14 December 2018  

43rd Meeting of the UNAIDS Programme Coordinating Board  
Geneva, Switzerland  
11-13 December 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 subject to review to consider the progress of work;

Agenda item 1.2: Consideration of the report of the forty-second meeting

2. **Adopts** the report of the 42nd Programme Coordinating Board meeting;

Agenda item 1.3: Report of the Executive Director

3.1 **Takes note** of the report of the Executive Director, including the need for a smooth succession planning;

3.2 **Calls** for the immediate initiation of the selection process for the next UNAIDS Executive Director;

Agenda item 1.4: Report of the NGO representative

4.1 Recalling Article 25.1. of the Universal Declaration of Human Rights “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.”;

4.2 Recalling from the 41st meeting of the UNAIDS Programme Coordinating Board, decision points 4.1 through 4.6, related to HIV and migrant and mobile populations, as well as refugees and crisis-affected populations as well as the 2014 UNAIDS Gap Report;

4.3 **Takes note** of the report;
4.4  **Calls** upon the Joint Programme to address the diverse needs, risks and vulnerabilities of migrant and mobile populations, as well as refugees and crisis-affected populations and design and implement HIV prevention and response programmes accordingly to promote access to HIV prevention, treatment, care and support services;

4.5  **Encourages** the Joint Programme to fully implement the General Cooperation Agreement between the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the International Organization for Migration (IOM) to strengthen the engagement of IOM in the AIDS response;

4.6  **Calls** on the Joint Programme to support Member States, in partnership with communities and civil society organizations and other relevant partners, in accordance with national law, context and priorities, to:

a.  Support access to HIV prevention, treatment, care and support services, for migrant and mobile populations, as well as refugees and crisis-affected populations, including, as appropriate, through strengthening international cooperation;

b.  Contribute to the generation and improved availability of national, regional and local data on HIV and migration to improve the evidence base relative to the needs of mobile populations;

c.  Review and adapt laws, policies and practices that prevent migrant and mobile populations, as well as refugees and crisis-affected populations from accessing life-saving treatment, with a particular focus on key populations;

d.  Strengthen technical capacity so that national health systems address HIV and co-morbidities among migrant and mobile populations, as well as refugees and crisis-affected populations;

e.  Encourage an enabling environment for cooperation between national health systems and communities and civil society organizations including through availability of financial resources;

4.7  **Requests** the Joint Programme to report back on progress in the implementation of the AIDS response for migrant and mobile populations, as well as refugees and crisis-affected populations, as appropriate;

**Agenda item 3: Prevention of and response to harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat**

5.1  **Recognizes** the important contribution and commitment of the UNAIDS Secretariat staff to implement the UNAIDS Strategy and support Member States to achieve the 2016 Political Declaration on Ending AIDS;

5.2  **Commits** to zero tolerance against harassment, including sexual harassment, bullying and abuse of power to ensure the highest standards in order to create an exemplary workplace in the UNAIDS Secretariat;

5.3  **Welcomes** the earlier request of the Executive Director to establish the Independent Expert Panel (IEP) on prevention of and response to harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat;

5.4  **Recalls** that the PCB endorsed the steps taken by the PCB Bureau in response to this request and agreed that the priority should be for the IEP to be enabled and
empowered to provide an authoritative review and a comprehensive set of recommendations pertaining to harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat;

5.5 Notes that the IEP has presented its report and recommendations to the PCB;

5.6 Notes that the UNAIDS Secretariat has presented its Management Response to the PCB;

5.7 Welcomes the statement by the UNAIDS Secretariat Staff Association (USSA), and recognizes the critical role of the USSA in bringing the PCB’s attention to this important issue;

5.8 Highlights both, the limited circulation time of these important reports and the divergent, varied and differing views expressed by the PCB members and observers;

5.9 Emphasizes that there is consensus on the need for action to address harassment, including sexual harassment, bullying and abuse of power;

5.10 Recognizes with remorse the negative impact of harassment, including sexual harassment, bullying and abuse of power on the staff of the UNAIDS Secretariat and their ability to deliver on the critical mandate of the Joint Programme;

5.11 Notes that some of the recommendations of the IEP and the Management Response have broader implications for the United Nations system;

5.12 Notes that, as part of the Joint Programme’s commitment to transparency and accountability, the IEP report is in the public domain and has been transmitted to the UN Secretary-General by the UNAIDS Secretariat;

5.13 Decides that, at a special session of the PCB no later than March 2019, the PCB after complete consideration of the IEP report may elect or choose to bring specific recommendations to the attention of the UN Secretary-General;

5.14 Decides to establish a working group of the PCB to oversee the immediate implementation of the management response and to further review the conclusions and recommendations contained in the IEP report, and the management response, proposing options to the next PCB meeting, for strengthening the PCB’s monitoring and evaluation role on the UNAIDS Secretariat with the view of ensuring zero tolerance against harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat;

5.15 Calls on the UNAIDS Secretariat to:

a. Fully implement the actions set out in the Management Response, and develop a more detailed, fully costed Management Action plan, complete with review mechanisms and timeline, with regards to the IEP recommendations, which are under its responsibility, in a robust, measurable, timely and ambitious way for consideration by the PCB by intersessional decision making;

b. Operate to the highest standards to tackle harassment, including sexual harassment, bullying and abuse of power;

c. Provide a Progress Report to the next regular session of the PCB on the implementation of the above actions;
Agenda item 4: Follow-up to the thematic segment from the 42nd Programme Coordinating Board meeting

6.1 Takes note of the background note (UNAIDS/PCB (42)/18.16), the summary report of the Programme Coordinating Board thematic segment on Ending tuberculosis and AIDS – a joint response in the era of the Sustainable Development Goals, the 2016 Political Declaration on Ending AIDS and the 2018 Political Declaration of the high-level meeting of the General Assembly on the fight against tuberculosis (A/RES/73/3);

6.2 Calls on Member States, through a multisectoral approach, to:

a. Establish ambitious national coverage and mortality reduction targets that are reflected in acceleration plans to achieve the 2020 target of a 75% reduction in TB deaths among people living with HIV;

b. Better coordinate efforts between TB and HIV and other health and social programmes, and with civil society, to find “the missing millions” living with HIV and TB;

c. Increase access to rapid TB and HIV diagnostics to reduce delays between symptom presentation, diagnosis and treatment and to ensure adequate treatment literacy, adherence support and retention in care;

d. Accelerate efforts to initiate all newly diagnosed adults and children living with HIV on antiretroviral treatment and ensure access to either TB treatment or TB preventive treatment;

e. Integrate TB prevention and treatment into HIV services (and vice versa) and broader health systems to ensure more efficient, effective and equitable service delivery for all who are in need;

f. Develop better coordinated plans to address the common social and structural determinants of HIV and TB, including poverty, inadequate living conditions, stigma and discrimination;

6.3 Calls on Member States and key donors to invest in TB research to develop health technologies, new funding models and new approaches for fast-tracking research, as well as innovative approaches and regulatory reforms to ensure access and affordability of TB diagnostics and treatment;

6.4 Calls on the UNAIDS Joint Programme to:

a. Provide clear guidance to national stakeholders on how to measure, monitor and reduce the impact of TB and HIV stigma and discrimination in health-care, workplace and community settings;

b. Better engage, empower and support communities of people living with, and affected by TB and HIV to be fully involved in the development, decision making, implementation, monitoring and evaluation of national HIV and TB responses;
Agenda item 5: Way forward to achieving Sustainable AIDS results

7.1 *Recalling* the commitments in the 2016 Political Declaration on Ending AIDS, as well as the 2030 Agenda for Sustainable Development, and in order to ensure progress towards the goal of ending the AIDS epidemic as a public health threat by 2030;

7.2 *Recognizing* the emerging challenges, the potential high costs of complacency and the importance of ensuring that the goal of sustainability shapes the decisions of all partners, country stakeholders, communities and donors;

7.3 *Takes* note of the report;

7.4 *Encourages* countries to develop integrated AIDS Investment Cases as well as transition and sustainability plans that are linked with health and Sustainable Development Goal financing strategies, and to fulfill their commitments to close the HIV funding gaps;

7.5 *Encourages* UNAIDS to expand the existing Joint Programme working group on investment and efficiency to include civil society and communities and to develop and implement a Joint Programme Policy Framework on Investments and Sustainability and metrics to guide a coherent, people-centered approach that will be utilized to guide high-impact support to countries and communities; and to report back through the UBRAF reporting process on results achieved and lessons learned;

Agenda item 6: Annual progress report on HIV prevention 2020

8.1 *Recalls* the decisions from the 41st PCB meeting on the Follow-up to the thematic segment on HIV prevention 2020: a global partnership for delivery;

8.2 *Takes* note of the 2018 progress report on the Implementation of the HIV 2020 Prevention Road Map and invites States to consider joining the Global HIV Prevention Coalition;

8.3 *Calls on* Member States, in collaboration with community-based and civil society organizations and other partners to continue accelerating a scaled-up prevention response in line with the commitments in the 2016 Political Declaration on Ending AIDS;

8.4 *Stresses* the importance for Member States and key donors to continue to invest adequately in HIV prevention, with no less than one quarter of HIV spending to be invested in prevention programmes;

8.5 *Requests* the Joint Programme to support countries in developing and implementing robust prevention plans which include sustainable capacity development and resource mobilization strategies and report back in 2019 to the Programme Coordinating Board on progress made on prevention;
Agenda item 7: Update on the access components of the UNAIDS 2016-2021 Strategy: removing access barriers to health technologies for HIV and its co-infections and co-morbidities in low- and middle-income countries

9.1 Recalling the commitments at previous Programme Coordinating Board meetings and relevant paragraphs from Resolution 70/266 of the UN General Assembly – Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, June 2016, which recognized that access to safe, effective and affordable medicines and commodities for all, without discrimination, in the context of epidemics such as AIDS is fundamental to the full realization of the right of everyone to enjoy the highest attainable standard of physical and mental health;

9.2 Takes note of the findings in the report;

9.3 Reaffirms the objectives on increased access to medicines and health technologies included in the 2016-2021 UNAIDS Fast-Track Strategy and UNAIDS UBRAF 2016-2021 that include increased access to medicines and health technologies and their objectives;

9.4 Requests UNAIDS to allocate sufficient financial and human resources to achieve these objectives and to, among other things, include:

a. Convening on a regular basis, key actors and stakeholders across the HIV response to discuss and address critical challenges and opportunities related to ensuring innovation and access to medicines and other health technologies for HIV;

9.5 Calls on UNAIDS to regularly report on progress with regards to these objectives in the framework of the UBRAF performance report;

Agenda Item 8: Best Practices on effective funding of community-led HIV responses

10.1. Recalling the 2016 Political Declaration on Ending AIDS, paragraphs 60d and 64a

10.2. Takes note of the report;

10.3. Encourages Member States to:

a. Dedicate maximum available resources to fulfilling the right to the enjoyment of the highest attainable standard of health, including the 30% coverage by community-led HIV programmes and 6% of HIV financing towards social enablers, as agreed in the 2016 Political Declaration on Ending AIDS;

b. Review and amend relevant laws, policies, institutions and mechanisms to create and maintain a safe and enabling environment in which civil society can efficiently support the AIDS response and the achievement of the targets for, and the goal of, ending AIDS by 2030;

c. Report on coverage and expenditures using the Global AIDS Monitoring and National AIDS Spending Assessment tools on an annual basis;

10.4. Requests the Joint Programme to:
a. Support the process of reviewing laws and policies that may impede financing of both community-led AIDS responses and social enablers;

b. Convene a task team with diverse donors, implementing countries, and civil society representatives, including representatives of people living with HIV, women and adolescent girls and young women, youth and key populations, to standardize the use of definitions, including, “community-led AIDS response” and “social enablers” and to recommend good practices and improved modalities to ensure access to funding for community-based organizations and constituency-based networks;

Agenda Item 9: Next PCB meetings

11.1 Agrees that the themes for the 44th and 45th Programme Coordinating Board meetings be:

a. Delivering on SDG3: Strengthening and integrating comprehensive HIV responses into sustainable health systems for Universal Health Coverage (UHC) (44th);

b. Reducing the impact of AIDS on children and youth (45th);

11.2 Requests the Programme Coordinating Board Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 46th and 47th Programme Coordinating Board meetings;

11.3 Agrees on the dates for the 48th (29th, 30th June and 1st July 2021) and the 49th (7th, 8th and 9th December 2021) meetings of the Programme Coordinating Board;

Agenda Item 10: Election of officers

12. Elects China as the Chair, the United States of America as the Vice-Chair and Belarus as the Rapporteur for the period 1 January to 31 December 2019 and approves the composition of the PCB NGO delegation.

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