and boys, as well as steps to bring health services to the more than 65 million people who have been displaced from their homes. On the latter issue, the UN Secretary-General has asked UNAIDS to develop a plan specifically for South Sudan.

Mr Sidibé told the Board that the AIDS epidemic was far from over. But the epidemic could be ended if transformative actions are taken. Innovation will be key, he said, noting that UNAIDS has established an Office of Innovation. Also vital are partnerships. Mr Sidibé commended the United States (U.S.) Government and the American people for their commitment to the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), which celebrates its 15th anniversary in 2018. He highlighted UNAIDS' partnership with the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund) and applauded the President Emmanuel Macron's decision to host its next replenishment meeting. He also stressed the value of the partnership with UNITAID.

Despite TB being preventable and curable, it is the leading cause of death among people living with HIV reported Mr Sidibé to the PCB. He mentioned the first UN General Assembly High-Level Meeting on TB in September as a key moment to elevate TB so it becomes a political issue.

Mr Sidibé told the board that we need to strengthen efforts towards ending AIDS with efforts to implement universal health coverage.

Further progress also requires making the connections between the HIV response and tuberculosis (TB), hepatitis C, human papilloma virus, noncommunicable diseases and Universal Health Coverage. UNAIDS was proud to be part of a new partnership on cervical cancer with the George W. Bush Institute's global health programme.

7. Transforming the HIV response will require accurate, disaggregated and timely data for focusing interventions to reinforce a people-centered approach so that no one is left behind. Integrated health situation rooms have been set up in five countries in Africa; more countries need to follow those examples.
8. Mr Sidibé underlined that it is time to close the funding gap and plan for sustainable transitions.

In 2016 resources available for the global AIDS response were 27% lower than needed by 2020. Ending AIDS needs a Fast-Track approach to front-loaded investment and planning for sustainability. We cannot afford to miss the 2020 milestones. Together we must enter a new era of sustainable health financing. If we reach the Fast-Track Targets by 2020, more than 16 million new HIV infections can be averted and more than 6 million lives saved. Missing the Fast-Track Targets will mean many more lives lost. It would add US\$ 4.7 billion in additional treatment costs in sub-Saharan Africa from 2017 to 2030

9. Mr Sidibé spoke about the need to embrace new ways of working and that UNAIDS continues as a forerunner of United Nations reform. The process of the country envelopes contributes to greater joint planning and working at county level. The country envelopes and a US\$ 2 million core contribution provided to each Cosponsor represent a dynamic and differentiated resource allocation model called for by the PCB.
10. To end AIDS as a public health threat, the world needs a robust UNAIDS. Mr Sidibé reported that UNAIDS' financial situation was relatively stable thanks to cost-saving measures and the continuing confidence of key donors. By June 2018, a total of US\$ 100 million had been mobilized towards the 2018 core budget of US\$ 184 million. He thanked Denmark and Sweden for increasing their contributions.
11. Mr Sidibé pledged that UNAIDS would continue to strive for gender equality and women's empowerment and to provide a workplace where everyone can work with respect and dignity. He described the Independent Expert Panel on the prevention of, and response to, harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat as unprecedented in the UN and told the meeting that organizational processes and systems have been opened to scrutiny and platforms for dialogue and constructive criticism established.
12. The Joint Programme will continue to engage with women's rights leaders, activists and all interested parties to implement policies that prevent and act against sexual harassment and other forms of harassment in the workplace, Mr Sidibé said. He concluded his report by saying he was confident that these measures will have an impact across and beyond UNAIDS.
13. A video was screened, showing some of the activities described in the Executive Director's report.
14. Board members congratulated Mr Sidibé on his report, commended his leadership and reiterated their commitment to a strong and vibrant Joint Programme. Members praised UNAIDS for managing and sharing the strategic information that enables the world to track progress against the epidemic, for mainstreaming human rights across the Joint Programme and the AIDS response, and for its commitment to address gender-based violence and gender inequality as part of the HIV response. They urged UNAIDS to position the AIDS response in the context of the 2030 SDG agenda and UN reform.
15. While noting that more than half of the people living with HIV have access to HIV treatment, members expressed concern that the progress is uneven and that HIV transmission is outpacing prevention efforts in some places and communities. Weak HIV responses in western and central Africa and in eastern and central Europe were highlighted and the need to intensify HIV primary prevention was emphasized.

16. Speakers reminded the meeting that a large percentage of new infections are in key populations (approximately 44% globally in 2017). They shared evidence of increasing discrimination and violence against key populations, shrinking space for civil society and the failure of some governments to protect vulnerable populations. Countries were urged to introduce and enforce laws and policies that ensure no-one is left behind. There were calls for the use of public health- and human rights-based approaches to drug control. The SDG agenda provides an opportunity to apply a human rights-based approach to all health-related policies.
17. Concern was expressed that migrants and other persons on the move are being left behind in the AIDS response. Members requested more information on the concrete steps that have been taken to promote access to services for migrants.
18. Speakers welcomed the launch of UNAIDS' new Gender Action Plan and noted that AIDS remains the biggest killer of women and girls of reproductive age. Access to sexual and reproductive health services and sexual education for adolescents has to expand.
19. Members stressed that sexual harassment has to be addressed as a priority and noted that the UN as a whole has to strengthen its efforts to ensure there is zero tolerance for harassment and abuse. They commended the establishment of the Independent Expert Panel and noted with approval that UNAIDS has strengthened procedures to prevent and address harassment and unethical behavior, including steps such as the Five Point Plan.
20. Denmark, Germany and Sweden were commended for increasing their contributions in 2018 and the increased domestic investment in AIDS responses in Africa was applauded. Australia announced it was providing US\$ 800 000 to scale up HIV programmes in Cambodia, Indonesia, Laos and Papua New Guinea, while the Russian Federation reported that it was contributing US\$ 5 million to UNAIDS for the HIV responses in eastern Europe and Central.
21. The shortfall in financial resources available to UNAIDS (the Joint Programme is 27% short of the budgeted amount) elicited concerns. Speakers advised UNAIDS to maximize the impact of investments, avoid duplication of efforts and position itself suitably within the overall public health landscape. High-income countries were encouraged to help close the remaining funding gap.
22. Cosponsors declared their full commitment to the Joint Programme and a strong multilevel response to AIDS. They also noted the importance of directing scarce resources to address inadequate responses in western and central Africa and eastern Europe and central Asia and among key populations in all regions.
23. There was a request for the Executive Director's report to be circulated earlier.
24. Several country representatives updated the meeting on recent progress in their HIV responses. India reported that it had passed landmark legislation prohibiting discrimination against people living with HIV. Malawi had passed a similar law in 2017 with strong support from UNAIDS. Malawi would soon roll-out a programme to vaccinate all nine-year-old girls against human papillomavirus. Ecuador was pushing ahead with plans to ensure free essential health care for all, while Brazil reported that pre-exposure prophylaxis was now available in all 27 states in the country.

25. Replying to the remarks from the floor, Mr Sidibé stressed the need to step-up HIV prevention. This would require a deliberate focus on key populations (including prisoners and migrants), ending stigma and discrimination, and achieving greater inclusiveness. The Prevention 2020 Road Map would focus explicitly on adolescent girls, vulnerable communities and populations that are at risk, including in humanitarian settings. UNAIDS is also working with partners to ensure migrants receive the services they need.
26. Mr Sidibé said UNAIDS was providing support to its TB partners ahead of the landmark High-Level Meeting on TB later in 2018. He urged them not to present the TB response as a technical challenge but rather to highlight its political, human rights and social dimensions.
27. Thanking members for their support, Mr Sidibé reminded the meeting that a great deal of progress was needed to reach the 2020 Fast-Track targets.

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

28. Filippo Grandi, United Nations High Commissioner for Refugees, began his remarks by thanking Mr Sidibé for the vision and leadership he has displayed as head of UNAIDS and by extending thanks to the Cosponsors and the Chair and Vice Chair of the PCB.
29. Speaking on behalf of the executive heads of the Committee of Cosponsoring Organizations (CCO), he welcomed the discussions on preventing and addressing harassment and discrimination, including sexual harassment. He called for firm steps to end behaviours that perpetuate gender and other forms of discrimination. The UN must be a place where staff are valued and empowered to speak up and where sexual harassment is never tolerated.
30. Mr Grandi said the AIDS response was still uneven. Progress had been very strong in eastern and southern Africa, for example, but slow in western and central Africa. HIV prevention was lagging behind treatment and care. On current trends, the world would fall well short of the 2030 target of reducing new HIV infections by 90%.
31. A more effective response requires prioritizing people with the greatest needs, which calls for legal reforms, greater access to justice, and gender equality. It takes high-level political engagement to create supportive legal environments, particularly for key populations. The Prevention Coalition and the 2020 HIV Prevention Roadmap were big opportunities to speed up progress.
32. Cosponsors support the ongoing process of UN reform, Mr Grandi reported. It would promote greater coherence in UN development activities and create stronger linkages between humanitarian and development action. The Cosponsors also support the United Nations Development Assistance Frameworks (UNDAFs).
33. By leveraging the comparative advantages of Cosponsors, the revised UNAIDS Division of Labour brought the Joint Programme in line with UN Secretary-General's vision for a repositioned UN Development System and with the 2030 development agenda, he said. Cosponsors welcomed those changes and encouraged donors to increase their contributions for a fully funded Unified Budget, Results and Accountability Framework (UBRAF).

34. Mr Grandi said Cosponsors would continue to strive for better integration, efficiency and innovation under the mantle of Universal Health Coverage and by including sexual and reproductive health and rights in their work. However, there was a need to address separate financing and service silos, and to increase advocacy and technical support to integrate HIV into broader domestic plans and budgets.
35. Cosponsors looked forward to the launch of the Global Compact to end all forms of HIV-related stigma and discrimination and supported the integration of health and human rights as part of Universal Health Coverage. They also supported the Catch-up Plan for western and central Africa.
36. Mr Grandi stressed the need to ensure access to lifesaving and essential healthcare in humanitarian crises, especially in contexts that increase people's vulnerability to HIV. He cited South Sudan as a tragic example, with more than one third of the population displaced. In 2015, only 12% of adults and 5% of children living with HIV had access to ART. In areas with chronic food insecurity, many people living with HIV had stopped taking their medication. The situation may have worsened subsequently. More than half the population was facing severe food insecurity.
37. He shared examples of Cosponsor activities in South Sudan, including efforts to address gender-based violence and provide mental health and psychosocial support, and to support access to HIV services for refugees from other countries. This has helped increase HIV treatment access for adults, but coverage remained extremely low, at about 16% at the end of 2017.
38. In closing, Mr Grandi commended the Joint Programme on its efforts to reach people who otherwise would be left behind in the AIDS response. UNAIDS remained a powerful example of a multi-agency partnership that translates political commitments into action, he said.
39. Members congratulated the CCO Chair on a comprehensive report. They noted that UNAIDS represents an established model for taking UN reforms forward. They thanked the Cosponsors for their commitment to the Joint Programme despite reduced resources, but added that Cosponsors need to increase their own resource mobilization efforts to support the Joint Programme. Speakers called for stronger engagement between the respective Boards of UNAIDS and the Cosponsors to keep AIDS high on Cosponsor agendas.
40. Cosponsors were urged to continue promoting coherence and multisectoral cooperation, with the UNDAF serving as the main strategic planning tool at country level. Speakers expressed general satisfaction with the country envelopes. The UNAIDS division of labour was helping leverage the comparative advantages of Cosponsors.
41. Civil society networks described their joint activities with Cosponsors and endorsed the small grants approach. They warned about shrinking political space for civil society in many countries, despite the obvious need for civil society action in country responses. There was a call for "empowerment-based" reporting that conveys how AIDS responses are changing the lives and realities of people and communities.

42. In reply, Mr Grandi highlighted the pioneering nature of the Joint Programme model. He agreed on the need to report tangible results, use UNDAF as a planning tool in countries and strengthen resource mobilization. Regarding actions in humanitarian crises, he told the PCB that cooperation among Cosponsors had helped triple the number of refugees receiving ART in the past three years.
43. A short video was screened reporting on the HIV advocacy activities of the First Lady of Panama.
44. Addressing the meeting, Lorena Castillo García de Varela, the First Lady of Panama, described her efforts to reduce stigma and discrimination, including her visits to affected communities. A recent priority in Panama has been the revitalization of the national AIDS coordinating structure and the creation of user-friendly health clinics, including in mountainous regions where indigenous peoples live.
45. Mr Sidibé applauded Ms Castillo's efforts to help end the AIDS epidemic and handed her a certificate of gratitude on behalf of UNAIDS.

1.5 Report by the NGO representative (postponed)

2. UPDATE ON THE INDEPENDENT EXPERT PANEL (THE PANEL) ON PREVENTION OF AND RESPONSE TO HARASSMENT, INCLUDING SEXUAL HARASSMENT, BULLYING AND ABUSE OF POWER AT THE UNAIDS SECRETARIAT

46. Ms Wechsberg, PCB Chair, told the meeting that UNAIDS has to deal with harassment and bullying in order to fulfill its important role in the AIDS response. She thanked the PCB Bureau for its support in the establishment of the proposed Independent Expert Panel. She informed PCB members that, given the considerable thematic overlap, the discussion would follow presentation of items 2, 3 and 4.
47. Daniel Graymore, Chair of the PCB Bureau, briefed the meeting on the creation of the Panel, which stemmed from concerns raised in the staff association survey and the media, and by partners and others. The Panel's purpose is to enable UNAIDS to be an exemplar in creating a work environment that is safe, respectful and accountable, he said. Consultations with PCB Members began in April 2018.
48. The Panel will report to the PCB, thereby ensuring its independence. Noting that it is unusual for a UN entity to be reviewed in this manner, Mr Graymore outlined the Panel's structure and principles. It will have 3-5 members with expertise in various areas (e.g. human rights, ethics, gender equality, workplace discrimination etc.). An executive search firm was contracted to shortlist panel candidates, with the PCB Bureau selecting the final members.
49. The Panel will have a broad remit and will review how UNAIDS has dealt with harassment, including sexual harassment, bullying and abuse of power, in the past seven years. It will also evaluate current policies and procedures, and it will recommend further changes to deal with challenges, create a respectful work culture and promote best practices across and beyond UNAIDS.

50. The process will last from April to December 2018, with the "delivery" phase running from July to December. The aim is to report findings and a robust set of recommendations to the PCB in December 2018.
51. Simon Kingston, Managing Director of Russell Reynolds Associates, the executive search firm, described the process for identifying and shortlisting candidates. The search focused on individuals with a strong legal background, sophisticated human resource management experience (especially in multicultural and international contexts) and experience in working with victims of harassment and violence.
52. He told the PCB that about 80% of the individuals approached to date were women. Four strong candidates to chair the Panel had been identified. The quality of the candidates was very high, attesting to importance of the Panel.
53. Commenting, the CCO Chair, Filippo Grandi, said the CCO commended the process and appreciated the willingness to consult widely. He looked forward to the report and recommendations of the panel, and the repercussions it would have on the rest of the UN system.

3. UPDATE ON STRATEGIC HUMAN RESOURCES MANAGEMENT ISSUES

54. Gunilla Carlsson, Deputy Executive Director Management and Governance at UNAIDS, presented an overview of recent, key human resources issues and actions.
55. UNAIDS remains committed to having a fit-for-purpose workforce, she said, as described in the five-year Human Resource Strategy. As presented in previous PCB meetings, a Secretariat-wide strategic repositioning was conducted in 2016–2017, with staff functions reprofiled at country, regional and headquarter levels, and streamlining of headquarter structures. Three exercises of separation by mutual agreement made it possible to achieve a 13% reduction in overall staffing "with a human face".
56. Within the context of the organizational strategic realignment, approximately 120 staff were reassigned different functions, mostly through a joint reassignment/mobility exercise. A considerable number of positions was reprofiled, with limited but important changes in key reassignments. A field-to-headquarters ratio of 71:29 has been achieved, which is slightly better than the targeted 70:30 ration. Sixty-four percent of staff are in Fast-Track countries and about one third of professional staff are serving in sub-Saharan Africa. The UNAIDS workforce remains very diverse, with 101 countries represented from across the world. All staff receive quarterly financial and staffing updates including key data on progress in use and deployment of resources.
57. Considerable progress had been made under the first Gender Action Plan, Ms Carlsson said. The percentage of female Country Directors had risen from 27% to 48%. Three quarters of female staff at P4/P5 levels have participated in the Women Leadership Programme and 70 female staff have been formally mentored by more senior colleagues. UNAIDS is the only UN agency to meet or exceed all 15 of the criteria for the UN system-wide Action Plan (UN-SWAP) performance indicators.
58. A new Gender Action Plan 2018-2023 was launched in June 2018, with four main targets. It commits to advancing progress towards a gender-equal organization, further strengthening training and policies (e.g. on diversity and parental leave), providing

regular updates to staff on progress and challenges, and establishing an accountability body made up of staff, the "Challenge Group".

59. Ms Carlsson highlighted that staff are the most essential resource UNAIDS has, hence the importance of staff investment. Steps being taken include staff career support; mandatory all-staff training in ethics, prevention of harassment and human rights; and inclusion in the annual performance cycle of a possibility for staff to comment on their managers' performances. Staff health insurance remains key for the wellbeing of UNAIDS staff. Despite progress, certain health insurance areas continue to require attention.
60. A strong regulatory framework and an enhanced sexual harassment policy will help ensure zero tolerance for harassment. UNAIDS is determined to rebuild trust in its structures and procedures, and to actively address abuse of authority. A number of tools are available to staff, including a confidential integrity hotline set up in December 2017, the Ethics Office, Ombudsman and Staff Counsellor.
61. The Executive Director launched a Five-Point Plan in February 2018 to tackle harassment as a matter of urgency. The Plan features the creation of focal points on harassment, an open-access platform for staff reporting and various forms of awareness building and training to strengthen prevention. It also calls for staff surveys on key issues (complementing the survey managed by the UNAIDS Staff Association) and strengthened performance management of all managers plus 360-degree reporting, starting with the most senior staff (by the end of 2018).
62. The Plan has been expanded into a Five-Point+ Plan, which will promote wider, systemic change. One challenge is to rebuild trust and move from a reactive to a proactive or preventive model.
63. In closing, she said that the ICSC-revised compensation package and revised post adjustment in specific duty stations remain a concern for staff, and UNAIDS is monitoring these issues closely.

4. STATEMENT BY THE REPRESENTATIVE OF THE UNAIDS STAFF ASSOCIATION

64. Lina Nykänen-Rettaroli, Chair of the UNAIDS Staff Association, told the PCB that recent media and public attention on issues of sexual harassment and abuse of authority in the UNAIDS Secretariat had affected staff. While she underlined that UNAIDS could do better to achieve the goal of zero tolerance for harassment, many staff felt that the media coverage did not represent the UNAIDS they know, neither in its strengths nor its shortcomings.
65. A short video was screened showing some of the views shared by almost 200 staff members as input for the PCB meeting on what motivates UNAIDS staff to come to work each day, what makes them proud to work for UNAIDS and what they would like to see change at their workplace.
66. Ms Nykänen-Rettaroli saluted the women everywhere who have spoken out about the harassment, abuse or violence they have experienced. She reminded the meeting that it was because of the courage of these women that change is happening in the world. She

also saluted the 250 UNAIDS female staff who publicly objected to media reporting that had made them feel voiceless and diminished in their integrity and accomplishments.

67. The Staff Association annually collects data on harassment and abuse of authority its staff survey, she said. This data has always prompted action, but it was now clear that more action is needed. She emphasized that to get to the goal of zero incidents of harassment, various actions are required. For one, the organization should have a harassment policy that reflects a standard of excellence. Allegations of misconduct should always be investigated, she said, and disciplinary or other appropriate actions should be taken when a formal investigation has determined that allegations are substantiated.
68. Ms Nykänen-Rettaroli also said that UNAIDS should review and strengthen the investigation and adjudication of harassment complaints. Investigation guidelines and procedures should meet and exceed international best practice. The organization should also guarantee support to complainants to bring their cases. Unless trust is built in the mechanisms, low levels of reporting and perceived impunity will continue, she said.
69. She urged UNAIDS to invest adequate financial and human resources to achieve a strong, safe organizational culture. The Staff Association welcomed the Five-Point Plan and the creation of the Independent Expert Panel. It is important that staff can trust the guarantees of confidentiality in these processes, she said.
70. The Staff Association appreciated the development of a parental leave policy that will allow for four months of leave for all parents. Reiterating concerns about the staff health insurance scheme, she told the meeting that only 28 countries currently have an agreement with the WHO staff health insurance programme and that WHO still lacks a strategy for extending the coverage. In the most staff recent survey, 36 colleagues reported that their health care had been delayed because health care providers did not recognize the WHO health insurance scheme.
71. PCB members thanked the Staff Association for its input and expressed their concern about the number of staff respondents who had reported experiencing harassment or bullying and about their reluctance to report such cases. They stressed that eliminating harassment and discrimination and challenging the abuse of authority are central to UNAIDS' core business and the AIDS response.
72. Speakers urged UNAIDS to uphold the rights of women, introduce processes to ensure zero tolerance of harassment and work towards gender parity, including in leadership roles. Harassment in the workplace must be addressed effectively, swiftly and fairly, and any possibility of impunity must be eliminated. UNAIDS was urged to reduce cases of harassment to zero by 2020.
73. Reaffirming their support for the Joint Programme, members congratulated UNAIDS for instituting processes to ensure zero tolerance for all forms of harassment. Members expressed serious concerns at the levels of harassment consistently reported in the staff survey. They welcomed the Five-Point Plan and the new Gender Action Plan, and expressed full support for the Independent Expert Panel, including its focus on leadership and organizational culture. They requested that a report on the Panel's findings be made available ahead of the next PCB meeting (December 2018) and asked to be kept informed of progress in the Panel's selection and work.

74. Speakers urged management to communicate regularly with staff and PCB members on issues and processes related to harassment and bullying. There was a recommendation that the staff survey be conducted every six months to track progress and establish trend lines. Updates could be included in the annual human resources report to the PCB.
75. Members noted that the past months had been difficult for staff and they acknowledged staff's dedication and efforts to support countries in the AIDS response. Concerns were raised about workplace-related stress, inadequate communication from management and the failure to challenge misleading media coverage. Members noted female staff's rejection of media claims depicting them as "window dressing".
76. There was some concern that funding for the Panel would be sourced from core UBRAF funds. Members expressed the hope that the Panel would meet its deadline and not require additional funding.
77. In reply, Mr Graymore assured the meeting that governance arrangements would ensure the Panel's independence. He reminded that the PCB and the PCB Bureau, not the UNAIDS Secretariat, was constituting the Panel and that an executive search firm had been hired to ensure the professional, objective identification of candidate Panel members and to prevent any conflict of interest. Great care would be taken to ensure all relevant information is accessible to the Panel and that due diligence is performed. Confidentiality will be guaranteed.
78. Gunilla Carlsson, Deputy Executive Director of Management and Governance at UNAIDS, stressed the importance of the Panel's independence and oversight, and reminded the meeting of the importance of the Five-Point Plan.
79. Ms Nykänen-Rettaroli thanked the meeting for the helpful comments and questions. She emphasized that issues of harassment and discrimination go to the core of UNAIDS' business and noted the importance of having survey data to track those issues. Not all workplaces conduct such surveys, she added.
80. Regarding a proposed goal of zero harassment, she suggested that increased formal reporting of cases may also be a sign of progress since it would signal trust in the system and processes. It was worth investigating having bi-annual staff surveys, although "survey fatigue" should be guarded against. The Staff Association was also exploring ways to improve the staff survey and to introduce an "Active Bystander" mechanism and culture.

5. LEADERSHIP IN THE AIDS RESPONSE (postponed)

6. UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK (UBRAF)

81. Ms Gunilla Carlsson, Deputy Executive Director Management and Governance at UNAIDS, introduced this agenda item. She reminded the meeting that the UBRAF is a unique and pioneering business model in the UN system.

82. UNAIDS' financial situation was relatively stable during 2017–2018 due to cost-saving measures and the continued confidence and support shown by key donors. The Joint Programme expected to raise a core budget of US\$ 184 million in 2018. Raising the additional funds to reach a fully funded UBRAF of US\$ 242 million was the shared responsibility of the Secretariat and the Cosponsors, Ms Carlsson said. Joint UN Teams on AIDS in 71 countries had finalized their envelope funding allocations, which had been disbursed in April 2018. The process was running smoothly and was on schedule. The Deputy Executive Director informed the Board on the launch of the UNAIDS Transparency Portal to show transparency in the results of the Joint Programme.

6.1 Performance reporting

83. George Farhat, acting Director for Planning Finance and Accountability, UNAIDS, briefly reviewed the structure of the 2016–2021 UBRAF, which is grouped into eight Strategic Results Area and comprises 20 outputs. He then outlined the main features of the Performance Monitoring Report, which reflects data that are collected through the Joint Programme Monitoring System (JPMS). All six regions of the Joint Programme submitted their reports in the JPMS and 100% reporting levels are consistently achieved.

84. Mr Farhat described the UBRAF implementation review process, which includes internal consultation among the Secretariat and Cosponsors, followed by dialogue between the Secretariat, civil society and other partners. UNAIDS has also launched (in June 2018) a "Transparency Portal", an interactive web-based platform that offers quick access to Joint Programme results and financial information. He concluded by reviewing examples of UBRAF indicator scorecards, organized by Strategic Results Area.

85. Ann Burton, Chief of the Public Health Section, UNHCR, presented a summary of progress made against each of the Strategic Results Areas. She began by reviewing progress made on HIV testing and treatment. Noting that expanded access to treatment had almost halved the number of AIDS-related deaths since 2005, she told the PCB that there were still one million HIV-related deaths in 2016. HIV testing coverage and linkages to treatment and care have to improve. HIV self-testing and partner notification approaches are important opportunities to increase access to testing.

86. The Fast-Track cities initiative continued to grow, with more than 250 cities having signed the Paris Declaration. The provision of HIV services for people affected by humanitarian emergencies had also improved: in 2017, HIV services were available in 82% of the 96 countries where the Joint Programme had a presence. Greater effort was needed, however, to reach internally displaced persons with quality services.

87. There had been major progress towards the elimination of mother-to-child transmission, with 76% of pregnant HIV-positive women receiving effective antiretrovirals in 2016, up from 36% in 2009. The *Start Free Stay Free AIDS Free* framework was building on that momentum, although poor access to early infant diagnosis is a barrier. UNAIDS and its partners launched a global action plan in 2017 to speed up the development of paediatric HIV treatment.

88. Revitalizing HIV prevention was a top priority for UNAIDS, as were efforts to make prevention programmes more responsive to the needs of adolescents and young people, especially girls and young women. The Global HIV Prevention Coalition and the HIV Prevention 2020 Road Map were important recent developments. Twenty-five countries

had adopted the Road Map and developed 100-day Action Plans. In 2017, 91% of Fast-Track countries had supportive adolescent and youth sexual and reproductive health policies.

89. Gender equality remained high on the agenda and new HIV infections had been declining among women. However, women and girls continued to be at great risk of HIV infection. The Joint Programme had developed and piloted tools and guidance to support countries to integrate gender equality in their national HIV strategies and Global Fund Concept Notes. It also supported a variety of national and global efforts to strengthen gender equality and reduce gender-based violence.
90. HIV prevention among key populations was progressing too slowly, Ms Burton said. Service packages existed in a large majority of the 96 countries with a UNAIDS presence, but people who inject drugs were underserved. Punitive laws and widespread violence and discrimination against key populations were big hindrances.
91. Ms Burton said that discrimination against people living or affected by HIV continued to be reported, and progress on this issue was too slow. A little under half of the 96 countries reported acting to address at least one law or policy that hindered HIV services. UNAIDS has focused especially on eliminating discrimination in health-care settings. It launched the Agenda for Zero Discrimination in Health-Care Settings in 2016 to promote evidence-informed interventions.
92. Mobilizing investments and improving efficiency was a high priority during the review period, with UNAIDS supporting country investment cases and resource allocation decisions that prioritize high-impact programmes. It also promoted innovative m-health strategies and helped develop several new tools to improve service efficiency.
93. UNAIDS continued to work to ensure universal access to integrated services, including for HIV, TB, sexual and reproductive health, cervical cancer, harm reduction, and food and nutrition support. Working with partners, it also deepened the integration of HIV in other sectors, including humanitarian responses, education and human rights initiatives.
94. Almost two thirds (63%) of the 96 countries (23 of them Fast-Track countries) were delivering integrated, one-stop services for multiple interventions such as HIV, sexual and reproductive health, and gender-based violence services; HIV and TB; and HIV and antenatal care. Ms Burton emphasized that integration was key for the SDG 2030 agenda. Safety nets and livelihood interventions were available to people affected by HIV in a little over half of the 96 countries.
95. In closing, Ms Burton said the AIDS response faced several cross-cutting challenges. Space for civil society advocacy and action was shrinking. Gaps in the disaggregation of data were affecting programming (especially in relation to key populations). An emphasis on biomedical approaches and pressures to report quantifiable results were detracting attention from social and structural barriers in some countries. Social and cultural changes take time, and while quick wins are important, long-term change is essential to sustain and extend the progress that is being achieved.
96. Deborah von Zinkernagel, Director of the Community Mobilization, Social Justice and Inclusion Department at UNAIDS, reported on recent key achievements of the Secretariat, including its leading role in the Joint Programme's advocacy and

communication activities. The 2016 Political Declaration on Ending AIDS, endorsed by the UN General Assembly, was a major milestone. Also important was the convening of a Global Review Panel to recommend steps for strengthening the Joint Programme model. An Action Plan, based on those recommendations, is being implemented worldwide.

97. The Secretariat continued to lead the strategic repositioning of HIV in the global public health and sustainable development agendas. It participated actively in the UN Reform deliberations and in the HIV segment of the Human Rights Council Social Forum, for example. It continued its multifaceted efforts to place human rights at the centre of the AIDS response.
98. Regarding partnerships, mobilization and innovation, Ms von Zinkernagel told the meeting that during the 2016–2017 biennium, US\$ 357 million was mobilized towards the approved budget of US\$ 485 million (US\$ 180 million in 2016, and US\$ 177 million in 2017). This represented 74% of the approved 2016–2017 core budget. Total UBRAF core expenditure and encumbrances for that period came to US\$ 356 million.
99. In line with the 2016 Political Declaration's commitments to strengthen support for civil society, the Secretariat in 2016–2017 allocated US\$ 4.4 million in core funds and US\$ 28 million in non-core funds to support civil society.
100. Partnerships with the Global Fund and PEPFAR remained crucial and UNAIDS devotes a great deal of effort to provide data, analysis and guidance that can boost the impact of funding from those partners.
101. The Secretariat supported more than half of the 2017–2019 cycle of Global Fund country applications, which facilitated access to grants worth about US\$ 2.5 billion for HIV and TB programmes. It supported the development of 14 new national strategic plans and investment cases, 17 countries' concept notes, and strengthened capacities for grants management for 27 recipients. A total of 52 countries implemented investment frameworks with UNAIDS support. Innovations such as the AIDS "situation rooms" in eastern Africa were also being used to finetune decision-making.
102. UNAIDS continued to be the authoritative source of strategic information for shaping policy decisions and programme implementation in the AIDS response. During the period under review, flagship information products included the *Do no harm*, the *Prevention gap* and the *Life cycle* reports in 2016, and the *Ending AIDS*, *Confronting discrimination* and *Blind spot* reports in 2017. Special economic and epidemiological analyses were also produced along with other important publications.
103. UNAIDS performed key coordinating and convening roles for AIDS responses in all regions, with a great deal of that work focused on country implementation support.
104. The Global AIDS Monitoring system was consolidated further, with 174 Member States (90%) reporting data in 2017. UNAIDS trained over 500 country-based individuals in the use of epidemic estimation and projection software, and it developed a novel model to generate district-level age- and sex-specific HIV estimates for 10 high-burden countries.
105. The Health Situation Room visualization tool was being used in eight countries (Kenya, Cote d'Ivoire, Lesotho, Mozambique, Namibia, Uganda, Zambia and Zimbabwe). It

collects real-time data at sub-national level to focus human and financial resources on the geographic locations and populations in greatest need.

106. Rollout of the refined operating model led to important changes, including the setting of prioritized country targets as corporate deliverables, implementation of the revised resource allocation model, adoption of an integrated approach (e.g. country capacity assessments, Joint UN Plans, country envelopes), and greater accountability.
107. By the end of 2017, 97 Joint UN Teams on AIDS were implementing the integrated approach, 71 Joint Teams were working to utilize the US\$ 22 million in core UBRAF allocations to countries (known as the country envelopes), and regional Joint UN Teams were providing quality assurance and country support mechanisms.
108. The Secretariat became International Aid Transparency Initiative (IATI) compliant in 2016. Both IATI and UBRAF-related programme and financial data are now available online. The Secretariat strengthened its risk management and accountability procedures, including by enhancing its internal control framework.

6.2 Financial reporting

109. Turning to the financial report, Mr Farhat told the PCB that UNAIDS had received an unmodified, clean audit opinion and that all recommendations from 2017 had been implemented.
110. The financial situation since 2016 has been stable but tight, he said. Steps taken by the Secretariat ensured that income and expenditures were aligned. A core income of US\$ 177 million was mobilized in 2017, compared to US\$ 180 million in 2016 and US\$ 201 million in 2015. Total core expenditures (expenses and encumbrances) amounted to US\$ 175 million (compared to US\$ 184 million in 2016).
111. Initiatives and measures put in place to reduce costs and increase cost-effectiveness and efficiency (mostly against staff costs) enabled the Secretariat to reduce core expenditures from US\$ 155 million in 2016 to US\$ 132 million in 2017. The net fund balance in 2017 was US\$ 2 million more than in 2016. However, at US\$ 82 million in 2017, the fund balance was still below the minimum approved level set by the PCB (US\$ 107 million).
112. Major funding developments included Germany doubling its contribution compared to 2015 (to almost US\$ 5.7 million), along with increased contributions from Sweden (to US\$ 30.5 million) and Luxembourg (to US\$ 4.9 million), while Côte d'Ivoire became a major donor with a US\$ 1.1 million contribution.
113. UNAIDS entered the first year of the 2018–2019 biennium with a revised approved annual core budget of US\$ 184 million: US\$ 140 million for the Secretariat and US\$ 44 million for the Cosponsors. The latter amount comprised US\$ 22 million split among the 11 Cosponsors and US\$ 22 million going to Cosponsors at country level in the form of country envelopes.
114. At end-May 2018, a total of US\$ 100 million had been mobilized; the projected resource outlook was US\$ 184 million. This meant that US\$ 58 million was needed to fully fund the UBRAF budget to its PCB-approved level of US\$ 242 million. At May 2018,

expenditures amounted to US\$ 96 million, representing the US\$ 44 million transferred to Cosponsors and Secretariat core expenditure and encumbrances of US\$ 52 million.

115. Mr Farhat outlined key recommendations from the external audit review. They included enhanced policies and procedures related to direct financial contributions and strengthened monitoring mechanisms; strengthened management of travel claims; strengthened procedures for consultancies; and enhanced internal control self-assessments.
116. Key recommendations from the 2017 internal audit included stronger internal coordination between headquarters, regional support teams and country offices; completion of recruitment for key positions; enhanced compliance with procurement policies and procedures; and regular review of user access rights to the ERP Management System.
117. The audit highlighted several good practices, including UNAIDS' resource mobilization strategy; strong relationships with governments; a contract database that captures key data for monitoring contracts; proactive monitoring of workplan implementation; and country technical support that led to cost savings in procurement of antiretroviral medications.
118. Members welcomed the reports but noted that the volume of information presented was excessive, making it difficult to acquire a clear picture of overall performance. Several members cautioned against appraising progress on the basis of aggregated data and trends, which can hide the lack of progress in some countries and populations.
119. A balance is needed between providing accurate, detailed reporting to the PCB and providing a concise synthesis of achievements and challenges. Data visuals and tables could be used more extensively, more analysis is needed of the causes of under-performance, and links between investments and results can be presented more clearly. Future reports should include an introductory analysis and summary, and should focus on essentials.
120. Several programmatic challenges were highlighted, including the slow progress in reducing new infections in young people, especially adolescent girls and young women, and the lack of progress in relation to key populations. Progress towards the elimination of mother-to-child transmission also appears to be slowing. Despite the Catch-up Plan for western and central Africa, there has been very little change in that region in the past two years. The lack of progress in eastern Europe and central Asia was also a serious concern.
121. Countries were urged to live up to their commitments. Speakers noted that only one third of countries had measures to reduce stigma and discrimination in health-care settings, 40% had targeted combination prevention programmes in place, 23% countries had financial sustainability strategies and 60% had a functioning Joint Team.
122. Cosponsors said that funding cuts were having an impact on their HIV activities. They reminded the meeting that the AIDS response was being assessed against targets set when greater resources were available, particularly in the UBRAF. Other obstacles encountered by Cosponsors at country level included weakening political commitment and a retreat on human rights.

123. Members requested updates on how those and other key gaps are being addressed. The USA in particular emphasized that donor contributions depended on demonstrable progress towards the 90–90–90 targets.
124. Members congratulated UNAIDS on its clean audit and on implementing the auditor's recommendations. They noted the relatively stable financial situation of UNAIDS and welcomed the cost savings that had been achieved. However, they stressed the need for concrete steps to strengthen sustainability and called for an even stronger partnership with the Global Fund. Innovative financing options, including with private foundations and individuals, should be explored.
125. Members called for increased contributions to UNAIDS, stronger focus on resource mobilization and additional information on how Cosponsors use their core funding allocations.
126. Speakers noted that the country envelop system was working well. In Latin America, for example, even small contributions were having a catalytic impact. However, civil society delegations expressed their concern that less money was being invested in community mobilization and strengthening civil society organizations.
127. Members welcomed implementation of the new resource mobilization plan and said they looked forward to an update on the "investment book". They also requested additional information on how the shift of UBRAF allocations to countries was affecting activities.
128. There were calls for further price reductions for antiretrovirals so countries could expand access to treatment. Pooled purchasing of HIV commodities by countries should be used more widely to reduce prices. The pharmaceutical industry was urged to do more to ensure that effective, well-tolerated antiretroviral options are available to children.
129. HIV prevention was highlighted as a major concern. Members applauded the convening of the Global Prevention Coalition while underlining the need to bring key populations into the picture and to tackle structural factors more effectively. The lack of political will and funding to address the epidemic among people who use drugs was emphasized.
130. The Chair summarized the main points made during the session. She emphasized the need for greater clarity, focus and disaggregation of results and noted the concerns about areas where progress was lagging.
131. Mr Sidibé welcomed the discussion, including the strong comments from the USA and other members. In the era of the SDGs and UN reform, the Joint Programme has to transform the way it works. In addition to leading global advocacy, it has to be a catalytic force for change "on the ground". UNAIDS has ample experience in doing so, he said. When strong, well-focused Joint Teams operate at country level and their efforts are properly linked, progress follows—as shown in Belarus, eSwatini, Malawi and many other countries. The country envelope concept had emerged from UNAIDS' experience in countries, which had showed the value of leveraging existing resources for mobilizing communities and national partners.
132. He agreed that aggregated data should not hide disparities in AIDS responses and reminded the meeting that UNAIDS and the USA had joined forces several years earlier

to launch the "population-location" approach. AIDS "situation rooms" being set up in Africa exemplified the use of up-to-date, granular data for localized and focused interventions.

133. Regarding key populations, Mr Sidibé said UNAIDS had pointedly launched the 2016 *Gap report* at the same time as the 90–90–90 targets to highlight the fact that those targets could not be reached if certain populations continued to be left behind.
134. In his reply, Mr Farhat acknowledged that the performance monitoring reporting had become voluminous, but reminded the meeting that this was in response to previous requests from the Board for more detailed information. The UNAIDS Secretariat would work with Cosponsors and partners to address the issues raised. He assured the meeting that the 2019 report would have an executive summary and updated indicators, with detailed indicators confined to annexes. The aim would be a 20–30-page report that presents core information and analysis.
135. Mr Farhat said that the additional contributions received in 2018 were helping UNAIDS move to a fully funded UBRAF but that the financial situation remained tight. He acknowledged the calls for improved performance reporting and the need to make the money work as effectively as possible for communities and countries.

6.3. Report on progress in the implementation of the Joint Programme Action Plan

136. Mr Rehnstrom told the PCB that implementation of the Plan was proceeding well. Fund raising had intensified in line with the revised operating model and the new resource allocation model.
137. Of the core budget of US\$ 184 million approved by the PCB, the Secretariat's share was US\$ 140 million and the Cosponsors' share was US\$ 44 million. In addition, of the supplemental budget of US\$ 58 million, the Secretariat was allocated US\$ 15 million and the Cosponsors US\$ 43 million.
138. The catalytic funding bundled into country envelopes represented about 12% of the core budget. Funding priorities were agreed at country level and reviewed at the regional and global levels, which had resulted in a dynamic and differentiated resource allocation model.
139. The Strategic Resource Mobilization Plan approved at the 41st PCB meeting in December 2017 has three pillars: enhance government donor funding, expand private sector funding and leverage other partnerships and innovative financing.
140. The investment book is a potentially valuable new tool and is aimed at raising resources additional to core contributions. It will include a menu of HIV investment opportunities and is being integrated into outreach to the private sector and wealthy individuals.
141. Mr Rehnstrom outlined key elements of the revised operating model and actions taken to strengthen country-level work. Improvements were focused around capacity assessments (done in 97 countries); joint UN plans on AIDS covering UN support for 2018–2019 (in 97 countries); and country envelopes, which involve results-based release of funds linked to milestones and deliverables (in 71 countries).

142. A review of the Joint Programme Action Plan implementation was carried out relatively early to identify and remedy issues requiring attention as quickly as possible. Almost 200 representatives from the UN system and national and international partners provided inputs through interviews, an online survey was conducted (371 responses) and case studies were carried out in Belarus, Côte d'Ivoire, India, Iran (Islamic Republic of), Peru and Zambia.
143. The review revealed a strong sense that the Action Plan was intensifying country-level collaboration between Cosponsors (as part of the UNDAFs), increasing ownership, focusing the targeting of resources and promoting transparency and accountability.
144. The main challenges included shrinking financial resources and limited human resources. Respondents also felt there was too little time in 2017 for a thorough review of the joint plans. Capacity building tools and guidance (especially for gender equality and human rights) were needed at country level. Consultation with stakeholders could be widened to further strengthen joint ownership and accountability.
145. Mr Riku Lehtovuori, Adviser Monitoring & Evaluation and UNODC Focal Point HIV/AIDS, who spoke on behalf of the Cosponsors, said that the country envelopes were revitalizing their work at country level. However, there were questions about the sustainability of the envelopes and the limited flexibility they offer for rapidly responding to emerging issues. He reminded that the envelopes are being used in the context of significant reductions in funding and warned of a risk that structural interventions might be deprioritized. Cosponsors stressed the importance of ongoing and predictable core funding.
146. Since the amount set aside for country envelopes was a small portion of the Joint Programme's core budget, it was suggested that future evaluations and reviews should consider the wider picture of the Joint Programme. There were some concerns that the review of the Joint Programme Action Plan implementation had been done too soon to properly assess impact and effectiveness (envelope funds had only been disbursed to countries in April 2018). Results would become clearer towards the end of the biennium.
147. Mr Lehtovuori told the PCB that the revised Division of Labour had been agreed to early in 2018. It builds on the 2010 Division of Labour, is aligned with the SDGs and the UNAIDS 2016–2021 Strategy, and takes account of the reduction in available resources.
148. The new Division of Labour is more concise and includes two new areas: HIV and Universal Health Coverage, TB/HIV, other comorbidities, and nutrition; decentralization and integration of sexual and reproductive health and rights and HIV services. In 'HIV prevention among key populations', migrants have been added. Reducing sexual transmission of HIV is embedded across all the areas.
149. UNAIDS is strengthening its governance in support of UN reform, Mr Rehnstrom told the meeting. It embraces UN reform and is accelerating implementation of the Action Plan. Although overall effectiveness could perhaps be enhanced through further delegation to the country level, the success of the new model would ultimately depend on intensified resource mobilization by both the Secretariat and Cosponsors at all levels.
150. Members thanked the Secretariat for a comprehensive report and commended it for dealing incisively with challenging circumstances. They welcomed the country envelope approach and its integration into the joint UN planning process. Referring to the reduced

funding for Cosponsors, members asked whether Cosponsors were filling any shortfalls with their own resources or whether it meant that implementation was at risk.

151. Members said they would welcome a review of financial relations between the Joint Programme and the Global Fund, including gaps and opportunities to strengthen collaboration. There was support for regular, formal exchanges between the respective chairs of the Global Fund and UNAIDS Boards.
152. There was also support for the repositioning of the UN Development System and the transition to a new generation of UN Country Teams. Speakers felt that the Action Plan adopted by the PCB fits well with the repositioning of the UN Development System and seemed to serve country needs well. Members shared examples of aligning the Joint Plans with UNDAFs in specific countries and of the consultative processes that are followed.
153. UNAIDS' efforts to conduct country capacity assessments in more than 90 countries were applauded. Those assessments are important for ensuring that resources are allocated in line with country needs. A similar approach to resource allocation across the entire Joint Programme might be considered.
154. Members thanked UNAIDS for providing technical support, especially to improve gender equality. Countries were urged to invest more in strengthening the protection of human rights and ending stigma and discrimination. UNAIDS was asked to develop guidelines and strategies with NGOs and civil society to ensure that the most affected populations are factored into country action plans. Speakers reminded the meeting that the principle "nothing about us without us" still applied.
155. The Secretariat was asked to provide information about the mid-term evaluation of the UBRAF and how it planned to engage with the PCB on the process.
156. Cosponsors said they were requesting their respective agencies to invest more resources and realign work areas. However, core staff, especially at country level, had been reduced. It was too early to gauge the impact of the changes. Responding to a suggestion that joint fundraising might be advisable, Cosponsors cautioned that this could lead to dispersed, project-based approaches as agencies "chased the money".
157. In his reply, Mr Rehnstrom acknowledged the call for strong engagement with civil society and noted that UNAIDS has a long tradition of multistakeholder consultations, which also provide a model for engaging the PCB on the mid-term evaluation of the UBRAF. As far as the country envelopes were concerned, fund management arrangements would need to be examined more closely, he said. Whatever option is chosen, accountability would have to be ensured. He noted that accounting should not be conflated with accountability and agreed that it would be good to consult the PCB on reporting to ensure that the reporting meets the expectations of the Board.

7. REPORT ON FEASIBLE WAYS TO MONITOR THE ACHIEVEMENT OF THE FINANCIAL-RELATED TARGETS OF THE 2016 POLITICAL DECLARATION

158. Tim Martineau, a.i Deputy Executive Director for Programmes, UNAIDS, reviewed the frameworks and tools for monitoring financing flows and expenditures. He described the

sources of the UNAIDS data, e.g. from the OECD/DAC, collaboration with the Kaiser Family Foundation and reporting of in-country expenditures.

159. Mr Martineau noted that in-country resource tracking should be done for the benefit of country programmes, with global reporting an important by-product. Countries tend to choose methodologies that appear to be less burdensome, even though they provide data that are less detailed and useful. National AIDS Spending Assessments (NASA) are key data sources that provide detailed information.
160. Current data show steady increases overall in domestic funding, though the trends differ widely between regions. Expenditure on prevention varies, rightfully, by the type of epidemic and the cost structure in each country; the global average is about 25%, but the country targets vary widely from 7% to 70%.
161. Countries with full NASAs can capture the various types of social enablers that are being funded. However, reporting on social enabler funding is still sporadic, making it difficult to assess whether the 6% funding level for social enablers at the global level is being reached.
162. Key issues include the need for countries to regularly develop NASAs as in-depth HIV resource tracking to facilitate efficiency and gap analyses in addition to the measurement of the financing flows and expenditures. That would require strengthening technical assistance and quality assurance. International expenditure tracking systems could be of greater use to countries if they are coordinated better.
163. The meeting heard a presentation on Mozambique's resource tracking system, which uses periodic NASAs (every four years) and intermediate estimates based on budget analysis and public expenditure reviews to monitor AIDS financial resources; the system of health accounts can be completed for the HIV expenditure using information from NASA.
164. Joaquim Ramalho Durão, a national senior consultant who has been involved since Mozambique's first NASA in 2005, said that various reasons (including cost concerns and availability of other institutional data sources) led to NASAs being done every four years, as recommended by UNAIDS, for in-depth HIV resource tracking. In the alternate years, a Monitoring of AIDS Financial Resources (MARF) process is conducted. He told the meeting that budget analyses can be done relatively quickly but yield little useful information. Health accounts are good data sources but they focus only on the health sector and are time-consuming. NASAs provide detailed programme information from different sectors, but also take time.
165. The NASA in Mozambique now constitutes a large database. It draws on data that are disaggregated by province, as well as on expenditure data from the US Government. It shows that most HIV funding in Mozambique goes to treatment care, with only 9% going to prevention (data are for 2014). Civil society organizations received about 3.6% of all funds as financing agents, although they received a larger proportion (36%) when acting as service providers. Civil society organizations, acting as financing agents, managed 58% of Global Fund money (mostly for prevention) and 40% of funding from the US Government (mostly for treatment and care programmes). There was a rise in funding for social protection and enabling environment actions from 2010 to 2014, with most of the

funds coming via bilateral aid. It was difficult to arrive at an accurate picture of the exact activities, however.

166. It was possible to identify cost drivers and efficiency factors. For example, the evolution of unit costs in each of the provinces for care and treatment shows clearly how economics of scale have driven unit costs lower. However, antiretrovirals remain the costliest item by far, highlighting the need to keep reducing their prices if treatment programmes are to be sustainable. NASAs also enable national programmes to compare actual with projected costs to identify where cost savings are needed.
167. Members welcomed the presentations and thanked UNAIDS for its important work in tracking the availability and flows of funding. They commended efforts to improve efficiencies in the AIDS response, while stressing the need to close funding gaps in order to reach the agreed goals and targets.
168. While applauding increases in domestic funding, members noted that international funding continued to be vital and that a limited number of countries were providing such support. The "flatlining" of donor funding was a major concern. Greater effort was urged for the integration of HIV funding into national health budgets. A need for data on out-of-pocket spending was highlighted.
169. In reply, Mr Martineau agreed that the funding gap was a concern and that the risks of missing the overall HIV funding target should be publicized strongly. Geographic variation in expenditure and resourcing was another major issue deserving greater attention. Commenting on the gaps in the availability of funding data, he said official data had been received from the Russian Federation, which would enable more comprehensive reporting for eastern Europe and central Asia.
170. Regarding primary prevention, he reminded the Board that the 25% target is a global average for low- and middle-income countries and that country-level allocations should reflect a balanced response that fits their respective epidemics.

8. FOLLOW-UP TO THE THEMATIC SEGMENT FROM THE 41ST PROGRAMME COORDINATING BOARD MEETING

171. Ms Luisa Cabal, Director of Human Rights and Gender Division at UNAIDS, reminded the meeting that the thematic segment had focused on ending discrimination in health-care settings. Presentations and discussions had included empirical evidence and personal accounts of ongoing discrimination, accounts of successful interventions and proposed actions for ending discrimination in health-care settings and beyond. During the session, a sketch artist had produced cartoon sketches depicting key issues and themes.
172. She said the evidence showed that discrimination remained a major stumbling block along the entire prevention, testing and treatment continuum. For example, in some countries more than 40% of transgender persons reported avoiding health-care facilities due to fear of stigma and discrimination. Those fears also hindered pregnant women living with HIV from accessing and adhering to HIV treatment. Studies showed that people living with HIV who perceived high HIV stigma were about 2.4 times more likely to present late for HIV care. Women living with HIV, members of various key

populations, young people and health-care providers had presented powerful personal testimonies and insisted that discrimination in health-care settings could be eliminated.

173. There is growing evidence of interventions that can promote stigma and discrimination-free health care, including rights-sensitive curricula for health-care workers that reflect the needs and experiences of key populations, as well as legal and policy reforms. Speakers agreed that monitoring can inform effective actions and that interventions can be scaled up if they are incorporated into existing systems. Several good practices were discussed in detail. They included ensuring that both users and providers of health services know their rights and responsibilities, setting up mechanisms for accountability and redress, using human rights institutions and the courts, and mobilizing greater political will and multisectoral actions. In addition, health-care workers' rights must be respected so that they can uphold people's human rights. Greater understanding of patients' realities and needs is an important part of the solution.
174. There was strong support for a global compact to eliminate stigma and discrimination in health-care settings. Civil society has been pushing for stronger actions to transform country commitments into measurable policy changes and programmatic interventions. UNAIDS, UNDP, UN Women and GNP+ have committed to convene such a compact.
175. Three themes were emphasized: turning political commitments into linked-up actions; accelerating implementation and scaling up programmes that work; and ensuring accountability by collecting and sharing data to inform policy and programme implementation and to show measurable progress.
176. In his remarks, Mr Sidibé reiterated UNAIDS' commitment to end discrimination in health-care settings.

9. ANY OTHER BUSINESS

177. No other business was brought before the Board.

10. THEMATIC SEGMENT: ENDING TUBERCULOSIS AND AIDS—A JOINT RESPONSE IN THE ERA OF THE SUSTAINABLE DEVELOPMENT GOALS

178. The PCB chair, Ms Wechsberg, introduced the thematic segment by stressing the need for greater cooperation between the TB and HIV communities to achieve the short-term goal of a 75% reduction in TB deaths among people living with HIV by 2020 and for dealing more effectively with the structural drivers of the two diseases.
179. The moderator, Vinay Saldanha, Director of the UNAIDS Regional Support Team for eastern Europe and central Asia, outlined the agenda and process of the thematic segment, and reminded that the SDG 3.3 target called for ending the AIDS and TB epidemics by 2030.
180. Mona Balani of the National Coalition of People living with HIV in India recounted the experiences of people living with TB and/or HIV, including herself and her family. It made sense to tackle the two epidemics together, she said, adding that a high-level national commission was joining up the two responses in India. Specific challenges included repeatedly screening people living with HIV for TB and closely monitoring adherence to TB treatment (each year about 37 000 people living with HIV drop out of TB treatment).

She appealed for increased investment in community organizations (which are key to treatment programmes) and for improved drug supply management systems.

181. Dan Namarika, Secretary for Health, Malawi, described the HIV/TB epidemics in his county, where 29 000 people developed TB in 2016, 15 000 of whom were also living with HIV. Health is a central pillar in Malawi's new Growth and Development Strategy, and HIV and TB are included in Malawi's essential health package. The TB and HIV departments work together, present joint Global Fund grant proposals and jointly collect data, draft plans and develop guidelines. A range of partnerships are in place, including with neighbouring countries, the Africa CDC, private sector and traditional healers.
182. The public sector provides HIV and TB services at the same facilities, as part of a one-stop-shop approach. District-level TB/HIV coordinators are linked with community-based health surveillance workers who monitor local HIV and TB cases and refer them to health facilities when necessary. Mobile health vans provide integrated TB and HIV services in areas with high TB and HIV prevalence.
183. TB screening coverage among people living with HIV in Malawi was 98% in 2017, 85% of presumptive TB cases were screened for HIV, community referrals increased, and the rate of HIV among TB patients was reduced from over 70% in 2008 to 49% in 2017. Overall, TB incidence has declined by 40% in the past 4 years and there has been a steady decline in TB mortality. Malawi is showing that integrated TB and HIV services can be implemented at scale and vulnerable populations can be reached with services.
184. Mr Sidibé noted the timeliness of the thematic segment three months ahead of the first UN High-Level Meeting on TB. He reminded the meeting that people living with HIV are 20–30 times more likely to contract TB and that TB remains the leading cause of hospitalization and death among people living with HIV. Yet almost 60% of TB cases among people living with HIV are not diagnosed and treated.
185. TB and HIV are two sides of the same coin, Mr Sidibé said, with accelerated action needed on both fronts. He singled out five immediate priorities:
 - The forthcoming High-Level Meeting on TB should not be a technical debate; it is a political process, as the HIV High-Level Meetings have shown.
 - Integration is crucial. There should be zero tolerance for parallel approaches. This should be a major objective of the High-Level Meeting.
 - Community-based approaches are essential, along with family-based care, which requires greater investment in community capacities.
 - Solid data and strategic information are vital. Greater investment is needed to fill the remaining data gaps; and
 - Improved, affordable access to rapid and reliable diagnostic tools must be ensured.
186. Tereza Kasaeva, Director of the Global Tuberculosis Programme, WHO, reminded that TB was both preventable and curable. Although TB and HIV programmes have saved more than six million lives since 2005, neither TB nor HIV incidence was declining quickly enough to achieve the global targets. She summarized trend data for the two epidemics and responses, stressing that the situation varies greatly between regions and that disease surveillance systems are still weak in some countries with high burdens of disease. The High-Level Meeting on TB was an important opportunity to jump-start

improvements, including deeper integration of the two programmes, closer engagement with civil society and increased investments, including in research and innovation. Only two new TB drugs had been introduced in the past 40 years, she told the meeting.

187. Lucica Ditiu, Executive Director of the Stop TB Partnership, said countries had policies to expand preventive therapy but are not implementing them at scale. Fewer than one million people received TB preventive therapy in 2016 in the 72 countries reporting the data. She reminded the meeting that 90–90–90 targets exist for TB: 90% people with TB should be diagnosed, 90% of key populations should be reached with services, and 90% of cases of TB disease and infection should be successfully treated. In 2016, only 6.4 million of the 10.4 million people who developed TB disease received treatment and only 50% of them were successfully treated.
188. Poor diagnostic tools and an overall lack of urgency around TB were the main culprits. GeneXpert diagnostics were not widely available at point of care and current TB treatment was lengthy, difficult to adhere to and not effective enough. TB programmes tended to be highly medicalized and technical, and seldom had access to the upper tiers of political power.
189. Collaborative TB/HIV activities have been promoted as WHO policy since 2004 but have not been scaled up sufficiently. An estimated 1 million people who developed TB in 2016 (10%) were also HIV-positive, but only 46% of them were diagnosed and treated for TB and only 39% also received ART. Yet when people living with HIV-associated TB did receive treatment for HIV and TB the success rates were quite high: 78% globally for HIV-positive TB on first-line TB treatment in 2016.
190. HIV programmes can offer TB services (screening, prevention and treatment) to all people living with HIV—and should do so. Civil society and communities must become better at demanding joined-up TB/HIV services. Ms Ditiu described encouraging recent developments, including closer engagements with HIV programmes to promote people-centered approaches and integration in countries such as Cambodia, Pakistan, Tajikistan and the United Republic of Tanzania.
191. Important opportunities include the TB High-Level Meeting and the "Find. Treat. All" initiative of WHO, the Stop TB Partnership, the Global Fund and other partners to have 40 million people on TB treatment by 2022. Ms Ditiu concluded by outlining key next steps:
 - Improve demand for TB services for people living with HIV;
 - Accelerate uptake of TB preventive therapy for people living with HIV;
 - Increase the allocation and use of funds within HIV budgets for TB services for people living with HIV;
 - Jointly ensure the TB/HIV response is equitable, rights-based and people-centered;
 - Change mindsets and empower national and local stakeholders for a joint response; and
 - Strengthen accountability at all levels.
192. During discussion, speakers described experiences and lessons from their countries, including the introduction of TB/HIV services in some prisons (Russian Federation) and the inclusion of TB and HIV services in national health insurance schemes (Indonesia).

193. Dimitry Pinevich, First Deputy Minister for Health in Belarus, said his country was making progress against TB but that multidrug-resistant TB was a major challenge, along with diagnosing patients. Increased resources were needed but greater efficiency was also possible: for example, Belarus was making savings through centralized procurement of medicines. Nongovernmental organizations are central to the country's response and social protection packages (including transport subsidies) were available to support treatment adherence.
194. Evaline Kibuchi, African Regional Director of the Global TB Caucus, emphasized that politicians have major roles to play. An example is the Global Parliamentary TB Caucus, which was created in 2014 and now includes about 2,000 members of parliament from around the world. In Kenya, members of Parliament were challenging discriminatory laws and policy directives and promoting the expansion of joint TB and HIV services.
195. Ambassador Deborah Birx, U.S. Global AIDS Coordinator and U.S. Special Representative for Global Health Diplomacy, said high TB mortality among people living with HIV reflected the collective failure of HIV programme managers. The TB response, for example, lacked a data tool as reliable as the Spectrum model which UNAIDS developed for HIV. While there was wide recognition of the need to integrate HIV into the wider health system, a separate TB programme model persisted. Ms Birx also questioned the "paternalistic" DOTS model of treatment adherence in TB programmes. She told the meeting that PEPFAR screened 50–70% of HIV patients for TB and was developing new indicators and guidelines for preventive TB therapy, along with cascades to pinpoint problems. She stressed that the improvements needed to take key populations into account.
196. Speakers saw the High-Level Meeting on TB as a unique opportunity to re-energize the TB and HIV responses. They felt that a narrow focus on a small set of collaborative TB/HIV activities has obscured building broader linkages around political support, the design of services and use of community-based approaches in the two responses.
197. There were strong concerns about high TB incidence among marginalized populations. Speakers also urged that TB in children be addressed in the context of child health programmes, including malnutrition services. They called for an accurate and easy-to-use diagnostic test for young children and for a specific target for paediatric diagnosis and treatment for TB. About 10% of new TB cases in 2016 were in children, yet only 3% of research and development funding for TB focuses on paediatric technologies.
198. In reply, Ms Ditiu said that the current global TB strategy adopts a people-centred approach and has moved beyond the DOTS approach. Despite the constraints, TB programmes have saved 53 million lives since 2000. Improved technologies, stronger political will and greater investments could achieve miracles in the TB response, she said.
199. Professor Charlotte Watts, Chief Scientific Adviser at the Department for International Development, United Kingdom, told the meeting that success against TB required changing the structural factors that allowed the epidemic to thrive. Even the best medicines and diagnostics would not suffice. Historically countries have made inroads against TB even before effective biomedical tools were introduced, by improving living

conditions and combatting poverty. Social welfare is a powerful tool against the epidemic, she said.

200. In a good practice example in Lima, Peru, for example, the addition of cash, support and community interventions led to a range of improved outcomes for both HIV and TB (including testing, treatment and preventive therapy access for children) and it addressed some equity issues. In South Africa's Eastern Cape province, a "cash plus care" approach and improved clinic support led to improved HIV treatment adherence and retention and reduced the risk of TB mortality. Each additional form of social support cumulatively improved outcomes.
201. Professor Watts said the impact of biomedical interventions is greatest when they were supported by structural interventions that tackle poverty, poor living and working conditions, pollution etc. HIV and TB programmes should be integrated—and they in turn should be integrated with the other health SDGs, and across the rest of the SDGs.
202. Dmytro Sherembei, Head of the Coordination Council of the All Ukrainian Network of People living with HIV, shared his experiences as a person living with HIV, TB and hepatitis C infection. He was alive, he said, because he had access to testing and treatment services. Yet millions of people never make it onto that "bridge of life". He insisted that sufficient resources existed to expand treatment to all. Despite its many challenges, Ukraine had chosen to provide the necessary resources; other countries should do the same.
203. Lynette Mabote, Regional Programmes Lead at the AIDS Rights Alliance for Southern Africa, told the meeting that HIV and TB services were still not genuinely free. Access to services typically involved some kind of expense (e.g. transport, loss of wages, service fees etc.). Countries still had weak health systems and disjointed programmes that stemmed from the debts and loans they carry. She called for more homegrown solutions, saying countries of the global South should not rely entirely on donors and outside support.
204. A representative from the Global Fund said it requires countries with a high TB/HIV burden to develop single funding requests, which more than 40 countries have done since 2013. However, the initial momentum was not sustained everywhere. The Global Fund was using catalytic funding to increase the diagnosis of people living with TB and/or HIV and to address gender and human rights barriers.
205. Speakers agreed that integration should be pursued across three dimensions: HIV and TB, SDG3 and the entirety of the SDGs. Calls for upgrading the TB response should reach politicians and should penetrate beyond health ministries. Financing is key. Domestic and innovative financing is important but international financing is still needed. Speakers also highlighted the burden of TB and other health threats among indigenous peoples and urged that they be assured the highest standard of health. Professor Watts reiterated that TB is essentially a disease of poverty and marginalization. The TB response therefore must also be political, social and economic. That requires strong, compelling messages and advocacy that can gain buy-in from powerful ministries (including the finance ministry).

206. Eric Goosby, the UN Special Envoy on Tuberculosis, reminded the meeting that existing treatment is 87% effective for drug-sensitive TB within 6 months of treatment. The world also has procurement and delivery systems capable of bringing those drugs to the people who need them. What is lacking are adequate resources, ensuring they are used as effectively as possible, and monitoring the outcomes. More research and development is also needed, including for diagnostics to identify TB cases among children. He added that essential services are still not entirely free; the epidemic response must compensate for that fact.
207. Greater investment in communities is vital, as is a more holistic and integrated appreciation of people's health-related needs and the health system's response to those needs. The High-Level Meeting is a big opportunity to validate the unfinished work around TB and it should be used to "pivot" to the upcoming global engagements around noncommunicable diseases and on Universal Health Coverage.
208. Chieko Ikeda, Senior Assistant Minister for Global Health, Japan, said that tackling TB is a political choice. TB had been the leading cause of death in Japan in the 1950s, when the country was in relatively early stages of economic development. Leaders took the political decision to allocate substantial resources for TB control, a decision that became the starting point for Universal Health Coverage in Japan.
209. Tim Martineau, Deputy Executive Director for Programmes at UNAIDS, said the Joint Programme was working hard to help achieve a strong High-Level Meeting Political Declaration and was supporting the event at country and international levels. He urged stakeholders to be ready for immediate follow up actions after the Meeting. He closed the thematic segment by stressing that the Joint Programme has a key role to play in promoting and supporting an effective integration process. It would continue to track and examine the social and structural barriers and determinants, including user fees.
210. The Board agreed that a letter from the PCB Chair would be drawn up capturing the key messages from the Thematic Segment to be submitted to the co-facilitators of the High-Level Meeting on TB.

11. CLOSING OF THE MEETING

211. The 42nd meeting of the Board was adjourned.

[Annexes follow]

Annex 1

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (42)/18.1rev1

Issue date: September 2018

FORTY-SECOND MEETING

DATE: 26–28 June 2018

VENUE: Executive Board Room, WHO, Geneva

TIME: 09h00–12h30 | 14h00–18h00

Annotated Agenda

TUESDAY, 26 JUNE

1. Opening

1.1 Opening of the meeting and adoption of the agenda

The Chair will provide the opening remarks to the 42nd PCB meeting.

Document: UNAIDS/PCB (42)/18.1rev1

1.2 Consideration of the report of the forty-first meeting

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

Document: UNAIDS/PCB (41)/17.28

1.3 Report of the Executive Director

The Executive Director will present his report to the Board.

Document: UNAIDS/PCB (42)/18.2

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 (42)/18.3

1.5. Report by the NGO representative [Postponed]

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

Document: UNAIDS/PCB (42)/18.4

2. Update on the Independent Expert Panel (the Panel) on prevention of and response to harassment, including sexual harassment, bullying and abuse of power at UNAIDS Secretariat

The Board will receive an update on the process of establishment of the Independent Expert Panel on prevention of and response to harassment, including sexual harassment, bullying and abuse of power at UNAIDS Secretariat

Document: UNAIDS/PCB (42)/18.5

3. Update on strategic human resources management issues

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

Document: UNAIDS/PCB (42)/18.6

4. Statement by the representative of the UNAIDS Staff Association

Document: UNAIDS/PCB (42)/18.7

WEDNESDAY, 27 JUNE

5. Leadership in the AIDS response

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

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

6.1. Performance reporting

The Board will receive a report on the implementation of the UNAIDS Unified Budget, Results and Accountability Framework 2016-2017.

Documents: UNAIDS/PCB (42)/18.8; UNAIDS/PCB (42)/18.9

6.2. Financial reporting

The Board will receive a financial report and audited financial statements for 2017 which includes the report of the external auditors for 2017 as well as an interim financial management update.

Documents: UNAIDS/PCB (42)/18.10; UNAIDS/PCB (42)/18.11

6.3. Report on progress in the implementation of the UNAIDS Joint Programme Action Plan

The Board will receive a report on progress in the implementation of the UNAIDS Joint Programme Action Plan, as requested at the 41st PCB meeting.

Documents: UNAIDS/PCB (42)/18.12 ; UNAIDS/PCB (42)/CRP1 ; UNAIDS/PCB (42)/CRP2

7. Report on feasible ways to monitor the achievement of the financial-related targets of the 2016 Political Declaration

The Board will receive a report on feasible ways to monitor the achievement of the financial-related targets of the 2016 Political Declaration, as requested at the 40th PCB meeting.

Document: UNAIDS/PCB (42)/18.13

8. Follow-up to the thematic segment from the 41st Programme Coordinating Board meeting

The Board will receive a summary report on the outcome of the thematic segment on Zero discrimination in health-care settings.

Document: UNAIDS/PCB (42)/18.14

9. Any other business

THURSDAY, 28 JUNE

10. Thematic Segment: Ending tuberculosis and AIDS—a joint response in the era of the Sustainable Development Goals

Documents: UNAIDS/PCB (42)/18.15; UNAIDS/PCB (42)/18.16; UNAIDS/PCB (42)/CRP3

11. Closing of the meeting

Annex 2

42nd Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland

26–28 June 2018

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 forty-first meeting

2. *Adopts* the report of the 41st 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 (CCO);

Agenda item 2: Update on the Independent Expert Panel (the Panel) on prevention of and response to harassment, including sexual harassment, bullying and abuse of power at UNAIDS Secretariat

- 5.1 *Agrees* that it is essential for UNAIDS to take stock of what has worked and what has not worked to prevent and address harassment, including sexual harassment at the workplace, and to identify best practices and concrete steps to better respond to harassment moving forward;

- 5.2 *Welcomes* the request of the UNAIDS Executive Director to the Programme Coordinating Board to establish an Independent Expert Panel on prevention of and response to harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat;
- 5.3 *Endorses* the steps taken by the Programme Coordinating Board Bureau in response to this request;
- 5.4 *Calls* for the UNAIDS Secretariat to provide its full support and cooperation to the Panel, including sharing all information necessary to the work of the Panel;
- 5.5 *Agrees* that the priority should be for the Panel to be enabled and empowered to provide an authoritative review and a comprehensive set of recommendations in response to the request from the UNAIDS Executive Director;

Agenda item 3: Update on strategic human resources management issues

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

Agenda item 4: Statement by the representative of the UNAIDS Staff Association

- 7.1 *Takes note* of the statement of the UNAIDS Staff Association;
- 7.2 *Invites* the UNAIDS Secretariat Staff Association to exceptionally provide a statement at the 43rd Programme Coordinating Board meeting;

Agenda item 6: UBRAF

Agenda item 6.1: Performance reporting

- 8.1 *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;
- 8.2 *Urges* all constituencies to contribute to efforts to strengthen performance reporting and use UNAIDS' annual performance monitoring reports to meet their reporting needs;
- 8.3 *Requests* UNAIDS to continue to strengthen joint and collaborative action at country level as part of UN reform efforts and the implementation of the revised operating model of the UNAIDS Joint Programme;
- 8.4 *Requests* UNAIDS to continue to strengthen qualitative and quantitative analytical performance reporting aligned to prioritized national targets (Fast-Track commitments), including with a focus on: overall impact; disaggregated results; country-specific impact, identification of priority off-track areas and bottlenecks, and actions to address these; clear links between UBRAF core and non-core financing and results including country envelope contributions; and wider links to UN reform consistent with the Sustainable Development Goals, the United Nations Development Assistance Framework and the framework of the 2020 and 2030 goals.

Agenda Item 6.2: Financial reporting

- 8.5 *Accepts* the financial report and audited financial statements for the year ended 31 December 2017;
- 8.6 *Takes note* of the interim financial management update for the 2018–2019 biennium for the period 1 January 2018 to 31 March 2018, including the replenishment of the Building Renovation Fund;
- 8.7 *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 to fully fund the 2018-2019 budget of US\$ 484 million;

Agenda Item 6.3: Report on progress in the implementation of the UNAIDS Joint Programme Action Plan

- 8.8 *Takes note* of the report on the implementation of the UNAIDS Joint Programme Action Plan and *looks forward to* further updates on the implementation of the Action Plan and revised operating model of the Joint Programme as part of regular reporting on the 2016-2021 Unified Budget, Results and Accountability Framework;
- 8.9 *Acknowledges* the work to date conducted through the review of the integrated approach including the country envelopes, and *requests* UNAIDS to conduct a further review of the revised operating model by 2020;

Agenda Item 7: Report on feasible ways to monitor the achievement of the financial-related targets of the 2016 Political Declaration

- 9.1 *Takes note* of the report and the existing HIV resource tracking frameworks, tools and methods to monitor annually the HIV resource availability for the response to AIDS;
- 9.2 *Renews* calls to all countries to improve their systematic reporting and institutionalization of systematic data collection, analysis, and use of the results, as well as routine reporting to UNAIDS through the Global AIDS Monitoring (GAM) annual cycles;
- 9.3 *Welcomes* UNAIDS' role in resource tracking periodic activities and the annual publication of resource availability estimates;
- 9.4 *Further acknowledges* the existing funding challenges for the capacity building, provision of technical support, and quality assurance for HIV resource tracking processes;
- 9.5 *Encourages* all countries to increase and report on domestic spending on the HIV response and explore innovative ways to close the funding gap;
- 9.6 *Commends* all countries for their reporting on bilateral and multilateral disbursement, and *encourages* them to continue to contribute to closing the funding gaps in the global HIV response.
- 9.7 *Requests* UNAIDS to present to the 43rd Programme Coordinating Board meeting a report on the work of the UNAIDS Joint Programme to ensure the sustainability of HIV response results in the SDG era;

Agenda Item 8: Follow-up to the thematic segment from the 41st Programme Coordinating Board meeting

- 10.1 *Taking note* of the background note (UNAIDS/PCB (41)/17.27) and the summary report of the follow-up to the thematic segment of the 41st Programme Coordinating Board on “zero discrimination in healthcare settings”;
- 10.2 *Recalling* decisions 7.2 and 7.3 from the 41st Programme Coordinating Board meeting on actions to reduce stigma and discrimination in all its forms, call on Member States, stakeholders and partners to:
- a. establish and improve measurements to track progress on ending discrimination;
 - b. strengthen and scale up multi-sectoral measures to address all forms of discrimination, including legislative and budgetary measures;
 - c. ensure supportive work environments for health-care workers to reduce discrimination both towards service users and other health-care workers integrating ethics and human rights, such as non-discrimination, free and informed consent, confidentiality and privacy, into pre- and in-service training curricula for health workers;
- 10.3 *Request* the UNAIDS Joint Programme to:
- a. accelerate efforts to develop synergies and links with national, regional and global efforts to reduce discrimination in all its forms, including in health-care settings, and with efforts to achieve relevant Sustainable Development Goals and to leave no one behind in the achievement of those goals;
 - b. support Member States, civil society, networks of key populations and other partners, including national, regional and international human rights institutions and bodies, to integrate the measurement of discrimination in health-care settings into routine monitoring of the AIDS response and to consolidate and disseminate existing evidence on effective programmatic and policy responses to eliminate discrimination in health-care settings;
 - c. strengthen collaboration with the Global Fund and other funding mechanisms and donors to increase investments in programmes to reduce discrimination in health-care settings;
- 10.4 *Call for* Member States and key donors to increase their investments to adequately address discrimination in health-care settings as part of a fully-funded global HIV response;
- 10.5 *Report back* to the 44th Programme Coordinating Board on the progress made on the measures to track progress on ending discrimination.

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