18 December 2020

Virtual 47th Session of the UNAIDS Programme Coordinating Board Geneva, Switzerland

15-18 December 2020

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, to cope with the specific circumstances due to the COVID-19 health crisis, it has decided through the intersessional procedure (see decisions in UNAIDS/PCB/(47)/20.23) :

- that the 47th meeting of the Programme Coordinating Board will take place virtually on 15-18 December 2020, the dates agreed upon intersessionally in the paper, *Reorganisation of the 2020 UNAIDS PCB meetings in view of the COVID-19 crisis* (UNAIDS/PCB (46)/20.2)
- on the modalities and rules of procedure set out in the paper, *Modalities and* procedures for the 47th UNAIDS PCB meeting (UNAIDS/PCB (47)/20.23), for the 47th meeting of the Programme Coordinating Board meeting and its preparations.

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 forty-sixth meeting

2. *Adopts* the report of the 46th 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 by the NGO Representative

- 4.1 *Recalling* previous decision points (from the 2012 meeting of the PCB when the evaluation report was submitted, plus other recent and relevant decision points relating to civil society engagement)¹;
- 4.2 *Recognizing* that meaningful involvement of communities and civil society is critical and an essential element for an effective HIV response on the path to end AIDS²;
- 4.3 *Recognizing* the value, contribution, effectiveness and impact of the NGO Delegation at the PCB as best practice, particularly in bringing to light urgent concerns faced by people living with HIV, key populations, women, young people and migrants, for immediate attention and action;
- 4.4 *Takes note* of the report;
- 4.5 *Calls* on Member States and the Joint Programme to affirm the NGO Delegation as an integral component of the governance of the PCB and to ensure an enabling environment for its continued meaningful engagement, representation of authentic community voices and perspectives, and outreach to its community and civil society constituencies;
- 4.6 *Urges* the Joint Programme to ensure full and meaningful participation of civil society representation at the PCB through the NGO Delegation, including continuity of financial support for the Communication and Consultation Facility commensurate with its functions;
- 4.7 *Requests* the Joint Programme to ensure that strategies for community and civil society engagement are enshrined in the next Global AIDS Strategy;
- 4.8 *Builds* on lessons learned from community and civil society engagement, particularly key populations and people living with HIV in the global, regional, national, and local HIV responses, including, but not limited to:
 - a. the importance of bringing embodied knowledge of HIV and lived experiences to decision-making processes;

¹ Decision Points 4.2, 4.5, 7.4, 7.5, 8.2 and 8.3 of the 45th PCB Meeting; Decision Points 7.5 and 10.3 of the 43rd PCB Meeting; Decision Points 4.3, 4.4, 7.2 and 7.3 of the 41st PCB Meeting. ² 2019 ECOSOC Resolution on the Joint United Nations Programme on HIV/AIDS

- b. the knowledge about the needs of people living with and affected by HIV, and what works and why other interventions do not work at country level;
- c. the efficiency in planning and utilization of resources in HIV programming;
- d. the effectiveness of community-led HIV programming and service delivery;

Agenda item 3: Annual progress report on HIV Prevention 2020

- 5.1 *Requests* the Joint Programme to:
 - ensure that prevention of new HIV infections, is given high priority in the new Global AIDS Strategy and new UNAIDS Unified Budget, Results and Accountability Framework with a particular focus on populations and locations with high HIV incidence, prevalence, and high risk of infection, including through combination prevention³;
 - actively support governments in convening partners at country-level to build unity of purpose among government, communities and implementing organizations in developing HIV prevention responses that are aligned to country epidemic context and to implementation guidance and good practices;
- 5.2 *Requests* Member States and the Joint Programme to:
 - a. Lead a vision for HIV prevention that intensifies focus and investment in strategies and programmes for key and vulnerable populations with a high incidence of HIV in all regions. The Global AIDS Strategy should include a clearly defined approach to overcome financing, implementation and legal and policy barriers to HIV prevention, with a particular focus on key populations in all regions and adolescent girls and young women in countries with high HIV prevalence. The Strategy should equally incorporate strengthening and resourcing of community-led interventions;
 - Support and advocate for strategic investment in national capacities and increased domestic HIV prevention investments to manage HIV prevention programs. The PCB also requests the Joint Programme to ensure that adequate technical and implementation support capacity is available in countries;
 - c. Reinforce and maintain beyond 2020 the progress made by the Global HIV Prevention Coalition in reinvigorating HIV prevention responses, underscoring national ownership by the members of the coalition and expanding membership to countries and regions with rising HIV incidence;
- 5.3 *Calls* on Member States to address key underlying legal, policy and structural barriers affecting key populations and adolescent girls and young women;
- 5.4 *Requests* the Joint Programme to report back to the Programme Coordinating Board on progress made in HIV prevention as part of regular reporting;

³ As defined in the UNAIDS Strategy 2016-2021: On the Fast Track to Ending AIDS

Agenda item 4: Follow-up to the thematic segment from the 45th Programme Coordinating Board meeting

- 6.1 *Noting with concern* that 850 000 children (aged 0-14) living with HIV are currently not on HIV treatment; that the 950 000 children who are on treatment are much less likely to be virologically suppressed than are adults on treatment; that sub-optimal drug regimens and previous lack of appropriate formulations for young children have contributed to this; and that due to lack of data, it is not known whether the target of reaching 1 million adolescents (aged 15-19) living with HIV with treatment by 2020 has been achieved;
- 6.2 *Takes note* of the background note (UNAIDS/PCB (45)/19.36) and the summary report of the Programme Coordinating Board thematic segment on the impact of AIDS on children and youth (UNAIDS/PCB (47)/20.27);
- 6.3 *Recalls that* PCB participants are requested to submit written comments in replacement of the debate following the 47th meeting of the PCB as agreed upon through the intersessional procedure (UNAIDS/PCB (47)/20.23) and requests the Joint Programme to take into account the comments submitted to inform future interventions;
- 6.4 *Ensures* that the next UNAIDS Strategy beyond 2021 contains ambitious targets to close the critical gaps in the HIV response for children, adolescents and youth, including a 2023 target for children;
- 6.5 *Calls* on Member States to:
 - a. Prevent new vertical (mother-to-child) HIV infections by ensuring delivery of optimal diagnostic, prevention and treatment services for pregnant and breast-feeding women and to prioritize and ensure access to the most appropriate paediatric formulations for both HIV and TB;
 - b. Close the gaps in HIV diagnosis, treatment and viral load suppression for infants, children, adolescents and pregnant women living with HIV including through the use of differentiated, strategically integrated and community service delivery models;
 - c. Optimize service delivery for children, adolescents and young people by using age-disaggregated data to identify the gaps in HIV diagnosis, prevention and treatment; increasing the quality and access to age-appropriate and evidence-informed diagnosis, prevention, treatment, and social protection services; and engaging affected communities in all parts of service design and delivery;
 - d. Urgently address the 95 000 preventable AIDS-related deaths in children by scaling up interventions including early infant diagnosis and rapidly transitioning to the more effective and child-friendly WHO-recommended preferred first-line antiretroviral treatment including generic formulations now available for expanded use in infants and young children⁴;

⁴ As recommended by the WHO: <u>Updated recommendations on first-line and second-line antiretroviral</u> regimens and post-exposure prophylaxis and recommendations on early infant diagnosis of HIV; <u>Considerations for introducing new antiretroviral drug formulations for children</u>

- e. Accelerate their collaboration with the UNAIDS Joint Programme and other key partners (Global Fund, PEPFAR and others) to address structural factors that increase the vulnerability to HIV of adolescent girls and young women and young key populations;
- 6.6 *Calls* on the Joint Programme to ensure that the UBRAF includes coordinated support to countries to reduce new HIV infections among children, adolescents and young people and to end paediatric AIDS; and to report on progress as part of annual UBRAF reporting;

Agenda item 5: Mental Health & HIV

- 7.1 *Recognizing* progress made by countries, the UNAIDS Joint Programme, and other partners in supporting integrated mental health and HIV services, and the potential further negative impact of COVID-19 on mental health and well-being of people living with and affected by HIV;
- 7.2 *Takes note of* the report on mental health & HIV;
- 7.3 *Recalls* that PCB participants are requested to submit written comments in replacement of the debate following the 47th meeting of the PCB as agreed upon through the intersessional procedure (UNAIDS/PCB (47)/20.23) and requests the Joint Programme to take into account the comments submitted to inform future interventions;
- 7.4 *Requests* that the Joint Programme report back on progress in its regular reporting to the PCB;

Agenda item 6: Report of the Task Team on Community-led AIDS responses

- Recalling the intersessional approval of decisions as outlined in the paper Establishment of the Task Team on Community-led AIDS responses (UNAIDS/PCB (47)/20.29);
- 8.2 *Takes note* of the progress report of the Multistakeholder Task Team on communityled AIDS responses;
- 8.3 *Recalls* that PCB participants are requested to submit written comments in replacement of the debate following the 47th meeting of the PCB as agreed upon through the intersessional procedure (UNAIDS/PCB (47)/20.23) to be transmitted to the Multistakeholder Task Team for consideration and possible revision as appropriate;
- 8.4 *Looks forward* to receiving the final recommendations at a future PCB meeting;

Agenda item 7: Evaluation

Annual report on evaluation

- 9.1 Recalls decision 6.6 of the 44th session and decision 11 of the 45th session of the Programme Coordinating Board approving UNAIDS Evaluation Policy and 2020-2021 Evaluation Plan;
- 9.2 *Welcomes* progress in the implementation of the Evaluation Policy and Evaluation Plan, *recognizes* the important work done by the Expert Advisory Committee in support of the UNAIDS Evaluation Office and *requests* the next annual report to be presented to the Programme Coordinating Board in 2021;
- 9.3 *Requests* the Executive Director to ensure that the evaluation function remains adequately resourced and staffed in accordance with the Evaluation Policy;

Evaluation: Independent Evaluation of the UN System Response to AIDS 2016-2019

9.4 *Takes note* of the Independent Evaluation of the UN System Response to AIDS 2016-2019;

Evaluation: Management Response to the Independent Evaluation of the UN System Response to AIDS 2016-2019

- 9.5 *Takes note* of the current progress of the UNAIDS management response to the Independent Evaluation of the UN System Response to AIDS 2016-2019 and requests the Joint Programme to show how it intends to support countries in implementing the Global AIDS strategy 2021-2026 with greater specificity of action, contributions and accountability, through its new results and accountability framework, at the March 2021 Special Session;
- 9.6 *Encourages* the Joint Programme to implement the management response action plan;
- 9.7 *Requests* the Joint Programme to revisit the Management Response and commit to an ambitious result area dedicated to gender in the strategy and integrating gender-responsive actions, indicators and resources within the new UBRAF to deliver for women and girls and for all key and vulnerable populations most at risk of HIV and AIDS;

Agenda item 8: UNAIDS Strategy beyond 2021

- 10.1 *Recalling* the approval of option 2 through the PCB intersessional decision making process as outlined in the paper *Outcome of the review of the current UNAIDS Strategy 2016-2021 and consultations with an option for the UNAIDS Strategy beyond 2021* (UNAIDS/PCB (479)/20.35);
- 10.2 Takes note of the annotated outline of the Global AIDS Strategy 2021-2026;

- 10.3 *Requests* the Bureau to organize a PCB Briefing by the end of January 2021 for presentation of the revised framework, including an executive summary for the UNAIDS Strategy, identifying the prioritized actions needed to end AIDS by 2030 and taking into account the comments of the 47th Programme Coordinating Board;
- 10.4 *Requests* the Executive Director to present the Global AIDS Strategy 2021-2026 at a special session of the PCB no later than March 2021 for consideration and adoption;

Agenda item 9: Statement by the Representative of the UNAIDS Staff Association

- 11.1 *Takes note* of the statement by the representative of the UNAIDS Secretariat Staff Association;
- 11.2 *Requests* the Executive Director to take note of the concerns raised by Secretariat staff and take swift actions as appropriate, and to report back on progress to the 48th PCB through the update on strategic human resources management issues including an update on the implementation of the Management Action Plan;

Agenda item 10: COVID-19 & HIV

- 12.1 *Takes note* of report on COVID-19 & HIV;
- 12.2 *Requests* the Joint Programme and Member States to monitor the health and social impacts of the COVID-19 pandemic on the HIV response to allow all stakeholders to understand and address the drivers and mitigate the effects;
- 12.3 *Requests* the Joint Programme and Member States to continue leveraging HIV infrastructure and following a combined approach to both pandemics to contribute to an integrated people-centred approach that can best contribute to resilient systems, which are able to prepare, prevent, detect and respond to all health threats;
- 12.4 *Recognizes* that the lessons learned from the multisectoral response to the HIV epidemic should continue to inform epidemic preparedness;
- 12.5 *Requests* the Joint Programme to support countries and communities to protect and enhance efforts to scale-up HIV prevention, treatment and care in the context of COVID-19 by building on and sharing lessons learned, best practices and innovations, including multimonth dispensing and community engagement, to gain ground lost, particularly on prevention, and improve agility, performance and efficiency towards achieving the goal of ending AIDS as a public health threat by 2030;
- 12.6 *Calls* upon donors and Member States to protect and intensify investments, resource allocations and social protection measures for all affected people living

with and at risk of HIV, particularly vulnerable and key populations, most impacted by the dual HIV and COVID-19 pandemics⁵;

Agenda item 11: Report of the PCB Working Group on the Joint Inspection Unit Management and Administration Review of the United Nations Joint Programme on HIV/AIDS (UNAIDS)

- 13.1 *Takes note* of report of the PCB Working Group on the Joint Inspection Unit Management and Administration Review of the United Nations Joint Programme on HIV/AIDS (UNAIDS);
- 13.2 *Agrees* to the clarification of the oversight and accountability roles of the Programme Coordinating Board, and *approves* the annex "Oversight and accountability roles of the Programme Coordinating Board" as annex 4 of the Modus Operandi;
- 13.3 *Agrees* to establish an independent, external oversight advisory committee, approves the terms of reference as outlined in annex 3 to the report and agrees to review, with inputs from the External Oversight Advisory Committee, the TORs at least every 3 years or earlier if it so requests;
- 13.4 *Agrees* that the independent, external oversight advisory committee will review and recommend further strengthening of risk management to the PCB as part of its first plan of work after its establishment;
- 13.5 *Acknowledges* that the Secretary-General holds the oversight responsibility for the Executive Director position whereas the PCB is responsible for the oversight of the UNAIDS Joint Programme;
- 13.6 *Calls* on the UNAIDS Executive Director to provide a periodic report on the status of the JIU recommendations and their implementation to the oversight committee as part of their plan of work, and that the oversight committee would provide an update to the PCB;
- 13.7 *Takes note* of the revised guiding principles of the cosponsors, encourages implementation of the principles with the focus on efficiency, effectiveness and use of evidence-based approaches, and acknowledge the importance of clear communication to cosponsor governing boards on PCB decision points and recommendations relevant to their participation to the Joint Programme;
- 13.8 Agrees to include in the upcoming PCB report to ECOSOC a recommendation that the Council requests the Secretary-General to submit a report, after consultation with the PCB, on the establishment of two four-year term limits and performance

⁵ The Russian Federation disassociates itself from the decision point and reaffirms that in the context of the COVID-19 pandemic social support must be provided to all people, with special focus on all most affected categories.

expectations for the position of UNAIDS Executive Director in line with the best practices of the UN system as recommended by the JIU.

Agenda item 12: Update on progress on implementation of JIU Recommendations

14. *Takes note* of the update and *welcomes* progress on implementation;

Agenda item 13: Next PCB meetings

- 15.1 *Agrees* that the themes for the 48th and 49th Programme Coordinating Board thematic segments will be:
 - a. COVID-19 and HIV: sustaining HIV gains and building back better and fairer HIV responses
 - b. What does the regional and country-level data tell us, are we listening, and how can we better leverage that data and related technology to meet our 2025 and 2030 goals?
- 15.2 *Requests* the Programme Coordinating Board Bureau to take appropriate steps to ensure that due process is followed in the call for themes for the 50th and 51st Programme Coordinating Board meetings;
- 15.3 *Agrees* on the date for the 52nd (27-29 June 2023) and the 53rd (12-14 December 2023) meetings of the Programme Coordinating Board; and

Agenda item 14: Election of Officers

16. *Elects* Namibia as the Chair, Thailand as the Vice-Chair and the United States of America as Rapporteur for the period 1 January to 31 December 2021 and *approves* the composition of the PCB NGO Delegation (UNAIDS/PCB (47)/20.42).

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