

16 December 2022

**51st Meeting of the Hybrid UNAIDS Programme Coordinating Board
Chiang Mai, Thailand**

13 – 16 December 2022

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;

Intersessional Decisions:

Recalling that, it has decided through the intersessional procedure (see decisions in UNAIDS/PCB(50)/22.2 rev1):

- *Agrees on* the amendment of provision 22 in the background paper modalities and procedures for the 2022 UNAIDS PCB meetings to increase the number of in-person participation at the 51st PCB meeting in Chiang Mai, Thailand up to 6 representatives for each PCB member.

Agenda item 1: Opening of the meeting and adoption of the agenda

1. *Adopts* the agenda;

Agenda item 1.2: Consideration of the report of the 50th PCB meeting

2. *Adopts* the report of the 50th meeting of the Programme Coordinating Board;

Agenda item 1.3: Report of the Executive Director

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

Agenda item 1.4: Report by the NGO representative

- 4.1 *Takes note* of the Report by the NGO representative;

4.2 *Calls upon* the UNAIDS Joint Programme to¹:

- a. Support multistakeholder technical consultations, led by WHO, to harmonize the existing definition of Undetectable = Untransmittable (U=U) and develop implementation guidance on U=U;
- b. Promote the harmonized definition of U=U and support the implementation of the guidance as a health equity strategy towards the goals of zero discrimination, zero new infections and zero related deaths as set out in the Global AIDS Strategy, particularly on evidence-based combination HIV prevention packages and communications on U=U for continuous uninterrupted treatment and viral load testing;

4.3 *Calls upon* Member States to¹:

- a. Utilize the existing scientific evidence on U=U to address legal, socio-cultural and economic barriers that prevent people living with HIV from accessing and sustaining treatment and attaining the highest achievable quality of life;
- b. Integrate WHO's harmonized definition of U=U and its technical guidance into global, regional and national health plans and guidelines;
- c. Commit to provide routine HIV testing, uninterrupted quality HIV treatment and care and viral load testing to achieve U=U;
- d. Respect the role of community-led services and approaches in providing enablers of U=U including HIV education and information, treatment and access to differentiated care and services;
- e. Utilize U=U as a health equity, anti-stigma and anti-discrimination intervention to increase access to HIV education and information, testing, treatment initiation and its uninterrupted continuation, viral load testing and retention in care;
- f. Encourage continuous application of comprehensive HIV prevention measures alongside U=U interventions;

Agenda item 2: Follow-up to the thematic segment from the 50th PCB meeting

5.1 *Takes note* of the background note (UNAIDS/PCB (50)/22.25) and the summary report (UNAIDS/PCB (51)/22.30) of the Programme Coordinating Board thematic segment on "Positive learning: Harnessing the power of education to end HIV related stigma and discrimination, empower young people and provide a comprehensive HIV response";

5.2 *Requests* Member States to:

- a. Recognize and promote the leadership and meaningful participation of youth, particularly those living with, at risk of and affected by HIV, especially adolescent

¹ The Russian Federation disassociates itself from decisions 4.2 and 4.3 and looks forward to WHO-led technical consultations on the science of U=U.

girls and young women and young key populations,² in co-creating, implementing and monitoring high-impact HIV interventions in the education sector;

- b. Further improve granular data collection disaggregated by sex and other relevant population characteristics to better understand educational participation, progression and learning, and use gender-sensitive data for policymaking and planning, while recognizing national capacity;
- c. Develop and scale up implementation of policies and programmes to end HIV-related stigma, discrimination, bullying including cyber-bullying, and violence in education settings and ensure that policies and practices do not preclude access to education based on HIV status, and instituting workplace protection and support for learners, teachers and other staff living with HIV;
- d. Support and empower young people, especially girls and key populations, to remain in the education system to complete quality secondary education, and initiate and scale up social protection interventions to enroll and retain them in schools and to provide pathways for economic empowerment;
- e. Ensure teachers and educators are trained to provide age-appropriate comprehensive education and information, relevant to cultural contexts, on sexual and reproductive health and HIV prevention, and to empower learners in and out of school to overcome HIV-related stigma and discrimination;
- f. Promote an integrated, multisectoral and coordinated HIV response including through initiatives such as Education Plus positioning schools as an entry point to address learners' holistic education, health and protection needs and support cross-sectoral collaboration across education, health, nutrition, protection, youth and justice ministries and between the role of families, teachers, school administration and local communities to safeguard rights, while ensuring that alternative mechanisms are in place to address the needs of young people who are out of school;
- g. Promote domestic investments including innovative, sustainable and equitable financing for the education sector and for school and out-of-school programmes that address learners' holistic education, health and protection needs, fight HIV-related stigma and discrimination and promote inclusion;

5.3 *Requests* the Joint Programme to:

- a. Support countries to incorporate granular data disaggregated by sex into their national HIV response plans as they relate to education, young people and adolescent targets and monitor progress against them;
- b. Support countries, upon their request, to scale up age-appropriate comprehensive education and information, relevant to cultural contexts, on sexual and

² As defined in the Global AIDS Strategy 2021-2026: Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response.

In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

reproductive health and HIV prevention, or comprehensive sexuality education, as set out in the Global AIDS Strategy, as well as evidence-based programmes to end HIV-related stigma and discrimination;

- c. Strengthen support to countries and communities to provide adolescents and young people with a complete package of combination HIV prevention services, integrated with sexual and reproductive health and reproductive rights, in accordance with the Programme of action of the International Conference on Population and Development, the Beijing Declaration and Platform for Action and the outcome documents of their review conferences, HIV treatment and care as well as psychosocial and mental health support by connecting health, education, social service systems and other support mechanisms;
- d. Advocate for increased investments in education and school and out-of-school programmes that address learners' holistic education, health and protection needs, fight HIV-related stigma and discrimination and promote inclusion;
- e. Mobilize partners and key stakeholders including the private sector to support government efforts to provide fee-free education that addresses the additional costs of school supplies, uniform, transport costs to schools as a means to keep girls in school and prevent HIV infections;

Agenda item 4: Final report on community-led AIDS responses on the basis of the recommendations of the Multistakeholder Task Team on community-led AIDS responses

- 6. *Takes note* of the final report on community-led AIDS responses on the basis of the recommendations of the Multistakeholder Task Team on community-led AIDS responses;

Agenda item 5: Update on the Global Partnership to eliminate all forms of HIV-related stigma and discrimination

- 7.1 *Welcomes* the continued interest of Member States in joining the Global Partnership to end all forms of HIV-related stigma and discrimination and *commends* the countries that have joined since the last report;
- 7.2 *Takes note* of the report;
- 7.3 *Calls on* Member States to:
 - a. Fast-track targeted and measurable actions to end all forms of HIV-related stigma and discrimination;
 - b. Support and leverage the Global Partnership for action to end all forms of HIV-related stigma and discrimination to accelerate political will, and allocate sufficient domestic funding to support community led actions to end stigma and discrimination;
- 7.4 *Requests* the Joint Programme to:

- a. Support countries to enhance coherence and coordination of actions and investments, including through the Global Partnership, to achieve measurable and targeted results and reach the 2025 targets;
- b. Further support countries to scale-up interventions to end HIV-related stigma and discrimination across all six settings and prioritize funding and interventions proven to reduce or end HIV-related stigma and discrimination;
- c. Continue to promote and strengthen support for the Global Partnership at global, regional and national levels with particular emphasis on community leadership;
- d. Report to the Programme Coordinating Board on further progress at a future meeting of the Programme Coordinating Board;

Agenda item 6: Report of the PCB Bureau on UNAIDS' funding situation based on the recommendations of the Informal Multistakeholder Task Team

- 8.1 *Takes note* of the report of the PCB Bureau and *welcomes* with appreciation the work and recommendations of the Informal Multistakeholder Task Team (Task Team) on UNAIDS funding situation as endorsed by the PCB Bureau;
- 8.2 *Acknowledges* the efforts of the Executive Director, jointly with the CCO, and the progress made since the 50th PCB meeting in implementing urgent measures and solutions to mitigate the risk of the immediate core UBRAF funding shortfall, including the development of an ambitious Joint Programme Resource Mobilization Strategy;
- 8.3 *Requests* the Executive Director to:
 - a. Continue the implementation of the recommendations on UNAIDS' funding situation put forward by the PCB Bureau based on the recommendations of the Task Team, and report to the 52nd PCB on implementation progress, noting that the PCB may make further recommendations including consideration of the creation of a working group to accelerate progress if necessary;
 - b. Noting that recommendation 3.5 of the Task Team falls within the remit of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and implicates multilateral technical partners beyond UNAIDS, pursue a revised memorandum of understanding between the Global Fund and UNAIDS setting out the role of UNAIDS in achieving specific outcomes within the Global Fund Strategy (2023-2028);
- 8.4 *Recalling* decision 6.2 of the 49th PCB meeting that approved an annual budget up to USD 210 million, considering the projected budgetary gap in the 2022-23 biennium and ongoing resource mobilization efforts, requests the Joint Programme to:

- a. Prioritize areas within the UBRAF workplan 2023, including core and non-core areas, to fit within the financial projections, noting the importance of aligning workplan activities with staff capacity and supporting staff well-being;
- b. Promote budget transparency and an effective investment case to support resource mobilization by:
 - i. Using existing reporting mechanisms to update the PCB on actual core and non-core spending contributing to UBRAF implementation for each calendar year in the first PCB of the following year, commencing with reporting on 2022 expenditure at the 52nd PCB, and noting the impact of financial constraints on the Joint Programme's operational activities, including the impact on country and regional activity and presence;
 - ii. Improving routine financial reporting to effectively present and describe actual core and non-core expenditure under each of the 10 UBRAF results areas and 5 secretariat functions, disaggregated by Cosponsor(s) and the Secretariat, based on the UBRAF Workplan and Budget (UNAIDS/PCB (49)/21.27);

Agenda item 7: Evaluation Annual Report and Management Response

- 9.1 *Recalls* decision points 7.3 and 7.4 of the 49th session of the Programme Coordinating Board which, *inter alia*,
 - a. Welcomed continued progress in the implementation of the Evaluation Policy;
 - b. Taking into account the financial situation of the organization, reiterated decision point 9.3 of the 47th session of the Board requesting the Executive Director to ensure that the evaluation function remains adequately resourced and staffed in accordance with the Evaluation Policy approved by the Board in decision point 6.6 of its 44th session;
 - c. Approved the 2022–2023 Evaluation Plan (UNAIDS/PCB (49)/21.28) and looked forward to the annual report on evaluation to be presented to the Programme Coordinating Board in 2022;
- 9.2 *Welcomes* progress in implementing the Evaluation Plan notwithstanding constraints faced due to UNAIDS financial situation;
- 9.3 *Takes note* of the Management Response (UNAIDS /PCB (51)/22.35);
- 9.4 *Takes note* that the Executive Director has considered options to resource the Evaluation Office in the current context of UNAIDS funding situation;
- 9.5 *Looks forward* to the next annual report on evaluation and UNAIDS next Evaluation Plan to be presented to the Programme Coordinating Board in 2023;

Agenda item 8: Next PCB meetings

- 10.1 *Agrees* that the themes for the 52nd and 53rd PCB thematic segments will be:

- a. Priority and key populations³ especially transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses (June 2023);
 - b. Testing and HIV (December 2023);
- 10.2 *Requests* the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 54th and 55th PCB meetings;
- 10.3 *Approves* the dates and venue of the 56th and 57th PCB meetings in 2025 as follows:
- a. 56th PCB meeting: 24-26 June 2025, Geneva, Switzerland
 - b. 57th PCB meeting: 9-11 December 2025, Geneva, Switzerland

Agenda item 9: Election of officers

11. *Elects* Germany as the Chair, Kenya as the Vice-Chair and Brazil as the Rapporteur for the period 1 January to 31 December 2023 and *approves* the composition of the PCB NGO Delegation as set out in document UNAIDS/PCB (51)/22.37 (rev3).

³ As defined in the Global AIDS Strategy 2021-2026.