

REPORT OF THE 49TH PROGRAMME COORDINATING BOARD MEETING

Additional documents for this item: N/A

Action required at this meeting: The Programme Coordinating Board is invited to adopt the report of the 49th Programme Coordinating Board meeting.

Cost implications for implementation of decisions: none

1. OPENING

1.1 Opening of the meeting and adoption of the agenda

1. The UNAIDS Programme Coordinating Board (the Board or PCB) convened virtually for its 49th meeting on 7 December 2021.
2. The PCB Chair, Dr Kalumbi Shangula, Minister of Health and Social Services, Namibia, welcomed participants to the meeting. A moment of silence followed in memory of everyone who had died of AIDS or COVID-19.
3. The Chair said the recently identified Omicron variant of the coronavirus was a reminder that the COVID-19 pandemic would not be overcome until everyone has equitable access to vaccines and to the means for combatting the pandemic.
4. He briefed the meeting on logistical arrangements and the conduct of the meeting, and recalled the decisions made at the intercessional meeting of the PCB.
5. The meeting adopted the agenda.

1.2 Consideration of the report of the Special Session of the PCB

6. The Chair said a member had submitted a note verbale regarding text in paragraph 8 of the report of the previous Special Session of the PCB. The PCB Bureau had agreed to a revision of the text, which had been introduced in the revised version of report posted on 21 November 2021.
7. A member briefed the meeting on steps taken to maintain HIV services during the COVID-19 pandemic and shared concerns about the recuperation of some essential programmes.
8. The meeting adopted the report.

1.3 Report of the Executive Director

9. Winnie Byanyima, Executive Director of UNAIDS, welcomed delegates to the 49th meeting of the PCB. She paid tribute to UNAIDS staff members, saying that their dedication and work had been invaluable during a particularly intensive and challenging year.
10. Reflecting on the work and achievements of 2021, Ms Byanyima said the *Global AIDS Strategy, 2021–2026: End Inequalities, End AIDS* marked a turning point in the Joint Programme's work. Drawing on four decades of experience, the Strategy set out the priority actions — across laws, policies, social norms, and services — that could put the HIV response back on-track to end AIDS by 2030. Importantly, it emphasized actions that address the intersecting inequalities that drive the AIDS epidemic, she said.
11. In June, the Political Declaration on HIV and AIDS, which includes ambitious new targets, was adopted at the UN General Assembly, Ms Byanyima told the PCB. UNAIDS then celebrated its 25th anniversary with the adoption of the UN Economic and Social Council (ECOSOC) resolution, which recognizes the Joint Programme's pioneering model. In the years ahead, the Executive Director said, the Joint Programme would have to draw on every aspect of its collaborations with the Global Fund, the U.S. President's Emergency Plan for

AIDS Relief (PEPFAR), governments and communities.

12. Ms Byanyima told the meeting that UNAIDS had an approved annual budget of US\$ 242 million for 2020/2021. However, it had raised US\$ 194 million in 2020 and it expected to raise only US\$ 170 million in 2021. Recent cuts in funding from some core donors had put the organization in a vulnerable situation, requiring it to deliver on an ambitious strategy but with fewer resources.
13. She acknowledged the steadfast support of many traditional donors and welcomed the Irish Government's announcement of an additional US\$ 1 million in funding, as well as Luxembourg's additional contribution of Euros 800 000. With support from the Russian Federation, UNAIDS also continued to implement a regional programme in five countries in eastern Europe and central Asia, which it looked forward to extending over the next three years.
14. Ms Byanyima updated the meeting on the organizational alignment, which she said was aimed at ensuring that the UNAIDS Secretariat is:
 - aligned with the Global AIDS Strategy and achieves its highest impact;
 - financially sustainable and more cost effective;
 - diverse and inclusive;
 - knowledge-driven and able to optimize its expertise and staff through the use of digital technologies; and
 - aligned with UN Reform, principally with its work on pandemic preparedness.
15. The new organizational structure would strengthen the emphasis on priority practice areas: equality and rights for all; science, services and systems for all; data for impact; and equitable financing, Ms Byanyima explained.
16. She said the alignment had not been precipitated by financial constraints, but recent changes in donor funding had required further reductions in staffing costs. The exercise was expected to reduce staffing costs from US\$ 108 million to US\$ 96.8 million, through staff reductions, decentralization, and relocation of positions and functions (from Geneva to lower-cost centres). The alignment would be rolled out in 2022.
17. Ms Byanyima then reviewed some of the achievements and challenges of 2021. The COVID-19 pandemic continued to disrupt HIV prevention, testing and treatment services, schooling, violence-prevention programmes and more, she told the meeting. There had been a reduction of approximately 20–30% in condom use compared to 2019 in some countries, and a reduction of 40% in voluntary male circumcisions. Disruptions were exacerbated by lockdowns and the stifling of civil society's ability to operate, along with an overreliance on criminal laws.
18. UNAIDS had undertaken a range of activities in response, including promoting social protection, the use of virtual platforms, and extending differentiated, people-centred and community- and home-based HIV services.
19. To advance implementation of the Global Strategy in western and central Africa, UNAIDS had cohosted a regional summit in Dakar (with support from Luxembourg and the Bill and Melinda Gates Foundation). The summit concluded with the Dakar Call to Action which urges stronger support for community action, policies driven by science and data, increased investment in the HIV response and putting HIV at the centre of pandemic preparedness.

20. In sub-Saharan Africa, UNAIDS launched the *Education Plus* initiative to push for policy reforms and investments so that every girl can complete her secondary schooling, and is safe and protected. Five countries had already made head of state-level commitments to the initiative (Benin, Cameroon, Gabon, Lesotho and Sierra Leone).
21. UNAIDS accounted for a very small (less than 1%) fraction of all funding available for HIV activities in low- and middle-income countries, yet made crucial contributions to the global HIV response, the Executive Director said. One example was its complementary work with the Global Fund. Since 2002, UNAIDS had supported more than 100 countries to attract, implement and leverage more than US\$ 18 billion in funding for HIV. In 2021, UNAIDS's support led to 19 countries receiving Global Fund support worth US\$ 666 million. The strong synergy between the Global AIDS Strategy and the Global Fund Strategy offered a basis for further strengthening this collaboration.
22. Looking ahead, Ms Byanyima underscored the World AIDS Day message for 2021 and warned that a failure to reduce the inequalities that drive the AIDS pandemic could lead to 7.7 million AIDS-related deaths over the next decade. Pandemic responses had to tackle the inequalities that fuel pandemics, she emphasized. Many of the factors hindering the HIV response were also prolonging the COVID-19 pandemic and were leaving the world ill-prepared for future pandemics.
23. She reiterated that everyone has the right to live in dignity in full enjoyment of their human rights, and urged all countries to build on the achievements of 2021 and focus afresh on reducing the inequalities that drive the AIDS and other pandemics. The world had an opportunity to build rights-based, human-focused responses that can save millions of lives.
24. Universal access to HIV treatment was not yet a reality, the Executive Director reminded the meeting: 73% of people living with HIV globally were accessing HIV medicines. Obstacles included financial barriers; developing countries needed financial support in the shape of debt relief, concessional financing and more.
25. Ms Byanyima emphasized the importance of supporting communities: they know what works and need resources to play their roles to the fullest, she said. New technologies must be made available to all who need them, without delay, including long-acting injectable medicines for HIV, which remained extremely expensive. Access to these technologies is a human right, she stressed.
26. Ms Byanyima paid tribute to Deputy Executive Director Shannon Hader, who was leaving UNAIDS at the end of 2021, thanking her for her significant service and noting her world class expertise and dedication to ending AIDS.
27. The chair invited comments from the floor. Members and observers thanked the Executive Director for her report and congratulated the Joint Programme for its landmark achievements in 2021. Those included the adoption of a new Global AIDS Strategy, the Unified Budget, Results and Accountability Framework (UBRAF), the 2021 Political Declaration on HIV/AIDS, and the ECOSOC resolution on the Joint Programme.
28. Speakers noted that many countries were showing that HIV can be controlled, adding that UNAIDS had been central to those successes. They expressed deep appreciation to all UNAIDS staff for their hard work in difficult circumstances.

29. The Joint Programme's leadership in advocacy, strategic information and technical assistance had helped drive the global HIV response, speakers said. They commended UNAIDS for maintaining the momentum of the response in a challenging period and said the world needed UNAIDS's expertise and strategic coordination now more than ever. It had an important role to play in global preparedness work for pandemics, they emphasized.
30. Speakers highlighted UNAIDS's role in helping African countries cope with COVID-19 and commended its role in the *Education Plus* initiative. They also congratulated it on the successful high-level regional summit held in Dakar, Senegal. By coordinating the work of different UN agencies and by working with civil society, UNAIDS acted as a catalyst for all stakeholders' efforts, speakers said. They also welcomed the operationalization of the memorandum of understanding with the Global Fund.
31. Speakers noted that HIV and COVID-19 continued to lay bare the inequalities that drive the two pandemics. They emphasized the importance of wide and equitable access to effective health technologies and of increased local production of medicines and medical equipment. They urged UNAIDS to continue supporting vulnerable populations and promoting affordable access to medical products.
32. The global failure to share vaccines equitably was hindering progress towards ending the COVID-19 pandemic. Speakers recalled the inequalities that had held back access to treatment for HIV and said it was vital to end the inequalities that deprive people of basic human rights, including their right to health.
33. COVID-19 had also spotlighted the continued importance and effectiveness of peer-led civil society efforts, the meeting was told. The pandemic had accelerated the implementation of community-led and integrated health services that are people-centred. They commended countries for achieving high levels of treatment coverage and for reducing HIV incidence. They welcomed the Joint Programme's focus on addressing intersecting inequalities and urged it to focus especially on primary prevention, including sexual and reproductive health.
34. Members and observers said the Joint Programme had to clearly set out the priority actions and intended impact of the alignment process. They hoped that alignment would allow UNAIDS to redirect resources closer to the countries and communities it served and that it would enable UNAIDS to be more knowledge-driven and cost-effective. Speakers said they recognized the complexity and difficult choices to be made in the process and insisted that the process had to be completed in a fair and transparent manner.
35. Speakers expressed gratitude to donors and said they had been inspired by the strategic funding dialogue which the Secretariat had organized in November 2021. However, there were serious concerns about possible budget constraints for UNAIDS' key role in guiding the global HIV response and about the need for donor nations to sustain and to grow their funding commitments. A fully-funded UBRAF was a vital, they stressed and urged all members to overcome the funding gap.
36. Speakers paid tribute to Ms Hader and thanked her for her outstanding contributions to the global AIDS response.
37. Several members briefed the meeting on actions taken in the past year,

including support extended to neighbouring countries, efforts to scale up HIV programmes, successes in reducing new HIV infections and increasing access to HIV treatment, and steps taken to sustain HIV services during the COVID-19 pandemic.

38. In her reply, Ms Byanyima noted the appreciation shown for Secretariat staff and pledged to implement the alignment in ways that minimize negative impacts on staff and that ensure business continuity. The process would be fair and transparent, she said.
39. She stressed that UNAIDS would focus urgently on prevention, supporting community-led approaches and producing quality strategic information. Echoing a remark from the floor, she said the world needed UNAIDS now more than ever. The clock was ticking towards 2030, she reminded the meeting. Support from current and new donors would decide how comprehensively UNAIDS could support countries and communities to bring the HIV response back on-track to end AIDS and build preparedness for other pandemics.
40. In closing, Ms Byanyima highlighted the support and expertise UNAIDS received from many low- and middle-income countries, including from BRICS (Brazil, Russian Federation, India, China and South Africa) countries. She also praised the contributions of WHO (as Chair of the Committee of Cosponsoring Organizations), the other Cosponsors and the NGO delegation.

1.4 Report by the NGO Representative

41. Andrew Spieldenner, representative from North America to the PCB NGO Delegation, presented "Left out: the HIV community and societal enablers in the HIV response", a report prepared by the NGO Delegation. He began by reminding the meeting that existing biomedical interventions were essential but inadequate to end the AIDS pandemic by 2030: societal enablers were essential for success and had to be scaled up urgently. The NGO report focused on four societal enablers: education, employment, health care, and laws and policies, he told the meeting.
42. After sharing his personal experiences as a person living with HIV and who belongs to a sexual minority, Mr Spieldenner said that stigma and discrimination created hostile and harmful environments that marginalize affected communities and prevent them from accessing and using the services they need. He reminded the meeting that HIV-related stigma and discrimination were interwoven with social attitudes around sex, race and ethnicity, drug use, sex work and more. Stigma and discrimination occurred in many contexts, including education and the workplace. Effective tools also existed for addressing those problems.
43. Stigma and discrimination could lead to violence, even in contexts where constitutional protections are in place, Mr Spieldenner continued. Relating examples of violence against lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) communities, he reminded the PCB that transgender people were extremely vulnerable to such violence. At the same time, affected communities were the most effective advocates for their needs and they knew best what types of interventions and services worked best for them, he said.
44. The NGO report showcased the efforts of people living with HIV and their allies to do away with criminalizing laws, he said and summarized several examples featured in the report and which showed that harmful laws and policies can be changed. He also noted positive developments towards decriminalization and

greater access to harm reduction, and urged that those success become more widespread.

45. Important challenges included a lack of adequate and consistent funding for community-led work, structural barriers (e.g. restrictions on community organizing, registering organizations or receiving funding), the meeting heard. The report urged the Joint Programme to use its global stature and convening powers to lead processes, promote rights-based norms around societal enablers, engage with the community-led organizations, and gather data with communities. It should also support countries to integrate indicators for societal enablers into national monitoring and evaluation systems, and support community-led monitoring, Mr Spieldenner said.
46. The proposed decision points in the NGO report were aligned with the 2021 Political Declaration on HIV/AIDS and the Global AIDS Strategy, he said, and they emphasized the need to invest in key populations and community-led solutions. Key and other marginalized populations were the "public" in public health, he said in closing.
47. The Chair opened the floor for discussion.
48. Members and observers congratulated the NGO Delegation for a timely and well-researched report and for laying emphasis on the "public" in "public health". They said the UNAIDS NGO Delegation was an invaluable voice that grounded the PCB in the realities of the HIV response, and thanked the presenter of the report for his moving account.
49. The report was a stark reminder that HIV-related stigma and discrimination remained widespread, speakers said. It highlighted the social and structural factors that drive the epidemic and showed that countries continued to enact laws that limit access to crucial services. They noted that the report also stressed the ways in which socioeconomic status, discrimination and stigma interact to put people at risk of HIV and other health threats and render them socially vulnerable.
50. Speakers emphasized the role of criminalization in putting people at risk of HIV infection and preventing them from protecting their health. They supported the call to leverage societal enablers to ensure unimpeded access to education, healthcare and employment for people living with HIV (PLHIV), key populations and other vulnerable groups. They reminded the meeting that key populations accounted for 65% of new HIV infections globally, and for 93% of infections outside sub-Saharan Africa. They noted that fears and prejudices still held back many countries and societies from embracing evidence-based policies. Instead, countries turned to counter-productive laws that were inspired by ill-informed opinions and beliefs.
51. Social and structural barriers had to be removed to reach the 2025 targets and 2030 goals. Speakers supported call in the 2021 Political Declaration on HIV/AIDS to fully leverage the power of societal enablers, including enabling laws and policies, and welcomed the 10–10–10 targets on societal enablers, stressing the importance of a common understanding of societal enablers.
52. One speaker shared his own experiences of how his HIV status had affected his life, employment, housing status and exposure to criminal laws. Many of those barriers had been removed in his country, thanks to the work of civil society organizations, he told the meeting, stressing that civil society was the backbone of the HIV response.

53. Speakers reiterated their support for the roles of communities and civil society, especially for ensuring that key and vulnerable populations can access the services they need. This was indispensable for the HIV response, they stressed and added that the report presented strong evidence to support community-led actions. Speakers noted that the report provided tangible examples of their achievements.
54. Experiences during the COVID-19 pandemic underscored the importance of engaging and empowering civil society organizations. The meeting was reminded that civil society had been central in reducing the impact of the COVID-19 on the HIV response, often though working closely with local authorities. However, speakers also expressed concern about reports of shrinking space for civil society organizations and ongoing infringements that limited access to HIV and other essential health services.
55. Communities and civil society had to be full partners in the HIV response, an approach which entities such as PEPFAR were supporting by requiring that local, community-led organizations are funded as part of its work. Their capacities to implement evidence-based activities had to be strengthened and supported. Emphasizing the value of better coordination between different parts of government and civil society, speakers said the Joint Programme was best-placed to promote the necessary trust for such collaboration.
56. The meeting was told that the first step towards reaching the 10–10–10 targets adopted in 2021 was by ensuring that empowered communities are engaged in the design, implementation and monitoring phases of interventions. Speakers also emphasized that community capacities to implement interventions had to be supported, including through sustainable funding.
57. In reply, Andrew Spieldenner said it was important to maintain the gains and take them further. He thanked Member States for pointing out the importance of collaborating with governments in supportive and trustful ways.

2. LEADERSHIP IN THE AIDS RESPONSE

58. Ms Byanyima introduced the speaker, Salim Abdul Karim, Director of the Centre for AIDS Programme Research in South Africa.
59. Mr Karim shared insights on the HIV response, especially in the context of the COVID-19 pandemic. He reminded the PCB that there had been almost 38 million PLHIV and 690 000 AIDS-related deaths in 2020, with sub-Saharan Africa accounting for about 70% of all PLHIV. Adolescent girls and young women accounted for about one quarter of new HIV infections.
60. Globally, the testing, treatment and viral suppression levels were at 84%–87%–91%, which was not far from the 90–90–90 targets, but progress was uneven across different regions (especially in the Middle East and North Africa, and in eastern Europe and central Asia). New drugs with improved safety profiles and simplified regimens were available, and long-acting dual injectables were being rolled out. Dr Karim said he was confident the targets would be reached soon.
61. He reminded the meeting that the treatment-as-prevention approach had assumed that the epidemic could be reversed and ended primarily through treatment. However, evidence from large trials now indicated that this was a questionable assumption. Although treatment was essential, it was not a "silver bullet", he told the PCB. The prevention targets had been missed by a large margin.

62. Encouragingly, new HIV infections were declining in sub-Saharan Africa, but the trend was not yet evident in some populations, especially among young women in some countries, Mr Karim said. Most new HIV infections in sub-Saharan Africa were among adolescent girls and young women, while most infections elsewhere were among key populations. Prevention lagged in all those settings. He shared prevalence data from a KwaZulu-Natal study in South Africa which showed very high HIV prevalence among women (70% by age 30).
63. Pre-exposure prophylaxis (PrEP) was one possible tool for reducing such high infection rates. It was associated with steep reductions in new infections in communities of gay men and other men who have sex with men, Mr Karim continued. Uptake was increasing in several African countries, but mostly among people (e.g. discordant couples) who saw themselves to be at risk of HIV infection. Wide uptake of PrEP seemed to require a sense of risk, he noted.
64. Mr Karim suggested that PrEP should shift from being a user-initiated service to a provider-initiated service. A similar shift had been made in programmes to prevent mother-to-child transmission and had led to very high coverage of HIV testing among pregnant women. Long-acting PrEP would make a provider-initiated approach much more practical. Several such options were being investigated, he told the meeting.
65. One could think of the goal of ending AIDS as the summit, Mr Karim said, with the 90–90–90 targets representing the "base camp". Reaching the summit required wide-ranging advances, including greater community engagement, addressing inequalities, reducing stigma and discrimination, following evidence-based strategies and effectively implemented them, particularly in priority areas.
66. Dr Karim emphasized three key components: recommitting to the (95–95–95) testing and treatment targets, provider-initiated PrEP, and accelerated access to combination prevention. This had to be done in the context of COVID-19, which was now the top priority everywhere, even in countries heavily affected by HIV. The COVID-19 pandemic had had a major impact on HIV services, he said, especially on HIV testing and ART initiation. But people had devised ways to get their antiretroviral medicines and to keep taking them.
67. The Omicron variant was a major "wake-up call", he said. It seemed to have originated initially in the third quarter of 2020, according to phylogenetic mapping, probably in a person with persistent infection and who was immunocompromised (e.g. person on cancer treatment or on a failing antiretroviral regimen, or a person with untreated HIV or other chronic infection). The Sars-Cov-2 mutates steadily in hosts with long-term infection, he explained and described the mutations that enable the Omicron variant to spread more rapidly than previous variants and to evade immunity. The "doubling time" of Omicron infections was 1.5 days, which was 25% faster than the Delta variant. It would very likely become the dominant variant globally, he predicted.
68. Omicron's clinical profile appeared to differ from previous variants, Dr Karim continued, referring to early data from South Africa. Until recently, about 65% of patients admitted to hospital with COVID-19 were in severe condition; this had decreased to about 24% and the decrease occurred across all age groups. Hospitals were reporting fewer severe clinical cases. Early indications suggested that Omicron might be less severe than previous variants, he said.

69. Reinfections were increasingly rapidly (2.4 times more likely than in previous waves), causing routine reinfection. Omicron also appeared to be more adept at immune escape, with one recent (though not yet peer-reviewed) study suggesting that the Pfizer vaccine achieved 41% less neutralization against Omicron. More breakthrough infections were therefore expected, Mr Karim said. There would likely be more, though mild, infections among vaccinated persons. He stressed that vaccines remained highly effective (in the 90% range) to prevent severe disease, as shown in data from around the world.
70. In closing, he said that COVID-19, like HIV, highlighted the importance of mutual interdependence and global solidarity. Global solidarity had brought antiretroviral therapy to even the remotest villages; it would take similar achievements to overcome the COVID-19 pandemic.
71. Members thanked the speaker for an excellent presentation that illustrated how rigorous science and committed leadership can change the direction of a pandemic. They urged countries to ensure that all PLHIV receive HIV treatment and have suppressed viral loads, to advocate for implementation of advance HIV packages, and to make PLHIV a priority population for COVID-19 vaccinations and boosters. Prevention programmes had to become better at enabling men to stay HIV-negative or, if HIV-positive, to be virally suppressed so they were less likely to transmit HIV to others. They agreed with the speaker's emphasis on strengthening community-led systems and linking them to formal health systems.
72. New health technologies and pharmaceuticals also offered renewed hope, they said. However, as seen with access to COVID-19 vaccines, inequitable access was deepening inequalities. Members and observers reminded the meeting that wide access to antiretrovirals had been achieved through strong alliances and activism.
73. However, not everything could be solved with pills, speakers also emphasized: social justice and respect for human rights was vital. While calling for an accelerated search for an HIV vaccine, they stressed the importance of addressing the structural drivers of HIV, including stigma and discrimination. They stressed the need to transform unequal gender norms, reach young girls and help them remain in school.
74. Some members shared updates on progress in their HIV responses and briefed the meeting on steps taken to reduce structural and legal barriers to accessing HIV services. Others described steps taken to combat HIV against the backdrop of the COVID-19 pandemic and reported on the progress being made. Many of them acknowledged UNAIDS's support. One member called for the strengthening of a joint global research agenda using the accumulated experience and lessons learned from COVID-19 and HIV.
75. One member cautioned that speculation that the Omicron variant may have originated in an HIV-positive person might be used in the media and elsewhere to stigmatize people living with HIV. It asked that this information be communicated with care.
76. In reply, Mr Karim thanked the speakers for sharing accounts of their work and initiatives. He agreed about the need to be very careful in conveying how HIV might interact with COVID-19 in relation to the emergence of new variants. Variants could emerge anywhere in any individual with an immuno-compromised state, and not necessarily in people living with HIV, he explained. Messaging should be careful to avoid creating any stigma or discrimination

around immunocompromised people.

3. UPDATE ON HIV IN PRISONS AND OTHER CLOSED SETTINGS

77. Ms Byanyima introduced Ghada Fathi Waly, Executive Director of the UN Office on Drugs and Crime (UNODC), who presented the paper on HIV in prisons and other closed settings. Ms Waly briefly described UNODC's mandate and main areas of work, before outlining the content and summarizing key points in the paper.
78. She told the meeting that there were approximately 12 million people in prisons on any given day in 2021, the highest number ever. About one quarter of the global prison population comprised pre-trial detainees, she said. Overcrowding is a major concern: 120 countries had occupancy rates of 100% or more.
79. Overcrowding negatively affects not only on the rates of transmission of infection, but also the provision of care to people living and working in prison, Ms Waly said. Prison populations are being left behind in HIV responses and continue to face severe inequalities that limit their access to HIV services.
80. HIV prevalence has risen to an estimated 4.3% (from 3.8%) and is almost double as high among women in prison (5.2%) compared with men (2.9%). People in prison are more than 6 times more likely to be living with HIV than people in the general population. HIV prevalence is highest in eastern and southern Africa (12%) and in eastern Europe and central Asia (11%).
81. The number of countries providing HIV services in prison settings has not increased significantly in the past years, she continued. In 2020, only 45 countries reported providing condoms in at least one facility, only 79 reported HIV testing, and 88 countries provided antiretroviral therapy. Almost 60 (59) countries reported offering opioid substitution therapy and 10 had needle- and syringe-exchange services in at least one facility. Often, the health in prison is not a political priority, Ms Waly told the meeting.
82. COVID-19 has exacerbated existing inequalities, including for people in prison. Some countries have shifted resources and priorities, at the expense of harm reduction and HIV programmes for people in prison. Ms Waly called for special attention to the specific health needs of women in prison, underscoring that they should have access to sexual and reproductive health and HIV services equivalent to those available in the wider community.
83. Ms Waly briefly described some of the ways in which the Joint Programme addresses HIV in prisons, including by building national capacities, developing normative guidance and standard operating procedures; holding regional training; sharing good practices; providing catalytic funding to kickstart or scale up HIV services; and by engaging with civil society organizations.
84. Work has to be intensified, she urged and summarized some of the recommendations in the report—including marshalling stronger political will to address HIV in prisons, developing national strategies and guidelines for comprehensive health care that is tailored to prison context, allocating sufficient resources, and building linkages with public health facilities.
85. Members and observers welcomed the report and voiced their concern about the high prevalence of HIV infection in prisons and other closed settings. They reminded the meeting that almost all people in prison eventually return to their communities, many within a few months.

86. Unsafe sex and the sharing of drug injecting equipment, as well as factors related to prison management and infrastructure, contributed to HIV and TB risk, the meeting was told. These factors include overcrowding, poor conditions, denial, stigma and discrimination, lack of protection for prisoners, lack of training for staff, and poor-quality medical and psychosocial services. International standards require that all states ensure the health and human dignity of people in prisons, speakers insisted.
87. They said too few countries are providing evidence-based HIV services in prison settings and noted that there has been minimal progress since 2017. Prisons are overcrowded, which poses a risk for transmission of infectious diseases, both in prisons and wider communities. Key populations, indigenous people and ethnic minorities are over-represented in prison populations in many countries. Speakers noted that some countries are still using compulsory reeducation centers for people who use drugs.
88. The criminalization of key populations and their behaviours contributed to high incarceration rates, the meeting was told. At least 111 countries criminalized the use of drugs for personal use, which led to huge numbers of people being detained or imprisoned for drug-related offences. Speakers called on all countries to review the need for such criminalizing laws; there were also calls for the full decriminalization of drug use. Almost 50 countries had adopted some form of decriminalizing drug use and possession, which reflected growing recognition that criminalization was a failing approach, speakers said.
89. Several speakers urged an end to the use of custodial sentences for minor offences and called for the introduction of alternatives that can reduce prison overcrowding. However, some noted that some alternatives to imprisonment for certain transgressions were insufficient and could be harmful. They said that the introduction of fines rather imprisonment was leading to even greater harassment and targeting of people suspected of injecting drugs, for example.
90. All states have a responsibility to provide adequate access to health services to all of society, including prison populations, speakers insisted. Services should be of the highest quality possible and prisons should be included in response plans to public health crises such as COVID-19. Comprehensive health programmes—instead of vertical, separate programmes—are needed, along with linkage and integration of different programmes, speakers advised. Achieving this requires effective multisectoral collaboration beyond the health sector, as well as effective collaboration mechanisms (at various levels). The collaboration between services within and outside prisons should be well coordinated to ensure continuity of HIV prevention, treatment and care, one member said.
91. Members and observers noted with appreciation that new strategies and guidelines have been produced to address HIV in prisons and detention facilities. They also noted that the Joint Programme has provided training for law enforcement and prison staff and are supporting improved prison services in several countries, including through collaborations with civil society organizations. Members stressed the importance of monitoring and tracking towards the 95–95–95 targets for *all* key populations, including those in prisons and other closed settings.
92. Some members described steps they had taken to improve HIV and other health-care services in places of detention, including the training of prison physicians by national HIV programmes and the creation of HIV treatment

registers for people leaving prison. They emphasized the importance of multisectoral collaboration, especially between Ministries of Justice and Health, and of inter-ministerial cooperation to manage HIV, hepatitis, syphilis and TB in prisons.

93. Ehab Salah, UNODC Adviser on Prisons and HIV, thanked speakers for their remarks and noted the importance of working with non-health sectors, such as the justice sector, prison administrations, parliamentarians, etc. The collection and sharing of relevant data needs to improve, he said and stressed the need to ensure access to uninterrupted services and improve the prevention and management of drug overdose, including among people released from prison.

4. 2022–2026 UBRAF OUTPUTS AND INDICATORS AND REVISED 2022–2023 WORKPLAN

94. Marie-Odile Emond, Senior Planning and Monitoring Adviser, UNAIDS, presented the 2022–2026 UBRAF output and indicators and the revised 2022–2023 Workplan. She briefly reviewed the results framework for UBRAF 2022–2026, which had been approved at the previous PCB meeting, and highlighted where the new Joint Programme’s specific outputs, which focus on the Joint Programme’s contributions across the 10 result areas, would fit within the full UBRAF results chain. She explained that the proposed indicators were intended to track and monitor actions against those areas for accountability.
95. Ms Emond then briefed the meeting in greater detail. Progress towards three main Joint Programme outcomes would be measured by selected 18 indicators from the Global AIDS Monitoring (GAM) system, she explained. Also proposed were 20 specific outputs for the Joint Programme (2 for each of the 10 result areas) and 13 specific outputs for the Secretariat’s 5 functions. Noting that there had been continuous improvement in performance monitoring over the past decade, she said the indicators and milestones would be refined further, taking account of feedback from the PCB and in further consultation with the UBRAF Working Group.
96. She then briefly recapped previous approaches to defining Joint Programme performance indicators and said that the set of indicators for the new UBRAF would better reflect the Joint Programme’s work as requested by the PCB. The new framework provides a delicate balance between the Joint Programme’s attribution and contributions to broader changes we wish and the organization’s impact. With that logic, the new UBRAF includes output level indicators to monitor specific outputs, but also outcome indicators from the GAM, thus reflecting the holistic, multidimensional and catalytic role of the Joint Programme, she added. Ms Emond highlighted that lessons learned from past UBRAF, annual reporting and related feedback, evaluations, audits, other UN organizations and UN reform (e.g. QCPR reporting) had also been taken into account as well as all efforts made to ensure alignment with the Global AIDS Strategy and related monitoring. The indicator reporting would draw both from country data reported to the Global AIDS Monitoring system and self-reporting through UNAIDS internal Joint Programme Monitoring System, she noted.
97. In her capacity as CCO Chair representative, Meg Doherty, Director of Global HIV, Hepatitis, STI Programmes at WHO, described the UBRAF outputs and indicators matrix, which cover a wide scope of the Joint Programme’s work and cater to different reporting timelines, with outputs, indicators and milestones that differentiate and measure performance for 2 years (by 2023) and then for 5

years (by 2026). She highlighted that each component is essential and part of a whole, with the sum greater than the parts. By way of example, she described how the proposed outputs and indicators would capture and monitor the Joint Programme's work in the results area of HIV prevention and HIV testing and treatment.

98. Ms Doherty clarified an important point around complementarity between different milestones and indicators, which are equally important and reflect the reinforcing nature of the UBRAF results and indicator designs. The indicators and outputs were detailed enough to capture actions and achievements for specific populations. She added that important questions had been raised regarding linkages with other programmatic areas, and provided examples on integration and/or linkages with other programmatic issues such as Sexual and Reproductive Health services, being essential for an effective response or maternal health and broader Universal Health Coverage. Not all cross linkages were spelled out for conciseness and clarity but rather programmatic areas are listed under the most relevant result area.
99. Ms Emond continued the presentation by explaining that the Secretariat acted as a kind of "orchestra conductor", focusing on its 5 strategic functions for the Joint Programme for which specific outputs and related indicators had been also identified. She illustrated this by referring to the examples of "partnerships, mobilization and innovations" and "strategic information". She displayed the related specific outputs, indicators, milestone by 2023. She further described how the full indicator matrix structure would look like including indicator, baseline, milestones by 2023 and 2025, targets by 2026 target and the related data sources explaining the linkages with existing data sources
100. She then described the process and outlined the timeline and next steps for completing the full indicator matrix with the additional elements in 2022. after the PCB feedback and in further consultation with the UBRAF Working Group. Next steps included integrating PCB feedback and ensuring consistency across the indicators; milestones and targets, collecting data to develop or verify baselines and milestones (with UN Joint Teams); developing milestones for 2025 and targets for 2026, and completing the indicator guidance document.
101. Ms Emond responded to questions about the impact of different funding scenarios (US\$ 187 million versus US\$ 210 million). The greatest impact of not mobilizing the \$210 million budget, she suggested, would be on global strategic initiatives that amplify the Joint Programme's programmatic work, bring consolidated global action as well as financial and technical support to countries and communities in key areas (e.g. the Global Prevention Coalition and the Global Partnership to eliminate HIV-related stigma and discrimination). Sufficient funding would also allow to better support initiatives of member states. She shared examples of the detrimental impact a lack of funding would have on the global AIDS response and referred to experiences such as from the global Plan on PMTCT, where progress has stalled. She also stressed the need to ensure fully funded country envelopes to ensure strong national HIV responses which have suffered from the impact of COVID-19, as well as a fully funded Secretariat to resource critical practice areas.
102. Jesper Sundewall, Chair of the UBRAF Working Group, said the development of relevant and measurable indicators was a difficult task that required finding the right balance between the level of detail on what results to focus on and how to attribute them to the Joint Programme. The indicators also had to be clearly linked to the goals of the Global AIDS Strategy, had to reflect the 'bigger

picture' developments and should move beyond focus on processes but include short-term and longer-term outputs and outcomes. He said he was pleased that the version presented to the PCB had much improved and met those requirements and he hoped that funding commitments for the workplan and budget would now be met to ensure timely implementation.

103. The Chair opened the floor for discussion. Members and observers welcomed the updated UBRAF framework and thanked UNAIDS for its considerable efforts to integrate concerns raised at the most recent special session of the PCB. They appreciated the development of the framework and strengthening of the UBRAF in a short period, as well as the premeeting briefings. The 2022–2023 outputs and indicators were vital for supporting the reorientation of the Joint Programme's work over the next five years, they said. A robust results framework would enable the organization to exercise its mandate and would support rigorous performance monitoring of results.
104. Members said that the document had improved significantly and that, while further improvements were possible, the current package was robust enough for agreement. It was underpinned by an existing data collection system and made use of a range of qualitative data sources and validation. However, some areas for further improvement were also indicated.
105. While appreciating the comprehensive nature of the workplan, some speakers felt that the document could be more concise, clearer and more readable. They also asked that the UBRAF use consistent language and terminology to properly support the tracking of results and impact. There were suggestions to refine some indicators. They also appreciated the continued commitment towards the QCPR and funding compact requirements and noted how recommendations from different evaluations have also been considered.
106. Members appreciated the inclusion of specific outputs in the two-year work plan to capture anticipated near-term progress against longer-term outcomes described in the UBRAF. However, the document still included complexities and ambiguities in the formulation of outputs and outcomes, which could complicate measurement. Speakers also shared concerns regarding the logical links between some indicators and outputs (e.g. outputs 2.1, 5.1 and 8.1). Some speakers also felt that the approach to service integration was limited; they suggested that integration with a broader package of sexual and reproductive services could be made more explicit.
107. Speakers emphasized that for the indicators, workplan and UBRAF to be meaningful, they must track progress and be used to show tangible change over time. Importantly, the indicators had to clearly reveal the contributions and value of the Joint Programme. This was especially important in a resource-constrained context, the meeting was told. In their current form, many of the indicators were quantitative and provided little information about what was achieved and how this was done, some speakers noted.
108. While some members said the outputs in the workplan were "on-point", others said the outputs could link more directly to expected outcomes. This could be done by describing in the outputs the expected changes in outcomes. Also noted was a need for consistency between outputs for 2022–2023 and 2022–2026. For example, Output 6 mentioned that the Joint Programme would develop and disseminate policy guidance by 2023, but the output then changed for 2026. A clear articulation of outputs and indicators would support the monitoring of progress and the appropriate tailoring of support and resources.

Speakers also recalled that the Secretariat had indicated that all indicators would have clear definitions, baselines, milestones and targets.

109. There were requests for greater clarity about what each Cosponsor and the Secretariat was accountable for delivering. The 2022–2023 work plan had to clearly set out who would be accountable for the delivery of which milestones and targets. However, members also reminded the meeting that the Division of Labour was an essential part of that architecture guiding the work of the Joint Programme. They cautioned against adding new wording in the UBRAF regarding more details on areas of responsibility, since the existing Division of Labour clearly indicated the respective responsibilities for each work area. Regarding budget allocations to Cosponsors, some members suggested flexibility for Cosponsors that address sensitive issues for which it may be difficult to fund raise.
110. Members and observers appreciated the effort and opportunity to provide feedback and guidance. They reiterated the importance of the indicator matrix realistically matching against resources that we expect will be available. They called on the Joint Programme to focus on achieving changes "on the ground" and on safeguarding investments in country and regional offices.
111. Members voiced concerns about declining funding for the HIV response, a trend which the COVID-19 crisis was exacerbating. Resource allocations should indicate which overriding priorities would be protected and which areas of work might be put aside or cut back. If additional funds arrived, additional scopes of work could be identified, they said. Some members urged UNAIDS to also plan for the US\$ 210 million funding scenario so it could quickly turn additional resources into action on the ground: the worst-case scenarios should not be the only planning horizons, they argued. Members urged countries to increase their contributions and to ensure a fully funded UBRAF.
112. Speakers said they understood that work would continue to refine the indicator matrix and the UBRAF in the coming months, including setting baselines and targets. They looked forward to the full indicator matrix in June 2022, including the baseline, the milestones by 2023 and 2025, the targets for 2026, and additional clarity on some terminology achieving as "support to countries". They expected the development of the full indicator matrix, including the finalized set of indicators and specific outputs, to be concluded by June 2022.
113. In reply, Ms Emond acknowledged the comments and thanked speakers for their suggestions which will be taken into account. For a simplified version of the UBRAF, she referred PCB member to the Brochure on *UBRAF: the Joint Programme's roadmap for the next 5 years*¹ shared at the occasion of the recent Structured Funding Dialogue. She. In determining the indicators, care had been taken not to duplicate what will be measure and data available in the Global AIDS Monitoring system which reflects the global response's progress, she said. A full and final matrix of indicators would be developed in 2022, she assured the PCB.
114. Ms Doherty said the coherence between indicators and outputs would be revisited and enhanced. Regarding the accountability of the Secretariat and the Cosponsors, respectively, she said the Division of Labour laid this out explicitly and the final indicator matrix document will refer to that more clearly.

¹ [UBRAF: the Joint Programme's roadmap for the next 5 years | UNAIDS](#)

5. REPORT FROM THE UNAIDS EVALUATION OFFICE

115. Joel Rehnstrom, Director of Independent Evaluations, UNAIDS, began by reminding the meeting that a comprehensive presentation of the report had been made at the PCB pre-meeting.
116. He said evaluations in 2021 had focused on violence against women and girls, efficient and sustainable financing and key populations, while evaluations of the work of the Joint Programme were also carried out in Benin, Brazil, the Democratic Republic of Congo, Gabon and Ghana. Five country evaluations and two evaluations of the Secretariat had also been conducted, he said. The latter two covered the Gender Action Plan and resilient and sustainable health systems. Twenty-five countries had been covered by evaluations in 2020–2021, he said. Most evaluations had been conducted remotely and by using national consultants; country missions had been introduced in the second half of 2021.
117. Other key activities included follow-up to evaluations, strengthening of capacity and quality, dissemination of evaluation findings, and interagency collaboration. Mr Rehnstrom then described the process followed for the evaluation on violence against women and girls, and relayed some of the key findings.
118. Overall, the evaluations conducted had informed the UBRAF, the work plans of Joint Teams on AIDS and new cooperation agreements, he told the PCB. They had also enhanced knowledge-sharing and collaboration with Cosponsors and partners, and helped position the Joint Programme in UN Cooperation Frameworks at country level, he said.
119. Elisabetta Pegurri, Senior Advisor, Evaluation Office, presented the 2022–2023 Evaluation Plan. It was based on the principles in the UNAIDS Evaluation Policy, with the Global AIDS Strategy and the new UBRAF providing the overall conceptual framework. Topics, scope and key questions of evaluations had been identified through a consultative process involving UNAIDS Cosponsors and Secretariat staff. Topics had then been discussed with Cosponsor Evaluation Offices and the UNAIDS Expert Advisory Committee before being narrowed down based on relevance and utility. The criteria included strategic significance; associated risk; level of investment; knowledge gap; feasibility; and organizational requirements.
120. The Evaluation Plan envisages six Secretariat evaluations: UNAIDS policy work and influence; support to community-led monitoring; collaboration with the Global Fund; impact of COVID-19; the Data Hub; and the UNAIDS Programme Review Committee. The implications of the COVID-19 pandemic would be considered across all the evaluations.
121. The planned Joint Programme evaluations would assess the work on social protection and groups being reached (with a focus on inequality); the Joint Programme's contribution to integrating HIV into primary health care; and its work on human rights (including stigma and discrimination, law reform and decriminalization, and the reduction of sexual and gender-based violence and violence against people living with or affected by HIV and key populations). The country envelopes would also be evaluated (including their efficiency and joint planning processes), as would country-level cooperation. A bi-annual update on evaluations would be provided to the PCB Bureau, while an annual report would be presented to the PCB.
122. There had been steady progress in implementing the Evaluation Plan in 25

countries across all regions, she said, and this had strengthened learning and accountability across the Joint Programme and Secretariat. Noting the ambitious nature of the Evaluation Plan for the next year, Ms Pegurri reiterated the need for a strong Evaluation Office with additional capacity and/or Cosponsors taking the lead on evaluations where HIV was a component. She reminded the meeting that, in order to implement and report the Evaluation Plan, the Evaluation Office required independence, had to be free of undue influence, and needed adequate resources.

123. Mr Tim Martineau, Deputy Executive Director, Management and Governance, UNAIDS, presented the management response. He said the Secretariat management recognized the high quality of the reports, their strong country focus and their inclusive methodology, and was committed to sustain investment in the evaluation function. He underscored the independence of the Evaluation Office. He also reminded the meeting that most UNAIDS evaluations were joint efforts and assured that the findings would inform UNAIDS work in the years ahead.
124. Management strongly supported the planned evaluations, and it appreciated the Evaluation Plan's alignment with the priorities of the Global AIDS Strategy, including the focus on strategic information, the experience with Data Hubs, policy and advocacy, community-led monitoring and UNAIDS's partnership with the Global Fund. The themes of the evaluations were highly relevant in light of the new Global AIDS Strategy and their findings would inform future work. The Secretariat had benefited from a mid-term review of its Gender Action Plan and an evidence review of sustainable systems for health, Mr Martineau said. He acknowledged the routine support and engagement of the Evaluation Office in responding to requests from countries, regions and teams.
125. In closing, he noted with appreciation the Evaluation Office's support for broader UN System evaluation processes. The learning from those evaluations would enable UNAIDS to maximize its contributions to UN joint programming and to country efforts to reach their 2030 targets and goals, he said.
126. Members and observers welcomed the report and expressed appreciation for the important work done by the Evaluation Office over the past two years. They commended the efforts to reinforce the independence, credibility and usefulness of the evaluations, and welcomed the engagement with the evaluation units of Cosponsors, which they hoped would continue. They noted that the Evaluation Office, together with the Cosponsor Evaluation Group and supported by the Expert Advisory Committee, had contributed to the Joint Programme's understanding of key areas of work.
127. The meeting was reminded that evaluation findings and recommendations had to be used and implemented. Findings should be reflected in the work of the Joint Programme, they said, and requested the Secretariat to indicate how the findings would be integrated in the UBRAF. Speakers noted that key recommendations from the independent evaluation of the UN System response to HIV/AIDS had been taken into account when drafting the UBRAF. They appreciated the creation of a dashboard to capture the evaluation findings and implementation of recommendations and encouraged the Evaluation Office to include a summary table in its next annual report.
128. Mechanisms were needed to widely disseminate the findings of evaluations and to monitor the progress in addressing the findings, speakers said. They also asked for more rapid publication of management responses to evaluation

findings, which would facilitate tracking implementation of recommendations. The Joint Programme was asked to provide a road map and timeline describing implementation of the main recommendations of evaluations.

129. Speakers noted that the management responses for all evaluations had not been publicly available on the website ahead of the PCB meeting. They reminded that the management response should be provided within three months of submission of an evaluation report and that the report and response should be published concurrently. Members said they looked forward to the management responses to the country-level evaluations and to more information on the role of the Joint Programme in new UN Cooperation Frameworks.
130. Speakers supported the new Evaluation Plan and requested the Evaluation Office to pay adequate attention to prevention in future evaluations. They also agreed with the Expert Advisory Committee's recommendation that more causal impact evaluations should be done. Cosponsors said they would have preferred if the planned evaluation of the country envelopes had been carried out prior to the new UBRAF but added that they understood the pressures of competing priorities.
131. Speakers called on the Executive Director to ensure that the Office was adequately funded and staffed in accordance with the Evaluation Policy, and some urged UNAIDS management to fill the third position in the Evaluation Office. They asked the Secretariat to ensure that 1% of organizational resources are allocated to the evaluation function, as committed in the Evaluation Policy which the PCB had approved. One member requested that future reports include more detailed information on financial expenditure data, including on the use of consultants. It also suggested that a future evaluation could include an audit of the usage of financial resources for UNAIDS programmatic activities.
132. In reply, Mr Rehnstrom noted and agreed with comments stressing that management responses should be made public in a timely fashion and that follow-up should be tracked and reported to the PCB. He also agreed on the need to report on actions taken in response to evaluation findings.
133. Regarding the evaluation on violence against women and girls, he said the management response had been developed under the leadership of UN Women, which would assume responsibility for ensuring implementation of the recommendations and for supporting other Cosponsors and the Secretariat implement recommendations. That particular evaluation had already informed the development of the 2022–2023 work plans at global, regional and country levels, he told the meeting.
134. In reply to a question about consultant costs, Mr Rehnstrom said those could be provided. He added that the established UNAIDS and WHO daily rates for consultants were being followed. Regarding collaboration with the Global Fund, he said it and PEPFAR had been closely involved in the evaluations on key populations and efficiency and sustainability, in the design of evaluations, and in helping make them as relevant as possible to country partners.
135. Mr Martineau, replying to concerns about staffing and resourcing of the Evaluation Office, stressed that UNAIDS management was fully committed to implement the Evaluation Policy it had agreed to. Regarding a remark about learning, he said UNAIDS follows the evidence in its decision-making and that this was reflected clearly in the alignment, the emphasis on knowledge

management and in the establishment of the evaluation function.

136. He said that management was committed to a three-month response time and it would conclude the outstanding responses in early 2022. The dashboards remained a work in progress as an element of the oversight process, he added.
137. The UN Women representative, Ms Nazneen Damji, said the findings of the evaluation on violence against women and girls were already being included in the work of the Joint Programme. The Global AIDS Strategy and new UBRAF prioritized that result area, the findings had been used to inform the outputs and indicators, and the evidence generated in the evaluation had been included in guidance for Country Office planning for the next biennium. Cosponsors had also identified specific areas for including learning from the evaluation. They had committed to take several actions, including designing webinars for Joint Programme staff to review the evidence base and share guidance and successful approaches. Ms Damji also mentioned several other planned actions and said all Cosponsors were committed to track implementation of the evaluation recommendations.
138. Discussion of the decision points for Agenda Item 1.4 resumed. The representative of the Chair said the drafting group had prioritized consensus decision-making. He summarized the key amendments and the reasoning behind those changes. The amendments had achieved consensus in the drafting sessions, with one member requesting the addition of a footnote. After consulting legal counsel, the drafting group had agreed not to add the footnote, in line with the practice not to refer to the conditions in which decisions are adopted. The member had been asked to explain its position during plenary. The Chair's representative invited the member to express its position.
139. The member said it was unable to join consensus on the decision points as it requested a footnote be added indicating that the Political Declaration on HIV and AIDS had been adopted by a vote for the first time, including some countries voting against the adoption of the Declaration. The member recalled that, during the drafting sessions, the PCB legal counsel had noted that the PCB could decide in principle to add such a footnote to its decisions. The member said that other Members had not supported their request to add a footnote to the PCB decisions clarifying that a vote had occurred during the adoption of the Political Declaration. The PCB Chair's representative also recalled that PCB legal counsel had clarified that it was not standard practice within the UN to reflect in footnotes the conditions under which an agreement had been reached, which had led to the lack of support for the proposed footnote. The member underlined that previous UN General Assembly Political Declarations on HIV were adopted by consensus and therefore there could not be any relevant precedent for clarification that a vote had occurred during the adoption of the Political Declaration. The Member therefore disassociated itself from the decision point. It requested that this background be reflected in the current meeting report to which the Chair agreed.
140. 18 members presented a statement stressing that the advancement of gender equality, the empowerment of all women and girls and key populations, and the full and equal enjoyment of every person's human rights were key priorities for them. They reminded the meeting that the phrase "in all their diversity" appeared in the Global AIDS Strategy, PCB documents, numerous decision points approved by the PCB and in the policy guidance of Cosponsors. The Global Fund was also highly vocal in promoting this important concept. Women and girls, men and boys, and key populations were not homogenous groups

and experienced different combinations of adversities of challenges (related e.g. to race, income, LGBTQI status, indigeneity, etc.), the members noted. They urged that the phrase “in all their diversity” be retained.

6. FOLLOW-UP TO THE THEMATIC SEGMENT FROM THE 48TH PROGRAMME COORDINATING BOARD MEETING

141. Mbulawa Mugabe, Special Advisor, HIV and Pandemics, UNAIDS, presented the follow-up to the thematic segment on COVID-19 and HIV, held at the previous PCB meeting. He summarized the background and process for preparing the thematic segment. A key message was that COVID-19 was affecting lives, livelihoods and HIV and other essential services, and it was deepening inequalities in and between countries. Women were especially affected, as were key and vulnerable populations, people in informal settlements, migrants and prisoners.
142. However, COVID-19 also presented an opportunity to take forward effective approaches and policies for the HIV response, Mr Mugabe added. This included multi-month dispensing of antiretroviral therapy drugs, more agile and differentiated service delivery, virtual platforms, community-based distribution of medicines and services, home-based testing and the more efficient use of HIV infrastructure.
143. The pandemic also offered important lessons, including the importance of solidarity in and between countries; the need for health professionals to work hand in hand with communities and for politicians to build trust and fight misinformation; and the need for countries to rethink their health systems so they could be made more effective, accountable, inclusive, equitable, rights-based and sufficiently resourced, Mr Mugabe said.
144. Turning to progress made since the previous PCB meeting, he noted the support in continuing and maintaining HIV services in the time of COVID-19, including data tracking to inform programming; virtual community of practice clinics and webinars; collaborations with the Global Fund to support countries to submit their grant proposals; and a partnership with CDC Africa around community mobilization and for tackling misinformation about COVID-19 vaccines.
145. The Joint Programme continued to work with communities to understand the difficulties being experienced, including human rights challenges and social protection needs. Guidance and technical support were provided to improve the provision and efficiency of social protection, and to document and share lessons related to community-led services. Mr Mugabe cited specific examples of support provided.
146. The focus for World AIDS Day had been on inequalities and preparedness for future pandemics, he continued. The 2021 World AIDS Report highlighted commonalities in the HIV and COVID-19 responses and the need to ensure that future pandemic preparedness addresses five priorities: community-led and -based health infrastructure; equitable access to medicines and vaccines; support for frontline workers; human rights; and people-centred data systems. He also emphasized the importance of equitable and stigma- and discrimination-free access to HIV, health and social protection services, including for key populations and other populations particularly affected by the HIV and COVID-19 pandemics.

147. Speaking from the floor, members welcomed the comprehensive report and commended the Joint Programme for its efforts to protect HIV services and extend social protection in the context of COVID-19. They also highlighted the work of civil society in sustaining services, despite very little support and often in roles which the state should have been performing. Greater appreciation was due to civil society, communities and grassroots networks and the activities they lead, speakers said.
148. Some members described steps they had taken to prevent HIV programmes from being derailed. Actions included strengthened community-based service provision, increased use of telemedicine, multimonth dispensing, precautions to ensure adequate supplies of commodities, support extended to neighbouring countries, and HIV treatment provision to migrants and foreigners. Other speakers agreed that COVID-19 had accelerated innovations in HIV services, making them more agile, person-centred and resource efficient.
149. While recognizing that COVID-19 adaptations had helped reduce severe disruptions, speakers stressed that poverty and structural and financial barriers were impeding access to information and services. Marginalized populations were being hit hardest and worsening inequalities were pushing some populations even further to the margins. Gender inequality and violence were also increasing. A continued focus was needed on equity and human rights, and community-led activities had to be at the centre, speakers urged.
150. Given the high risk COVID-19 posed to PLHIV whose viral loads were not suppressed, speakers said it was imperative that all PLHIV know their HIV status, start or continue on treatment and achieve viral load suppression. They reminded that many countries with large numbers of PLHIV had very low COVID-19 vaccination rates: in sub-Saharan Africa overall, only 12% of people had been vaccinated.
151. Speakers stressed the need for equitable access to vaccines and medicines and called for greater global solidarity in pandemic responses. Although COVID-19 was increasing inequalities, it also offered opportunities to improve access to healthcare, they suggested. COVID-19 was highlighting the need for strong, resilient and inclusive health systems, speakers said and added that countries should be supported in their efforts to strengthen their health systems. Investments in community-led responses also had to increase.
152. There was a suggestion that the Secretariat should streamline its actions within its mandate, especially in the context of limited budget resources, by prioritizing the direct impact of the COVID-19 pandemic on people living with, affected by or at risk of HIV. Speakers supported the principle that PLHIV should be priority groups in COVID-19 vaccination plans.
153. The meeting was told that some countries were hoarding vaccines and standing in the way of equitable access to vaccines. Referring to travel bans imposed on some African countries in the wake of the emergence of the Omicron variant, a participant warned global solidarity and trust had been ruptured and had to be rebuilt: "No one is safe until everyone is safe", said one member.
154. A member thanked the Joint Programme for its work in the country and asked that the Country Office continue to operate.
155. In reply, Mr Mugabe thanked speakers for their comments and agreed that many of the actions needed to end AIDS were also needed to end COVID-19

and to prepare for future pandemics.

156. Efraim Gomez, UNAIDS Chief of Staff, noted El Salvador's request and said UNAIDS would maintain a presence in that region via a multicountry office.

7. REPORT OF THE PROGRESS ON ACTIONS TO REDUCE STIGMA AND DISCRIMINATION IN ALL ITS FORMS

157. Ms Luisa Cabal, Special Adviser, Human Rights and Gender, UNAIDS Secretariat, presented the report. She began by reminding the meeting of the Decision Points adopted at the 45th meeting of the PCB. She then summarized the key messages from the report, emphasizing that HIV-related stigma and discrimination remain major obstacles blocking achievement of the 2030 HIV and AIDS goals. In 36 of 58 countries, she said, more than 50% of surveyed people were reported as holding discriminatory attitudes towards PLHIV in 2021. Intersecting inequalities and discrimination continued to put key populations at increased risk of HIV infection and other harms.
158. Ms Cabal mentioned examples of how the Joint Programme was helping countries tackle stigma and discrimination, including by generating new evidence of effective interventions; engaging and training judges, prison officials and law enforcement agents; monitoring stigma and discrimination; setting up linkages with services, including sexual and gender-based violence services, legal aid and emergency support funds; improving access to justice (e.g. e-justice rooms, mobile courts); and supporting law and policy reform efforts. Forty-five countries were at various stages implementing Stigma Index 2.0, she told the meeting. Health-care, employment, justice, communities, and emergency and humanitarian settings were prioritized for action.
159. The Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination remained vital for tackling stigma and discrimination, she told the PCB. It is an important platform for promoting and translating political commitments into tangible actions, implementing and scaling up programmes, and generating and disseminating evidence-based information to influence policy and programming and support accountability. Twenty-eight countries had signed up to the Global partnership, and the Global Fund had joined as co-convenor. Collaborations were being strengthened with PEPFAR, the U.S. Centres for Disease Control and other partners and donors.
160. Looking ahead, Ms Cabal said the report stressed the importance of achieving the societal enablers targets: ensure that less than 10% of PLHIV and key populations experience stigma and discrimination; less than 10% of PLHIV, women and girls and key populations experience gender-based inequalities and gender-based violence; and less than 10% of countries have punitive laws and policies that result in denying or limiting access to HIV services.
161. Members and observers commended the report for powerfully conveying the harmful impact of stigma and discrimination and for showing how it was embedded in every aspect of society. They welcomed the data showing how stigma and discrimination affected people's mental health, and recognized the roles of community-led initiatives.
162. However, speakers lamented the slow overall progress at ending stigma and discrimination, and the fact that key populations and PLHIV were still experiencing persistent stigma and discrimination. Some speakers shared their personal experiences of stigma and discrimination and said those behaviours

remained imbedded in laws, policies and practices of many countries. They urged members to support and fund actions that can help eliminate stigma and discrimination.

163. A Cosponsor briefed the meeting on findings from a 150-country study on HIV-related stigma and discrimination at work. It reported that stigma and discriminatory attitudes at work appeared to be resurgent and that inadequate knowledge about HIV transmission was fueling stigma and discrimination. The study found that people who personally knew PLHIV tended to be more tolerant and that low levels of education and high levels of religiosity appeared to correlate with high levels of stigma and discrimination.
164. Speakers said the evidence showed that countries that criminalized key populations showed less overall progress at ending AIDS, while those with strong human rights protection and that acted against gender-based violence achieved stronger progress. Many countries still criminalize non-disclosure, exposure and transmission of HIV and punish sex work, drug use and even same-sex relationships, they noted.
165. HIV-related stigma and discrimination were among the major obstacles for achieving the 2030 goals; achievement of the 10–10–10 targets for 2025 was therefore crucial. Speakers underscored the urgent need to advance equity and promote human rights, and insisted that countries take concrete actions to eliminate all forms of HIV-related stigma and discrimination by investing in and scaling up strategies that work. They referred the meeting to the findings and recommendations of the Global Commission on HIV and the Law, and encouraged more countries to join the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination.
166. Speakers welcomed the decision of the Global Fund to join the Global Partnership as co-convenor and urged all members to consider joining the Partnership. They described the main tasks of the Global Partnership, which included sharing guidance for effective response to stigma and discrimination, helping countries coordinate their actions, and measuring the progress made. They noted the Global Partnership's efforts to build political support and the added value of its technical support, but urged it to strengthen its knowledge management platforms for sharing available knowledge and good practices.
167. Speakers supported the push to monitor progress and evaluate interventions aimed at ending HIV-related stigma and discrimination and rights violations. Stigma Indexes could provide valuable data showing where actions were most needed, they noted. There was strong support for new methodologies to measure progress towards the elimination of stigma and discrimination in more systematic and context-specific ways. Referring to ongoing stigma and discrimination at health-care facilities, speakers said health-care providers should be role models for society and should adopt stigma-responsive ways of working.
168. The meeting was updated about increased Global Fund investments for human rights, as well as funding support for Stigma Indexes, strengthened multistakeholder and community action and engagement. The meeting was also advised that the United Kingdom would host the first global conference on LGBTIQI rights in 2022, and that this was also an opportunity to support wider action against stigma and discrimination.
169. Some members shared information about actions they had taken to combat stigma and discrimination. An observer emphasized the importance of

publicizing the knowledge that people living with HIV who have achieved undetectable viral load cannot transmit HIV.

170. Presenting her comments, Ms Byanyima reminded the meeting that gender inequality and gender-based violence were deeply embedded in the cultures and traditions of many societies. Health is a powerful entry point for focusing on the human rights of girls and young women, LGBTQI and all people at risk of HIV. Stressing that people's human rights are indivisible and interdependent, she told the meeting that UNAIDS worked hard to empower communities to claim their human rights. She urged PCB members to invest in and support that work. She thanked speakers from the NGO Delegation for sharing their life experiences and for pushing the Joint Programme to ensure that the 10–10–10 targets are achieved in all countries and among all communities.
171. In her reply, Ms Cabal thanked speakers for their comments and noted the research findings shared by the ILO and the examples of actions taken by countries.

8. NEXT PCB MEETINGS

172. Morten Ussing, Director Governance, UNAIDS, briefly outlined the paper, including the process for determining themes for the thematic segments of PCB meetings. He said 11 proposals had been received in 2021 and explained that the PCB Bureau had considered them against four criteria. Four proposals had been selected and were then combined into two proposed themes:
 - *HIV and men, in all their diversity, how can we get our responses back on track?* for the 50th PCB meeting in June 2022; and
 - *Positive Learning: harnessing the power of education to end HIV-related stigma and discrimination and empower young people living with HIV* for the 51st PCB meeting in December 2022.
173. The PCB meeting dates had also been decided: 25–27 June 2024 (54th PCB meeting) and 10–12 December 2024 (55th PCB meeting).
174. Commenting on the selected themes, participants said they cast a "gender lens" on important aspects which continued to be a blind-spots in the HIV response. In reply to a question, Mr Ussing explained that the themes had been proposed not by the Secretariat but by a combination of Board members. Proposals included motivations and descriptions of the issues each segment would cover. He also explained that the exact content of each session would be determined by working groups and he encouraged members to participate in that working group.
175. A member asked for clarification of the phrase "men in all their diversity". In reply, one of the initiators of the proposal in question explained that the thematic segment would examine the slow progress of the HIV response for men compared with women. Those trends were playing out differently across regions and in different populations, the speaker said and added that the theme also acknowledged that gender was an issue that involved men as well as women.

9. ELECTION OF OFFICERS

176. Mr Ussing introduced this agenda item and informed the meeting that the 22

member states represented in the PCB for 2022 had been identified. After explaining the process for selecting officers of the Board, he said expressions of interest had been received from Germany to serve as vice-Chair, and Kenya to serve as Rapporteur. Per the PCB's Modus Operandi, it was expected that Thailand, the current Vice-Chair, would assume the role of Chair in 2022.

177. Mr Ussing also described the process for electing the NGO Delegation and announced the new delegates for the PCB NGO Delegation for 2022: Asia-Pacific (APCOM); North America (Prevention Access Campaign; Transgender Law Center); Africa (Zambia Network of Young People Living with HIV); Europe (Eurasian Harm Reduction Association; Trans United Europe – BPOC Trans Network).
178. The Executive Director thanked the outgoing delegates for their work and support, and praised Namibia, as outgoing Chair, for steering the PCB through sensitive discussions in the previous year. She welcomed the new PCB Bureau members and NGO delegates.
179. Participants expressed their appreciation to the current Chair, vice-Chair and Rapporteur, congratulated and thanked the outgoing PCB members, and welcomed the election of the new PCB Bureau and new NGO delegates. They highlighted the important roles played by the NGO delegates. One member asked that the report reflect that it did not support the inclusion of the Eurasian Harm Reduction Association among NGO delegates given that it does not support particular elements of harm reduction.
180. The incoming Chair, Anutin Charnvirakul, Deputy Prime Minister of Thailand, thanked the current Chair for his leadership. He invited the PCB to visit Thailand for its final meeting in 2022. The incoming vice-Chair thanked the PCB for supporting it to act in that capacity in 2022, and congratulated Namibia and Thailand for their excellent work as Chair and vice-Chair, respectively.
181. The Chair's representative then briefed the meeting on the outcomes of the outstanding decision point drafting sessions, and said the drafting group had prioritized consensus and that almost all pending decisions had achieved consensus.
182. Decision points for Agenda item 3 were considered with members expressing regret that consensus had not been reached on this agenda item. Some members stressed the shift from gender-sensitive to gender-responsive approaches was long overdue; without that shift, the world would not reach the AIDS targets. One member requested the advice of legal counsel about crafting compromise wording to reach consensus as it could not accept the inclusion of the term "gender-responsive".
183. Legal counsel told the meeting that, in the absence of consensus, dissenting members could disassociate from the decision point in the instance where there was majority support from the rest of the membership. If they did not wish to disassociate, the dissenting country or countries could request that the decision point be put to a vote, he said. The Chair reiterated that lengthy discussions had been held on the decision points and consensus had not been able to be reached.
184. A majority of members recommended adoption of the decision point retaining the term "gender responsive and gender sensitive" as presented in plenary. One member was not able to join consensus and did not wish to dissociate from the decision point. In response to a query from the Chair, legal counsel

advised that the decision point be put to a vote and described the process for such a vote. The Chair's proposal that the decision point be put to a vote was supported from the floor. The vote showed that 14 members agreed with the decision point, while two members disagreed and four members abstained. The decision point was adopted by vote.

10. THEMATIC SEGMENT: 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 2020 AND 2030 GOALS?

185. Peter Ghys, Director of Strategic Information, UNAIDS, moderated the thematic segment. He said data had been the bedrock of progress against the epidemic, but data collection was uneven across countries and decision-makers did not always heed the data.
186. Juliet Cuthbert-Flynn, Minister of Health and Wellness, Jamaica briefly described the HIV epidemic in her country. The most recent (2020) Stigma Index showed that accepting attitudes towards people living with HIV were still low, she said, including among health-care workers. Actions taken by the government included a national human rights mass media campaign, advocating for policy and legislative reforms, including HIV-specific legislation, she said. The National Family Planning Board was working with the Jamaica Council of Churches to address stigma and discrimination within faith-based organizations. National workplace policy provisions, including HIV-related protections, were being strengthened and partnerships with communities were growing.
187. Marijke Wijnroks, Chief of Staff, Global Fund, said HIV programmes had spearheaded the use of data to shape public health policies and practices. UNAIDS was the Global Fund's main technical partner around HIV data. The Global Fund routinely used UNAIDS estimates, Global AIDS Monitoring and other data to guide key funding decisions, including country eligibility, investment cases for replenishment, country allocations and priority setting. Earlier investments in national information systems now made it possible to track COVID-19-related service disruptions and recoveries, she noted.
188. Sara Davis, Senior researcher and lead of the Digital Health and Rights Project at the Global Health Centre at the Graduate Institute, Geneva, said the ways in which data were collected often missed key populations, which affected funding and programming decisions. Health data were not neutral, but were shaped by historical disparities and biases, she reminded. Large gaps in data for key populations allowed governments to ignore their needs and realities: "absence of evidence" was used as "evidence of their absence". Data sometimes were also used in ways that put people at risk, she added. One way forward was to invest more in community-engaged research. Ms Davis shared an example of a Caribbean community of vulnerable populations that had worked with social scientists to produce reliable new data for six countries in the region.
189. Winnie Byanyima, Executive Director of UNAIDS, said a data revolution was underway. Data could be used to end inequalities, but also to consolidate power and oppress people. Referring to limitations of data collected during the COVID-19 pandemic, she called on countries to use data to reduce inequalities. Community-led organizations were best-placed to collect data that reveal the experiences and needs of marginalized populations. She highlighted

UNAIDS's strong working relationships with countries, the Global Fund, PEPFAR and other partners for the collection and use of data in countries.

190. Shannon Hader, Deputy Executive Director, UNAIDS, said the HIV response had yielded one of most comprehensive, granular and timely data systems in global health and development. Current data systems revealed big successes and ongoing gaps, Ms Hader said, citing examples. Social and structural barriers were blocking service uptake, increasing HIV vulnerability and undermining treatment outcomes. This was especially evident for women in sub-Saharan Africa. When governments have heeded the data, high coverage of HIV services have been achieved. Data visualizations were helping countries understand and apply insights in programmes, she said. Ms Hader also referred to the large treatment gap for children compared with adults living with HIV. That gap had been hidden until accurate age-disaggregated data were collected. Data also showed the extent and impact of punitive and discriminatory laws on the HIV response, she noted.
191. Ms Hader said UNAIDS collected and analysed vast amounts of data and supported countries to understand and use the data effectively. It also regularly reported on progress and gaps in the HIV response. She emphasized the importance of routine national health information systems and focused surveys that reach marginalized communities. Community-generated data should become a pillar of HIV response information systems and data should be geolocated and include age, sex and other relevant metrics, she said. At the same time, confidentiality of individual patient data, risk, behaviours and other private information must be protected.
192. Discussion from the floor noted the Joint Programme's investments in sex- and age-disaggregated data. When overlaid with socioeconomic and other data, the information could be used to enhance interventions, speakers said. However, many countries still underestimated the sizes of key populations, which had major implications for their HIV programmes. Some members shared updates about their collection and use of HIV-related data.

Panel 1. Leveraging data to fill gaps in HIV service coverage

193. The first panel focused on the ways in which improved data and analyses were being used to enhance coverage and results of HIV services.
194. Emanuel Zenengya, Head of Planning for Malawi's National AIDS Commission, described the use of triangulated data in his country's HIV response. This approach drew on a range of data sources, from the facility level upwards, including UNAIDS-supported modelling which supported the targeting of high-incidence and high-need locations. Challenges included shortages of technical human capacity for data management, analysis and reporting; a lack of funding for equipment, household surveys and staff; poor harmonization of data systems; and donors' different reporting requirements.
195. Ngqabuto Mpofu, Head of Advocacy and Communications for the Treatment Action Campaign and member of the Ritshidze Project's technical team in South Africa, spoke on the role of community-generated data and described the Ritshidze project, which monitors service provision at health facilities. Poor-quality services were a problem in South Africa and neighbouring countries, he said, especially for key populations. A community-led project, Ritshidze monitored more than 400 facilities in 29 districts in 8 of South Africa's 9 provinces. The data revealed staff shortages, long waiting times, infrastructure problems and lack of cleanliness, inconsistent protocols, stockouts and

unfriendly services. Mr Mopfu said the project engaged the health-care system at all levels with its findings—and to good effect. Waiting times had been reduced, there were fewer complaints about poor staff attitudes, and more clinics were screening for intimate partner violence and gender-based violence.

196. Andrew Grulich, Head of the HIV Prevention Programme at the Kirby Institute in New South Wales, Australia, discussed the use of routine and survey data to identify gaps in service uptake and improve equity in HIV prevention. New South Wales's HIV epidemic was concentrated largely among gay men and other men who have sex with men (more than 70% of new diagnoses). Mr Grulich summarized key findings from granular data analysis. New HIV diagnoses had fallen by 25% in 2015–2019 (mainly among Australian-born men), though less so among younger men, while HIV incidence seemed to increase among men arriving from other countries. PrEP uptake was a major factor driving declining HIV incidence, against a background of high levels of HIV treatment, and the disparities in HIV diagnoses seemed due to different degrees of access to HIV testing and PrEP, Mr Grulich explained.
197. Chewe Luo, Associate Director, Programme Division Chief, HIV Section, UNICEF, described the progress made towards the elimination of mother-to-child transmission but noted that 150 000 new infections still occurred each year in children. Closer analysis of data was revealing where the response had to improve, by showing the main sources of new infections in children. Countries could now focus their programmes with much greater precision.
198. Speakers welcomed the segment and reiterated the importance of comprehensive and good-quality data for determining when and where the HIV response was off-track. The collection of qualitative data on service provision and access was vital, they added, stressing the importance of community-generated data to capture the experiences of all groups. Some members shared updates on how they were enhancing the collection, sharing and use of data in their HIV programmes.

Panel 2. Leveraging data to reduce HIV-related stigma and discrimination and improve quality of life

199. Irum Zaidi, Deputy Coordinator, Office of the Global AIDS Coordinator, PEPFAR, described how PEPFAR supported HIV information systems through partnerships with UNAIDS, WHO, the Global Fund and host governments. She cited examples of HIV gaps by age, sex and population, and described how disaggregated data were helping programmes make changes to meet the needs of different populations, such as in Zimbabwe. She noted the value of combining timely census data with routine HIV information to enrich understandings of gaps and disparities. Data sources for key populations had to be developed further, she urged. Ms Zaidi described how the Nigeria National Data Repository was providing important insights about HIV services. The information could be triangulated with data from community-led monitoring to reveal additional factors that were affecting people's health and access to services. These important data had to be managed carefully to protect people's privacy and confidentiality, she added.
200. Sairat Noknoy, Chief of HIV Treatment and Care in Thailand's Ministry of Public Health, discussed the use of data to reduce HIV-related stigma and discrimination in health-care settings. After a 2009 study had revealed widespread HIV-related stigma and discrimination, people's experiences at health-care facilities were tracked and HIV-related attitudes were monitored in

the general population. The data helped shape a series of interventions. A pilot programme in six hospitals (2016) was expanded to 48 hospitals (2018) before being rolled out nationally (2019), along with an e-learning programme and a national partnership to eliminate discrimination. Surveys then tracked changes at health-care facilities and the information was used to promote further interventions at participating hospitals.

201. Domingos Duran, Head of the Therapeutic Intervention Division in Portugal's Directorate for Intervention on Addictive Behaviours and Dependencies, said drug injecting had been a major public concern in the late 1990s and HIV infections had been rising steeply in that population. After the decriminalization of drug use, new HIV infections declined quickly to very low levels. Hospital admissions of people who inject drugs also decreased, as did overdose-related deaths. The data showed clearly that decriminalization had brought major improvements, contrary to what critics had predicted, he told the meeting.
202. Speaking from the floor, participants acknowledged the importance of data, but warned that they also carried possible risks. They highlighted concerns about how data were collected and used, including through genomic surveillance, against key populations. Specific safeguards and protections must be introduced and enforced, they insisted.
203. Speakers acknowledged UNAIDS's efforts to make HIV data widely available through the Data Hub, the AIDSinfo website and other channels. They emphasized the need for monitoring and evaluation systems that can accurately track progress and that combine government- and community-generated data. The latter were not an add-on, they reminded, and should be a pillar of HIV data systems. Community-generated data needed to be designed and driven by communities, they said. A member noted that the Background Note (UNAIDS/PCB (49)/21.34) references to sex work could have further highlighted the associated risks. Regarding the decriminalization of drug use, the member said that it created situations conducive to drug use and increased risk behaviours and pressure on medical services.

Conclusions and the way forward

204. Ms Hader thanked the organizers, presenters and other contributors to the thematic segment and noted that Programmes were still figuring out how to combine "big" and "small" data, and how to do so without compromising privacy, safety and confidentiality. COVID-19 had highlighted the need for timely, accurate and disaggregated data, for properly understanding and using the data, and for building protections into data systems.

11. ANY OTHER BUSINESS

205. There was no other business.

12. CLOSING OF THE MEETING

206. Presenting her closing remarks, Ms Byanyima thanked Namibia (the outgoing Chair), the PCB Bureau and outgoing PCB representatives for their service and commitment, and welcomed the new PCB Bureau. She noted the incoming Chair's offer to host the final PCB meeting for 2022 in Bangkok. She also noted calls for a clear and more robust set of UBRAF indicators. Reiterating the unique character of UNAIDS and its Board in the UN System, Ms Byanyima

thanked donors who had maintained or stepped up their support for UNAIDS, and encouraged others to do the same.

207. An observer member state asked for clarity regarding the implications and legal obligations of decision points on observer member states who had not participated in the drafting group discussions. The Secretariat clarified that decision points were binding on the Joint Programme, not on member states.
208. The Chair thanked Ms Hader for her extraordinary commitment and support for the HIV response in countries around the world and within UNAIDS. She congratulated the new PCB Bureau and welcomed the incoming members of the PCB.
209. The 49th meeting of the Board was adjourned.

[Annexes follow]

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (49)/21.22.rev3

Issue date: 1 December 2021

VIRTUAL FORTY-NINTH MEETING

DATE: 7–10 December 2021

TIME: 13:00 – 16:30

VENUE: Virtual

Annotated agenda

TUESDAY, 7 DECEMBER

1. Opening

1.1 Opening of the meeting and adoption of the agenda

*The Chair will provide the opening remarks to the 49th PCB meeting.
Document: UNAIDS/PCB (49)/21.22*

1.2 Consideration of the report of the Special Session of the PCB

*The report of the Special Session of the PCB will be presented to the Board for adoption.
Document: UNAIDS/PCB (EM)/4.4*

1.3 Report of the Executive Director

*The Board will receive a report by the Executive Director.
Document: UNAIDS/PCB (49)/21.23*

1.4 Report by the NGO Representative

*The report of the NGO representative will highlight civil society perspectives on the global response to AIDS.
Document: UNAIDS/PCB (49)/21.24*

WEDNESDAY, 8 DECEMBER

2. Leadership in the AIDS response

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

3. Update on HIV in prisons and other closed settings

The Board will receive a report on the status of HIV in prisons and other closed settings.

Document: UNAIDS/PCB (49)/21.25

4. 2022–2026 UBRAF output and indicators and revised 2022–2023 workplan

The Board will receive the outputs and indicators for the 2022–2026 UBRAF further to the approval of the 2022–2026 UBRAF framework at the October Special Session. These indicators will support the assessment of the performance of the Joint Programme against its expected strategic results and its contribution to implementation of the Global AIDS Strategy. The Board will also receive a revised 2022–2023 Workplan that will incorporate two-year targets and outputs for the Joint Programme for each of the 10 UBRAF result areas.

Document: UNAIDS/PCB (49)/21.26; UNAIDS/PCB (49)/21.27

THURSDAY, 9 DECEMBER

5. Evaluation

The Board will receive the annual reporting from the UNAIDS Evaluation Office and the management response to the annual report.

Document: UNAIDS/PCB (49)/21.28; UNAIDS/PCB (49)/21.35; UNAIDS/PCB (49)/CRP1

6. Follow-up to the thematic segment from the 48th Programme Coordinating Board meeting

The Board will receive a summary report on the outcome of the thematic segment held at the 48th PCB meeting on COVID-19 & HIV: sustaining HIV gains and building back better and fairer HIV responses.

Document: UNAIDS/PCB (49)/21.29

7. Report of the progress on actions to reduce stigma and discrimination in all its forms

The Board will receive a progress report on actions taken to reduce stigma and discrimination in all its form following the last report to the PCB in 2019.

Document: UNAIDS/PCB (49)/21.30

8. Next PCB meetings

The Board will agree on the topics of the thematic segments for its 50th and 51st PCB meetings in June and December 2022, as well as the dates for the 54th and 55th meetings of the PCB.

Document: UNAIDS/PCB (49)/21.31

9. Election of officers

In accordance with Programme Coordinating Board procedures and the UNAIDS Modus Operandi paragraph 22, the Board shall elect the officers of the Board for 2022 on the basis of a written statement of interest and is invited to approve the nominations for NGO delegates.

Document: UNAIDS/PCB (49)/21.32

FRIDAY, 10 DECEMBER

10. Thematic segment: *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 2020 and 2030 goals?*

Documents: UNAIDS/PCB (49)/21.33; UNAIDS/PCB (49)/21.34; UNAIDS/PCB (49)/CRP2

11. Any other business

12. Closing of the meeting

10 December 2021

Virtual 49th Session of the UNAIDS Programme Coordinating Board, Geneva, Switzerland

7–10 December 2021

Decisions

The UNAIDS Programme Coordinating Board (PCB),

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 nondiscrimination;

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/(EM)/3.2):

- *Agrees* that the March Special Session of the PCB will be held virtually on 24–25 March 2021;
- *Agrees* that the 48th meeting of the PCB will include an additional day to the dates agreed in decision point 11.3 of the 43rd PCB meeting and will be held virtually on 29 June – 2 July 2021;
- *Agrees* that the PCB Bureau will determine if the 49th meeting of the PCB will be virtual or in-person; and that if the meeting will be held virtually, it will exceptionally include an additional day and be held on 7–10 December 2021; and
- *Agrees* on the modalities and rules of procedure set out in the paper, Modalities and procedures for virtual 2021 UNAIDS PCB meetings (UNAIDS/PCB(EM)/3.2), for the virtual 2021 PCB meetings and their 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 Special Session of the PCB

2. *Adopts* the report of the Special Session of the PCB held virtually on 6 October 2021;

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 Representative²

- 4.1 *Recalls* the 45th PCB decisions 4.1 to 4.4 under agenda item 1.4: Report by the NGO Representative on the essential need to address economic, social, structural and regulatory barriers that prevent access to comprehensive HIV services and health-related programmes;
- 4.2 *Recalls* the commitments from the 2021 United Nations General Assembly Political Declaration on HIV/AIDS to ensure that by 2025 community-led organizations deliver: 30% of testing and treatment services; 80% of HIV prevention services; and 60% of programmes to support the achievement of societal enablers and to expand investment in societal enablers—including protection of human rights, reduction of stigma and discrimination and law reform;
- 4.3 *Takes note* of the Report by the NGO Representative;
- 4.4 In order to reach the 10–10–10 societal enabler targets by 2025, *calls* on member states to:
- a) Increase investments in and scale up programmes related to societal enablers that have been proven to work, including programmes to reduce HIV-related stigma and discrimination and to increase access to justice; to train health-care workers and law enforcement officials on HIV and access to services for key populations³ with a view to ensuring that no one is left behind; and to eliminate gender-based violence and empower women and girls in all their diversity;
 - b) Partner with civil society and community-led organizations to deliver programmes on societal enablers, and gradually increase the proportion of such programmes delivered by communities to reach the target of 60% of programmes to support the achievement of societal enablers are delivered by communities;
 - c) In accordance with national legislation, ensure unimpeded access to education, employment and health care for people living with HIV, key populations and other vulnerable groups, such as women and girls, adolescents and young people, and migrants who are disproportionately affected by HIV;
- 4.5 In order to reach the 10/10/10 targets by 2025, *calls* on the Joint Programme to:
- a) Harmonize existing Joint Programme and Cosponsor policies and guidance to the support scaling up of programmes on societal enablers;
 - b) Advocate for laws and policies that protect the rights and health of all;
 - c) Support countries to ensure that indicators for societal enablers are integrated into national monitoring and evaluation systems and are routinely monitored, including through community-led monitoring;

² The Russian Federation disassociates itself from some parts of the decision points, as the Russian Federation did not join the 2021 UN General Assembly Political Declaration on HIV/AIDS.

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

- d) Upon request, support countries and communities to reach the target, by 2025, of 60% of programmes to support the achievement of societal enablers are delivered by communities;

Agenda item 3: HIV in prisons and other closed settings

5.1 *Takes note* of the report;

5.2 *Calls* on member states to:

- a) Introduce and scale up evidence-based, gender-responsive, gender-sensitive and people-centred programmatic actions to ensure equal access for people in prisons and other closed settings to comprehensive and integrated HIV, tuberculosis, sexually transmitted infections and viral hepatitis prevention, diagnosis and treatment services, as well as to related health services and psychosocial support, and including by encouraging, where applicable, reducing overcrowding in these settings;
- b) Reduce HIV-related stigma and discrimination in prisons and other closed settings, and create social, legal and policy environments that contribute towards improving HIV and related health outcomes for people in prisons and other closed settings;
- c) Increase resources for HIV services in prisons and other closed settings, including the role of community support, and linkages to services during stay, all stages of transfer, and after release;

5.3 *Requests* the Joint Programme to:

- a) Where appropriate, accelerate technical support to member states to introduce and scale up evidence-based, gender-responsive, gender-sensitive and people-centred HIV-related programmes in prisons and other closed settings to reach the 2025 targets;
- b) Support member states to generate, collect, analyse and strategically use disaggregated data on HIV and related health conditions in prisons and other closed settings, respecting confidentiality of medical information;
- c) Support partnerships between national authorities and civil society to improve access and uptake of HIV services by people in prisons and closed settings, including after release, and strengthen the involvement of people in prisons and formerly incarcerated people in national HIV responses;
- d) Report to the PCB on progress towards 2025 targets as related to people in prisons and other closed settings;

Agenda item 4: 2022–2026 UBRAF outputs and indicators and revised 2022–2023 workplan⁴

6.1 *Takes note* of the annex of the 2022–2026 Unified Budget, Results and Accountability Framework outputs and indicators (UNAIDS/PCB (49)/21.26)

⁴ The Russian Federation disassociates itself from certain outputs, indicators and elements of the 2022–2023 workplan aligned with its disassociation from parts of the UBRAF 2022–2026 and the Global AIDS Strategy 2021–2026.

and, with consideration of PCB comments, *looks forward* to receiving the complete indicator matrix at the 50th PCB meeting in June 2022;

- 6.2 Recalling decisions 3.3 and 3.4 of the PCB's Special Session, *approves* the revised 2022–2023 Workplan (UNAIDS/PCB (49)/21.27) against the core budget base of US\$ 187 million up to the threshold of US\$ 210 million annually;
- 6.3 *Requests* the Joint Programme to finalize the indicators, milestones, targets, and data sources for the 2022–2023 Workplan, aligned with the core budget base of US\$ 187 million up to the threshold of US\$ 210 million annually, for consideration by the PCB in June 2022, noting that the Cosponsors and Secretariat will be accountable for delivering against the respective indicators, milestones, and targets within corresponding results areas;
- 6.4 *Requests* the UNAIDS Joint Programme to report annually to the PCB on the implementation of the 2022–2026 Unified Budget, Results and Accountability Framework through the related performance and financial reporting agenda items from June 2023;

Agenda item 5: Evaluation

- 7.1 *Recalls* decision 11 of the 45th session of the PCB approving UNAIDS 2020–2021 Evaluation Plan, as well as decisions 9.1 and 9.2 of the 47th session of the PCB welcoming progress in the implementation of the Evaluation Policy and Evaluation Plan, recognizing the important work done by the Expert Advisory Committee in support of the UNAIDS Evaluation Office and requesting the next annual report to be presented to the PCB in 2021;
- 7.2 *Takes note* of the summary of the main findings of the Evaluations conducted in 2021 and the management response to the annual report on evaluation and the evaluation plan 2022–2023;
- 7.3 *Welcomes* continued progress in the implementation of the Evaluation Policy and the 2020–2021 Evaluation Plan and, taking into account the financial situation of the organization, reiterates decision 9.3 of the 47th session of the PCB requesting the Executive Director to ensure that the evaluation function remains adequately resourced and staffed in accordance with the Evaluation Policy approved by the PCB in decision 6.6 of its 44th session;
- 7.4 *Agrees* to the composition of the Expert Advisory Committee on evaluation proposed by the PCB Bureau for the period 2022–2023 as mentioned in Annex 1 of the 2021 Annual Report (UNAIDS/PCB (49)/21.28), *approves* the 2022–2023 Evaluation Plan (UNAIDS/PCB (49)/21.28) endorsed by the Expert Advisory Committee and *looks forward* to the next annual report on evaluation to be presented to the PCB in 2022;

Agenda item 6: Follow-up to the thematic segment from the 48th Programme Coordinating Board meeting

- 8.1 *Takes note* of the background note (UNAIDS/PCB (48)/21.20.rev1) and the summary report (UNAIDS/PCB (49)/21.29) of the PCB thematic segment on “COVID-19 and HIV—sustaining HIV gains and building back better and fairer HIV responses”;

- 8.2 Building on lessons from both the HIV response and the COVID-19 pandemic, *calls* on member states to:
- a) Sustain practices introduced and/or accelerated during the COVID-19 pandemic for HIV prevention, testing, treatment and care services, including multimonth dispensing, leveraging virtual platforms, and scale-up of differentiated, people-centred and community- and home-based HIV services;
 - b) Promote equitable access to effective, quality, affordable diagnostics, therapeutics, medicines and vaccines for the HIV and COVID-19 responses;
 - c) Invest adequately and prioritize flexible funding arrangements to ensure HIV service continuity in the context of major public health emergencies;
 - d) Continue to actively involve communities and civil society in the response to HIV, including in the context of COVID-19 and future pandemics, and provide sufficient investments in community-based and community-led programmes that address these;
 - e) Build forward better, in an inclusive and fair manner, by, inter alia, providing stigma and discrimination-free, equitable and universal access to HIV, health and social protection services, including for key populations and other populations noted to have been particularly negatively impacted by the COVID-19 pandemic;

8.3 *Calls* on the UNAIDS Joint Programme to:

- a) Continue to monitor the impact of COVID-19 pandemic on the global HIV response and on people living with and affected by HIV;
- b) Support countries and communities upon their request to build on practices and innovations introduced and/or accelerated during COVID-19, including through timely policy guidance, technical assistance and platforms to counter stigma and discrimination against people living with and affected by HIV;
- c) Apply the lessons from the HIV response to promote equitable access to effective, quality, affordable diagnostics, therapeutics, medicines, and vaccines for COVID-19 and any other future pandemics that would disrupt the HIV response;
- d) Contribute to the application of the lessons learned from the HIV pandemic and its response to improve pandemic preparedness and to prevent, detect and respond to future global public health threats;
- e) Apply and build on lessons learned from the response to COVID-19 to protect the HIV gains and achieve the Global AIDS Strategy 2025 targets;
- f) Advocate for increased domestic and global investments in the responses to HIV and COVID-19;

Agenda item 7: Report of the progress on actions to reduce stigma and discrimination in all its forms

9.1 *Takes note* of the report;

9.2 *Calls* on member states to:

- a) Utilize available tools and indicators to set baselines and to monitor progress in reducing HIV-related stigma and discrimination in all its forms;
- b) Accelerate and adequately resource evidence-based programmatic action to reduce HIV-related stigma and discrimination, in collaboration with civil society and community networks in health-care, employment, education, emergency and humanitarian, justice and community settings, and increase access to justice for people living with, at risk of and affected by HIV in order to reach the 2025 targets;
- c) Review and reform restrictive policy frameworks, including discriminatory laws and practices that undermine access to HIV prevention, testing, treatment and care services;
- d) Consider joining the Global Partnership for action to eliminate HIV-related stigma and discrimination, and prioritizing implementation of commitments made to tackle stigma and discrimination in health-care, employment, education, emergency and humanitarian, justice and community settings;

9.3 *Requests* the Joint Programme to:

- a) Support countries to improve data systems and to collect and analyse data on HIV-related stigma and discrimination in health-care, employment, education, emergency and humanitarian, justice and community settings, and to strategically use such data to increase access to and use of HIV services and care and to protect human rights in the context of HIV;
- b) Further continue to support community leadership and build partnerships between governments, public institutions, private sector, civil society, networks of people living with HIV and of key populations and other relevant partners to reduce HIV-related stigma and discrimination;
- c) Continue to support the Global Partnership, as specified in decision 8.2b of the 45th meeting of the PCB, and increase funding and intensify interventions proven to reduce or end HIV related stigma and discrimination;
- d) Continue to update guidance for the removal of HIV-related stigma and discrimination and support their implementation at country level, and to advocate for domestic and international funding for stigma and discrimination programming, including for the creation of an enabling legal environment; and
- e) Report to the PCB on progress towards reaching the 2025 targets related to HIV-related stigma and discrimination;

Agenda item 8: Next PCB meetings

10.1 *Agrees* that the themes for the 50th and 51st PCB thematic segments will be:

- a) *HIV and men, in all their diversity, how can we get our responses back on track?* (June 2022),
- b) *Positive Learning: harnessing the power of education to end HIV-related stigma and discrimination and empower young people living with HIV* (December 2022);

- 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 52nd and 53rd PCB meetings;
- 10.3 *Agrees* on the dates for the 54th (25–27 June 2024) and the 55th (10–12 December 2024) meetings of the PCB; and

Agenda item 9: Election of Officers

11. *Elects* Thailand as the Chair, Germany as vice-Chair and Kenya as the Rapporteur for the period 1 January to 31 December 2022, and *approves* the composition of the PCB NGO Delegation.

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