

REPORT OF THE 50TH MEETING OF THE PROGRAMME COORDINATING BOARD

Additional documents for this item: none

Action required at this meeting – the Programme Coordinating Board is invited to:
adopt the report of the 50th Programme Coordinating Board meeting.

Cost implications for decisions: *none*

1. Opening

1.1 Opening of the meeting and adoption of the agenda

1. The UNAIDS Programme Coordinating Board (the Board or PCB) convened virtually on 21 June 2022 for its 50th meeting.
2. The PCB Chair, Anutin Charnvirakul, Thailand's Deputy Prime Minister and Minister of Public Health, declared the meeting open and welcomed participants to the meeting.
3. Following a moment of silence in memory of people who have died of AIDS or of COVID-19, the Chair told the meeting that the HIV epidemic continued to claim too many lives. Stressing the importance of young people in the HIV response, he said large proportions of key populations and people living with HIV did not yet have access to HIV services. Stigma and discrimination persisted and had to be eliminated.
4. The Secretariat recalled the intersessional decisions on modalities and procedures for PCB meetings in [2022](#) and briefed the meeting on logistical arrangements and procedures for the meeting.
5. The meeting adopted the agenda.

1.2 Consideration of the report of the 49th meeting of the PCB

6. The meeting heard that the PCB Bureau had received a written request from a member requesting changes to the report of the 49th meeting to better reflect its statements during the meeting. A revised version of the report had been posted on 31 May 2022.
7. The meeting adopted the report.

1.3 Report of the Executive Director

8. Winnie Byanyima, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), welcomed delegates to the 50th meeting of the PCB. She paid tribute to the skilled diplomacy and committed work of Daniel Graymore, representative of the United Kingdom, who had died recently.
9. UNAIDS was working in a difficult context, she said, with multiple crises affecting people living with HIV and the global HIV response. There were many concerns, including the ongoing COVID-19 pandemic and the war in Ukraine. Sixty percent of the poorest countries were in debt distress; they were spending almost three times more on debt servicing than on health, education and social protection programmes combined. Ms Byanyima said the World Bank had forecasted that 52 countries (home to 43% of people living with HIV worldwide) faced a major drop in spending capacity.
10. Disasters and forced displacements were affecting HIV programmes, with key populations most vulnerable. Progress in reducing new HIV infections had slowed in 2021. Importantly, strong partnerships continued between the Global Fund, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) communities and the United Nations (UN).

11. In Ukraine, the Joint Programme was responding to urgent needs, ensuring continuity of HIV-related services, including for people seeking refuge in neighboring countries, the Executive Director said. A crisis team had been set up, a Joint Programme action plan had been adopted, and an acting director for the regional support team for Eastern Europe had been appointed, with hubs across the region providing coordination. The Secretariat was providing funding and other support to networks and civil society organizations both inside Ukraine and in the surrounding region. Emergency funding was helping to sustain harm reduction services, but some sites had been forced to close. She reminded the meeting that many developing countries were also experiencing humanitarian and other crises.
12. Implementation of the Global AIDS Strategy 2021-2026 had begun, Ms Byanyima continued. Several global strategic initiatives were being launched to advance key areas of the Strategy, including Education Plus, which eight champion countries had joined. Another initiative was the Global Alliance to End AIDS in Children, which was to be launched in August 2022. The Committee of Cosponsoring Organizations (CCO) had approved an initiative that focuses on achieving the 10–10–10 targets by promoting the improvement of legal and policy environments. In addition, the Global Partnership for the elimination of stigma and discrimination was already supporting 29 countries to pursue measurable legal and policy changes.
13. Reporting on follow-up to the successful high-level regional summit in western and central Africa summit, she said that UNAIDS and the West and Central African Institute for Civil Society had met subsequently to address key populations and the HIV response. Recommendations for reducing violence and discrimination and for removing criminalizing measures had been made and country action plans were being prepared.
14. UNAIDS continued to respond to human rights transgressions, including through litigation, Ms Byanyima continued. In May, this had led to victory in a celebrated case brought by a Chilean woman living with HIV who had been sterilized without her consent 20 years previously. She commended the Chilean President for issuing a public apology to the woman.
15. There had been 1.5 million new HIV infections in 2020, the meeting heard. The Global HIV Prevention Coalition was reporting strong reductions in some countries, including nine countries that were on-track to achieve the 2025 targets. But steeper reductions were urgently needed elsewhere.
16. Long-acting prevention technologies such pre-exposure prophylaxis (PrEP) held great potential; the Executive Director continued. Access to these options had to be increased so people could choose the prevention methods that work best for them. She said the long-acting PrEP could be manufactured affordably and she urged that licensing and pricing barriers be removed. The recent World Trade Organization had not brought the changes that were needed for access to medicines and other health technologies to become more equitable. A new alliance on access to long-acting HIV technologies could help drive more equitable access for vaccines and medicines, she said.
17. Regarding HIV financing, Ms Byanyima said the PCB in 2021 had approved a new Unified Budget, Results and Accountability Framework (UBRAF) with a threshold of US\$ 210 million dollars per year, a decrease from the previous biennium. Projections showed that, due to currency fluctuations and some funding cuts, an amount of US\$ 157 million was more likely for 2022, which would mean a gap of

US\$ 53 million. The Secretariat was strengthening cost reduction by maximizing efficiencies, giving up office space and cutting travel costs. The shortfall was a small fraction of the US\$ 21 billion that was available for the HIV response globally, but it threatened essential programmes for ending AIDS. She extended deep gratitude to donors who were helping close the gap and underscored the importance of a successful Global Fund replenishment.

18. Turning to the Secretariat alignment exercise, the Executive Director said a cohort of staff would be leaving UNAIDS at end of July. Organizational capacities were being moved closer to the people served by UNAIDS. Global units being set up in Bangkok, Johannesburg and Nairobi, and a management hub was being added in Bonn, Germany. Some human resource functions were being decentralized to regional support teams, and applications for the two Deputy Executive Director positions were being short-listed.
19. She updated the meeting on implementation of the Management Action Plan and said an integrity hotline had been introduced and other accountability mechanisms were being strengthened. She thanked Denmark and the United States were thanked for participating in the MOPAN assessment and the PCB for setting up the Independent External Oversight Advisory Committee and thanked the Government of Thailand for offering to host the 51st meeting of the PCB in Thailand.
20. Ms Byanyima reminded the meeting that hundreds of thousands of people were still dying of HIV-related causes each year and that millions were acquiring HIV for the first time. Failure to end the epidemic would be much more expensive than ending it.
21. Speaking from the floor, members thanked the Executive Director for her report and praised the dedication of UNAIDS staff. They emphasized the progress made in the HIV response, commended UNAIDS for its continued work despite resourcing constraints, and stressed the importance of UNAIDS guiding and leading the global response.
22. A number of Members urged the Russian Federation to cease all military operations in Ukraine and called it a violation of international law. They expressed alarm about the war's impact on communities and the organizations serving them and condemned attacks on health facilities. Full access to health services for all people in need should be guaranteed, they stressed. Disrupted access to HIV treatment and other necessary medicines and services would affect the entire region, which had the fastest-growing HIV epidemic in the world. UNAIDS was commended for helping ensure that HIV services remained available to Ukrainians.
23. In response, the Russian Federation asked that members not politicize discussions in the Programme Coordinating Board. It noted that data in Ukraine in the WHO and ECDC report "HIV/AIDS surveillance in Europe" up until the end of 2020, showed a stable but relatively high rate of new HIV diagnosis. Since 2014, it said it had been providing HIV-related assistance in the Donbas region and that governments should increase their financing of HIV responses, as it was doing. The Russian Federation noted the necessity of providing the Ukrainian patients with a full range of antiretroviral medicine.

24. Members expressed serious concerns about the Joint Programme's funding and capacities in the current environment. A fully funded UBRAF was urgently needed to prevent the Joint Programme from being severely weakened, they said. The PCB had a vital role to play to avert such a crisis.
25. The Joint Programme was more than the sum of its parts, the meeting was told. It represented a wealth of accumulated multisectoral experience and expertise built over the course of the pandemic, which the world could not afford to lose. The Global Fund and many other institutions relied on UNAIDS for expertise, guidance, and support. The world could not afford to lose its unique governance model, its focus on gender-transformative and human rights-based approaches, and its knowledge base for addressing multiple epidemics, members said. Adequate, predictable, and timely funding of the UBRAF was crucial.
26. Members also raised concerns about UNAIDS's reliance on a small number of donors and about the growing complexity of UNAIDS's work in a context of shrinking resources. There was a risk that organizational restructuring and funding shortfalls would reduce UNAIDS's work in some regions and that the closure of UNAIDS Country Offices would hinder country responses. Members appealed to UNAIDS not to abandon regions.
27. Germany announced that it would increase its contribution core UBRAF contribution by US\$ 1 million to US\$ 6 million in 2022, while the United Kingdom (UK) announced that it would increase its multiyear funding to 8 million pounds sterling per year and it would contribute to Education Plus. They appealed to other donors to do the same.
28. Members stated their concerns that new HIV infections and AIDS-related deaths were not decreasing quickly enough to end AIDS epidemic by 2030. Encouraging achievements in some regions were accompanied by lagging progress in others, they noted, and stigma, discrimination and inequalities were standing in the way. The Global AIDS Strategy 2021-2026, with its focus on people-centred and rights-based approaches, provided a path for accelerating progress, they said. UNAIDS was urged to focus on its full mandate, and to collaborate and coordinate effectively across Cosponsors.
29. Referring to the alignment exercise, members acknowledged the sacrifice and dedication of staff despite the uncertain circumstances. While recognizing the need for organizational change, they said the alignment process was causing stress among staff and may be affecting their health and well-being. They expressed concern about some of the voiced concerns regarding the alignment process, thanked the UNAIDS Secretariat Staff Association (USSA) for its frank assessments, and urged that inclusive leadership be maintained.
30. Members also stressed that they took cases of corruption and sexual harassment seriously and supported robust whistle-blower policies. UNAIDS should be a safe, equal and empowering workplace, they said.
31. Also raised were concerns about the volume of performance reporting. It was suggested that UBRAF reporting be complemented by strategic communications products that clearly convey the comparative advantages of the Joint Programme model.
32. The need for expanded local manufacturing of medicines and equipment and for technology transfers was raised. Speakers insisted that new medicines and technologies had to be made available at affordable prices. Some members briefed the meeting on progress in their HIV responses, including expanded

- prevention services for vulnerable populations, actions to reduce stigma and discrimination, and the use of intensified case-finding approaches. They suggested that a future thematic segment could be devoted to the latter approaches.
33. They emphasized the value of connecting HIV responses to the right to health and to human rights generally, and of reaching key populations with services. The law should be used to reduce vulnerabilities and support people's access to health and justice, they said.
 34. In reply, Ms Byanyima said UNAIDS appreciated the PCB's support and guidance. Referring to concerns about the closure of some Country Offices, she said efforts were underway to embed senior HIV advisers within the UN Resident Coordinators' Offices; affected countries would continue to receive support from UNAIDS Regional Offices.
 35. She told the meeting that the Secretariat was doing all it could to care for staff affected by the alignment. Staff counseling was being strengthened, career support and well-being support was being offered, and monthly town hall meetings were held.
 36. Noting the many examples of positive results achieved, she agreed that UNAIDS could more clearly show the impact and difference it was making. The Secretariat was putting in place a dedicated knowledge management function to capture and share achievements and stories of change.
 37. The Executive Director thanked the United States of America (USA) for its consistent support, Germany for its additional funding, and the United Kingdom (UK) for increasing its contribution and for supporting the Education Plus initiative.

1.4 Report by the Chair of the Committee of Cosponsoring Organizations

38. Catherine Russell, Executive Director of UNICEF, presented the CCO report. Noting the achievements of the past year, she underlined the commitment to end AIDS as a public health threat by 2030 by doing away with the overlapping inequalities that drive the epidemic, and by prioritizing the people who were not yet accessing life-saving HIV services. Doing so required targeted actions from all Cosponsors and an interconnected response across sectors and actors.
39. Ms Russell said the world faced a series of interconnected challenges, including COVID-19, climate change, humanitarian emergencies and other shocks, all of which were becoming the norm. Without collective action there was a risk that the progress of the past 20 years against HIV could be undone.
40. In May, she informed the meeting, CCO principals had committed to ensure that HIV remains a priority in their organizations; rally support for sufficient financial resources (including for the Global Fund's 7th replenishment); and provide leadership around global strategic initiatives.
41. Two months earlier, Ms Russell continued, Cosponsor global coordinators, focal points and Secretariat staff had met to position HIV in the broader development context. The discussion recognized the strategic role of the Joint Programme for leveraging Cosponsor mandates and for advancing engagements with broader health and development partners around the inequalities and rights violations that hold back effective HIV responses.

42. She described how those interconnected approaches were advancing work at regional level around education, social protection, and humanitarian responses. Building on momentum from the western and central Africa summit held at the end of 2021, the Joint Team had discussed enhancing the impact of regional Joint Teams through cross-fertilization, increasing political momentum, using economies of scale and addressing transborder responses, she said.
43. Stressing that Cosponsors had to have a presence "on the ground", Ms Russell said that a recent capacity assessment of the Joint Programme had showed clearly that funding for critical staff was declining. Fewer Cosponsors staff were dedicated full-time to HIV work and most nominally HIV staff at country level were now multifunctional, covering HIV and other issues. In addition, the Secretariat was affected in its ability to work at regional and country levels, especially in regions with limited HIV capacity.
44. Ms Russell told the meeting that the Joint Programme was at a pivotal moment: critical funding gaps were threatening hard-won gains. The CCO had been informed a few weeks earlier that the Secretariat would not be able to release the remaining portions of UBRAF allocations for Cosponsors, totaling US\$ 4.4 million significantly reduced 2022 income projected. She said Cosponsors had already made financial commitments for those funds. UBRAF core funding was vital for Cosponsors' HIV work, especially at regional and country levels. There were also concerns about the ambiguity surrounding full core allocations for 2023. Without full core funding for the biennium, Cosponsors would be forced to make damaging cuts that would endanger their mission. An increase in HIV funding was less likely to come from HIV-specific resources; other core funding had to be sought and donors had to be engaged with specific, timebound initiatives.
45. One such example was the Education Plus initiative, which was being spearheaded by the UNAIDS Secretariat, UNESCO, UNICEF, UNFPA and UN Women, Ms Russell told the meeting. Linkages between education and health would also be a focus of an upcoming "Transforming Education" summit, she added. She briefed the meeting on two other forthcoming initiatives: the Global Alliance to End Paediatric AIDS (convened by UNICEF, WHO and UNAIDS Secretariat) and the 10–10–10 initiative, which would focus on the removal of punitive and discriminatory laws. In closing, Ms Russell reiterated that the leadership of the Joint Programme was more important than ever, and that collective action was crucial.
46. Speaking from the floor, some members thanked the CCO chair for her report. They commended efforts to provide life-saving medicines and services to people living with HIV and key populations in Ukraine, and condemned violations of international law, including international humanitarian law, committed in Ukraine.
47. Members welcomed the launch of the global strategic initiatives, which they believed would help focus responses around urgently needed interventions. They emphasized that the initiatives should complement existing programmes.
48. They underscored their concerns about the funding shortfall and said the global economic and geopolitical situation posed a huge challenge for ending AIDS. Reiterating the need for a cross-sectoral response, they warned that a continuing funding shortfall would erode the HIV response, especially in low- and middle-income countries.
49. Underfunding of the Joint Programme, including and the Cosponsors' HIV work, threatened the HIV response, some members said. They appreciated Cosponsors' commitment to keep HIV a priority in their organizations and recognized that

limited funding and reductions in UBRAF allocations were straining their abilities to fulfil their HIV mandates. In-country presence of the Joint Programme was essential to assess and scale up actions aimed at removing punitive and discriminatory laws, for example. Members said they looked forward to the findings of the independent evaluation of UNAIDS regarding the country envelopes and they would welcome further discussion on sustainable financing, including multiyear financing and proposals for strategies to achieve such arrangements.

50. Some members applauded the Joint Programme's work with governments to support the scale-up of comprehensive sexuality education (CSE) and sexual and reproductive health services, which were vital building blocks for gender equality. They also thanked WHO's HIV, STI, HEP Department for its new global health strategy.
51. In reply, Chewe Luo, Associate Director and Chief of HIV/AIDS, UNICEF, standing in for Ms Russell, agreed that HIV responses had to be integrated within Universal Health Coverage and said Cosponsors were engaged in that work. She agreed that the fiscal environment was difficult but added that ostensibly "competing" priorities (like climate change, conflicts, and COVID-19) were also relevant to the HIV response. Referring to suggestions from the floor, she said a special PCB working group could be set up to explore ways to ensure that HIV stayed relevant in Cosponsors mandates.
52. Ms Byanyima thanked the meeting for supporting the global strategic initiatives. She welcomed the proposal to set up a working group on sustainable UNAIDS funding that would involve Cosponsors. She also thanked UNAIDS's long-term donor partners for their support, including the United States, Germany and Switzerland.

1.5 Report by the NGO Representative (postponed)

2. Follow-up to the thematic segment from the 49th PCB meeting

53. Peter Ghys, Director of Strategic Information, UNAIDS, briefly reviewed the preparation and focus of the thematic segment of the 49th meeting of the PCB: "What do the regional and country level data tell us, are we listening and how can we leverage those data and related technology to meet our 2025 and 2030 goals?".
54. The segment had highlighted the fact that the HIV response had yielded one of the most comprehensive, granular, and timely data systems in global health and development, Mr Ghys said. The systems produced data that informed major policy and programme innovations throughout the world he said. Data had become the bedrock of the response. Referring to the segment's title, he said that high service coverage was being achieved when country programmes "listened to the data". The data were also exposing the many inequalities that prolonged the HIV pandemic and impeded access to health and HIV services. However, the collection and use of HIV-related data was still uneven, underscoring the importance of engaging communities as partners.
55. Key messages from the segment had included the importance of using data to identify and reduce inequalities, the value of disaggregated data for pinpointing and responding to important trends, and the underused potential of community-generated data and research. Understandings were also evolving about how to

- solve problems in ethical ways. COVID-19 was reinforcing the need for timely, accurate and disaggregated data and for building better protection into data systems. Discussions had also emphasized the value of UNAIDS monitoring of financial resources, which enabled analysis of funding needs and gaps, efficiency in allocation and utilization, and targeted funding.
56. Looking ahead, Mr Ghys said the effective use of data required sustainable routine national health information systems, complemented by focused surveys, and the collecting of geolocated and disaggregated data. Community-generated data had to be a pillar of HIV response information systems. UNAIDS needed sufficient funds to support country and community monitoring and reporting.
 57. Since the 49th PCB thematic segment, UNAIDS had continued to support countries and communities to generate strategic data, Mr Ghys continued. This was done by collecting disaggregated data; collecting and analyzing data to monitor HIV programmes and understand structural factors; developing metrics to track progress towards the 10–10–10 targets on societal enablers; working with countries to monitor key HIV-related inequalities; and helping countries conduct National AIDS Spending Assessments and use financing data to improve the efficiency of their programmes.
 58. In discussion from the floor, members thanked the Secretariat for the update and stressed the importance of collecting and using accurate data, including for eliminating stigma and discrimination. They were pleased that UNAIDS was developing metrics to track the 10–10–10 targets. Speakers commended Mr Ghys for the high-quality work he had led over decades in building HIV data systems around the world.
 59. Some members noted that data collection and use were still uneven and reminded the meeting that strong results can mask underlying differences. They applauded UNAIDS's work to ensure that data are available to all, welcomed efforts to have effective monitoring and evaluation frameworks, and stressed the value of disaggregated data to identify and remove gaps. Referring to funding shortfalls, they asked UNAIDS to ensure that the collection and use of data remain a priority even if funding shortfalls continue.
 60. Communities should be at the heart of the collection and use of data, some members said. They asked for more information on what was being done to engage communities as partners in the collection and use of HIV-related data, and thanked UNAIDS for highlighting the importance of community-led monitoring.
 61. Members reiterated that data have to be collected and used ethically, for the benefit of communities, and agreed that countries should protect privacy and confidentiality when collecting data. This was especially important for key and priority populations. A global mechanism for protecting data privacy for key and other priority populations should be imbedded in regional and national responses, they suggested. Security and protection were especially important in places with punitive laws affecting people living with and at risk of HIV. Cybersecurity had to be taken seriously, they emphasized.
 62. Some members updated the meeting on improvements in their data reporting systems, while others relayed some of the challenges, they faced in collecting and reporting HIV data for the Global AIDS Monitoring system. It was noted that data collection and reporting required extensive human and other resources and capacities. There was a suggestion that UNAIDS consider retaining only those indicators that are essential for countries' responses and that it require less-frequent reporting (every 2–3 years, for example).

63. In reply, Mr Ghys acknowledged the supportive comments about the importance of data and its impact on country responses. He agreed with concerns raised about confidentiality and the safety of data collection and use and said UNAIDS would continue to work on those issues. Regarding a suggestion to reduce the number of reporting indicators, he said there was a tension between the need for greater granularity and concerns about the burden of reporting on so many indicators.
64. The Chair paid tribute to Mr Ghys' contribution to UNAIDS and the HIV response and thanked him for his commitment and service.

3. Leadership in the AIDS response

65. Ms Byanyima introduced Peter Sands, Executive Director of the Global Fund. Emphasizing the importance of a successful replenishment for ending AIDS by 2030, she described some of the ways in which collaboration between PEPFAR, the Global Fund and UNAIDS at country level was ensuring that investments have impact and benefit the people who need them.
66. Mr Sands said it was important to recognize both progress and the areas where the response was lagging. When the Global Fund and PEPFAR had been created, he reminded, the outlook for the HIV response had been grim. But collective effort, determination and creativity had led to enormous achievements and saved countless lives. However, challenges were again increasing. COVID-19 had pushed countries further off-track, and a combination of food shortages and price hikes were making life even harder for marginalized populations.
67. Sufficient resources were needed to put the HIV response on-track again, Mr Sands said. The Global Fund was the second-largest source of funds for HIV (PEPFAR was the largest), providing about 25% of all HIV funding globally. In 2021–2023 it was investing about US\$ 6 billion in HIV, almost one quarter more than in the previous funding cycle, Mr Sands said. It was committed to invest more in HIV prevention (currently already 53% higher than in the previous grant cycle).
68. It was also essential to remove human rights- and gender-related barriers that stand in the way of effective programmes and that render people vulnerable. Partnerships with countries, affected communities and agencies were crucial. The people directly affected by HIV had to be at the centre of HIV responses, he emphasized. That lesson had to be transferred also to other disease responses. He stressed the importance of the Global Fund's partnership with UNAIDS, which provided vital leadership, data, and technical support to make the money work at country level. A fully funded UNAIDS was vital if the Global Fund to maximum impact, Mr Sands emphasized.
69. In closing, he paid tribute to the USA for its support for the HIV response and highlighted the importance of the upcoming Global Fund replenishment. He explained that the US had pledged US\$ 6 billion, but US law required a 1:2 match for every dollar it contributed. Other countries therefore had to contribute at least US\$ 12 billion in order to realize the US pledge.
70. Ms Byanyima introduced John Nkengasong, US Global AIDS Coordinator. She thanked the US Government for its generous support to the Joint Programme, which in 2022 had increased by US\$ 5 million to US\$ 50 million.

71. Mr Nkengasong said the COVID-19 pandemic had again highlighted the value of partnerships, as seen in the advances in supporting HIV services and preserving gains, including treatment delivery, multi-month dispensing and self-testing. Inequalities persisted, however, and key populations remained at very high risk, while gender-based violence had worsened. HIV progress remained strong in some respects but lagged in others.
72. Collective efforts were needed, he said, citing the Global Fund as an exemplar of effective partnership. He appealed to other donors to match the confidence the US showed in the Global Fund. PEPFAR had saved more than 21 million lives and was helping countries build strong foundations for other health crises. It did this by working closely with countries, other agencies, and civil society, he said. UNAIDS, the Global Fund and PEPFAR were as necessary to each another as they were to the countries they supported, he said and underscored the need for a fully replenished Global Fund and a fully funded UNAIDS.
73. Mr Nkengasong said UNAIDS was expected to support the reduction of inequalities, remove barriers, and promote human rights—all challenging areas of work—and Cosponsors had to provide technical guidance and provide other wide-ranging support to countries. Only a fully resourced UNAIDS could fulfil those roles. It remained central to the success of the global HIV response by supporting countries in science-based policies and programmes. He said UNAIDS could count fully on the support of the US Government and appealed to other donors to commit their support.
74. He commended UNAIDS, governments and communities for reaching unprecedented levels of antiretroviral coverage, but said ongoing inequalities and inequities had to end. The AIDS epidemic would not end if people's human rights were being violated.
75. Speaking from the floor, members thanked the speakers for their contributions. They emphasized that leadership and global solidarity had led to the creation of the Global Fund, PEPFAR and the Joint Programme. Together those entities had propelled the global HIV response. Members shared examples of those complementary roles at country level and highlighted the centrality of Joint Programme support, including technical and policy support, which underpinned their recent HIV achievements.
76. A fully-funded UBRAF—across the mid- and long-term—was vital so the Joint Programme could continue to support countries and communities to build integrated systems for HIV and health, especially for key and vulnerable populations, speakers said. They asked how a reasonable balance might be achieved between the large amounts of funding available to the Global Fund and the funding needed by UNAIDS.
77. In reply, Mr Sands thanked speakers for their remarks. He said progress against HIV was expensive partly because the underlying factors driving the epidemic, including deep-rooted inequities, were not being addressed sufficiently. Quicker progress in those areas would lead to greater impact. The Joint Programme, partnering with the Global Fund and PEPFAR, performed critically important work on that front. Slow progress against infectious diseases made them much more expensive in the long-term, Mr Sands said. All the key entities had to be fully funded, he insisted and also referenced the use technical "set-asides" built into funding for the Global Fund.

78. Mr Nkengasong agreed on the urgent need to fund UNAIDS in a predictable and sustained manner. Without a strong Joint Programme effective global coordination of the HIV response was not possible. He said the US would continue to advocate for strong and predictable funding.

4. Unified Budget, Results and Accountability Framework (UBRAF) 2016–2021

4.1 Performance reporting

79. The Board received, for consideration, the final report on the implementation of the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) 2016–2021.
80. Tim Martineau, Director Management, UNAIDS, presented the 2020-2021 performance monitoring reporting report, which describes the collective and individual achievements of the 11 UNAIDS Cosponsors and the Secretariat. He explained that the overall report comprised several separate reports; more information was available on the results and transparency portal.
81. The reports showed that the Joint Programme had kept HIV on the global political agenda despite the many other major priorities, Mr Martineau said. It had led the development of the Global AIDS Strategy and had overseen the adoption of the 2021 Political Declaration on HIV and AIDS (which included the 10–10–10 targets aimed at removing punitive laws and policies), two highly inclusive processes.
82. Chewe Luo, Associate Director and Chief of HIV/AIDS, UNICEF, said UNAIDS had led efforts to elevate action and investments, and scale up prevention, testing and treatment. UNAIDS had expanded comprehensive, people-centered and inclusive HIV services, with a focus on reinvigorating combination prevention. The latter efforts included support to the Global HIV Prevention Coalition, development of the Condom Needs Estimation Tool, adoption of oral PrEP in national guidelines of 130 countries, a framework for scaling up prevention for adolescent girls and young women in western and central Africa, ongoing support for programmes to eliminate mother-to-child transmission (15 countries had been validated by WHO for achieving that goal), and expansion of sexual and reproductive health including comprehensive sexuality education.
83. Ms Luo said the Joint Programme had also contributed to steady gains across the HIV testing and treatment cascade, including the roll-out of self-testing in 48 countries, updated normative guidance for testing and treatment such as the WHO Treat All recommendations now adopted in 187 countries, and increased use of innovations for health including digital ones. At least 130 countries had been assisted to overcome service barriers, differentiated service delivery for better health was becoming widespread, as was self-testing and multimonth dispensing of antiretrovirals (adopted by more than 90% of low- and middle-income countries), and the integration of mental health and cervical cancer in HIV services. However, she stressed this was far from sufficient and more emphasis was needed on HIV prevention and removing structural barriers.
84. The meeting was told that at least 90 countries were supported in creating improved enabling environments, including through the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination and the roll-

out of the People Living with HIV Stigma Index 2.0. UNAIDS had contributed to the repeal of laws criminalizing HIV transmission, the decriminalization of same-sex conduct and other revisions of HIV related laws in at least 10 countries. Gender expertise in AIDS coordinating bodies had been strengthened in 16 countries, gender assessments of HIV responses had been done in 13 countries, and gender equality was being integrated in the HIV strategies of 35 countries. The Education Plus initiative had been launched to champion the empowerment of adolescent girls and young women in sub-Saharan Africa. Community-led responses, including community-led monitoring, had received strong attention and support.

85. Sustainable HIV and health financing and resilient HIV sensitive social protection systems were being advanced, Ms Luo continued. Some 91% of reporting countries had national social protection systems that addressed HIV, HIV financing data were being generated and national strategies were being refined to increase impact and long-term sustainability as part of Universal Health Coverage. UNAIDS had also supported five regional ministerial meetings on health and finance, and the development of a new health financing road map for Africa.
86. HIV financing analysis had informed more than 20 national HIV strategies, while partnerships with countries in over 90 countries and with PEPFAR and the Global Fund had leveraged billions of dollars for HIV programmes, Ms Luo said. UNAIDS had provided support to and guided 80% of Global Fund funding requests in 2020–2021 (about US\$5 billion of HIV funding) and had helped achieve a stronger focus on prevention (with increased funding of over US\$ 200 million in 6 years), as well as increased funding for condom, human rights and gender programmes. Global Fund success in countries relied on the country knowledge, relationships of trust, expertise, technical and policy support the Joint Programme provided at country level, she told the Board.
87. Mr Martineau briefly described some of the Joint Programme's many contributions for tackling inequalities in the colliding HIV and COVID-19 pandemics in 2022-2021, including its high-level advocacy role in the People's Vaccine Campaign, in monitoring, publicizing and mitigating the impact of COVID-19 on HIV programmes especially for HIV services continuity, and in supporting communities to protect rights, build their resilience and promote their contribution and resourcing for sustainability. He stressed the report included many examples of the Joint Programme's results with and for young people, children, key populations, women and girls and populations in humanitarian settings as well as other mobile and migrant populations. He then highlighted top achievements of the Secretariat in 2020–2021 for each of the five Secretariat functions including political commitment, partnerships, leveraging resources, generating the world most comprehensive collection of HIV data, effective coordination for country implementation support and of the Joint Programme to deliver, including resources mobilization, strong governance and accountability including through UN reform in action through UN Joint Teams and Plans on AIDS in 91 countries as part of UN Sustainable Development Cooperation Frameworks (UNSDCFs).
88. The Performance monitoring report includes a comprehensive report on all the UBRAF indicators for its whole 2016-2021 period, he stressed. Summarizing progress made against the 25 UBRAF strategy result areas, he reported that 15 had been met, 7 showed slow progress, and 1 had not been met (consolidated data against target for 2 indicators were not available). Slow progress in some result areas was due especially to financing constraints and COVID-19. Regarding

the 13 Secretariat function indicators, 7 had been met, 4 approached being met, and 2 had been partially met.

89. The main challenges encountered during the reporting period included the high impact of the COVID-19 pandemic on communities and national HIV responses, lack of comprehensive HIV services, insufficient progress against the global AIDS targets; remaining structural drivers' barriers (including gender inequality, stigma and discrimination, and punitive laws and policies); and insufficient domestic and international resources for HIV. Underfunding of the UBRAF was limiting and eroding capacities of the Joint Programme, Mr Martineau told the meeting.
90. Lessons learnt included the power of sustaining political commitment and accountability for the HIV response; of partnerships, of focusing stepped-up investment and action on neglected or underperforming areas; of shifting to people-centered and integrated approaches; of pursuing innovations and supporting community-led responses; of evidence-informed investment in HIV as well as in pandemic preparedness, and health and social protection systems.
91. Mr Martineau concluded by stressing that the Joint Programme has contributed to improving millions of lives in the last 6 year and further bended the curve of the epidemic. He listed some of the Joint Programme's core strengths and assets. UNAIDS continued to fulfil its unique mandate by putting its multisectoral expertise and resources to work in countries and by serving as a bold voice and catalytic force in numerous areas that are needed to end HIV-related inequalities (e.g. strategic information, country and community support, policy and technical support, agenda-setting and leadership). A fully funded UBRAF was essential to protect and sustain this vital work, he said in conclusion.
92. In discussion from the floor, members thanked UNAIDS for the comprehensive and improved reports and welcomed their analysis of challenges and lessons. They also highlighted the value of reporting that was inclusive of community data and knowledge. Noting that the Joint Programme had been working in challenging conditions, they congratulated it on the achievements of the previous biennium. They commended the efforts to reduce gender inequality, change harmful gender norms and support key populations, and the innovations that were being used to sustain HIV services during COVID-19 as well as the sustained efforts to reach the 95-95-95 targets.
93. The reports showed the high levels of accountability of the Joint Programme, members said but noted that the world was not on-track to reach most of the 2025 targets and there are important variations across regions and countries. Prevention remained a major challenge, especially for young people and key populations. All countries were urged to fulfil their commitments to dedicate 25% of national HIV budgets to prevention programmes.
94. The growing epidemics among key populations were a major concern, members said, as was the fact that gender inequality continued to undermine HIV responses. Programmes for key populations are often under-resourced. Essential HIV packages should be included in Universal Health Coverage, members said, and combination prevention for key and vulnerable populations (including internally displaced populations, refugees, and migrants) had to expand and improve. Members said they looked forward to the external evaluations of UNAIDS's work with and for key populations.

95. Members also raised concerns about low levels of achievement for result area 3 and the resistance in some countries to interventions that are rights-based and intended to remove gender inequalities. Underlying structural barriers had to be addressed more effectively. They called on the Joint Programme and members to invest more in community-led networks and organizations and in the removal of policies and practices that deny people's rights.
96. Members recognized the hard work that went into preparing the performance monitoring reports, but some remained concerned about the volume and nature of performance reporting to the Board noting diverse expectations among PCB members. Some questioned the legitimacy of declaring targets "met" when they reached only 75% of the goal.
97. It was suggested that further reporting could be improved through showing clearer linkages between global level funding and regional achievements. A shorter executive summary could be added to the reports, pinpointing main issues, progress, challenges, and opportunities. This would be useful to inform the wider public and for resource mobilization.
98. Members said they appreciated the more detailed focus on performance monitoring at the regional and country levels, which was crucial for understanding which actions would sustain gains. They highlighted the importance of reporting data that are inclusive of community-generated data and community knowledge. While acknowledging the impact of COVID-19, members registered concern about the lower level of country reporting for the Global AIDS Monitoring over the last two years.
99. Speakers welcomed the launch of the Education Plus initiative and supported the development of a health financing road map for Africa to increase domestic resources for health, strengthen health system resilience and improve Africa's capacity for local manufacturing of vaccines and other health commodities.
100. The crucial role of the Joint Programme was emphasized: "You are small but mighty," said one member. However, speakers expressed concerns with the Joint Programme's current and widening funding gap situation and strongly encouraged all donors to fulfil their financial commitments and with multiyear funding agreements to the Joint Programme. An ongoing shortfall against the UBRAF would cut into the vital policy, technical and other support UNAIDS provides to countries and Global Fund- and PEPFAR-supported programmes and weaken the HIV response. Cosponsors stressed that a sufficient core global level allocation remained vital to delivering results. It was crucial to have fully funded UBRAF with timely and predictable resources so UNAIDS could fully deliver on its mandate and for the implementation of the Global AIDS Strategy, members insisted.
101. In reply, Ms Luo said the Joint Programme agreed that progress on prevention was too slow, though it was also encouraged by the potential of new scientific breakthroughs, including long-acting pre-exposure prophylaxis (PrEP). She noted the concerns raised about the high costs of some HIV products.
102. Adolescent girls and young women were a key focus for the Joint Programme, the Global Fund and PEPFAR, she said, and Education Plus would galvanize that work. Responding to suggestions that the reports be condensed further; she said the complexity of reporting mirrored that of the HIV response. Nevertheless, ways would be sought to simplify the reporting while meeting the need for more detailed information.

103. Mr Martineau reminded PCB members that the performance reporting was for 2016–2021 UBRAF. The new improved UBRAF frameworks and platforms for the next reporting period would progressively support simpler and clearer reporting, he said. The enhanced evaluation functions also complement reporting to the PCB and overall accountability. He appreciated that there are diverse PCB expectations for the scope of the reporting but recognized there was still room for improvement, especially to provide members with material they could use to advocate for the HIV response with and sustain investments by their respective capitals. He also noted the remarks about the importance of social determinants, key populations, and community involvement, as well as the emphasis on financial reporting and the respective merits of frontloading investments and steady, long-term funding and sustainability.
104. Eamonn Murphy, Deputy Executive Director, a.i., Programmes at UNAIDS, told the PCB that the inequalities framework would be rolled out at country level. By way of example, he said almost 180 community organizations in western and central Africa were being supported to carry out activities aimed at reducing inequalities. If the Joint Programme's funding and capacities were reduced it would be very difficult to achieve the required levels of support (e.g. for more granular country data collection and analysis for the Global AIDS Monitoring), accountability and reporting.

4.2 Financial reporting

105. Ms Byanyima introduced the financial report and thanked Board members for their concern about UNAIDS's financial situation. She said 30 governments had stated that they were ready to scale up community-led responses, but the funding shortfall meant the Joint Programme would only be able to support half of them. UNAIDS was working to bring together multisectoral services aimed at reducing gender-based violence and discrimination, especially in sub-Saharan Africa, but those plans might have to be put on hold. Similarly, UNAIDS was responding to human rights-related emergencies among key populations and people living with HIV in up to 20 countries each year through rapid funding, technical interventions, and legal expertise. Those emergency activities were at risk if the funding shortfall was not resolved, she said.
106. The Board, the Secretariat's senior management and Cosponsors had to "own" this problem together, Ms Byanyima said. She invited the Board to step in and help find solutions. A short-term challenge, for example, was the depreciation of European currencies against the US dollar. She asked that a small group of Board members work with the Secretariat to try and resolve that problem. A similar group could also help UNAIDS work on the longer-term problem of achieving sufficient and sustainable funding. She also appealed to Cosponsors to share the burden, by absorbing the reduction of US\$ 400 000 in payments to them this year.
107. Mr George Farhat, Director of Planning, Finance and Accountability at UNAIDS, presented the two financial reports. He highlighted that the 10th set of annual statements complied with IPSAS accounting standards and that the external auditors had issued an unmodified audit opinion.
108. He told the meeting that US\$ 171.4 million had been mobilized in 2021, compared with US\$ 194.1 million in 2020 and US\$ 184 million in 2019. Resources mobilized in 2021 were over US\$ 15 million short of the US\$ 187 million target approved in the UBRAF.

109. Total core expenditures were US\$ 185 million versus an approved core budget of US\$ 187 million. The net fund balance was US\$ 102 million (US\$ 5 million less than the PCB-approved minimum level approved in 2015), compared with US\$ 112 million in 2020 and US\$ 100 million at the end of 2019. Nonetheless, the Joint Programme retained the ability to operate smoothly, he said.
110. Noncore income of US\$ 73.5 million had been mobilized for global, regional and country initiatives in 2021, 71% of it from USAID and the US Centers for Disease Control. Total noncore expenditures in 2021 were US\$ 71.2 million versus US\$ 54.6 million in 2020. An available noncore balance of US\$ 56.2 million had been carried forward into 2022.
111. The first biennial workplan and budget of the 2022–2026 UBRAF had an annual approved core budget of US\$ 210 million with a base set at US\$ 187 million. The allocation of US\$ 187 million split into US\$ 47 million for the Cosponsors and US\$ 140 million for the Secretariat. Under an allocation of US\$ 210 million, US\$ 64 million would go to the Cosponsors and US\$ 146 million to the Secretariat.
112. On the expenditure side, the net fund balance in 2021 enabled implementation of the UBRAF to commence. Total core expenditure and encumbrances amounted to US\$ 123 million, which comprised US\$ 41 million in transfers to Cosponsors (with US\$ 6 million remaining) and US\$ 76 million in Secretariat core expenditures and encumbrances.
113. UNAIDS had recently received three additional core contributions from Denmark, Luxembourg and Norway totaling US\$ 17.1 million, Mr Farhat informed the PCB. This brought contributions received thus far in 2022 to US\$ 60.2 million (compared with US\$ 86.4 million in June 2021). It had been estimated that US\$ 175 million would be raised in 2022, but the financial outlook was less promising than originally foreseen. This was due partly to significant depreciation of major currencies against the US dollar (which translated into exchange rate losses of about US\$ 12 million) and several donors shifting overseas development assistance to respond to the war in Ukraine. However, Germany and the UK had announced they would increase their contributions.
114. The revised estimate for 2022 was US\$ 162 million (versus US\$ 157 million previously), given the additional contributions announced during the previous day's PCB session. This translated to a US\$ 25 million gap against the base resource mobilization target of US\$ 187 million and a US\$ 47 million gap against the approved budget of US\$ 210 million. Mr Farhat described in greater detail the impact of the devaluation of the Euro and other currencies on UNAIDS's funding situation.
115. Current mitigation measures to cover the funding gap included freezing vacancies for 3-6 months, limiting international travel, taking targeted actions to enhance operational cost efficiency, and putting on hold remaining transfers to Cosponsors. These were short-term measures. It was crucial to achieve a sustainable funding situation, he said.
116. Speaking from the floor, members thanked the Secretariat for the detailed report, welcomed the continued IPSAS compliance and recognized the diligent resource mobilizing work of UNAIDS in a very difficult funding environment. They thanked the Executive Director for clearly spelling out the implications of the funding shortfall for UNAIDS's work and for the HIV response. It was suggested that future reports could be more infographic-driven.

117. Some members observed that the blending of core UBRAF resources and noncore resources in the financial reporting was challenging from an accountability perspective. They asked whether declining core resources were responsible for unfunded liabilities and requested that core and noncore resources be differentiated more clearly in future reports.
118. Members commended UNAIDS for its diligent resource mobilization work in a very difficult funding environment. However, they expressed concerns about the financial situation and urged donors to maintain and, preferably, increase their contributions. The funding gaps were not sudden, they said: the UBRAF has not been fully funded for several years. The current serious situation, though, was especially concerning since the net fund balance was below the required threshold. Members asked for more information regarding the risk and impact of drawing down on the net fund balance below the recommended minimum. They also requested an explanation for why expenditure for several Secretariat functions already stood at 55% by March.
119. Members pointed to possible risks of the funding situation and urged the Secretariat to examine and preempt the possible loss of institutional knowledge, and to avoid misaligning staffing capacity with emerging country needs. They asked for a more detailed assessment of the possible consequences of the current shortfall and requested more information about the Secretariat's consultations with Cosponsors regarding the mitigation actions and risks of the funding situation.
120. A strategy was needed to diversify the current core donor base of about 25 countries and to encourage donors to make long-term contributions. There was a suggestion to set up a multistakeholder task force or working group to assist UNAIDS on that front. Other actions were also proposed: the Executive Director should continue to have targeted conversations with donors to close the funding gap; more structured opportunities for dialogue with a wider range of partners were needed to consider all viable resource mobilization possibilities; and a session on resource mobilization should be included at the December 2022 PCB meeting, informed by new discussions and strategies. Regarding currency exchange losses, members said they would explore the possibility of resolving the issue and would report back to the PCB.
121. Mr Farhat, in reply, said the net fund balance was US\$ 5 million below the minimum approved level, but assured the PCB that the US\$ 102 million level was enough to move forward. There were plans to use some of the fund balance to cover part of the funding gap (perhaps up to US\$ 10 million) while additional resources were raised. He said he would report back on the apparent high spending rate (55%) for Secretariat functions. Replying to other questions, he said a restructuring fund had been established to cover the costs of departing staff and of the abolishment of posts; the US\$ 16 million was not covered from core funding. Secretariat staff expenditures in 2021 totaled US\$ 108 million and the alignment, once finalized at the end of 2022, would achieve a reduction of US\$ 12–13 million.
122. Referring to concerns raised about the alignment process, Mr Martineau assured the meeting that the Secretariat would continue to draw on strong external expertise to guide and support the process. He thanked members for their suggestions and welcomed the proposal of a report-back at the December 2022 PCB meeting.

5. Indicator matrix for the 2022–2026 UBRAF and Indicators, milestones, targets, and data sources for the 2022–2023 Workplan and Budget

123. The Board received the complete indicator matrix for the 2022–2026 UBRAF and the finalized indicators, milestones, targets, and data sources for the 2022–2023 Workplan and Budget. Marie-Odile Emond, Senior Planning and Monitoring Adviser at UNAIDS, presented a summary of the content of the document and described the background and purpose of the indicator matrix as well as showed some examples.
124. Ms Emond highlighted that the set of performance indicators will measure the performance of the Joint Programme's results framework and more specifically against specific outputs for the 10 result areas and 5 secretariat functions, that together contribute to the achievements of 3 Joint Programme outcomes, all fully aligned with the Global AIDS Strategy. The indicators developed jointly by the Joint Programme reflected recommendations made by the PCB in December 2021 and guidance from the UBRAF Working Group. She said the matrix supported strong accountability and included SMART (specific, measurable, achievable, relevant and time-bound) indicators in selected areas where the Joint Programme invests the most. She added that the indicators ensured consistency and linkages across time and between different levels of results.
125. Referring to the UBRAF 2022–2026, Ms Emond said the indicators in the matrix were selective and were complemented by other tools (e.g. evaluations and assessments). Based on learning from the previous UBRAF and other tools, such as evaluations and audits. A mixed approach had been followed, using outcome-level and output-level indicators. She added that the matrix therefore shows better consistency and linkages to the wider impact of the Joint Programme, reporting using result-based performance monitoring and offering a more holistic view of UNAIDS multidimensional and catalytic role for the implementation of the Global AIDS Strategy.
126. She then provided a brief overview of the UBRAF indicators which will measure the Joint Programme's key contributions to the global HIV response, highlighted the added value of the Joint Programme and Secretariat, and allow to monitor their respective performances. She said the performance monitoring system worked in harmony with the Global AIDS Monitoring system.
127. The indicators had been improved consistently over the years, Ms Emond continued and the 2022–2026 indicators more clearly reflected the Joint Programme's work. The matrix includes Joint Programme's outcome indicators (selected from the Global AIDS Monitoring) and output indicators including a rationale, data sources, baselines, milestones and targets, the lead cosponsors as per the Division of Labour, and available and main complementary indicators. Before handing over to Ms Luo, Ms Emond referred to the internal detailed methodological guidelines on the indicators, which was also being developed to ensure consistent and accurate reporting. Those, she mentioned, include other definitions of key terms used, such as on 'support' and others.
128. Ms Luo, continued the presentation by sharing some examples, starting with outcome area 1 (HIV prevention), specifically indicator 1.1.1, which measures the number of countries supported by the Joint Programme in improving national policies, tools and targets for combination HIV prevention for and with key populations and other populations at higher risk of HIV infections. She explained the baseline and the stepwise envisioned progress towards the two milestones

- (2023 and 2025) and the target (2026). In similar fashion, she described several other indicators, including indicator 8.2.2 for measuring support to the Global Fund's investments for impact and indicator S1.1.2 to monitor the work of the Secretariat in reviewing and updating national strategic plans on HIV. She then described how the selected indicators for the 3 outcomes link to the Global AIDS Targets from the Global AIDS Strategy, and to the Sustainable Development Goals. For the first time, she said, the entire results chain and monitoring framework is clearly mapped out and aligned across the various levels.
129. Ms Emond then discussed some key reflections and considerations. The Joint Programme aims at high level of accountability through the indicator's matrix noting it is but one of the Joint Programme accountability tools and considering UNAIDS's structure as a Joint Programme. The exercise was rather technical and covered some new programmatic areas which UNAIDS aimed to shape but for which both the science and guidance were still evolving. Some flexibility and an appropriate balance had to be found between global-level UBRAF indicators, different epidemics and country needs, and the varied maturity of national HIV responses. There were also different expectations about the granularity of the indicator framework. She ended her presentation by saying the 2025 milestones and the 2026 targets would be updated, as needed in 2023, as part of the development of the 2024–2025 biennial Workplan and Budget.
 130. In a video statement, Dr Jesper Sundewall, Chair of the UBRAF Working Group, said the Working Group had reviewed the indicator matrix and found it to be a solid framework that would enable outputs and outcomes of the Joint Programme's work to be tracked, reported, and assessed. It would provide an important source of information for understanding what works, he said.
 131. Speaking from the floor, members thanked UNAIDS for the indicator matrix, which, they said, clearly showed the high level of accountability and the multidimensional nature of the Joint Programme's work. They commended the inclusive process and said they appreciated the difficulty of the task. Members also thanked the Secretariat for taking into account recommendations and suggestions they had shared. They supported the decision that implementation of the UBRAF should be reported annually to the PCB.
 132. Members commended the linking of the outcome indicators to the SDGs and the Global AIDS Strategy 2021-2026. The matrix provided a robust basis for monitoring and supporting implementation of the Global AIDS Strategy 2021-2026, they said, and reflected a careful balance between the need for detail and streamlining while showing the complementarities and synergies across the result areas and the Secretariat's indicators which reflect cross cutting work as well as overall management and governance functions. They reiterated that a fully funded UBRAF was needed to fulfil UNAIDS's mandate and asked that all members favorably review their funding levels to the Joint Programme while noting that the prioritization and operational work planning will need to reflect the available resources.
 133. The matrix captured the joint work of the Secretariat and the 11 Cosponsors, as well as their unique ways of working together, said members. The complementary Cosponsor indicators illustrated the "jointness" of UNAIDS and were also useful for Cosponsors' resource mobilization work and reporting to their constituencies. The Secretariat was asked whether the memorandum of understanding (MOU) between it and the Cosponsors would be updated to reflect the new UBRAF division of labour and the accountability mechanisms related to their collaboration.

134. Members appreciated the clarity around the outputs expected for Secretariat functions, which also serviced a clear understanding of the importance of having a fully funded UBRAF. The matrix reflected the important roles of the Secretariat at global and country levels. Also valued was the emphasis on community-led monitoring and addressing co-infections.
135. Global reporting can hide specific realities at regional and country levels, which are of utmost importance. The poorest and most marginalized countries with the highest HIV prevalence rates, including among key populations, should be consistently targeted across indicators.
136. The Secretariat was asked to provide more information about the methods and principles used for setting targets. The indicators were easier to follow, but some of the targets (e.g., the viral load indicator) seemed set at low levels, said some members. Specific clarifications were requested. The Secretariat was asked to ensure that indicators reflect advances in science (e.g., regarding long acting injectables and U=U). Some indicators might have to be updated to better reflect the evolving needs of HIV responses (e.g., developing and implementing costed plans for youth-led HIV responses), members noted. A member asked clarification on how the Joint Programme supports country coordination and complementarity with the Global Fund. They cautioned against using performance reporting paradigms that shift accountability to spreadsheets and away from real people. It was also highlighted that robust reporting will be based on the indicator guidelines but noted also that this is an ambitious performance framework given the challenging and uncertain environment.
137. Countries were asked to ensure that reporting in the Global AIDS Monitoring (GAM) system is timely and complete, that the necessary infrastructure for community-led monitoring is strengthened, and that those data are triangulated with GAM data. Members added that they were pleased that selected output indicators would be verified through evaluations and that indicators measuring Secretariat functions would also be complemented by key evaluations. Since the results framework and evaluation plan are linked and should mutually reinforce one another, it was suggested that the next evaluation plan cover the entire UBRAF period, complementing the self-reporting against the UBRAF indicators and that integration of evaluations' recommendations be taken into account during the UBRAF planning and reporting cycle.
138. Members appreciated the attempts to reflect Joint Programme contributions in the results framework. However, the indicators for those areas remained focused on outputs rather than outcomes, which could limit what they reveal about the quality of activities and the scope or need for improvements. It may be difficult to report on some outcomes, but case studies or country-level reporting might be useful to fill data-based gaps where it was difficult to demonstrate or quantify outcomes. Speakers reminded the meeting that the UBRAF indicators were not the only tool for tracking progress. The indicators tracked the work of the Joint Programme to implement the new UBRAF and counted among a range of tools which, together, could provide a rich array of information and insights.
139. In reply, Ms Emond thanked the speakers for their remarks. She agreed on the importance of evaluations complementing the performance monitoring and providing useful lessons to improve the Joint Programme's performance further and continuously over time. Further ideas about the linkages between the results framework and the evaluations could be discussed further at the PCB meeting in

December 2022. She also agreed that viral load suppression was a priority and said the baseline for that indicator might change in line with new data. Long-acting PrEP and Undetectable = Untransmittable (U=U) were mentioned in the 2022-2023 Workplan and Budget so certainly a key aspect of work, she said, but were not mentioned specifically in the matrix as this is challenging to track in detail and avoid overly complicating it. The definition of key populations appeared in the UBRAF and was fully aligned with the definition in the Global AIDS Strategy.

140. Ms Emond explained that target-setting was based on past experiences, and she gave examples of how the milestones and target (e.g. numbers of countries carrying out specific actions) had been estimated. She reminded the meeting that prioritization of Joint Programme's support for countries and communities most affected and in most need of support would continue and that not all countries would receive the same level of support and for all areas especially given the different epidemic and national responses, capacities and the increasingly limited UBRAF resources. Some country processes (such as updating of national HIV strategic plans, Stigma Index or Global Fund requests) only take place every few years explaining the estimated milestones and targets are not for all countries. Additional qualitative information on implementation could be added in some respects, but she reminded that the PCB expressed preference for more concise performance monitoring reports and regularly received a range of other thematic reports with detailed updates. Regarding Joint Programme's support to national coordination and Global Fund, she provided specific examples such as development of Global Fund's request, support for and monitoring of implementation of grants, national consensus-building for evidence-informed interventions and their prioritization, introduction of innovative approaches, and ensuring alignment with national and other partners' frameworks and systems. By way of example, she said that during her tenure as UNAIDS Country Director, this work accounted for approximately 80% of her time.
141. Replying to a question about possible revisions to the Memorandum of Understanding (MoU) between the Secretariat and Cosponsors, Andy Seale, Adviser to the WHO Global HIV, Hepatitis and STI Programmes, explained that some changes might be considered if really required, but said the MoU had been a fixed instrument since 1995. However, the Division of Labour has been adapted and features in the UBRAF 2022-2026. Regarding questions about complementary indicators, he shared examples showing that many of them were already embedded in the main indicator tables.
142. Replying to another question Ludo Bok, Global Coordinator, HIV, Health and Development at UNDP, shared several examples of country-level work that occurs in support of Global Fund grant-making decisions, implementation and monitoring.

6. Update on strategic human resources management issues

143. Alison Holmes, Director Human Resource Management, UNAIDS, presented the report. She said there would be no workforce report due to the state of flux of the organization. The Secretariat was in transition, with major decisions taken regarding the size, location, and functions of the workforce, she told the PCB. The sudden shift to remote working due to COVID-19 had led to technological changes in ways of working, as well.
144. The alignment work had begun in early-2021, she said, and management had sought to make the process inclusive. A new organizational structure had been developed, centred on four practice areas and with greater emphasis on the

- priority areas of the Global AIDS Strategy 2021-2026. The four practice areas are science, services, and systems for all; data for impact; equality and rights for all; and equitable financing.
145. Ms Holmes described the new organizational structure, saying it entailed a significant shift in staffing, with expanded use of multicountry offices. Programme units would be set up in Bangkok, Johannesburg, and Nairobi, while a smaller Geneva presence would be maintained with a focus on leadership, policy, and strategic management functions. She said 117 positions had been abolished, 83 new positions would be filled, and more than 60 staff members were leaving the organization under the separation-by-mutual-agreement package. There was also a shift in the distribution of staff, including a large proportion of national office positions and of P1–P4 positions. It was hoped that this would attract younger and national professionals from countries most affected by the epidemic. The total number of core positions would decrease from 723 to 658 (9% fewer) and staff costs would be reduced from US\$ 109 million to US\$ 98 million per annum, she told the PCB.
 146. Ms Holmes reviewed the provisional timeline for alignment. She acknowledged that it involved a painful process for many staff and that it had a major impact on people's lives. It also entailed new ways of working, with a focus on knowledge management, networked teams around specific themes, communities of practice, and more. She then summarized several of the other elements, including the creation of a Change Management Department and the engagement of external providers to do assist in specific areas.
 147. The culture transformation exercise launched 2020 continued to build equal, safe, empowering workplace culture, she said. A process of shifting mindsets and behaviors of staff at all levels was underway, with a special focus on those in senior positions. Activities included an "action learning" process, the creation of "team value charters", and the launch of a #Respect campaign. A new People Strategy, informed by the ongoing Management Action Plan, was being developed to guide the Secretariat's work in the years ahead.
 148. Ms Holmes concluded by summarizing achievements of 2021 and priorities for 2022. The executive coaching programme had continued and a new capacity building programme for Country Directors was being introduced in 2022. A Country Director assessment centre had been conducted in 2021 to expand the pool of candidates eligible for those posts, and a similar exercise would be held in 2022. Gender balance for Country Directors had been achieved.
 149. The ultimate goal was to ensure that staffing decisions meet UNAIDS's current and future goals, she told the meeting. The performance management policy had also been updated and efforts continued to maintain high standards of conduct and performance, achieve a safe workplace, and introduce strong "consequence management" in cases of proven misconduct. Three administrative and disciplinary proceedings had been concluded in 2021. Finalization of the new MoU with WHO's Internal Oversight Services (IOS) would ensure that the investigation of referred cases could be completed within agreed timeframes and while extending full protection to victims of misconduct, said Ms Holmes. Staff counselling capacity had been reinforced through an external contract.
 150. A new human resources delivery model was being introduced and it included the appointment of human resource "business partners" for each region. Due to alignment, many human resource functions would move to Bonn and several team

- members would lose their positions, Ms Holmes said. A new UNAIDS recruitment policy had been issued in March 2022, which places decisions for local selection processes with regional directors. She told the PCB that 16 executive staffing decisions had been made in 2021, mostly to fill vacancies due to alignment.
151. In discussion for the floor, members thanked the Secretariat for the reports and conference papers and said they appreciated the new organizational structure. They thanked staff for their invaluable work and said staff engagement was essential for any alignment process. They said they hoped that the new structure would be effective and sustainable but noted that it also had a destabilizing effect on the Secretariat.
 152. Members expressed concern that the Secretariat may lack sufficient resources to fully implement its vision. Given that savings from the alignment were yet to be realized, they reiterated the need for a fully funded UBRAF.
 153. Members welcomed the focus on new ways of working, including flexible working modes. They also appreciated the alignment of grade levels with that of counterparts in the UN system and the opening of greater opportunities for younger people and for career progression for national professionals. They said they hoped that the decentralization of functions would help save costs without hampering effectiveness. The increase in multicountry Country Offices was welcomed, but the need to retain and strengthen support at country level was also emphasized. There was a request for more information about the timeline of alignment and about the number of P1–P4 posts that would be created. Diagrams depicting that information would be useful in the report, it was suggested.
 154. While recognizing the positive impact of alignment, members highlighted the stress, anxiety, and instability the process was causing, which was clearly reflected in the UNAIDS Secretariat Staff Association survey. Staff were the most important asset of any organization, they emphasized. They thanked departing staff for their hard work and stressed that the Human Resource Department had to continue to provide strong support to staff and ensure that the Secretariat had a strong, dedicated workforce and offered a safe, transparent, and responsive work environment.
 155. Members appreciated the support provided to staff during the alignment process but said mental health and staff welfare support services should be expanded, along with continued progress around culture change. It was important for senior management to regain and strengthen the trust and confidence of staff by enabling frank and open discussions and by addressing the needs and concerns raised. Staff needed to be fully engaged in future, major decisions.
 156. Members reiterated the need for zero tolerance for any form of bullying and harassment, including sexual exploitation and harassment, and welcomed ongoing improvements to the governance of investigations with WHO's IOS. They appreciated the accountability frameworks UNAIDS had put in place for such issues. They noted, however, that only 26% of respondents in the Staff Association survey had said they would report abusive conduct, which pointed to a major lack of trust. Members called for more action to build trust with staff and to have adequate channels for reporting abusive conduct without fear of retaliation. The Secretariat was asked to provide a clear plan on how it would address those issues. It was also asked to urgently resolve any disciplinary matters in Country Offices.

157. UNAIDS had to "walk the talk" regarding feminist leadership, gender equality, diversity and staff well-being, the meeting was told. Speakers appreciated the efforts to achieve a more gender-balanced organization, as well as the conflict-resolution efforts undertaken by the Human Resource Department. They thanked the Secretariat for the management response to the midterm review of the Gender Action Plan and encouraged it to ensure that gender targets and commitments are considered during the alignment process.
158. Members also welcomed the creation of a Change Management Department and Change Management Plan and reiterated the importance of the Management Action Plan. The Secretariat was asked to provide more information about the People's Strategy and how it would be informed by the commitments in the Management Action Plan. This was especially important given the need to rebuild staff trust in the structures and processes for addressing abusive conduct, they explained.
159. In welcoming the use of assessment centers for Country Directors, speakers asked whether there were plans to use such approaches for other management positions, as well. They said they hoped the 360-degree feedback tool would be rolled out to all levels of the organization.
160. Concerns were raised that the Secretariat had not presented an annual statistical report on human resources. The Secretariat was urged to provide complete information on human resources for the sake of transparency. Noting the value of the "People of UNAIDS" conference paper, speakers called for the equivalent quality and content to be maintained as part of the annual human resource report, including a comprehensive and inclusive presentation of human resource statistics. The information was highly valued, they said.
161. Members again asked for a list of positions appointed in the past year. They also requested more information about the capacity building programmes for UNAIDS Country Directors and efforts to strengthen collaboration with the UN Resident Coordinator system, given the need to urgently fill vacant country positions.
162. In reply, Ms Holmes acknowledged that it was a difficult period, and said staff were informed regularly about the alignment process via "town hall" meetings and individual conversations, staff welfare support had been increased, and courses and support were being offered to help staff prepare for career changes. The People's Strategy was almost complete, she added.
163. Referring to the UNAIDS Country Director assessment centre, she said the aim was to do assessments of other director-level positions, as well, and the 360-degree feedback system would be rolled out further. She assured the PCB that the Secretariat was committed to ensuring that staff understand what constitutes abuse, bullying and harassment, know how to report such behaviors and can do so without fear of retaliation. Culture transformation was proceeding well, Ms Holmes said. Value charters had been developed in some offices, discussions on racism had been held, and the Gender Action Plan continued to be implemented. Steps were being taken to make the organization more inclusive for people with disabilities.

164. She noted questions about the number of positions appointed in the past year and said she appreciated the desire for an annual report sharing human resource management statistics. However, it was difficult to describe the workforce composition at this point of the alignment process; those data would be shared again next year.
165. The alignment was on schedule, she told the PCB. Vacant positions were being filled, after which new positions would be filled and solutions would be sought for staff who failed to find a suitable position. Flexible working arrangements would continue and could be developed further, as well. The entire process involved moving many staff to new positions and offices, and it would mark a transition period.
166. Mr Martineau said pulse surveys were showing that the alignment, heavy workloads, and COVID-19 were putting staff under considerable strain. Referring to recent media reports about UNAIDS's handling of harassment cases, he drew the meeting's attention to an official media press statement which summarized the steps taken. He acknowledged that there was a disparity between staff's knowledge of processes and their use of those processes. The new MoU with the WHO Internal Oversight Service (IOS) was expected enable speedier resolution of such cases.
167. He emphasized that culture change was very important for the Secretariat and that a clear plan was in place to take that process forward. While recognizing that the alignment carried significant risk for the organization, he said senior management had been honest and transparent with staff throughout. In closing, he said he acknowledged remarks from the floor about the importance of the Staff Association's work.

7. Statement by the Representative of the UNAIDS Staff Association (USSA)

168. Krittayawan (*Tina*) Boonto, Chair of the UNAIDS Secretariat Staff Association (USSA), presented the statement. She began by thanking Germany and the UK for increasing their funding pledges, and by thanking PCB members and Cosponsors for recognizing the hard work of staff and for their commitment to close UNAIDS's funding gap.
169. Organizational restructuring by definition entailed change, Ms Boonto said, but she was worried this would also destabilize the organization at a crucial moment. Remaining staff were already being expected to fill the gaps and cases of burnout, excessive workloads and stress were increasing. The Staff Association had observed increased absenteeism, and referrals to medical and mediation services had tripled compared to 2020. Staff reported that they "were struggling" and "not doing OK", she told the PCB. The USSA continued to call for systems to manage workloads; for proper assessment of staff needs for mental health support; and for appropriate support mechanisms to prevent work-related anxiety and stress, she told the PCB.
170. Staff recommendations for allocating human resources and achieving cost savings as alternatives to cutting staff positions had not been sufficiently considered in the alignment process, she continued. Staff had asked for clearer justification for the downsizing and for clear and transparent processes for reassigning staff or terminating positions. Many staff felt they had receiving insufficient information

and justification for the relocation decisions and abolition of posts. Meanwhile, the Staff Association had received information that costs for hiring consultants to perform UNAIDS tasks had risen significantly between 2021 and 2022, Ms Boonto said. The Staff Association welcomed the cost-saving measures announced by management and hoped that those interventions, along with additional funding, would prevent further reduction of the UNAIDS work force.

171. Ms Boonto said the concerns raised by PCB members mirrored those of staff, which had been asking for more information on how alignment would make UNAIDS more fit for purpose and how it would manage to do more with less. She shared comments from staff members, one of which recalled that she had experienced three restructuring processes, but that this had been the longest and the most painful, complicated, and destabilizing one yet. Staff said they did not feel empowered, equal, or safe in light of decisions taken by senior management, Ms Boonto told the meeting.
172. Not enough was being done to support staff, she said. The Staff Association welcomed the new policy for preventing harassment and efforts to inform staff about reporting channels and how to access support. However, surveys showed that only 1 in 4 staff who had experienced harassment actually reported it, largely because they did not believe anything would be done or due to fear of retaliation. The restructuring had heightened insecurity and fear. The USSA strongly urged actions to ensure the psychological safety of staff and enable them to speak up without fear of retaliation or rebuke. Ms Boonto said the Staff Association welcomed the appointment of the ethics adviser and looked forward to continued collaboration with her, the culture transformation team, the People Management Department, the ombudsman, and legal advisors to help staff access support.
173. She said the Staff Association had observed an increasing trend of senior management releasing new policies without meaningful consultation with staff representatives. The USSA had met with the Executive Director and Cabinet at the end of May to explore ways to improve consultation, communication and collaboration, the meeting was told. It welcomed the Executive Director's willingness to forge a collaborative relationship with the USSA as representatives of Secretariat staff.
174. The Staff Association made a series of recommendations. External recruitment should be halted during the alignment exercise and priority should be given to internal staff affected by the abolition of posts. In addition, all vacant positions should be included in the alignment compendium. The new recruitment policy should be revised to provide fair opportunities for all internal staff to compete for vacant positions and direct appointments, and non-competitive recruitment processes should be limited to truly exceptional circumstances, Ms Boonto said. The mobility policy should also be finalized, and extension of mobility incentives should be offered to staff who are required to stay on beyond their original terms.
175. In closing, she said the Staff Association appreciated the PCB's support for the well-being of staff who had always worked with passion, dedication, and flexibility and who would continue doing so.

176. Speaking from the floor, members commended the Staff Association for its detailed and clear statement. They thanked staff for their commitment, flexibility, and hard work. They reminded the meeting of a 2019 Joint Inspection Unit (JIU) recommendation regarding regular staff reporting to the PCB as an important component of oversight.
177. Members voiced concerns about ongoing tensions between staff and senior management, and about the high percentage of exhausted and overworked staff. While appreciating steps taken since 2020, they said they were worried that the situation might worsen due to restructuring and financial challenges.
178. Members noted with concern that only 36% of staff believed the organization would be more fit-for-purpose due to alignment and that only 51% agreed that the process was transparent and that their inputs were being considered. They called for continuous transparency and communication about the alignment process and encouraged senior management to work with staff to retain talent and skills and to protect staff well-being and safety. They called for continued meetings between the Executive Director, cabinet, and the newly appointed executive committee of the Staff Association to improve relations and devise innovative solutions to support staff. UNAIDS management had to perform its duties in transparent and unbiased ways, members said.
179. Referring to the Staff Association's concerns about the potential costs of alignment for business continuity, staff well-being and job security, members stressed the importance of a risk-benefit analysis. They asked for information about such a process and when findings of such an analysis might be shared. They were also concerned that hiring and recruitment had continued during the process despite an official freeze, and they requested more precise information regarding the number of executive appointments made in the previous year.
180. Members acknowledged the work done to support staff well-being and mental health, but urged that mental health, psychosocial support and workplace well-being support for staff be strengthened further. They asked what new steps were being taken to deal with the concerns raised. More attention should be paid also to conditions of work, including working time, work-life balance, planning and prioritization.
181. The need for zero tolerance of any abuse of power, bullying and harassment, including sexual harassment, was strongly affirmed. Members said they appreciated the progress made towards creating a respectful work environment and welcomed the finalization of new policies and procedures on discrimination, sexual harassment, and abuse of power. However, they were concerned that only 26% of staff said they would report abusive conduct if it occurred. It was important to restore trust for reporting abuse and harassment, they stressed and requested the Secretariat to explore additional ways to protect staff health and well-being, including at country and regional levels, and to strengthen staff trust in the internal justice mechanisms. The Secretariat was asked how it would integrate and use the review done by WHO of the effectiveness of internal justice mechanisms. Concerns regarding access to staff health insurance were also raised.
182. Members said they hoped the Staff Association and senior management would find common ground on how to make the necessary changes, improve staff morale and confidence, and address justice issues and conflicts. They welcomed the envisioned review of the cooperation agreement between staff and management to ensure continued and meaningful staff engagement in all policies

- and decisions that affect staff working conditions and well-being. They urged the Secretariat to consider the recommendations set out in the Staff Association report.
183. Ms Boonto thanked the meeting for the supportive comments. Replying to a question on what immediate actions were needed, she called for a rigorous survey to accurately determine the extent of staff needs and the support they require. This would allow remedial actions to be tailored more effectively. Referring to issues of trust, she said people would not speak up if they feared the consequences of doing so. It took time to rebuild such trust. She appealed to senior management to be a role model and to adopt a tone that would reassure staff.
 184. Mr Martineau said senior management planned to strengthen and also decentralize mental health and well-being support. He hoped that the Respect programme and the culture transformation process would start to address staff's fear of retaliation. The independent Ethics Office and the reformed relationship with WHO's IOS would hopefully also help, he said.
 185. He reminded the meeting that the realignment was driven by five core objectives. While some decisions were shaped by funding and cost concerns, the overall objective was to put staff closer to the people UNAIDS works with and serves. Listing several areas of close collaboration and regular meetings between senior management and the Staff Association, he said relations were generally good.
 186. Responding to a question about ongoing hiring, Mr Martineau said 28 posts had been advertised in the past 12 months, of which 21 were for national-level positions and 7 were for international positions. Those were leadership positions essential for vital areas of work and they were open to both external candidates and staff.

8. Independent organizational oversight reports and management response

187. Krishnajaru Subramaniam, the External Auditor, presented his report. He referred the meeting to earlier recommendations, all of which management had accepted and acted on appropriately. An unqualified audit opinion had been issued stating that the financial statements were in compliance with IPSAS accounting standards and had been presented fairly. Of the 13 outstanding recommendations, 5 had been implemented, 4 were being implemented and 4 were subsumed under the new recommendations, he said.
188. Regarding the financial position of UNAIDS, he noted that the deficit had increased by 13%, mostly due to reduced revenue and increased expenditures, including a significant increase in contractual services expenditure. There was also an increase in the transferal of grants to counterparties. Long-term accrued staff liability decreased by 14%, mainly due to the actuarial evaluation of after-service health liabilities. The liquidity position was quite strong, he said.
189. On UBRAF reporting, the External Auditor found that, for the 20 indicator key results (in the 2016–2021 UBRAF), many of the outputs had not been assessed and performance reporting therefore was incomplete. Five indicators assessing the performance of the Secretariat were also not reported in the performance monitoring report to the PCB. Given that a performance measurement system had been adopted, said Mr Subramaniam, performances should be measured as far as possible in terms of the stated indicators.

190. Regarding implementation of the UBRAF 2016–2021, the milestones achieved for 2017 and 2019 had been assessed, Mr Subramaniam explained. In 2017, milestones for nine of the 13 results had not been achieved; in 2019, 10 of 18 results had not been achieved.
191. Reminding the meeting that timely investigation and prompt action on allegations were a strong deterrence. Mr Subramaniam recommended that timelines should be set for dealing with cases brought to the Ethics Office.
192. In assessing programme funding agreements, he noted that UNAIDS had not yet adopted a framework for arrangements with nonstate actors such as NGOs and private donors (as WHO had done), and strongly recommended that UNAIDS do so as soon as possible. Some gaps had been found in the provision of assurance activities that are conducted at the end of projects or programmes to access achievement and compliance, he said. More clarity was needed on how assurance activities were to be conducted, perhaps through some kind of standard operating procedure.
193. The External Auditor noted with approval that UNAIDS had begun reporting on the status of the operational reserve fund, which it is required to do annually to the PCB. In closing, he expressed thanks to UNAIDS for its cooperation.
194. David Webb, the Internal Auditor, presented his report. He said the WHO IOS provided oversight services to UNAIDS in accordance with an MOU, which had been revised recently. The new MOU introduced service timelines and had been expanded to include the provision of ad hoc investigation services, while the audit services were covered by a full-time equivalent position in IOS. UNAIDS also benefited from synergies linked to recurring audit work on common systems and processes, Mr Webb explained.
195. Turning to the internal audit services, he said the audit resources were focused on areas of highest risk and he provided further background to the provision of those services. COVID-19 had forced the IOS to adapt its ways of working, with travel restrictions requiring country visits to be replaced by desk reviews, he told the meeting. No limitation had been placed on the work of IOS, but physical verification of assets and security measures at Country Offices had not been possible, however.
196. A four-tier rating system had been used, Mr Webb explained. In 2021, one audit had been rated as satisfactory, three as partly satisfactory with some improvement required, and one (the Country Office in Uganda) as partly satisfactory with major improvement required. In 2020, all four audits had been found to be partly satisfactory with some improvement required. There had been a slight increase in the number of ineffective controls with a higher level of residual risk (though there had also been an increase in the number of controls tested). At the same time there had been an improvement in the overall effectiveness of controls (from 68% to 70%, and much better than the 50% in 2019). The results were in line with findings for Country Offices of WHO in 2021.
197. Turning to the implementation of recommendations, Mr Webb said six audits had been closed. There remained 25 open or overdue recommendations, which represented a slight increase. He noted several recurring issues and suggested that UNAIDS adopt a more holistic approach to resolve them.

198. Regarding investigations, the IOS was managing the integrity hotline, Mr Webb told the PCB. Reports concerning UNAIDS were sent to the UNAIDS Ethics Office and were then forwarded to IOS for follow-up, he explained. In 2021, there had been 12 new reports of concerns regarding staff and resources, a stable number compared with 2020. There had been no reports of sexual harassment. Periodic meetings had been arranged with the Human Resources Department and UNAIDS legal team to review progress on open cases. The IOS had also met with the new Independent External Oversight Advisory Committee, and it welcomed further interaction with the committee, he said.
199. Kara Nottingham, Head of the Independent Ethics Office at UNAIDS, presented the report of her Office. She said her recruitment had been completed in line with JIU recommendations and the new Office was separate and independent from management. Almost all the JIU recommendations for ensuring independence had been implemented. The one outstanding recommendation pertained to backup support and resources for the Office.
200. During the 2021 reporting period there had been a decrease in confidential advisory services provided by the Ethics Office (75 versus 124 in 2020), Ms Nottingham told the PCB. The integrity hotline was still in use and there had been no formal requests for protection from retaliation. A new WHO policy on preventing and addressing sexual exploitation and abuse had been adopted, allowing for anonymous reporting, and there had been an increase in eligibility for the Declaration of Interest programme (440 staff, with a 96% completion rate). Policy coherence was being advanced through participation in the Alignment Task Team, she said.
201. Regarding audit recommendations, Ms Nottingham said the standard operating procedures had been updated in May 2022 to include target timelines for all requests for advice received by the Ethics Office. The Office was committed to strong collaboration with the WHO's IOS. Future reports would include more detailed reporting on allegations related to conduct. As well, an independent survey to assess staff satisfaction with the Ethics Office's services would be conducted in the second quarter of 2023.
202. Priorities for the Office included ensuring the highest standards of conduct and prioritizing allegations of sexual misconduct; promoting inclusion and antiracism initiatives; ensuring protection from retaliation and increasing staff trust in those mechanisms; streamlining procedures to increase efficiency; building an ethical culture; and stronger collaboration with the WHO IOS.
203. Bushra Malik, Chair of the Independent External Oversight Advisory Committee (IEOAC), established in February 2022, presented the IEOAC's first report to the PCB. She described the mandate of the Committee, which focused on strengthening accountability and oversight within UNAIDS. She reminded the meeting that the PCB had decided to set up the IEOAC at its 47th meeting in response to a formal recommendation from the JIU. After listing the committee's seven members, she described the IEOAC's work to date (which included three meetings and an induction session) and its upcoming priorities.

204. Regarding the report of the External Auditor, Ms Malik said the committee welcomed the unqualified opinion but noted concerns about the impact of organizational alignment, which may present a risk to the organization. The committee looked forward to hearing how that risk would be managed, she said. It also noted that the 2016–2021 UBRAF period would have been an ideal opportunity for a comprehensive review.
205. Turning to the Internal Auditor's report, she said the committee noted the need for management to fast-track long-outstanding recommendations from the internal audit. It welcomed the new MOU with the IOS, looked forward to its implementation, and suggested that the report title be changed to "Report of the work of the Office of Internal Oversight Services" to reflect the full scope of the Internal Auditor's work (including investigations). As well, annual reports of the Internal Auditor should include investigation statistics and information on performance in relation to the MOU. The committee recommended that summaries of Internal Auditor reports be posted publicly following conclusion of each audit. Annual reports should also include a statement on any audit scope limitations, as well as information on WHO cross-cutting activities that cover UNAIDS activities.
206. The committee recommended that UNAIDS senior management address capacity issues at the Ethics Office and ensure that it has adequate resources to carry out its functions. It also recommended that the Office carry out a survey to assess staff satisfaction and comfort with the services provided.
207. Regarding financial reports submitted to the 50th PCB meeting, the committee noted the projected funding shortfall for 2022. It appreciated the difficult funding environment but noted the need for sustainable funding, so UNAIDS has enough capacity to fulfill its mission.
208. Mr Farhat presented the UNAIDS management response to the five reports. On the internal audit, he said the Secretariat had reduced the total number of outstanding recommendations. Despite constraints, overall effectiveness of individual controls had increased to 70%, up from 50% in 2019. The number of outstanding audit recommendations had also decreased. Between May 2021 and April 2022, the IOS had issued 85 new audit recommendations and closed 101, resulting in a balance of 183 recommendations. The closure rate was 69% in April 2022, compared with 72% in May 2021.
209. Turning to recurring issues, Mr Farhat said management was taking steps to strengthen risk management, procurement procedures, assurance activities and declarations of interest. He listed key actions taken, as well as future ones. Risk management would be enhanced through refresher training and full integration with the new enterprise resource planning (ERP) system. Regarding procurement, he said UNAIDS management would add focused training on internal controls as well as compliance indicators in performance appraisals. Procurement procedures would be adapted so that only accountable staff are involved in procurement decisions. Assurance activities for programme funding agreements would be strengthened through new standard operating procedures.
210. Roughly the same number of reports of concern had been received by the IOS in 2021 and 2020 (12 and 11, respectively), of which 8 were related to possible fraud, Mr Farhat told the PCB. The one case already closed had been found to be unsubstantiated. An MOU with the IOS had also been finalized.

211. The external audit had issued an unmodified audit opinion and 7 recommendations related to UBRAF performance reporting, ethics, noncommercial agreements, assets, and the Operating Reserve Fund. Mr Farhat briefly listed the issues and indicated the actions taken or planned for each. In summary, he said management agreed in principle with the recommendations and had already begun taking the required actions.
212. Regarding noncommercial agreements, he told the PCB that compliance checks had been strengthened and the regulation of unspent balances would be strengthened further. Disclosing summaries of internal audit reports would be investigated. On agreements with nonstate actors (FENSA or Framework for Engagement with Non-State Actors), management agreed to review the mechanism, identify relevant practices, and adapt them for compatibility with UNAIDS's work. Regarding the operating reserve fund, details had been presented to the Board during the previous day's session, said Mr Farhat.
213. Of the 13 previous external audit recommendations (as of December 2021), 5 had been implemented, 4 had been superseded by new recommendations and 4 were being implemented. He then detailed UNAIDS responses and actions concerning performance indicator reporting, the Myanmar Country Office, consistency of country data, and evaluations of contractors' performances.
214. Regarding the Ethics Office, he said management acknowledged the services provided, noted the decrease in requests for advice and recognized the actions taken to ensure high standards of conduct. It also endorsed the strengthening of Ethics Office staffing.
215. He then reviewed actions in relation to observations of the IEOAC. He said UNAIDS management shared the committee's concern about the funding situation and would introduce cost-saving measures. It took note of concerns about the potential impact of alignment on UNAIDS work and supported recommendations to strengthen the Ethics Office and conduct a survey to gauge staff satisfaction with the Office's services. It was also committed to swiftly close long-outstanding internal audit recommendations and to coordinate with IOS on the inclusion of timelines for case investigations and the inclusion of information about cross-cutting WHO audits that pertain to UNAIDS activities. The feasibility of publicly disclosing summaries of internal audit reports would be investigated.
216. Speaking from the floor, members thanked the presenters for their reports, especially that of the newly formed IEOAC. It was suggested that the IEOAC continue reporting annually to the PCB, with semiannual updates to the PCB Bureau. Good governance included the timely submission of reports to the PCB, they added. They welcomed the sharing of good practices, which should be implemented across the organization, and they welcomed the new MOU with the IOS.
217. Several encouraging developments (including the antiracism and diversity initiatives, courses on ethics, and other training) were noted. Members appreciated the work of the Ethics Office and welcomed the additional transparency it was providing through added statistical reporting. They urged the Secretariat to ensure that the Ethics Office is adequately resourced to perform its functions. They also commended the efforts to strengthen the credibility and usefulness of monitoring reports and the ongoing work to improve the capacity and quality of evaluations. They supported the commitment of UNAIDS management to work closely with Cosponsor offices, remain an active member of

- the UN Evaluation Group, and share good practices and lessons learnt.
218. Members reiterated their expectation that UNAIDS would implement the recommendations of the Internal and External Auditors and the IEOAC as soon as possible and would fast-track the resolution of long outstanding audit recommendations. An update on actions taken to conclude the JIU recommendations would also be welcomed, they said.
 219. Members pointed to several recurring issues, such as noncompliance with procurement rules. While noting the External Auditor's finding that the sampled financial transactions were compliant with WHO's financial regulations, members stressed the need to address the risks identified in the various reports. They appreciated the steps taken to further strengthen internal controls but noted that tight regulation of financial activities across the organization was crucial for ensuring donor confidence. They called for immediate action on the issues raised; the possible mishandling of funds and assets were serious issues and required urgent action.
 220. There was support for a more holistic approach to achieve improvements. Noting that the External Auditor had found that some indicators relating to the UBRAF were not reported on adequately, members said they hoped the new indicator matrix would address those issues. The Secretariat was asked to provide PCB members with all relevant information regarding administrative and budget issues; a report describing actions taken in relation to all recommendations would be welcomed. One member suggested that the reports of oversight bodies be considered as separate agenda items rather than grouped together as in the current session.
 221. Members asked whether the number of formal complaints lodged may reflect staff reluctance to report cases, especially in the context of alignment. They asked what measures were in place to protect staff against retaliation and said it was important to have safe spaces and opportunities for people to speak out and that complaints had to be resolved quickly and adequately. There should be zero tolerance for inaction, late action, or dismissal without investigation of complaints of misconduct, the meeting was told. Members asked that the category "other cases, including misconduct" be disaggregated and that a subcategory of sexual misconduct be added. They also urged UNAIDS management to have an inclusive dialogue with staff to build trust.
 222. Members also noted concerns raised in the reports about the potential impact of alignment, which could threaten the effective functioning of the organization. The reports presented to the PCB should focus on steps taken by the Secretariat to minimize risks linked to alignment, they said. "Risk appetite" statements, which other UN entities routinely provide, might be useful.
 223. There was insistence that UNAIDS should have sufficient capacity and funding to fulfil its mission and implement its core programmes. The funding gap also threatened the work of Cosponsors by reducing staff and staff time, speakers noted. Urgent action was needed to prevent potentially irreversible losses across the entire Joint Programme. The Secretariat needed a resource mobilization strategy that would enable it to move beyond recurring funding shortfalls. Business-as-usual funding dialogues with the usual partners were insufficient, the meeting was told. They called for urgent action on this important matter in consultation with the PCB Bureau, Cosponsors, existing and new donors, and other relevant initiatives. There was strong support for recommendations that a

timebound and informal task team be set up to provide recommendations through the PCB Bureau on UNAIDS funding situation.

224. In reply, Mr Subramaniam thanked participants for their remarks. He noted that UNAIDS management had accepted most of the recommendations and said he would work closely with management as it embarked on the required actions. Regarding the recovery of assets, he stressed the need for timely and accurate recording of assets as soon as they are acquired. Mr Webb thanked delegates for their support and said the proposed additional items would be included in future reports. Regarding the establishment of the workplan, he assured the PCB that this had been done in an independent fashion. Turning to the issue of improving overall control compliance, he noted that many Country Offices were small and may find it difficult to introduce some controls. It was therefore important to have supervision from Regional Support Teams and Headquarters to ensure that compliance controls are in place. He said his next report would include an update on the progress of investigations of misconduct.
225. Ms Nottingham thanked speakers for their support. She noted concerns regarding risks and highlighted the importance for training for preventing fraud. Regarding measures to protect staff from retaliation, she said this was dealt with under the WHO whistleblower and protection from retaliation policy and described some of the core features of that policy. She agreed with recommendations for the disaggregation of data and committed to providing additional updates on steps taken to build staff trust.
226. Ms Malik, the Chair of the IEOAC, thanked speakers for their support and said the Committee would take account of the suggestions made.
227. Mr Farhat, in reply, clarified that the external auditor had referring to the 2020 performance report, not the 2021 one, which included reporting against all 38 indicators for the entire 2016–2021 period. Regarding the recording of assets, he said this referred only to a number of Country Offices where assets had not been recorded in time. He added that those assets have a threshold of US\$ 5,000, but the auditor's report had not made this distinction.
228. UNAIDS has more than 90 Country Offices, he told the PCB, in which there had been 7 or 8 alleged fraud cases. It was important to have a good system to catch these cases, he said. Risk management would be a major item for review at the September/December meeting and the advice of the IEOAC would be sought. A risk appetite assessment would be developed, although risk management measures were already in place and potential risks were assessed each year for all departments, with the top risks reported in the statement of internal control in the financial report.
229. UNAIDS was working to deal swiftly with all the recommendations, past and current, he assured the PCB. It had set up a compliance unit in the Secretariat to follow up, guide and assist Country Offices so that outstanding audit recommendations are dealt with quickly. Of 19 recommendations issued, 14 had been closed and the 5 remaining ones would be closed as soon as possible, Mr Farhat said. He said he agreed with remarks regarding sharing good practices between Offices; this would be done. UNAIDS would also review the WHO Framework for Engagement with Non-State Actors and would draw on the elements that are appropriate for it and its partners.

230. Mr Martineau said UNAIDS was aware of the 2021 ECOSOC resolution's requests regarding the term limit and performance expectations for the function of the Executive Director and was in contact with the Secretary General's office. He thanked the External Auditor for its work and congratulated the Oversight Committee for completing a great amount of work in a very short period. He said management had noted all the recommendations, requests and suggestions and assured the meeting that sufficient support for the Ethics Office would be provided.

9. 51st PCB meeting

231. The Chair, Anutin Charnvirakul, Deputy Prime Minister and Minister of Public Health in Thailand, told the meeting that Thailand, at the 49th PCB meeting, had invited the PCB to hold its 51st meeting in Thailand.
232. Morten Ussing, Director of Governance at UNAIDS, said a paper had been prepared regarding the modalities of holding the meeting in Thailand from December 13–16, 2022. He said holding PCB meetings outside Geneva had been done before, based on certain criteria decided by the PCB in a previous meeting, including regional rotation, coverall cost and cost-sharing, local expertise, local facilities, the absence of HIV-related travel restrictions, and added value. The PCB Bureau had reviewed the invitation and agreed that it matched the criteria. He then described some of the anticipated value added by having the meeting in Thailand, including field visits relating to work in which Thailand was a global leader. The proposed dates were for a hybrid meeting (December 13–16) or for an in-person meeting (December 13–15).
233. He presented the cost implications of different formats of PCB meetings, ranging from a virtual meeting based in Geneva (US\$ 149 000) to an in-person meeting in Thailand (US\$ 496 000). The Thai Government had agreed to advance the difference between the two cost estimates, so staging the meeting in Thailand held no additional cost implications for UNAIDS.
234. Speaking from the floor, the representative from Thailand assured the meeting that the country had the facilities and means to stage the next PCB meeting in Thailand. It would organize side visits demonstrating how a resource-limited country had manage to mount a strong and effective HIV response that brings together government and nongovernmental organizations.
235. The vice-chair of the PCB thanked the Thai Government for the invitation and supported acceptance of the offer. Members said that both the PCB Bureau and Thailand had made a persuasive case. They thanked Thailand for the invitation and said they looked forward to the opportunity to engage with communities and organizations working on the HIV response in Thailand.
236. Ms Byanyima, speaking remotely, told the meeting that countries and communities were experiencing compounding crises and that there was a vital opportunity to come together so UNAIDS could deliver on its mandate. She said she was heartened by members' expressed commitments to close the funding gap.
237. The Executive Director said UNAIDS worked for people who were experiencing inequalities, marginalization, stigma, and discrimination. It would support universal social protection, use data to drive action, reinforce strong strategic partnerships with civil society, increase the focus on financial sustainability and stronger

engagement with international financial institutions, and work to overcome inequalities.

238. Alignment was a necessary change for the organization, she said, even though it carried risks. She pledged to continue to engage and communicate with staff, as well as draw on external expertise so the organization could be cost-effective and efficient. She would also continue to build a safe and empowering workplace. She and senior management had the personal responsibility to be role models and to live by feminist leadership principles, Ms Byanyima said.
239. In closing, she thanked the meeting for recognizing the work done to strengthen diversity, equity, and inclusion. Everything possible would be done to build a strong, effective, and just organization, she assured the PCB.

10. Thematic Segment. Positive Learning: harnessing the power of education to end HIV-related stigma and discrimination and empower young people living with HIV

240. The thematic segment was moderated by Irene Ogeta, from the ATHENA Network. She said education in school and out of school was crucial for addressing many of the inequalities that drive HIV transmission and fuel stigma. Reducing HIV transmission and HIV-related stigma and discrimination can be achieved by giving young people opportunities for education and ensuring that the education they receive is empowering, and that it does not reinforce inequalities.
241. A short video from Zimbabwe was screened, portraying young people living with HIV addressing their teachers and peers to explain how stigma affected them and calling for inclusiveness and support of young people living with HIV.
242. The first speaker, David Moinina Sengeh, Minister of Education in Sierra Leone, said education was essential for addressing deep-seated inequalities. Sierra Leone had introduced a free quality education policy in 2018 and it had spent at least 20% of the national budget on education since 2019, even during the COVID-19 pandemic, he told the PCB. A radical inclusion policy was enabling pregnant learners to return to school and complete their education and it hoped to develop similar policies to ensure that no learners are excluded from school.
243. Mr Sengeh said Sierra Leone had been the first country to sign on to the Education Plus initiative. It has already achieved gender parity in schools by offering scholarships for girls and it was using creative strategies to reach out-of-school learners (including distance learning via community radio). With support from UNFPA, a national CSE strategy had been launched and a new curriculum would soon be implemented. The education and health ministries had developed a school health policy, which includes sexual and reproductive health services.
244. A campaign for preventing sexual and gender-based violence had been launched and the country's President had declared rape a public health emergency, he continued. Stricter sentencing for offenders was being introduced. Referring to the Freetown Manifesto, which committed African governments to seek gender equality through education, Mr Sengeh said Education Plus was a vehicle for promoting lasting change.
245. Yana Panfilova, from Teenergizer in Ukraine, described her experience of growing up while living with HIV. She said she had thought HIV was the biggest challenge she would face, but that had changed when the war broke out in her country,

forcing her and an entire generation of her friends to flee. Recalling her school years, she said teachers had not known how to deal with sexual and reproductive health and HIV. A generation of children living with HIV had had their schooling disrupted by stigma and discrimination. Society still feared people living with HIV and people were still dying because of that fear, she said.

246. Ms Panfilova said Teenergizer was the largest network of young people living with HIV in eastern Europe, but the war in Ukraine was upending their lives. Many members had gone missing. Young people would struggle to recover from the mental health crisis caused by COVID-19 and the war.
247. Winnie Byanyima, Executive Director of UNAIDS, quoted the UN Secretary General, Antonio Guterres: "We can end AIDS, but only if we act together with a laser focus to tackle inequalities." She said HIV disproportionately affected young people aged 15–24 years, who comprised 16% of the global population, but accounted for 27% of new HIV infections. Adolescent girls and young women were more than twice as likely to acquire HIV as their male peers, she said. Six in 7 new infections in 15–19-year-old adolescents in sub-Saharan Africa were in girls. Education was part of the solution, Ms Byanyima told the meeting. Evidence showed that completion of secondary schooling reduces the risk of HIV infection by almost 50% for girls in sub-Saharan Africa and that CSE also protects young people, as do sexual and reproductive health and rights services, psychosocial and mental health support, and harm reduction.
248. Education Plus aims to reduce girls' risk of HIV infection in sub-Saharan Africa, empower them and support governments to introduce the right policies, make the right investments and guarantee free secondary education for all, along with the Education Plus package, Ms Byanyima said. Those actions would operate alongside efforts of the Global Partnership to eliminate stigma and discrimination, which also tackles sexual and gender-based violence and stigma and discrimination in education settings. The Global Partnership Forum on CSE was supporting this broad push, she said.

Overview: What is the evidence showing that education can reduce stigma and discrimination and empower young people? What are the gaps?

249. Chris Castle, Global Coordinator, UNESCO, cited Nelson Mandela's statement that education was "the most powerful weapon you can use to change the world". Globally, more than 90% of children were in primary school and over 80% were in lower secondary school. Education and health went hand-in-hand, he said, but young people continued to be left behind in the HIV response. They accounted for a disproportionate share of new HIV infections and those living with HIV faced unacceptable stigma and discrimination in schools. Education was one of the best HIV prevention tools available, Mr Castle said.
250. CSE equipped children and young people with knowledge, skills and values that enable them to realize their health and well-being and dignity and maintain healthy social and sexual relationships, he said. It also enabled them to know and protect their rights, and to consider how their choices affect the well-being of others. Gender equality was intrinsic to CSE. Mr Castle said CSE delayed initiation of sexual intercourse; decreased the frequency of sex and risk-taking; increased the use of condoms and contraception; promoted gender-equitable attitudes; reduced gender-based violence; instilled greater confidence; and reduced stigma and

discrimination. In comparison, abstinence-only programmes had been found to be ineffective.

251. Schools must be safe and enabling learning environments, he underscored. An estimated 246 million children experienced some form of violence in and around schools each year, with girls and LGBTI+ students especially vulnerable. Surveys showed that almost 1 in 3 students had been bullied in the past month, and cyber-bullying affected 1 in 10. Schools were also important for linking students to health and social services. However, those benefits were undermined by discriminatory laws and policies, age-of-consent laws for HIV or pregnancy tests, myths, and misinformation about CSE, and over-stretched capacity in schools. Quality CSE could be difficult to achieve in practice, Mr Castle said. Many countries claimed to be implementing CSE, but they often focused on limited aspects of CSE curricula, paying less attention to contraception and sexual and reproductive health and rights.
252. Speaking from the floor, participants commended the thematic segment. Noting that education helped reduce inequalities and was vital for HIV prevention, they stressed the need for in- and out-of-school CSE. However, some countries were retreating on CSE even though misinformation about sex and sexuality undermined the health and well-being of young people. Advocacy was needed to maintain support for CSE, they said. The young people who paid the biggest price for absent or poor-quality CSE tended to be those who were systematically marginalized and discriminated against, such as sexual and racial minorities. Speakers emphasized the importance of including and working with young people to make full use of the power of education.

Panel 1. Young people's experiences

253. A short video featuring a DREAMS ambassador in Malawi, Catherine Walusa, was screened, in which she described her efforts to complete her education and the support provided by DREAMS. The moderator introduced the speakers.
254. Vimbainashe Jazi, from Zvandiri in Zimbabwe, described her experience of living with HIV and said stigma and discrimination had led to low self-esteem, loss of confidence, depression and dropping out of school. She had joined Zvandiri as a community peer counsellor, providing support in homes and schools and helping teachers understand the needs of young people living with HIV. She described the methods she and her colleagues were using to advocate for stigma-free homes, communities, schools and clinics, and change community attitudes.
255. Erika Dupuis, from PACT in Canada, emphasized the need for youth leadership, but said it often was difficult for youth-led organizations to be partners in CSE programmes. Surveys on CSE showed that CSE was not satisfactory, she said. Young people wanted CSE to reflect their experiences. It should omit abstinence-based messages, be grounded in reproductive justice and deal with structural barriers such as colonialism and racism.
256. Ralph Ivan Samson, a community worker with Y-Peer in the Philippines, said that when open discussion of sex and sexuality was prevented, adolescents turned to social media for the information. He described Y-Peer's activities and successes, including the development of the first transgender health and learners project in his country. Governments should ensure that policies meet the needs and realities of young people, he said.
257. Speaking from the floor, participants stressed that CSE was one of best HIV

prevention tools, especially when integrated with SRHR and psychosocial support. They noted that youth-led organizations faced a constant challenge of replenishing themselves as young people grew older. Peer education was therefore vital, along with capacity building.

Panel 2. Harnessing the power of education to reduce stigma and discrimination, empower young people and provide a comprehensive HIV response

258. A short video on Education Plus was screened.
259. Julissa Hernandez, Deputy Minister of Education in the Dominican Republic, said education systems had been forced to change during the COVID-19 pandemic. However, CSE programmes were a priority for online schooling. She described her country's new education model and steps taken to build resilience. She emphasized the need for well-trained and -supported teachers, adding that CSE and related issues needed school champions who could explain to parents the value of those issues.
260. Joyce Ouma, from Y+ Global and Education Plus Nerve Centre in Kenya, described her experience as a young woman living with HIV and her work with UNESCO to develop a "positive learning" publication. Their consultations with young people living with HIV had shown that most schools were unsafe, and that people lived in fear of being stigmatized, harassed, or attacked. She described the Education Plus initiative's goals and urged all governments in Africa to support the initiative.
261. Agnes Makonda Nyalonje, Minister of Education in Malawi, said her country's approach was synonymous with the Education Plus priorities. It provided universal free primary school education and fee-based secondary education, along with health, social protection, and other support for youth. Malawi devoted 20% of its small national budget to education. The national education strategy aimed to provide at least 12 years of quality education to everybody, make school environments safe and build resilient communities around schools. There was gender parity in school enrolment, but drop-out rates were high for both girls and boys (only half completed primary school), due mainly to poverty, shortages of classrooms, desks and teachers. The country needed 90 000 primary school classrooms but had only 47 000. After the first COVID-19 lockdown, said Ms Nyalonje, 400 000 learners had dropped out of school, among them 40 000 school-age girls who had fallen pregnant. In response, the legal age for marriage had been raised to 18 years and a reintegration policy had been introduced for pregnant girls, along with psychosocial support and support for substance abuse.
262. Elina Turalyeva, from the Teens.kg, a media project in Kyrgyzstan, discussed how digital media, radio and TV could be used for CSE. She said most young people in central Asia did not receive CSE at school. Her project used digital tools such as Tik Tok and YouTube to air CSE content and was generating large followings. She shared examples of how difficult issues could be handled attractively and stressed the importance of using accessible language and engaging parents. Positive messaging was vital, she added.
263. Bridget Namondo Ngomba, Technical Officer in Cameroon's Ministry of Secondary Education, discussed the experiences of pregnant learners in her country, the majority of whom dropped out of school. This had led to a new policy allowing pregnant learners to attend school for 22 weeks and receive psychosocial support, though there was some resistance to the policy. Henry Semakula, Senior Education Officer in Uganda's Ministry of Education and Sport said his government was working with the Ministry of Health on the YAPS (young,

adolescent and peer support groups) model. The model, which was being piloted in 15 districts, helped reduce stigma and linked adolescents with medical and nutritional assistance, including HIV treatment. Uganda was also introducing CSE and life skills education in schools, and it had joined Education Plus, he said.

264. Speaking from the floor, participants said programmes should reflect the sexual and reproductive health needs of young people of different ages and should be implemented well. They described some of the approaches used in their respective countries and emphasized the need for coordination between different sectors and ministries. Schools must be safe spaces, they stressed. Matthew Kavanagh, UNAIDS Deputy Executive Director, a.i., noted the timeliness of the discussion and said education had to be at the centre of efforts to end AIDS. The inspiring examples shared during the thematic segment showed that the world could use the power of education to change the trajectory of the HIV response, he said.

11. Any other business

265. There was no other business.

12. Closing of the meeting

266. Presenting his closing remarks, Thailand's Deputy Prime Minister and Minister of Public Health, Anutin Charnvirakul, reminded the meeting of the collective responsibility to end AIDS by 2030. He said he looked forward to welcoming the next PCB meeting in Thailand in December.
267. The 50th meeting of the Board was adjourned.

[Annexes follow]

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (50)/22.1.rev1

Issue date: 30 May 2022

VIRTUAL FIFTIETH MEETING DATE: 21 June – 24 June 2022

TIME: 13:00-17:00

Annotated agenda

TUESDAY, 21 JUNE

1. Opening

1.1 Opening of the meeting and adoption of the agenda

The Chair will provide the opening remarks to the 50th PCB meeting.

Documents: UNAIDS/PCB (50)/22.1; UNAIDS/PCB (50)/22.2; UNAIDS/PCB (50)/22.3; UNAIDS/PCB (50)/22.4

1.2 Consideration of the report of the 49th meeting of the PCB

The report of the 49th meeting of the PCB will be presented to the Board for adoption.

Document: UNAIDS/PCB (49)/21.35

1.3 Report of the Executive Director

The Board will receive the report of the Executive Director.

Document: UNAIDS/PCB (50)/22.5

1.4 Report by the Chair of the CCO

The Chair of the Committee of Cosponsoring Organizations will present the report of the Committee.

Document: UNAIDS/PCB (50)/22.6

1.5 Report by the NGO Representative (postponed)

2. Follow-up to the thematic segment from the 49th PCB meeting

The Board will receive a summary report on the outcome of the thematic segment on “What do the regional and country level data tell us, are we listening and how can we leverage those data and related technology to meet our 2025 and 2030 goals?”

Document: UNAIDS/PCB (50)/22.7

WEDNESDAY, 22 JUNE

3. Leadership in the AIDS response

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

4. Unified Budget, Results and Accountability Framework (UBRAF) 2016–2021

4.1 Performance reporting

The Board will receive its final report on the implementation of the UNAIDS Unified Budget, Results and Accountability Framework 2016–2021.

Documents: UNAIDS/PCB (50)/22.8; UNAIDS/PCB (50)/22.9; UNAIDS/PCB(50)/22.10; UNAIDS/PCB(50)/22.11; UNAIDS/PCB (50)/CRP1; UNAIDS/PCB (50)/CRP2

4.2 Financial reporting

The Board will receive a financial report and audited financial statements for 2021, as well as an interim financial management update for 2022.

Documents : UNAIDS/PCB (50)/22.12; UNAIDS PCB/ (50)/22.13

5. Indicator matrix for the 2022–2026 UBRAF and Indicators, milestones, targets and data sources for the 2022-2023 Workplan and Budget

The Board will receive the complete indicator matrix for the 2022–2026 UBRAF and finalized indicators, milestones, targets, and data sources for 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 Programme Coordinating Board.

Documents : UNAIDS/PCB (50)/22.14; UNAIDS/PCB (50)/CRP3

THURSDAY, 23 JUNE

6. Update on strategic human resources management issues

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

Documents: UNAIDS/PCB (50)/22.15; UNAIDS/PCB (50)/CRP4; UNAIDS/PCB (50)/CRP5

7. Statement by the Representative of the UNAIDS Staff Association (USSA)

The Board will receive a statement delivered by the Chair of the UNAIDS Staff Association.

Document: UNAIDS/PCB (50)/22.16

8. Independent Organizational Oversight Reports and Management Response

The Board will receive reports from following independent functions:

8.1 Report of the Internal Auditor;

8.2 Report of the External Auditor;

8.3 Report of the Ethics Office;

8.4 Annual report from the UNAIDS Independent External Oversight Advisory Committee;

8.5 Management response to the organizational oversight reports.

Documents: UNAIDS/PCB (50)/22.17; UNAIDS/PCB (50)/22.18; UNAIDS/PCB (50)/22.19; UNAIDS/PCB (50)/22.20; UNAIDS/PCB (50)/22.21; UNAIDS/PCB (50)/22.22

9. 51st PCB meeting

The Board will receive a report from the PCB Bureau regarding the proposed location for the 51st PCB meeting in Thailand.

Document: UNAIDS/PCB (50)/22.23

FRIDAY, 24 JUNE

10. Thematic segment: *Positive Learning: harnessing the power of education to end HIV-related stigma and discrimination and empower young people living with HIV.*

Documents: UNAIDS/PCB (50)/22.24; UNAIDS/PCB (50)/22.25; UNAIDS/PCB (50)/CRP6

11. Any other business

12. Closing of the meeting

[End of document]

24 June 2022

50th Session of the UNAIDS Programme Coordinating Board, Geneva, Switzerland

21–24 June 2022

Decisions

The UNAIDS Programme Coordinating Board,

Recalling that all aspects of UNAIDS work are directed by the following guiding principles:

- Aligned to national stakeholders' priorities;
- Based on the meaningful and measurable involvement of civil society, especially people living with HIV and populations most at risk of HIV infection;
- Based on human rights and gender equality;
- Based on the best available scientific evidence and technical knowledge;
- Promoting comprehensive responses to AIDS that integrate prevention, treatment, care and support; and
- Based on the principle of non-discrimination.

Intersessional Decisions:

Recalling that it has decided through the intersessional procedure (see decisions in UNAIDS/PCB (50)/22.2; UNAIDS/PCB (50)/22.3; UNAIDS/PCB (50)/22.4 and UNAIDS/PCB (50)/22.17):

- *Agrees* that the PCB Bureau will determine no later than 60 days ahead of the meeting if the 50th meeting of the Programme Coordinating Board will be virtual, hybrid or in-person; and that if the meeting will be held virtually or as a hybrid meeting, it will exceptionally include an additional day and be held on 21–24 June 2022;
- *Agrees* that the PCB Bureau will determine no later than 60 days ahead of the meeting if the 51st meeting of the Programme Coordinating Board will be virtual, hybrid or in-person; and that if the meeting will be held virtually or as a hybrid meeting, it will exceptionally include an additional day and be held on 13–16 December 2022;
- *Agrees* that, exceptionally, the thematic segment topic for the June meeting as approved in decision point 10.1 of the 49th PCB meeting will be shifted to the December meeting and the thematic segment topic previewed for the December meeting will be shifted to the June meeting. Accordingly, the topics will be:
 - Positive Learning: harnessing the power of education to end HIV-related stigma and discrimination and empower young people living with HIV (June 2022);
 - HIV and men, in all their diversity, how can we get our responses back on track? (December 2022);
- *Agrees* on the modalities and rules of procedure set out in the paper, Modalities and procedures for the 2022 UNAIDS PCB meetings, for the virtual and hybrid 2022 PCB meetings and their preparations:

- *Recalls* decision point 7.4 from the 49th PCB meeting, approving 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 nomination of the candidate from eastern Europe to serve on the UNAIDS Evaluation Expert Advisory Committee;
- *Requests* the Evaluation Office to revise the annex of the 2021 Annual Evaluation Report to reflect the final composition of the Committee;
- *Recalls* decision point 11 from the 49th PCB meeting, approving the composition of the NGO Delegation;
- *Approves* the nomination of the candidate from Latin America and the Caribbean region as mentioned in paragraph 11 from the Report on the Composition of the NGO Delegation;
- *Recalls* Decision Point 13.3 from the 47th PCB meeting approving the terms of reference for the UNAIDS Independent External Oversight Advisory Committee (IEOAC);
- *Takes note* of the report on the establishment of the UNAIDS IEOAC;
- *Approves* the composition of the UNAIDS IEOAC for 2022–2023 as submitted by the PCB Bureau; and
- *Looks forward* to the first report of the UNAIDS IEOAC at the 50th PCB meeting in June 2022.

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 49th PCB meeting

2. *Adopts* the report of the 49th meeting of the Programme Coordinating Board.

Agenda item 1.3: Report of the Executive Director

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

Agenda item 1.4. Report of the Chair of the Committee of Cosponsoring Organizations

4. *Takes note* of the report of the Chair of the Committee of Cosponsoring Organizations.

Agenda item 2: Follow-up to the thematic segment from the 49th PCB meeting

5.1 *Takes note* of the background note (UNAIDS/PCB (49)/21.34) and the summary report (UNAIDS/PCB (50)/22.7) of the Programme Coordinating Board thematic segment on “What does the regional and country level data tell us, are we listening, and how can we better leverage that data and related technology to meet our 2025 and 2030 goals?”.

5.2 *Requests* Member States to:

- a) Strengthen people-centered, confidential national patient monitoring and case surveillance systems, including the use of periodic surveys of key populations, and leverage disaggregated data to identify location- and population-based gaps in services;
- b) Collaborate with communities of people living with, affected by, and most at risk of HIV and in need of HIV services to develop and strengthen their capacity and dedicate, as needed, the necessary financial resources for robust, quality and reliable community-led monitoring of the affordability, availability, acceptability and quality of services, and foster the use of reliable and quality-assured complementary data from community-led monitoring in national and subnational programme planning, management and evaluation;
- c) Consider developing and implementing plans for the collection of data on societal enablers that help to understand national legal, policy and social barriers faced by communities of people living with, affected by, or most at risk of HIV and in need of HIV services, and guiding efforts to remove such barriers, including through the establishment of enabling legal and policy environments for HIV services with full respect of human rights that address inequalities and inequities;
- d) Provide the funding needed for the Joint Programme to support countries to develop and implement robust systems for the monitoring and evaluation of national HIV responses;
- e) Report data to UNAIDS through the Global AIDS Monitoring as fully as possible on an annual basis to monitor the implementation of AIDS responses and promote the voice and enhance the meaningful engagement of communities of people living with, affected by, and most at risk of HIV and in need of HIV services in line with and throughout national reporting processes;

5.3 *Requests* the Joint Programme to:

- a) Support countries to incorporate evidence-informed national targets that reflect the scope and granularity of the 2025 targets laid out in the Global AIDS Strategy into their national HIV response plans and monitor progress against these targets;
- b) Recognizing national capacity, encourage and support countries, upon their request, to develop and implement plans for the collection of data for HIV service coverage, societal enablers, integration, financing and impact, and support efforts to establish enabling legal and policy environments for quality and comprehensive HIV services that address inequalities;
- c) Continue to regularly collate country data, and make those data available to stakeholders and produce detailed reports to the international community on global progress towards 2025 and 2030 targets;

- 5.4 *Calls on* all stakeholders to safeguard at all times and under any circumstances the confidentiality of personal data collected and used in the response to HIV and AIDS in accordance with internationally recognized data protection and privacy frameworks, given the sensitivity of all data related to HIV and AIDS.

Agenda item 4: UNAIDS Unified Budget, Results and Accountability Framework 2016–2021

Agenda item 4.1: Performance Monitoring Reporting

- 6.1 *Takes note* with appreciation of the 2020–2021 Performance Monitoring Reports, including its scope and depth;
- 6.2 *Encourages* all constituencies to use UNAIDS' annual performance monitoring reports to meet their reporting needs and as a basis for programme planning and implementation;
- 6.3 Noting the limited progress in HIV prevention, *urges* UNAIDS Joint Programme to support countries to increase financial and nonfinancial investments in and implementation of all the necessary multisectoral combination prevention measures.

Agenda item 4.2 Financial Reporting

- 6.4 *Accepts* the financial report and audited financial statements for the year ended 31 December 2021;
- 6.5 *Takes note* of the interim financial management update for the 2022–2023 biennium for the period 1 January 2022 to 31 March 2022, including the replenishment of the Building Renovation Fund;
- 6.6 *Takes note* of the budget shortfall and challenging resource mobilization environment and calls on donor governments to release their contributions towards the 2022–2026 Unified Budget, Results and Accountability Frameworks early and to make multiyear contributions, and to strongly consider increases to their contributions to facilitate a strong UNAIDS Joint Programme response to the Global AIDS Strategy;
- 6.7 *Requests* the PCB Bureau to urgently convene an informal inclusive task team of interested PCB members, observers, cosponsors, the PCB NGO delegation and other stakeholders on options for resolving the immediate funding crisis for the 2022–2023 biennium and report back to the PCB electronically by 30 July 2022 on outcomes and recommendations of these discussions;
- 6.8 In advance of the next UNAIDS Structured Financing Dialogue, *calls on* the PCB Bureau to utilize the informal multistakeholder task team to develop recommendations on voluntarily based sustainable funding of the UBRAF, to be presented and discussed at the December 2022 PCB meeting.

Agenda item 5: Indicator matrix for the 2022-2026 UBRAF and Indicators, milestones, targets and data sources for the 2022-2023 Workplan and Budget¹

- 7.1 Recalling the Decision Points 6.1–6.3 under agenda item 4, including its footnote, from the 49th PCB meeting, *takes note* of the Indicator Matrix for the 2022-2026 Unified Budget, Results and Accountability Framework (UBRAF) and the indicators, milestones, targets and data sources for the 2022–2023 Workplan and Budget (UNAIDS/PCB (50)/22.14) and *requests* the UNAIDS Executive Director to add the annex to the 2022–2026 UBRAF Framework (UNAIDS/PCB (EM)/4.2) and the 2022–2023 Workplan and Budget (UNAIDS/PCB (49)/21.27);
- 7.2 *Reaffirms* Decision Point 6.4 from the 49th PCB meeting that the UNAIDS Joint Programme shall report annually to the Programme Coordinating Board on the implementation of the 2022–2026 UBRAF Framework through the related performance and financial reporting agenda items from June 2023;
- 7.3 *Notes with appreciation* the efforts and expertise provided by the Joint Programme and members of the UBRAF working group consisting of evaluation experts including members of civil society in developing the indicator matrix to monitor the performance of the Joint Programme and track the progress towards achieving the targets of the Global AIDS Strategy 2021–2026;
- 7.4 *Recognizes* that achieving results against the 2022–2026 UBRAF indicators requires adherence to the Global AIDS Strategy 2021–2026, including addressing the structural barriers and inequalities driving the AIDS epidemic and adequately resourcing community-led and youth-led responses;
- 7.5 *Requests* the Executive Director to establish a working group, for the development of the next UBRAF, to be operational by January 2025.

Agenda item 6: Update on strategic human resources management issues

8. *Takes note* of the Update on strategic human resources management issues and requests the Secretariat to include human resources statistics in future annual updates.

Agenda item 7: Statement by the representative of the UNAIDS Secretariat Staff Association

9. *Takes note* of the statement by the representative of the UNAIDS Secretariat Staff Association and underscores the importance of prioritizing staff well-being and continuity of core functions in the UNAIDS Secretariat staff restructuring process.

¹ The Russian Federation disassociates itself from certain provisions of Indicator matrix for the 2022–2026 UBRAF and Indicators, milestones, targets and data sources for the 2022–2023 Workplan and Budget, including from the use of terminology “gender-responsive” and “gender-transformative”, aligned with its disassociation from parts of the UBRAF 2022–2026, Workplan and Budget 2022–2023 and the Global AIDS Strategy 2021–2026.

Agenda item 8: Organizational Oversight Reports

- 10.1 *Takes note* of the report of the ethics office;
- 10.2 *Accepts* the External Auditor's Report for the financial year ended 31 December 2021;
- 10.3 *Takes note* of the Internal Auditor's Report for the financial year ended 31 December 2021 and reiterates the PCB's zero tolerance policy towards fraud, sexual exploitation, abuse and harassment;
- 10.4 *Welcomes* with appreciation and takes notes of the first report of the Independent External Oversight Advisory Committee and looks forward to their next report in 2023;
- 10.5 *Takes note* of the Management response to the Organizational Oversight Reports;
- 10.6 In follow-up to recommendation 6 of the Report of the External Auditor, *requests* UNAIDS, to strengthen the regulation of Programme Funding Agreements, drawing on the World Health Organization's Framework for Engagement of Non-State Actors where applicable and taking into account the unique mandate and operating model of the Joint Programme.

Agenda item 9: 51st PCB meeting

- 11.1 *Recalls* the intersessional decisions on the modalities and procedures of the 2022 PCB meetings and decision point 12.3 from the 45th PCB meeting; and
- 11.2 *Agrees* that, if the 51st PCB meeting is held in a hybrid (13–16 December 2022) or fully in-person (13–15 December 2022) format, it shall be held in Thailand.

[End of document]