

REPORT OF THE FIFTY-FIRST PROGRAMME COORDINATING BOARD MEETING

Additional documents for this item: none

Action required at this meeting – the Programme Coordinating Board is invited to:

adopt the report of the 51st 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 exceptionally in Chiang Mai, Thailand, on 13th December 2022 for its 51st meeting in accordance with its intersessional decision, Revised Modalities and Procedures for the 2022 PCB Meetings (UNAIDS/PCB (50)22.2.rev1).
2. As PCB Chair, Anutin Charnvirakul, Thailand's Deputy Prime Minister and Minister of Public Health, declared the meeting open and welcomed participants to the meeting in Chiang Mai. He said the meeting was an opportunity to keep HIV at the top of political agendas.
3. Following a moment of silence in memory of everyone who had died of AIDS, the Chair told the meeting that the HIV pandemic continued to claim too many lives. He said the Joint United Nations Programme on HIV/AIDS (UNAIDS) and all countries had to "walk the talk" to achieve the targets set in the Global AIDS Strategy. New infections in young people were still high, highlighting the need for stronger youth leadership in the HIV response. Reiterating the importance of universal health coverage, the Chair noted Thailand's achievements on that front and emphasized the value of adopting a people-centred approach.
4. The Secretariat recalled the intersessional decisions 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 50th session of the PCB

6. The Chair said the report had been posted on October 18, after which comments had been received from one Member State. The PCB Bureau had agreed to issue a revised version of the report, which had been posted on November 28. The Member State had then requested a further amendment, after which a final version of the report had been posted on December 1.
7. The meeting adopted the report.

1.3 Report of the Executive Director

8. Winnie Byanyima, Executive Director of UNAIDS, welcomed delegates to the 51st meeting of the PCB. After thanking Thailand for hosting the meeting, she paid tribute to the ambassador for the Central African Republic and to other colleagues who had recently passed away, who had been great champions of the HIV response and were dearly missed.
9. The world was facing multiple crises and the HIV response was not immune to those shocks, Ms Byanyima told the Board. Bold actions were needed, she said, before highlighting four noteworthy trends. Firstly, despite some encouraging news (e.g. robust declines in HIV infections in Thailand, the Caribbean and western and central Africa), new HIV infections were rising in several regions and progress in eastern and southern Africa had slowed. HIV was still claiming a life, somewhere in the world, every minute, she told the PCB.

10. The second trend involved the fiscal crises in developing countries, with at least 60% of low- and middle-income countries in or at risk of debt distress, she continued. Countries with high HIV and debt burdens were spending four times more on debt than on health, and World Bank modeling predicted that, in two thirds of countries, per capita health spending would not surpass the 2019 levels until at least 2027. This held serious implications for the HIV response: available resources had to increase and be used as effectively as possible.
11. Thirdly, said Ms Byanyima, countries had to plan for HIV in the context of other disease outbreaks. Widespread political and social instability marked a fourth trend and was reflected in the more than 100 million people who, according to the UN High Commissioner for Refugees, were forcibly displaced, many in countries with large HIV burdens.
12. Importantly, Ms Byanyima continued, the recent Global Fund replenishment had provided a strong sign that the world remained committed to ending AIDS. It was thanks to such support that 28.7 million people were accessing HIV treatment and access to pre-exposure prophylaxis (PrEP) was accelerating. She urged countries to make the HIV response work for everyone by relying on science to guide interventions and protecting human rights.
13. Ms Byanyima then discussed some of the Joint Programme's achievements, including equalizing the HIV response for women and girls. That was vital because women and girls in sub-Saharan Africa continued to be three times more likely than men and boys to acquire HIV, she reminded the meeting. Education was a powerful equalizer, which was why the Education Plus initiative had been set up, she said. Within a year of being launched, the initiative was already contributing to changes in 13 participating countries. Ms Byanyima thanked donors, including Luxembourg, for supporting Education Plus and similar initiatives.
14. UNAIDS was working to equalize treatment access, she continued. This was crucial because only half of the estimated 1.7 million children living with HIV globally were receiving treatment, compared with treatment coverage of 76% among adults. The UNAIDS Secretariat, the UN Children's Fund (UNICEF) and the World Health Organization (WHO) were joining with networks of people living with HIV, governments and other partners to form the Global Alliance to end AIDS in children, she told the Board.
15. UNAIDS was also equalizing access and working to reduce inequalities for key populations, the Executive Director said. Despite important strides in some places, criminalization of key populations, and stigma and discrimination continued to fuel the pandemic. At the same time, the HIV response showcased the importance of supporting the rights of marginalized populations, and the Secretariat was working with Cosponsors to safeguard all people's rights. Ms Byanyima referred the meeting to her full report, which described those actions in greater detail. Strong community responses were driving HIV responses and were also being mobilized against other epidemics such Ebola, mpox, cholera and more.
16. Ms Byanyima reminded the Board that the HIV response had built a model framework for equal access to medicines and health technologies. However, that framework was under pressure, as was evident during the COVID-19 pandemic, and the People's Vaccine Alliance had been mobilized to bring the HIV response's history of success to bear on the COVID-19 pandemic. Noting the unequal access to PrEP, she said UNAIDS and its partners were anchoring

a coalition to make long-acting cabotegravir available across the world.

17. UNAIDS was also stepping up its work on HIV prevention, she continued. In July, it had launched a new 2025 global HIV prevention road map, with a focus on key populations globally and on adolescent girls and young women and men and boys in settings with high HIV incidence. Thirty-three countries had joined the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, which was also making inroads. In addition, she said, UNAIDS was leveraging the experiences of the HIV response to tackle other pandemics, including by using inclusive human rights-based and gender-transformative approaches.
18. UNAIDS's financial outlook remained a concern, Ms Byanyima told the Board, mainly due to currency fluctuations and pressure on overseas development assistance. UNAIDS's top 10 donors, however, had maintained or even increased their levels of funding (with Australia, Germany and the United States of America, increasing their commitments). She welcomed the anticipated announcement of support from the United Kingdom (UK) and said UNAIDS would explore with France the use of catalytic funding in western and central Africa through set-asides for the Global Fund. She thanked all donors for their support.
19. However, headwinds remained for 2023, she told the Board, with UNAIDS facing an expected shortfall of US\$ 25 million against the US\$ 187-million core Unified Budget, Results and Accountability Framework (UBRAF) and US\$ 48 million against the full UBRAF budget (of US\$ 210 million). Accordingly, the Secretariat had introduced cost-control measures and it was implementing a new, ambitious resource mobilization strategy.
20. Ms Byanyima then summarized some of the progress made in transforming the Secretariat. The culture transformation process, based on feminist principles, was continuing, she said, and the alignment process was nearing its end. Acknowledging that the process had entailed difficult decisions and had brought considerable pain to staff, she paid tribute to the resilience and excellence of staff and said she was proud of their hard work and commitment.
21. The alignment outcomes included a reduction of core funded posts from 723 to 658 (9% fewer); a reduction of P5 core posts from 132 to 85 (36% fewer); increased national professional staff from 116 to 151 (30% more); a reduced "footprint" in Geneva by relocating 90 positions to new global hubs in Bangkok, Johannesburg and Nairobi, and the opening of a new management and operations hub in Bonn (Germany); the closure of four Country Offices (Djibouti, Equatorial Guinea, Eritrea and Laos); and the creation of HIV adviser positions in UN Resident Coordinator Offices in five countries (Colombia, Congo, Fiji, Gabon and Guyana). Core staff in Geneva had been reduced from about 210 to 120 (a 43% reduction) and a total of 100 staff posts had been abolished (15% of the work force), Ms Byanyima told the PCB.
22. Ms Bynanyima thanked Thailand for hosting the PCB meeting. She also applauded the vital ongoing support from the US Government and the contributions of the US President's Emergency Plan for AIDS Relief (PEPFAR) to the global HIV response. She thanked all donors for their support and the UNAIDS Cosponsors for their commitment to ending AIDS and announced the appointment of two new deputy executive directors, Angeli Achrekar as Deputy Executive Director (Programme branch) and Christine Stegling, Deputy Executive Director (Policy, Advocacy, and Knowledge branch).

23. In closing, Ms Byanyima said the Joint Programme continued to be a striking example of multisectoral partnership, of inclusive and networked multilateralism in action, and of innovative partnership between UN organizations. She said it would continue to support countries to deliver for people; integrate HIV into people-centred health strategies, policies, systems; and provide equal access to services that leave no one behind.
24. Members and observers thanked the Executive Director for her report and commended the Secretariat for its hard work in challenging times. Reiterating their strong support for the Joint Programme, they praised the staff and thanked them for their continued dedication and commitment. They also congratulated the new deputy executive directors on their appointments.
25. Speakers stressed their concerns that the HIV response was losing pace, partly due to persistent inequalities. Greater political courage and bolder actions were needed from Member States to end inequalities; remove social, policy and legal barriers; and strengthen access to information, tools and services people need to prevent, manage and treat HIV, they said. Member States had to recognize the realities and needs of key populations and ensure that they are not criminalized and are protected against stigma, discrimination and violence. Yet the work and expertise of communities were often still neglected or misunderstood, which also held implications for responses to future pandemics, speakers told the meeting.
26. They commended the Joint Programme for its work to equalize the HIV response and end inequalities, stigma and discrimination. They stressed the need to safeguard its human rights-focused activities and support the promotion of people-centred approaches and community leadership in the HIV response. UNAIDS was urged to leverage the HIV response as a case study to support the recognition of civil society and communities in new pandemic preparedness and response architecture. The Joint Programme model remained an admirable example of multisectoral success, and the Cosponsor partnership had a large multiplier effect, speakers said. They looked forward to discussing ways of further refining the model to make full use of the strengths and comparative advantages of each Cosponsor. A strong Secretariat was vital for leveraging those strengths, they added. However, the relationship between the Secretariat and the Cosponsors was not always clear—especially the financial relationship (in which each Cosponsor, irrespective of its size and resources, receives the same amount of funds for its HIV work). The one-size-fits-all model might be reconsidered, it was suggested. Urging the Secretariat and Cosponsors to work together to ensure the financial sustainability of the Joint Programme, members said they would welcome greater transparency regarding the flow of core and noncore funding between UNAIDS and the Cosponsors.
27. Noting that adolescent girls and young women in sub-Saharan Africa were still at much greater risk of acquiring HIV than men and boys, members praised the Education Plus initiative, as well as the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, and the pending Global Alliance on ending AIDS in children. Speakers also noted that HIV infections were increasing in some regions, including in Latin America, where this was happening in the context of major refugee and migration challenges. HIV programmes had to respond to those realities, they said.
28. Members called on UNAIDS to support countries to reinforce their health systems, including for responding to future pandemics. Global solidarity and

leadership were needed to equalize access to the scientific tools and medicines for ending AIDS, they said.

29. Even though the data, tools and experience existed to end the pandemic, ongoing inequalities and multiple crises had knocked the HIV response off-course, including the invasion of Ukraine, speakers said. They told the meeting that the backdrop to the PCB meeting continued to be an unjustified and unprovoked attack on Ukraine, which they condemned as a violation of international law and of the rules-based international system. The war was destroying critical health and other infrastructure and setting back collective efforts to end the AIDS pandemic, they said. Ukraine had been making strong progress in its national HIV response, but the attack had led to catastrophic disruptions in essential health care.
30. Invoking the right of reply, one member objected to other members' condemnations of the war in Ukraine, saying that they were politicizing the meeting. Drawing parallels to World War II, the member insisted that what it termed the "military operation" was, in terms of international law, an exercise of its legitimate right to self-defense, pursuant to article 51 of the United Nations Charter. The member asserted that the Ukrainian government had been overthrown in 2014 with the assistance of western governments leading to thousands of deaths, property destruction, and large-scale refugee movement to the Russian Federation. The member noted that the HIV situation in Ukraine had been worsening for the past decade and that funneling aid away from humanitarian operations to military aid would not help. It suggested the meeting continue to focus on HIV and warned it would be obliged to invoke its right of reply if delegates continued to comment on this topic.
31. Members reiterated their concerns about UNAIDS's funding situation. They called for full, sustainable financing of the UBRAF and thanked the Member States that continued to fund the Joint Programme in a sustainable manner. The growing complexity of UNAIDS's tasks and mandate was not being matched by donor contributions, they said. Without a fully funded UBRAF, the Joint Programme was severely compromised at country and regional levels. Some speakers questioned whether all Member States were contributing their fair share, while others reminded the meeting that many low-income countries lacked the resources to increase domestic HIV investments, especially in the prevailing economic conditions.
32. UNAIDS was encouraged to strengthen its personal outreach to donors—including through the Executive Director herself—and to increase efforts to publicize its achievements on the ground in countries. It was also advised to refine and strengthen its investment case, diversify its donor base and cultivate new country donors based on the strong value proposition that it can put forward. Members assured the meeting that they were ready to work with UNAIDS to widen its donor base. The recent "deep dive" funding dialogue with donors had been constructive, they said, adding that they looked forward to further discussions of options presented at that meeting.
33. The United Kingdom, while still examining its ODA budget, announced that it would contribute a further 8 million pounds sterling to UNAIDS and said it would continue to work with UNAIDS to finalize its funding arrangements for future years. Ireland said it was finalizing a multiyear funding agreement with UNAIDS for 2023–2026.
34. While commending the efforts to make UNAIDS fit-for-purpose, members

emphasized that the staff were the Secretariat's main asset. Acknowledging the update on the alignment process, they noted the concerns about staff experiences raised at previous PCB meetings and said they looked forward to a detailed update from the Human Resource Department at the next PCB meeting. They also asked for further information about the UNAIDS People's Strategy, which had been due for publication in 2022. It was recommended that updates be presented at the 52nd PCB meeting on the work of the HIV advisers in Resident Coordinator Offices.

35. Some members updated the meeting on their HIV responses, including actions taken to prevent new infections, reduce stigma and discrimination, eliminate the vertical transmission of HIV, and extend HIV services to refugees and migrants.
36. In reply, Ms Byanyima thanked speakers for their comments and support, especially for endorsing the equality approach of the Global AIDS Strategy 2021-2026, for recognizing the importance of working closely with affected communities, and for acknowledging the lessons which the HIV response held for pandemic preparedness and responses generally.
37. She said she was aware that staff bore a large burden of work and she assured the Board that steps were being taken to reduce that burden. An external company was advising the Secretariat on actions. In addition, a global staff survey was being conducted to gather further feedback on staff experiences in the organization. While participation was strong, she cautioned that strong positive findings from the survey were unlikely during UNAIDS's current "painful moment". The results would be used to guide improvements. Responding to a question about the People's Strategy, Ms Byanyima said inputs were still being incorporated in the draft, which would be ready for the next PCB meeting.
38. Improvements would continue to be made to ensure that the Secretariat and Cosponsors work together optimally, she said, adding that she welcomed the suggested discussion on taking those efforts forward. She also agreed that it might be a good idea to split Cosponsor resources in ways that reflect their different sizes and capacities.
39. Ms Byanyima welcomed the suggestion to present an update on the work of senior HIV advisers in UN Resident Coordinator Offices and added that the UN SDG group had been supportive of the decision to locate the advisers in those offices. However, June 2023 might be too soon for an evaluation, she noted, since the advisers were still taking up their positions. A report later in 2024 might be more appropriate.
40. Noting the concerns of Latin American and Caribbean members and observers, especially regarding the challenges of migration, she said the Secretariat was taking steps to address those situations. She praised the Dominican Republic for opening its HIV services to people from Haiti and praised the NGO Delegation for bringing the lived experiences of people living with HIV to Board meetings.
41. In closing, Ms Byanyima said she was glad to be working with Ireland on a multiyear funding partnership. She thanked the United Kingdom for confirming its eight-million-pound contribution and said she looked forward to further announcements in the coming year.

1.4 Report by the NGO Representative

42. Christian Hui of the NGO Delegation North America presented the NGO report. After noting that more than 9 million of the over 38 million people living with HIV were not yet receiving HIV treatment, he briefly sketched the scientific evidence basis for the undetectable = untransmittable (U=U) approach and then described the emergence of a movement publicizing and promoting the practical use of this knowledge. It was no longer a matter of whether U=U works, he stressed, but how to achieve it for all people living with HIV. More than 1,000 organizations in more than 100 countries had endorsed U=U as a key component of the HIV response, he told the PCB.
43. The 2021 Political Declaration on HIV and AIDS recognized U=U as an integral component of HIV prevention strategies and as an effective intervention against stigma and discrimination, he continued. The NGO Delegation's report provided recommendations for how the Joint Programme, Member States and civil society could use U=U as a health equity strategy to reach key targets and goals, including the 2025 targets and the goal of ending AIDS as a public health threat by 2030.
44. U=U was important for dismantling structural barriers and inequalities, Mr Hui continued. It could also help dismantle HIV-related stigma and discrimination. He stressed the importance of achieving universal access to affordable and high-quality HIV treatment and viral testing, as well as to differentiated care. Realizing the full potential of U=U also required updating comprehensive sexuality education (CSE) to reflect the recent breakthroughs in combination HIV prevention strategies. U=U should be embraced as a global health equity strategy and policy tool, he said.
45. Achieving U=U required cooperation at all levels of the global response, Mr Hui said, and called on members to integrate U=U as a complementary HIV health equity policy tool to the Global AIDS Strategy. It was important to develop common clinical standards on viral load suppression, as well as a shared policy definition of U=U, he added. UNAIDS should integrate U=U in its policy and technical guidance and documents. He also drew attention to a current lack of technical guidance and recommendations for supporting greater access to viral load diagnostics in resource-poor settings.
46. The Joint Programme and Member States could strategically use U=U as an equalizer in the global HIV response, Mr Hui continued. This was why the report referred to U=U=U, with the third "U" pertaining to universal access, he explained. He concluded the presentation by calling on UNAIDS and Member States to embed U=U in their HIV strategies and work; promote community-led U=U interventions; support U=U research; and use U=U to increase health equity.
47. Members and observers thanked the NGO delegation for the detailed and insightful report and for revising the proposed decision points. They supported the recommendations regarding the communication and use of U=U as an evidence-based strategy for the global HIV response. The scientific evidence showed clearly that U=U, they told the meeting. The approach can reduce stigma and discrimination, including self-stigma, and should be at the heart of HIV programmes and community-led responses. As a rights- and community-based approach, U=U should be used as part of a health equity strategy, speakers urged. They highlighted the potential of U=U as a community-led

movement and said communities should receive adequate and sustainable funding to implement these kinds of innovative approaches. They also stressed the need to properly communicate the U=U approach to both the public and health-care professionals.

48. While noting the empowering potential of U=U, speakers noted that it depended on all populations having equal access to HIV testing, treatment and viral load testing. It was unacceptable that many millions of people living with HIV were not yet receiving the information, treatment and support they needed for their health, they said. They highlighted the ongoing unequal access to pharmaceuticals and other technologies that are essential for realizing a strategy such as U=U. Members voiced support for the U=U=U concept (with universal access to HIV services and medicines representing the third "U"). Governments had to ensure that viral load testing was universally accessible to people on antiretroviral therapy (ART), including via community-based organizations that work closely with key populations, they said.
49. Speakers also welcomed the proposal for setting up a multistakeholder working group on U=U and the implementation of U=U interventions, which should be done alongside actions to achieve universal health coverage and increase equitable access to HIV services and health care. UNAIDS was asked to share updates at future PCB meetings about how elements of U=U were being incorporated into activities of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination.
50. Speakers noted that HIV criminalization continued to deepen inequalities, generate stigma and fuel the HIV pandemic. Dozens of countries still criminalized key populations and their behaviours, some of them members of the PCB, they told the meeting. No-one should be criminalized for their HIV-related behaviours, whether virally suppressed or not, they added. There were many reasons why some people struggled to achieve viral suppression, including homelessness, persecution by health authorities and the police, violence, and limited access to the latest antiretrovirals.
51. After thanking the NGO delegation for the report, a member noted the need for thorough studies of the U=U concept by ministries of health, scientific medical communities and leading national experts, recognizing that the NGO delegation represented the non-medical community and was not directly involved in the treatment process. This focus on the scientific and medical aspects of the U=U approach would supplement the NGO Delegation's report, which focused on issues of stigma, discrimination, and inequality. The member flagged concerns regarding the reliability of scientific evidence, its interpretation and the ability to extrapolate from current studies. Another member said existing research supported the principle of the U=U approach for preventing new HIV infection, but suggested that more research was needed on the science of implementing the approach.
52. Responding, speakers insisted there was ample and robust evidence supporting U=U and its role in preventing HIV transmission, adding that WHO, PEPFAR and a growing number of countries were endorsing U=U as a prevention strategy. They cited a series of recommendations regarding U=U issued by WHO over the past decade, based on scientific evidence. The meeting was assured that there was no evidence that a person with a viral load of under 1000/ml could transmit HIV to a sexual partner.
53. Some members and observers updated the meeting on steps taken to reach

the 95–95–95 targets (including the non-criminalization of drug use and decriminalization of same-sex sexual relations) and on progress in reducing the viral loads of people living with HIV. They also shared best practices for HIV "test and treat" approaches. One member drew the Board's attention to the impact of sanctions and other coercive measures on people's right to health and their access to medicines and medical equipment.

54. In reply, Erika Castellanos, NGO Delegation Europe representative, echoed comments that criminalization should not be linked to a person's viral load status. Viral load suppression was not simply an individual choice, but was shaped by structural and social factors, as well.

2. FOLLOW-UP TO THE THEMATIC SEGMENT FROM THE 50TH PCB MEETING

55. Suki Beavers, Director of the Gender Equality, Human Rights and Community Engagement Department, UNAIDS, presented the follow-up report to the thematic segment from the 50th PCB meeting, *Positive learning: harnessing the power of education to end HIV-related stigma and discrimination, empower young people and provide a comprehensive HIV response*. She began by describing the preparations for the thematic segment and the diversity of participants. Stressing the importance of education as an equalizing factor, Ms Beavers briefly reviewed the evidence, experiences and actions that had been shared during the thematic segment.
56. Caroline Ngonze, Senior Manager of the Education Plus initiative, then summarized key points from the segment, highlighting the role of inequalities of various kinds in driving HIV transmission, fuelling stigma and denying people access to HIV support and services. Due to those inequalities, most new infections were concentrated in key populations globally and in adolescent girls and young women in sub-Saharan Africa. Six in seven new HIV infections in young people in sub-Saharan Africa were in girls, she said.
57. Ms Ngonze reminded the meeting that ending inequalities was a central theme of the Global AIDS Strategy 2021-2026 and that the 2021 Political Declaration on HIV and AIDS highlighted the role of education in the HIV response. Evidence showed that education, both in and out of school, can reduce inequalities, HIV transmission, and stigma and discrimination, she told the Board. Each additional year of secondary schooling increased people's job prospects and contributed to gender equality and poverty reduction, as well as reduced the cumulative risk of HIV infection, child marriage and adolescent child-bearing, Ms Ngonze said. Education was therefore a strategic entry point for ending AIDS by 2030.
58. She summarized recommendations on how education can be leveraged as a key element of the HIV response, particularly in sub-Saharan Africa. She explained that this required promoting youth leadership and participation in high-impact interventions in the education sector; improving the collection of granular, disaggregated data; supporting girls and key populations to complete their secondary education; expanding access to high-quality comprehensive sexuality education (CSE); ending discrimination, bullying and violence in education settings; connecting health, education and social service systems and other support; and increasing investments in the education sector.
59. Speakers commended the report and its comprehensive recommendations, and welcomed the efforts to strengthen links between education and health

policies, along with efforts to support girls. Noting that HIV disproportionately affects 15–24-year-olds, they said that ensuring girls complete secondary education reduces their HIV risk, especially if combined with services promoting their rights and empowerment.

60. They stressed that education was a universal right and emphasized the importance of CSE, both in and out of school. Quality education and CSE can help reduce inequalities between girls and boys, they said, and were indispensable entry points for preventing HIV and reducing stigma. They called for increased education funding, inclusive laws and policies, and meaningful engagement of young people in the HIV response. Education authorities should also introduce codes of conduct to ensure that students do not experience HIV-related stigma and discrimination.
61. Noting that misinformation about sex and sexuality continued to undermine the health and well-being of young people, members stressed that CSE was one of the most effective ways to help young people make positive health decisions and avoid HIV infection—especially when integrated with widened access to sexual and reproductive health services. However, CSE was still forbidden or taboo in many countries and communities. Speakers pointed to a sharp rise in organized opposition to CSE and in efforts to dilute national CSE guidelines and reduce funding for CSE, and warned of a risk that some governments would renege on standing CSE commitments. Myths about CSE should not be allowed to prevail, they insisted. They also highlighted the value of HIV education alongside ethics and responsibility education for young people so they could protect themselves against illness and disease.
62. Reminding the meeting that rates of sexually transmitted infections were rising, they urged UNAIDS Cosponsors to support the global response to sexually transmitted infections. Youth-friendly HIV services should be integrated with sexually transmitted infection services and sexual and reproductive health services and should be linked with education, they added.
63. UNAIDS was encouraged to continue its advocacy work on these issues and urged Member States to accelerate progress towards the elimination of structural barriers to education and to position schools as entry points to address the needs of both boys and girls, prioritizing CSE and safe school environments.
64. Members updated the meeting on their efforts to involve young people in developing and implementing HIV programmes and strategies, progress made at the Education for Health Summit, and support provided to ministries of education to develop CSE curricula in inclusive ways.
65. In reply, Ms Ngonze thanked speakers for their comments and for supporting the recommendations. Ms Byanyima shared her experiences as a young girl attending school in Africa and reminded the meeting that many millions of young people in Africa still did not receive CSE. The Education Plus initiative was an attempt to bring partners together to act in countries so all girls and boys could attend and complete secondary school, she told the meeting. She appealed to Member States and donors to link their financing to the achievement of the five recommendations highlighted in the thematic segment update.

3. LEADERSHIP IN THE AIDS RESPONSE (postponed)

4. FINAL REPORT ON COMMUNITY-LED AIDS RESPONSES BASED ON THE RECOMMENDATIONS OF THE MULTISTAKEHOLDER TASK TEAM

66. Matthew Kavanagh, special adviser to the UNAIDS Executive Director and acting Deputy Executive Director for Programme, Advocacy, and Knowledge, UNAIDS, introduced the report by referring to the examples of community-led activities seen during field visits around Chiang Mai, which had been held just prior to the 51st PCB meeting. These showed the power of partnerships that included public sector services, engagement with communities, and services led by communities, he said. HIV responses were strongest when those synergies were achieved. Mr Kavanagh thanked the task team for preparing the report and for tailoring the findings to the realities of different countries.
67. Laurel Sprague, at UNAIDS, presented the report. She described the background to the task team's creation and work, setting it in the context of the 2016 and 2021 Political Declarations on HIV and AIDS. Comprising 20 members (10 from Member States and 10 representatives from civil society and people living with HIV), the team's chief objective was to review relevant definitions of community-led HIV responses for consideration by the UNAIDS Monitoring Technical Advisory Group; develop recommendations on their use; and explore ways to enhance reporting on community-led HIV responses.
68. Ms Sprague then summarized the recommendations. These include a recommendation that UNAIDS adopt the definition of community-led organizations and responses as revised in the first meeting of the task team. Community-led responses were defined as "actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and implemented by and for communities themselves and the organizations, groups and networks that represent them".
69. Community-led organizations and networks were defined as "entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies". Ms Beaver noted that not all community-based organizations are community-led.
70. It was recommended that UNAIDS apply the definitions in developing a new monitoring framework for community-led responses. UNAIDS was advised to develop indicators and take the lead in developing standards for community-led data so the data could be recognized and validated for use in national reporting and the Global AIDS Monitoring system. The task team report also provided recommendations on the inclusiveness of community-led responses and for capacity-building. Specifically, said Ms Beaver, it was recommended that UNAIDS broker an accompanying programme of capacity strengthening and mentorship to achieve high-quality data collection and analysis that would feed into the Global AIDS Monitoring system.
71. Also highlighted was the need for improved systems for financing community-led organizations and for stronger capacity to mobilize resources. In addition, the report identified core elements of good practices for mobilizing domestic funding for community-led responses. They include strong political will, social contracting arrangements, and technical support. Ms Beaver ended her presentation by stressing that the ways in which the 2025 targets are achieved would be as important as reaching the targets themselves.

72. Speaking from the floor, members and observers applauded the task team's report and welcomed the work done to clarify definitions of community-led activities. Members referred to the many ways in which community-led organizations were central to HIV and other key health programmes, and shared examples of their impact. These organizations were also an essential link between public programmes and affected people and communities, they added. This had been especially clear at the height of the COVID-19 pandemic, when the organizations had served as frontline workers. Governments were urged to acknowledge and support community-led organizations and deepen their participation in national responses.
73. Achieving the targets for community-led HIV activities was challenging, members acknowledged. They required strong political commitment and funding support, which were not yet sufficient, despite commitments made by Member States in the 2021 Political Declaration on ending HIV and AIDS. Stressing the importance of community-led organizations as entry points in all crises, they called for increased political and financial support for these organizations and their activities. The meeting was reminded that affected communities—and the organizations they lead—were still subject to harassment, violence and discrimination in many places.
74. Also highlighted was the need for better funding channels for community-led organizations, and for strengthened capacities to mobilize resources and report on the outcomes of activities. There was a suggestion that nontraditional approaches be considered to ease access to funding, for example by waiving requirements for non-profit licensing for organizations that receive small grants.
75. Speakers emphasized that community-led responses required capacity strengthening and training (including for laboratory and diagnostic services), sound governance and accountability, and reliable monitoring and reporting procedures. They also highlighted the Joint Programme's important role as a support structure and advocate for community-led work, especially at country level. UNAIDS had a responsibility to work with community-led organizations and furnish technical guidance and support, as well as serving as a funding conduit, they said.
76. The full potential of community-generated data remained untapped, speakers added. Member States were urged to support countries in developing standardized tools for measuring and monitoring community-led activities. Technical challenges were also discussed, including the need to minimize duplication between services provided by hospitals and community-led organizations, and the consolidated collection and reporting of service data.
77. UNAIDS was encouraged to take the lead in developing standards for the collection and reporting of community-led data and to ensure that experienced community-led organizations are involved in those processes. Members said they would welcome further discussions on the monitoring and evaluation of community-led responses. UNAIDS was also asked to produce technical guidance to monitor progress against the Political Declaration targets regarding community-led organizations and activities, and to provide an update to the 53rd PCB meeting.
78. In reply, Ms Sprague thanked speakers for their comments and support and said she was pleased to hear the calls for continued collaboration across the Joint Programme and the support for guidance for scaling up community-led responses, the use of community-led data and tools to support capacity

building. She noted the continued challenges regarding funding, capacity, monitoring and evaluation, and the documentation and sharing of work, as well as a need for national laws and policies that support community-led responses. She also appreciated the emphasis on regional and global community-led networks, in addition to national ones.

79. Mr Kavanagh, in reply, referred to the challenges related to establishing funding conduits for community-led responses. Since the success of HIV responses was closely linked to the existence of community-led infrastructure, it was important that Member States work with civil society networks and organizations to support that infrastructure. This work was vital for the HIV response, and it would also serve pandemic preparedness in general, he said.

5. UPDATE ON THE GLOBAL PARTNERSHIP FOR ACTION TO ELIMINATE ALL FORMS OF HIV-RELATED STIGMA AND DISCRIMINATION

80. Suki Beavers, Director of the UNAIDS Gender Equality, Human Rights and Community Engagement Department, presented the update on the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. She briefly reviewed the objectives of the Partnership, setting it in the context of the global AIDS targets on societal enablers, notably the 10–10–10 targets. She reminded the meeting that unacceptable levels of stigma and discrimination persisted across the world and that dozens of countries maintained legal environments that facilitated violence, stigma and discrimination.
81. Since the launch of the Global Partnership in December 2018, 33 countries had joined, including Luxembourg and Thailand (the first UNAIDS donor countries to join) and the United States Centers for Disease Control and Prevention (the first non-state entity to join), Ms Beavers told the Board.
82. The Partnership's support for the scale-up of activities to reduce stigma and discrimination focused on six settings, she explained: health care; the work place; education; justice; individuals, families and communities; and emergency and humanitarian settings. She shared examples of actions taken in each setting. These included new policies for discrimination-free health services that had been adopted in the Central African Republic, the Islamic Republic of Iran and Kazakhstan while Kazakhstan and Thailand had introduced new codes of conduct for stigma- and discrimination-free work places. GNP+ was leading a global campaign on CSE, and several countries had introduced legal reforms, including the decriminalization of same-sex relationships and of HIV non-disclosure, exposure, and non-intentional transmission.
83. The Partnership was facilitating greater coherence and coordination of activities and catalytic partnerships, including with the Global Fund and PEPFAR, Ms Beavers continued. Thailand was among the countries rolling out expanded anti-discrimination efforts in the six priority settings. Leadership of communities was also being strengthened through the #MoreThan and the #NotACriminal campaigns.
84. Looking ahead, Ms Beavers said the Global Partnership was proof of concept for the feasibility and impact of scaled-up and coherent technical support, advocacy and partnerships, and for coordinating interventions. The Partnership would continue to enhance coordination and facilitate long-term technical support for actions aimed at ending HIV-related stigma and discrimination, including for community-led interventions and reporting, she said. Communities

had to be front and centre of these activities. Strengthening and supporting civil society and community leadership in the design, implementation and accountability of actions to end stigma and discrimination would therefore remain a central focus for the Partnership, Ms Beavers said in conclusion.

85. The Chair opened the floor for discussion. Members and observers welcomed the update and reiterated the urgent need to advance equity, reduce stigma and discrimination, and promote human rights, which was essential for reaching the 2025 targets and 2030 goals. They cited UNAIDS modeling which indicated that failure to reach the 10–10–10 targets would lead to 2.5 million more people acquiring HIV and 1.7 million more HIV-related deaths by 2030. Partnerships between communities, governments and multilateral institutions, including UNAIDS, were essential to success.
86. Speakers commended the activities documented in the report, which showed the value of harnessing the combined strengths of community organizations and governments. They said the Global Partnership was a platform for changing discriminatory laws, protecting people against violence and discrimination, and ensuring that instruments of law serve everyone equally, and urged more countries to join the Partnership.
87. Progress was being made in the countries that had joined the Global Partnership, the meeting was told. Speakers commended the countries and organizations that were contributing to those achievements. The report also showed the importance of having stigma and discrimination-related targets, which provided a basis for strengthened evidence-based actions, they said.
88. Members emphasized the need for stronger political will for anti-stigma initiatives and the value of having civil society and ministries act jointly across different sectors. However, governments were ultimately responsible for ensuring that services are delivered in nondiscriminatory ways, they said, and funding had to be set aside for implementing and monitoring actions to address stigma and discrimination. Speakers acknowledged the funding challenges in some countries and suggested that priorities be set, for example by focusing at first on establishing national guidelines for the non-discriminatory delivery of services.
89. Stigma and discrimination also had to be addressed in judicial systems, including by repealing criminalizing and discriminatory laws that target key populations. Speakers reminded the meeting that punitive legal environments persisted in many countries and that people living with HIV and key populations still faced stigma and discrimination in all walks of life, robbing them of their dignity, health and lives. They reiterated their support for policies and laws that protect rather than discriminate and said lasting progress against HIV was only possible if stigma and discrimination were replaced by acceptance and inclusion.
90. A gradual shift away from punitive approaches to drug use and towards public health-oriented approaches was noted. However, the meeting was told that other methods were still being used to harass people who use drugs and restrict their access to employment, essential services, and health and other insurance.
91. The discrimination and violence experienced by women was highlighted. Speakers noted with concern that some countries still persecuted women and girls in their diversity and were even passing new laws to facilitate those and other rights violations. They called on all countries to transform unequal gender

- norms, remove institutional barriers, and ensure nondiscriminatory access to essential health care, food, employment, housing and other social protection.
92. The denial of essential services in the name of cultural or religious values was criticized. Speakers referred to attempts in some countries to erode progress and sexual and reproductive health and rights (SRHR). The meeting was told that the removal of references to SRHR from statements and documents would not diminish the central importance of those programmes.
 93. Members noted the Joint Programme's central role in promoting and supporting actions to achieve the Partnership's objectives and thanked it and civil society organizations around the world for keeping the priorities centre stage. They requested further updates on actions taken to remove impediments and speed up progress.
 94. Speakers cited the importance of the Global Fund's Breaking Down Barriers initiative in helping countries scale up actions to end stigma and discrimination, reduce inequalities and end the injustices that threaten progress against HIV, TB and malaria. The initiative had led to a 10-fold increase in investments in human rights programmes in countries around the world, the meeting heard.
 95. A greater focus on social media and other digital tools was also advised, along with youth leadership in tailoring key messages and campaigns. It was noted that the report had made little reference to the role of U=U in reducing HIV-related stigma and discrimination. Speakers said they would welcome more information on how the Global Partnership was using its technical role to support community-led initiatives, including those involving U=U.
 96. Speakers said they had been inspired by field visits prior to the PCB meeting, which had shown how community-led activities can reduce stigma and discrimination, and how CSE can help children living with HIV stay in school. Several members shared updates of actions they had taken to uphold human rights and eliminate HIV-related stigma and discrimination, including developing costed national action plans to eliminate stigma and discrimination, stronger partnerships between NGOs and governments, and new national directives on nondiscrimination in health-care settings. Monitoring stigma and discrimination in health-care settings had led to important changes in several countries, they said.
 97. In reply, Ms Beavers thanked members and observers for their comments and reflections, and agreed on the urgent need to end stigma and discrimination to achieve, by 2025, the 10–10–10 and the 30–80–60 targets towards ending AIDS as a public health threat by 2030. She appreciated the suggestion to focus more attention on social media campaigns and said more such campaigns were being supported. She also noted the suggestion to highlight U=U as a way to help end HIV-related stigma and discrimination. Referring to Thailand's success in reducing HIV-related stigma and discrimination, Ms Beavers said sharing good practices and evidence was vital for the ongoing progress of the Global Partnership. In closing, she thanked the Dominican Republic for joining the Partnership and the Cosponsors for their ongoing commitment and support.

6. REPORT OF THE PCB BUREAU ON UNAIDS' FUNDING SITUATION BASED ON THE RECOMMENDATIONS OF THE INFORMAL MULTISTAKEHOLDER TASK TEAM

98. The Chair introduced the report and sketched the background, establishment and mandate of the Informal Multistakeholder Task Team (Task Team). The Chair informed that the PCB Bureau had reviewed and finalized the Task Team's recommendations, and had added some nuances to support the PCB's discussion of the recommendations. The Chair shared examples of those alterations.
99. Mohamed Chakroun, Co-chair of the Task Team and Head of the Department of Infectious Diseases at the University of Monastir Tunis, described the Task Team's work in greater detail. He recalled the PCB decisions and preparations that had led to the creation of the Task Team and briefly reviewed the Task Team's meetings and activities. The Task Team's first report had been delivered on 25 July 2022 to the PCB Bureau, who soon afterwards had endorsed the recommendations for addressing the immediate funding crisis. The Bureau had then received and reviewed the entire list of recommendations (immediate and longer-term) on 10 November 2022, after which the report to the PCB had been finalized.
100. Julia Martin, Co-chair of the Task Team and Senior Health Advisor and US representative to the Global Fund, presented the report's eight main short- and long-term recommendations in greater detail. The first addressed currency fluctuations. Donors would be asked to consider multiyear contributions so UNAIDS could "smooth out" currency fluctuations, she explained.
101. The second recommendation related to the PCB's duty of care to close the funding gap and provide long-term funding solidarity, while the third recommendation pertained to co-investments with the Global Fund. Stressing the importance of UNAIDS's relationship with the Global Fund, Ms Martin said the Fund's technical capacity came mainly from partners, especially UNAIDS, Stop TB Roll Back Malaria and WHO. If a technical partner struggled financially, it could affect countries receiving Global Fund grants.
102. The third recommendation had several elements. Ms Martin continued. It requested Global Fund donors to make proportionate investments in UNAIDS, and it requested donors who have a set-aside mechanism to prioritize UNAIDS as a recipient of that funding. It also requested Global Fund donors which did not have set-aside funding to consider funding UNAIDS specifically to support the implementation of country grants, while noting that this entailed complex discussions and the engagement of the Global Fund board. It was also recommended that UNAIDS consider updating and revising the memorandum of understanding (MOU) between it and the Global Fund, possibly by including a monetary element. Finally, the recommendation requested that UNAIDS be able to access funding via Global Fund country grants to provide technical support to countries receiving Global Fund grants for specific scopes of work.
103. The fourth recommendation focused on private sector and foundation financing, Ms Martin said. UNAIDS should develop specific "asks" for private foundations for either core or earmarked funding. It should also develop a list of potential private sector donors, matching their corporate social responsibility agendas with the UBRAF, as well as seek in-kind private sector support.
104. Continuing, Ms Martin said the fifth recommendation focused on seeking

matching funds from domestic sources (from any funding sources) for programme activities, while the sixth recommendation considered options for resource mobilization by Cosponsors. It proposed that Cosponsors with large central budgets could develop business cases or value propositions to jointly mobilize resources. Cosponsors could also engage in joint fundraising for specific programme areas of the UBRAF, Ms Martin said, adding that this could be highly beneficial for the Joint Programme.

105. The seventh recommendation called on the PCB to actively support implementation of the Joint Programme Resource Mobilization Strategy 2022-2026. It was important for the Board to fully understand the Strategy and take on aspects of its implementation. Finally, the eighth recommendation advised a redefinition of the parameters of activities that can be included under noncore funding (i.e. largely earmarked funding), and where possible promote core-specified funding. This would apply to both the Secretariat's and Cosponsors' noncore funding. The recommendation also called for full transparency around noncore resources within the Secretariat and Cosponsors. In addition, Member State donors should be able to contribute to the Joint Programme with the purpose of financially supporting specific programmatic areas within the UBRAF.
106. Members and observers thanked the Task Team for its diligent work and its report. Stressing the need for a fully funded UBRAF, they also welcomed the Joint Programme Resource Mobilization Strategy and its focus on multiyear funding.
107. Noting the shortfall in annual funding, speakers called for renewed support and commitment to ensure that UNAIDS is fully financed. Without a fully-funded UBRAF, the Joint Programme would be severely weakened, speakers stressed. The meeting was told that the funding shortfall amounted to a tiny fraction of the money being spent on the war in Ukraine.
108. Both Cosponsors and the Secretariat had seen their core budgets decrease and had been compelled to introduce austerity measures, including reducing staff and cutting some areas of work, the meeting heard. While recognizing the need for staff alignment, members said it was necessary to review staffing structures and locations to ensure they strengthened UNAIDS's ability to fulfil its mandate. Cost-saving steps should not compromise support to countries and regions, they said.
109. Members recommended that the Executive Director be more prominently engaged in fundraising, especially with political leaders. UNAIDS's leadership should be able to convey an articulate case for supporting the Joint Programme, they added, which required short, easily digestible investment cases, sharing success stories and explaining its added value in compelling ways. Referring to the recent "deep dive" funding dialogue, Members stressed that UNAIDS had to diversify its donor base, including by engaging the European Commission and private foundations.
110. Most of the Task Team's recommendations were realistic and useful, speakers said, and some of the options were already being implemented (e.g. some donors were providing additional funds). Multiyear funding was seen as an attractive option, since it provides predictability and enables hedging against currency fluctuations. It was noted that both Australia and Canada had agreed to multiyear contributions.
111. Members asked for an updated state of financial affairs and stressed the need

for greater clarity about where the funding was going and which activities were being prioritized in the context of the funding shortage. They welcomed efforts to increase budget transparency and asked for greater clarity on the use of core, specified core and noncore funding for the UBRAF. They also encouraged UNAIDS to focus on ensuring more strategic-level reporting on UBRAF implementation, with selective narrative reporting complementing that information.

112. Improved financial reporting around core and noncore funding was not only a matter of effective governance and accountability, members said, it was crucial for strengthening donor confidence and mobilizing further funding. It would make it easier to convey the value for money which UNAIDS provides and it would support Cosponsor resource mobilization efforts. In addition, greater budget transparency would support clear and effective prioritization and trade-off decisions, choices which the PCB should be engaged in.
113. Speakers reminded the meeting that the financial model of the Joint Programme required an open dialogue between the Committee of Cosponsoring Organizations (CCO) and the Secretariat. They requested an overview of how funds were being divided between the Secretariat and Cosponsors; this would enable Member States to better support the Joint Programme.
114. Cosponsors said they welcomed the Task Team's recommendations and were fully committed to ensure their implementation, including the recommendation to redefine the UNAIDS core, core-specified, and noncore funding. They stressed that, while increased availability of noncore funding was supporting important programming in many countries, it was not a substitute for predictable, sustainable core funding.
115. They confirmed that Cosponsors and the Secretariat had agreed on a prioritized joint resource mobilization strategy, including principal-level engagements. The Joint Programme was developing scenarios for presentation to future PCB meetings, they added. Those scenarios would consider Joint Programme resource mobilization efforts, the evaluation of the country envelope mechanism, the MOPAN review findings, the capacity assessment, the outcomes of the PCB Task Team on the funding situation, the current operating model, and how funds received are prioritized and allocated.
116. The main donors to the Global Fund were urged to increase their financial support to UNAIDS. Highlighting the complementary roles of UNAIDS and the Global Fund, speakers called for stronger collaboration between the two entities. They supported the development of a new MOU with the Global Fund that clearly articulates the roles and responsibilities of the two entities within their partnership. Regarding specific recommendations pertaining to a revised MOU, members noted that the transfer of funds from one organization to the core budget of another needed careful consideration. Some members felt that a common financing mechanism was not yet possible. After noting their regret that the Executive Director had not been able to attend the Global Fund board meeting in November 2022, they said further discussions between the Secretariat and Global Fund were advisable.
117. Some members felt it was premature to create a working group to continue the work of Task Team. The priority was to support the Secretariat to implement the recommendations, they said and suggested that the Executive Director be granted time to prioritize implementation of the recommendations, with periodic

reporting to PCB on progress made along each track. A progress report could be presented to the Board in June 2023, after which it might consider setting up a working group. Members also asked for periodic updates on progress with regards to the recommendation that UNAIDS adopt a holistic approach towards foundations and the philanthropic sector.

118. Acknowledging the pressures on staff and the difficult decisions that had been taken to deal with the funding shortfall, members applauded donors who had increased their support. The USA announced that it would provide an additional US\$ 5.2 million in funding immediately, alongside increasing its core funding to US\$ 50 million (pending approval by the US Congress).
119. In reply, Ms Martin thanked the speakers for their support and comments, and noted the importance of diversifying the funding base. Regarding the Resource Mobilization Strategy, she agreed that the value proposition and business case already existed, but said it could be sharpened and communicated more effectively. She also agreed that greater transparency on core and noncore funding would increase trust, enhance the effective use of resources and support further resource mobilization. Finally, she emphasized the importance of deepening the relationship with the Global Fund.
120. Mr Chakroun, in reply, thanked the Task Team for its excellent work and collaboration. Ms Byanyima said UNAIDS embraced all the recommendations and that she was committed to their implementation. Referring to comments from the floor, she agreed on the need to further improve the reporting of results and financial information, and to achieve greater transparency regarding core and noncore funding.
121. Ms Byanyima said the relationship with the Global Fund had been deepened, in line with earlier requests from the PCB. A new framework had been developed spelling out how the partnership could be strengthened in five key areas of work. This would form the basis for a new MOU.
122. Agreeing with calls for a more diversified funding base, Ms Byanyima told the meeting that this recommendation was already featured in the new Resource Mobilization Strategy. Discussions with foundations were increasing, some of which had increased their support or were considering supporting UNAIDS. Regarding funding from the private sector, Ms Byanyima advised realism. That funding support tended to focus on service delivery, she said, while UNAIDS's main focus of work—advocacy, technical support, data gathering, management and analysis—tended not to include the kinds of activities that are prioritized in social responsibility funding.
123. In closing, Ms Byanyima said her priority as Executive Director was to implement the new Joint Programme Resource Mobilization Strategy for the entire Joint Programme. It would take some time to close the funding gap, but she was confident that it would be achieved. She thanked donors for their commitment and solidarity and thanked implementing countries and NGOs for showing the difference that UNAIDS was making "on the ground". The funding going to UNAIDS was helping ensure the survival and wellbeing of people and communities around the world, she said.
124. A member state invoked the right of reply and reiterated its concern that speakers were politicizing the meeting. The member noted that each conflict has two sides, calling for a more comprehensive understanding of the situation. It noted that public financial data related to the conflict was only available for one side (showing that western countries were spending large amounts of

money on military aid) and noted that data purporting to analyze entire military expenditures were therefore inaccurate. The member noted that all countries should stay committed to their humanitarian obligations and that unilateral restrictions should be removed to ensure that the member could transfer its regular voluntary contributions to UN agencies to support programmes in resource-constrained countries. The member suggested that the meeting focus on issues related to the UNAIDS mandate.

7. EVALUATION ANNUAL REPORT AND MANAGEMENT RESPONSE

125. Joel Rehnstrom, Director of Evaluation, UNAIDS, presented the annual report of the Independent Evaluation Office. He told the PCB that evaluations of efficient and equitable financing and of key populations had been completed, along with two country evaluations (Lesotho and Mali) and an evaluation of the data hubs. Evaluations of the country envelopes and social protection were ongoing. The evaluation of policy work and influence had been postponed, while the evaluation of COVID-19 had been included in other evaluations.
126. Mr Rehnstrom referred the meeting to the conference room papers, which included a report on the Joint Programme's work with and for key populations, as well as a case study of its work with and for key populations in Thailand. He then mentioned the main recommendations of the key population evaluation, including the need for greater prioritization of work for and with key populations, for improved data generation to serve that work, and for stronger support to community-led programming.
127. Follow-up to evaluations included the dissemination of evaluation reports and summaries, the development of the management response, and tracking implementation of recommendations, he told the PCB. After sharing a template for the management response, including planned actions and time frames, he noted that ultimate responsibility for implementation rested with the relevant units and departments.
128. Mr Rehnstrom then briefly reviewed the budget of the Evaluation Office, noting that the original budget had been revised downwards from almost US\$ 2 million (equal to 1% of operational expenditures as per the evaluation policy) to a little under US\$ 1.3 million, with expenditures running to almost US\$ 1.2 million.
129. He also described the governance and management processes for the Evaluation Office. The PCB considers the annual evaluation reports, he explained, while the Expert Advisory Committee provides guidance and advice to the Evaluation Office. Cosponsor evaluation offices also support and participate in joint evaluations.
130. Forthcoming Joint Programme evaluations in 2023 would focus on the integration of HIV in primary health care and on human rights and HIV, he said, while Secretariat evaluations would focus on community-led monitoring, policy work and influence, the Programme Review Committee, and UNAIDS's partnership with the Global Fund. There would be an independent review of the UNAIDS evaluation policy after four years, as well as a review of the evaluation function as part of the MOPAN assessment. The Evaluation Office was also being moved to another location, he said, adding that disruptions due to the move had to be minimized.
131. In conclusion, Mr Rehnstrom, said good progress had been made despite financial constraints, but cautioned that it would be difficult to complete all the

planned evaluations and activities with the available staff and funding.

132. Tim Martineau, Deputy Executive Director of Management and Governance at UNAIDS, presented the management response. Thanking the Evaluation Office for its work, he said UNAIDS was strongly committed to the evaluation function, which had to be fully funded. The Secretariat appreciated the high quality of the Evaluation Office's reports and the support provided by the Cosponsor Evaluation Group and the Expert Advisory Committee. UNAIDS fully supported the development of the 2024–2025 evaluation plan, he confirmed.
133. Mr Martineau assured the Board that UNAIDS followed through on the evaluation reports. It accepted the recommendations to the evaluations done in 2022 and was committed to achieving rapid turnaround on those recommendations. It also fully supported the planned evaluations for 2023.
134. He said UNAIDS management believed that the evaluation function had to be fully funded in a way that was proportional to the overall funding situation of UNAIDS. He emphasized that staffing and the activity budget had remained stable from 2021 to 2022 and hoped this could be repeated for 2023. In closing, Mr Martineau said he hoped the Office's move to Bonn would not compromise its work.
135. Commenting from the floor, members thanked the Evaluation Office for its excellent work even in the context of resource limitations. They welcomed the report, the management response and the efforts to conduct joint evaluations, and said they looked forward to updates on implementation of the recommendations. They urged that the evaluation findings be disseminated widely to reveal past challenges and achievements and to provide guidance for future actions. This included sharing the results of evaluations in due time with national and regional offices; speakers requested more information about the processes for achieving that. Timely access to the results of evaluations was also important for PCB members and observers, speakers said. They asked that the Evaluation Office continue its current practice of presenting an annual report on implementation and a six-monthly update to the PCB Bureau. The Secretariat was also asked when initial elements of the new knowledge management strategy would be shared.
136. Several common threads in the evaluation recommendations were highlighted, including the strong recognition of UNAIDS's importance and value, along with the need to integrate HIV services within universal health coverage and to ensure that those services work for key populations and other affected groups.
137. The evaluation on efficient and sustainable financing showed the Joint Programme had made important contributions to improving the allocative and technical efficiency of the HIV response, a speaker said. However, they added that it remained necessary to improve the coordination and integration of HIV financing into universal health coverage and to promote the engagement of civil society and key populations.
138. Referring to specific evaluations, speakers welcomed the evaluations of sustainable financing and data hubs, which were of great importance in the context of the funding and organizational realignment discussions, as well as the findings of country evaluations. They strongly supported calls to scale up advocacy for key populations and defend their rights; advocate for their decriminalization; and promote increased funding for community-led services. UNAIDS was urged to work as an equal partner with key population-led groups to pursue those objectives.

139. Members noted that detailed management responses to some important evaluations done in 2022 were still outstanding. UNAIDS was asked to ensure swift implementation of evaluation recommendations. The meeting was reminded that the 2015–2016 MOPAN evaluation, which had been conducted prior to the establishment of the Evaluation Office, had shown that, previously, lessons learned had been only informally integrated into the development of new approaches and interventions. Information on actions regarding recommendations made in the evaluation of the Joint Programme's work on sustainable financing of the HIV response were especially urgent.
140. An effective and independent evaluation function was essential for accountability, organizational learning and sound governance, members said. They cited the many ways in which the evaluation function had been strengthened and made more robust in a short period and despite funding challenges.
141. Members urged the Executive Director to safeguard the evaluation function, not least because of its importance for supporting resource mobilization efforts. They asked that the Secretariat further strengthen the evaluation process and remove personnel and financial resource constraints. Noting that the eventual budget for evaluations was 30% lower than originally envisaged, they asked how this would affect UNAIDS's ambition to ensure an adequately staffed and resourced evaluation function. The full amount of funding should be allocated to the Evaluation Office as per the evaluation policy (i.e. equal to 1% of total expenditure), they reiterated.
142. Speakers said they looked forward to results from the MOPAN review and from the independent review of the UNAIDS evaluation policy, as well as from the forthcoming evaluations on country envelopes; HIV and social protection; the policy influence of the Secretariat; the Global Fund and UNAIDS partnership; the integration of HIV into primary health care; and UNAIDS's work on human rights. It was suggested that civil society be involved in the evaluations, especially those assessing the impact of the work of Country Offices.
143. The Secretariat was asked to work closely with the evaluation offices of Cosponsors and to remain an active member of the evaluation group of the UN. This would help it take advantage of the resources, capacities and experiences of other organizations. Since countries receive funding support from numerous sources for HIV programming, it might be difficult to attribute progress to specific funding sources. Streamlining the evaluations among different funding agencies therefore would be useful. Cosponsors suggested that future evaluation themes be chosen strategically to align with issues of current concern for the Joint Programme (e.g. the forthcoming evaluation of the partnership with the Global Fund could be expanded beyond the Secretariat).
144. In reply, Mr Rehnstrom thanked speakers for their comments and noted the need to evaluate the Joint Programme's work, as well as streamline evaluations. He welcomed suggestions that future evaluations be aligned with current concerns and said the Evaluation Office would consider the suggestion to expand the evaluation of the collaboration between UNAIDS and the Global Fund. He looked forward to a consultative process to review the evaluation policy and develop the next evaluation plan. Those consultations would involve civil society and communities, people living with HIV and Member States, he added. The evaluation processes were learning valuable lessons from

experiences in Thailand and elsewhere, he told the meeting.

145. Referring to remarks about follow-up to the 2015–2016 MOPAN review, Mr Rehnstrom said UNAIDS had put in place a formal follow-up process for evaluations to ensure that findings and lessons feed into policies and programmes. Country and Regional Offices were involved in the entire evaluation process, from the design phase all the way through to the analysis and dissemination of findings, he explained. The Evaluation Office stimulated processes of reflection and learning, which were then taken forward by Country and Regional Offices, with the Evaluation Office providing support where necessary. He acknowledged that the dissemination of reports and findings could be communicated more effectively with Member States.
146. Mr Martineau, in reply, thanked speakers for their useful reflections. Regarding resourcing, he reminded the meeting that funding for the Evaluation Office for 2021 and 2022 had stayed stable, but admitted it still did not meet the targeted 1% (of expenditures) level. He assured the Board of the Secretariat's intention to inculcate learning from evaluations in the work of the Joint Programme. Alongside the work of the evaluation function, a dedicated knowledge management team was being based in the global centre and with Regional Support Teams to help ensure that lessons from evaluations were absorbed and implemented, he said.
147. Also replying to comments, Mr Cavanagh said the Secretariat was investing considerably in knowledge management. The worldwide practice directors would take forward lessons from evaluations, a new knowledge management strategy (for 2022–2024) had been developed, and a series of communities of practice was being piloted. Referring to questions about financing practices, he said that, since most HIV financing in low- and middle-income countries came from countries themselves, it was important for UNAIDS to support the most effective use of those resources and the mobilization of additional resources. To that end, it had created a new worldwide practice on equitable financing and it was using the results from the evaluation to guide shifts in the approaches of the Secretariat and Cosponsors, as well as expanding its work with the Global Fund, PEPFAR and others. It would welcome an opportunity to update the PCB on the macroeconomic and financing context of the HIV response, he said in closing.

8. NEXT PCB MEETINGS

148. Morten Ussing, Director Governance, UNAIDS, described the process for choosing the themes for thematic segments and listed the seven themes that had been proposed for the next two PCB meetings. The themes selected from this list and proposed by the PCB Bureau for 2023 were: "Priority and key populations, especially transgender people, and the path to the 2025 targets—reducing health inequities through tailored and systemic responses" (for the 52nd PCB meeting in June 2023); and "Testing and HIV" (for the 53rd PCB meeting in December 2023).
149. The proposed dates and venues for PCB meetings in 2025 were: 56th meeting on 24–26 June 2025 in Geneva, Switzerland and the 57th meeting on 9–11 December 2025 in Geneva, Switzerland.

9. ELECTION OF OFFICERS

150. Mr Ussing introduced this agenda item and shared the list of 22 Member States comprising the board in 2023 and who were therefore eligible for election as an officer to the Board, starting in January 2023. According to the Modus Operandi, the vice-chair, Germany, would assume the position of Chair for one year, starting 1 January 2023. For the role of vice-Chair, an expression of interest had been received from Kenya, and for role of Rapporteur an expression of interest had been received from Brazil, he told the meeting.
151. Mr Ussing announced that the new delegates for the PCB NGO Delegation for 2023 were Jamaica AIDS Support for Life (Latin America and the Caribbean), SRHR Alliance Uganda (Africa), and Trans United Europe (Europe). He thanked the outgoing PCB NGO Delegates for the Africa, Asia-Pacific, Europe, and Latin America and Caribbean.
152. Members thanked Thailand for its service as Chair and congratulated Germany, Kenya and Brazil for their new roles in 2023, and welcomed the new PCB NGO Delegates.
153. The representative from Germany (incoming Chair) thanked the Board for electing it to the role of Chair and said he looked forward to a close and productive collaboration. He thanked Thailand for setting a fine leadership example and the outgoing members of the PCB Bureau for their diligent work. He also thanked the governance team for its outstanding support. Challenging tasks lay ahead, he said, but they could be met successfully.
154. The representative from Kenya (incoming Vice-chair) thanked PCB members for the confidence shown and congratulated the outgoing Chair for its exemplary leadership. She reminded the meeting that the HIV response remained one of the most successful single-issue responses in recent decades, thanks to the institutions and collaborations that had been built since the 1980s. The collective response had tackled complex human rights issues and built strong solidarity, helped bring treatment to tens of millions of people, and ensured that affected communities took their seats at decision-making tables. The contribution of the Joint Programme had been immense, she said.
155. The representative from Brazil (incoming Rapporteur) reiterated her country's strong commitment to the HIV response and the Joint Programme, focused on balancing the crucial importance of ensuring universal access to affordable, safe and quality medicines with the need to address social barriers, as well as protect the human rights of people living with or affected by HIV.
156. Turning to the decision points for Agenda items 1.4 and 2, the meeting was told that the drafting group had worked in a spirit of inclusiveness and had deliberated for more than 12 hours. It had reached consensus on most issues, but unfortunately could not reach consensus on agenda item 1.4. Differences were not political, but centred on interpretations of scientific evidence.
157. Regarding agenda item 1.4, one member noted its desire to reach consensus on this important report, drawing attention to the importance of fighting against stigma, discrimination and inequalities. The member expressed concern that data from scientific studies was not yet conclusive and stated its concerns with regard to the wide span in the acceptable threshold viral load in the latest WHO

guidelines on HIV. The member noted that there are a number of other aspects to be considered with the U=U approach. The member also noted that the U=U principle was dependent upon four components: knowledge of HIV status, stable access to quality medical care, adherence to treatment, and stable and prolonged viral suppression. The member said that not all countries were providing full access to HIV testing and treatment and to viral load testing, and it therefore believed that there did not yet seem to be unequivocal scientific evidence for applying U=U at a general population level in real-world conditions.

158. The member urged that further research and analysis, including extended pilot studies, should be conducted by ministries of health countries, medical and scientific communities, and leading experts, including from WHO and UNAIDS. It reiterated its commitment to joining in that work and requested the Secretariat to consider arranging a separate thematic segment discussion with PCB members on the issue.
159. In closing, the member said that, in light of the reservations expressed, it disassociated itself from all decision points for this agenda item 1.4, except for paragraph 4.1, which notes the report of the NGO Delegation. It requested that this position be reflected in the decisions and in the report of the meeting. The Chair said the statement would be reflected in the meeting report.
160. The Islamic Republic of Iran reminded the meeting that it would disassociate itself from the entirety or parts of decision points that conflict with its norms and values. It therefore declared its reservations regarding references to comprehensive sexuality education in paragraph 5.3(b) in the decision point for agenda item 2, and requested that this be reflected in the report. The Chair confirmed that the statement would be reflected in the meeting report.

10. THEMATIC SEGMENT: HIV AND MEN, IN ALL THEIR DIVERSITY, HOW CAN WE GET OUR RESPONSES BACK ON-TRACK?

161. Wole Ameyan, focal point for Men and HIV in the WHO's Global HIV, Hepatitis and STIs Programmes Department and moderator of the thematic segment, introduced the thematic segment, briefly described the agenda and panel topics and welcomed the participants.
162. Yuri Yoursky, human rights coordinator for the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity in Estonia, described his experiences as a gay youth who had been made to feel "imperceptible". He said it was shocking that millions of men of great diversity were still unable to show their true identities and had to submit to toxic masculinities. Health services should be provided in a spirit of tolerance and respect, he told the meeting and called on UNAIDS to facilitate dialogues between civil society and governments so they could develop programmes that serve the needs of all men.
163. Winnie Byanyima, Executive Director of UNAIDS, said that, in addition to focusing on adolescent girls and young women, especially in sub-Saharan Africa, it was important to understand that services often do not meet the needs of men in their diversity. She shared recent HIV data showing gaps in men's and boys' access to HIV services. Doing away with structural and economic inequalities, ending stigma and discrimination, and tackling harmful masculinities would benefit all people, she told the meeting. Successful approaches for engaging men existed, she added, citing examples from Promundo in Brazil, the U=U campaign of the Desmond Tutu Foundation in

South Africa, and projects in the Buganda region in Uganda. Those kinds of interventions had to be implemented at scale, while addressing the systemic issues that cause gaps in service access and outcomes, Ms Byanyima said, and services should be tailored for all genders.

164. Adeeba Kamarulzaman, outgoing President of the International AIDS Society, noted that, compared with women, there were 740 000 more men living with HIV who did not know their HIV status, 1.3 million more men who were not on HIV treatment, and 920 000 more men who were not virally suppressed. Sociocultural constructions of masculinity affected health-seeking behaviours, she said, citing reviews showing that men do seek health-related help but that wider community attitudes, societal and legal barriers, economic insecurity, internalized stigma, and limited health and social care provision undermined their service access, especially for marginalized groups of men. People's health-related behaviours were not just a matter of individual choice, he stressed. She concluded by mentioning guidelines that outline successful ways of making HIV services more accessible to men in their diversity.
165. Meg Doherty, Director of the Department of Global HIV, Hepatitis and STIs Programmes at WHO, summarized evidence of men's poor service access and outcomes across the HIV service cascade. She said health systems generally were not well-designed to engage men, while harmful stereotypes (e.g. health-care workers' biased assumptions about men's behaviours) also impeded their access to services. Internalized and social stigma and social expectations fed disparities in service access. She said WHO guidelines (especially for pre-exposure prophylaxis, and HIV testing and treatment) were addressing the differentiated needs of men and WHO was exploring new ways to develop and implement more male-centred approaches for men in their diversity.

Panel 1. Who are we talking about? Why men and HIV? Addressing and changing the narrative about men and health services

166. The first panel focused on men's diversity, highlighting data showing the gaps in men's access to HIV services across the HIV prevention, testing, treatment and care cascade, and challenging some of the myths surrounding men's beliefs and attitudes. A short video was screened.
167. Moagi Kenosi, Programme Planning Manager at the National AIDS and Health Promotion Agency in Botswana, called for high-level political engagement. He described how Botswana's HIV response was focusing on mobilizing men. For example, the First Lady of Botswana was heading a campaign titled "Men and boys, let's talk" to encourage them to use HIV services and address gender-based violence. A campaign led by traditional leaders also sought to mobilize greater involvement of men in the HIV response, reduce HIV risk behaviours and challenge gender inequalities. The involvement of traditional leaders was important to invest campaigns with trust and legitimacy, he said.
168. Josefina Belmonte, Mayor of Quezon City in the Philippines, described the status of the HIV epidemic nationally and in her city, where almost all new infections were in gay men and other men who have sex with men. She said a hesitancy to talk about sex in Filipino society complicated the HIV response. Quezon City was working closely with the national Department of Health, and operating clinics with nontraditional operating hours to make services more accessible, she said. Other steps included an expanded service delivery network, stronger connections with LGBTI+ organizations, and the launch of a

community-led HIV testing campaign.

169. Vincentius Azvian, from Inti Muda in Indonesia, spoke about the effects of stigma and discrimination on LGBTI+ communities and the difficulties in reaching young gay men and other men who have sex with men with information and services. He shared concerns that a law recently passed by the national government could further complicate the promotion of safer sex possibly increase the risk of HIV infection. It was important to help men and boys unlearn the notion that they were invincible to HIV, he added.
170. Nittaya Phanupak, Institute of HIV Research and Innovation in Thailand, said services often neglected the needs of men who belong to key populations. She described the creation of a key population-led health services model, with key population members designing and co-delivering services. This had led to HIV testing rates almost doubling among key populations, with much earlier HIV diagnoses and treatment initiation. Similar trans-led health services were being expanded to Myanmar, Nepal, Philippines, Sri Lanka and Viet Nam. She called for greater trust in the potential of communities to be empowered and to assume responsibility for their health.
171. Jonathan Mendoza, Fundacion Mavid Carabobo in Venezuela, said that many people with HIV were afraid that HIV treatment might one day be unavailable. Many also struggled to meet their basic needs and faced regular violence and violations of their basic rights. They needed protection against institutional and personal violence and support to deal with socioeconomic hardships.
172. Commenting from the floor, speakers thanked UNAIDS for arranging the thematic segment and praised the background paper. They said it was clear that men were being left behind in HIV responses. Prevailing narratives continued to blame individual men, while ignoring huge differences between groups of men and missing the impact of race and class, legacies of colonialism, and migrant labour systems (in southern Africa, for example) on men's health-related behaviours. The background paper pointed to a new narrative that shifted from blaming individuals to addressing structural trends and realities, they said. It also underscored the power of community-led interventions.
173. Speakers noted that 93% of the 12 million people in prisons were men, as were the vast majority of people who use drugs. HIV programmes must serve men, including those in prisons, they said, and laws that penalize HIV risk behaviours and criminalize drug use should be removed. They stressed the importance of integrated approaches that respect all gender identities. Men were showing that health services can be improved, speakers said, referring to examples such as the MenStar strategy and HIV self-testing in workplaces. Sex-positive approaches could also reduce stigma and promote safer sex. Crucially, societal and other barriers had to be removed and affected men had to be involved meaningfully in doing so.

Panel 2. What works in engaging men to enhance HIV services and better health outcomes

174. This panel focused on good practices for engaging men to enhance uptake of HIV services and obtain better HIV outcomes.
175. Luis Gomes, Director of Collective Amigos Contra el SIDA in Guatemala, described how his organization had successfully advocated for including PrEP in the country's Global Fund grant proposal, helped implement the technical

protocol, and was using social media to promote this prevention tool. Free, on-demand PrEP was now available and community-delivered services were being introduced. Eboi Ehui, Director of the National AIDS Programme in Côte d'Ivoire, described the HIV reforms introduced in his country since 2014 to prevent and counter stigma and discrimination. In 2022, it had relaxed penalties for drug use, shifting the focus to methadone treatment and psychosocial support, he said.

176. Thanduxolo Doro, civil society specialist for PEPFAR-USAID in southern Africa, said many men who struggled with health care regarded the use of health services and medicines as a sign of weakness and associated clinics with jargon and judgements that left them feeling incompetent and incapable of taking care of themselves. It was important to change those narratives. He described the Men for Health (MINA) campaign's work to integrate men in health systems and provide more appropriate support. Nonadherence to treatment was never due simply to individual behaviour, he reminded the meeting.
177. Professor Twaha Kigongo Kaawaase, First Deputy Premier (Katikkiro) in the Kingdom of Buganda in Uganda, described how the authority of the King was being used to address HIV and other health issues among men. This was done, for example, via mass events, like the Kabaka "birthday run" (with 80 000 participants), at "Fire Place Meetings" (a coming-of-age ritual) and at football tournaments and the "King's Canoe Regatta" competition. Some cultural rituals (e.g. ones that carry a risk of infectious disease transmission through the exchange of blood) had been altered to reduce the risk of HIV infection. In a population of 14 million people, comprehensive knowledge of HIV had risen from 89% to 94%, and treatment coverage among people living with HIV had risen from 64% to 92%, he told the meeting.
178. Speakers noted that men yearned for safe communities and health-care services, but often found them lacking. This was especially true for people experiencing intersecting inequalities, including indigenous people and refugees. They also noted that a narrow focus on key populations risked missing general male populations.

Conclusions and the way forward

179. Eamon Murphy, Acting Deputy Executive Director at UNAIDS, said the segment had underscored the importance of addressing the intersecting vulnerabilities and issues affecting men and HIV. It had discussed masculinities in different ways, shared examples of how HIV could be linked to other aspects of men's health, and shown how policy barriers can be removed, he said. This did not amount to pitting men against women, he stressed. HIV and other health services had to be tailored for all genders, but that should not be done by shifting resources from one group to another. The varied needs of different groups of men had to be understood and reflected in diverse solutions, he added. The key to success was consultation and collaboration with affected communities, and community-led responses. Mr Ameyan thanked the organizers, participants, other contributors, interpreters and the technical team.

11. ANY OTHER BUSINESS

180. There was no other business.

12. CLOSING OF THE MEETING

181. Presenting her closing remarks, Ms Byanyima saluted the Board for striving to reach decisions by consensus. She said the meeting had reiterated crucial understandings. It had recognized that pandemics can only be ended if communities were supported to lead responses; that the scientific evidence was clear on U=U; that the Global Partnership for action to eliminate all forms of stigma and discrimination was making a difference; that CSE was critically important for empowering adolescent girls and boys and had to be available to all; and that Education Plus was important to support African governments to lead and drive change for girls and young women.
182. The Executive Director thanked the USA and Tunisia for chairing the task team on funding and expressed her gratitude for the solidarity shown by the donors who continued to support the Joint Programme. After thanking Thailand for hosting the meeting and for organizing the field visits, she welcomed the new PCB Bureau officers and incoming NGO delegates, thanked UNICEF for chairing the Committee of Cosponsoring Organizations, and welcomed the UNDP to its pending role as chair of the CCO.
183. These were tough times, but the response was resilient, Ms Byanyima said. She made special reference to the NGO delegate, who had spoken of the experiences of people living with and at risk of HIV in one country, and said the Joint Programme was committed to protect the safety of all members of the NGO Delegate organizations. Recalling an earlier observation that “if you find a path with no obstacles, it’s probably a path that leads nowhere”, Ms Byanyima said the Joint Programme’s path was surely leading in the right direction and it would reach its objective.
184. The Chair congratulated the PCB for a successful meeting that had once again shown the power of teamwork. He thanked Germany, Vice-Chair and Kenya, Rapporteur for their hard work during the PCB Bureau activities and congratulated Germany as incoming Chair and Kenya as Vice-Chair. He also thanked the Secretariat team for its excellent support in making the meeting productive and successful, and thanked the interpreters and staff.
185. The Chair emphasized the importance of inclusive actions for ending the AIDS epidemic and highlighted issues he hoped would be taken forward successfully in the coming year, including funding mobilization, ending HIV-related stigma and discrimination, and realizing the potential of U=U.
186. The 51st meeting of the Board was adjourned.

[Annexes follow]

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (51)/21.27

Issue date: 10 October 2022

FIFTY-FIRST MEETING

DATE: 13–16 December 2022

TIME: 13:00 – 16:30

VENUE: Chiang Mai, Thailand

Annotated agenda

TUESDAY, 13 DECEMBER

1. Opening

1.1 Opening of the meeting and adoption of the agenda

*The Chair will provide the opening remarks to the 51th PCB meeting.
Document: UNAIDS/PCB (51)/22.27*

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

*The report of the 50th PCB meeting will be presented to the Board for adoption.
Document: UNAIDS/PCB (50)/22.26*

1.3 Report of the Executive Director

*The Board will receive the report by the Executive Director.
Document: UNAIDS/PCB (51)/28.28*

1.4 Report by the NGO Representative

*The Board will receive the report by the NGO Representative
Document: UNAIDS/PCB (51)/22.29*

2. Follow-up to the thematic segment from the 50th PCB meeting

*The Board will receive a summary report on the outcome of the thematic segment on “Positive Learning: harnessing the power of education to end HIV-related stigma and discrimination and empower young people living with HIV?”
Document: UNAIDS/PCB (51)/22.30*

WEDNESDAY, 14 DECEMBER

3. Leadership in the HIV response (postponed)

4. Final report on community-led AIDS responses based on the recommendations of the multistakeholder Task Team to the UNAIDS,

The Board will receive the final Report on Community-led Aids responses based on the recommendations of the multistakeholder Task Team to the UNAIDS

Document: UNAIDS/PCB (51)/22.31

5. Update on the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination

The Board will receive an update on specific elements of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination.

Document: UNAIDS/PCB (51) /22.32

THURSDAY, 15 DECEMBER

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

The Board will receive a report from the PCB Bureau on the recommendations of the informal multistakeholder task team on UNAIDS's funding situation.

Documents: UNAIDS/PCB (51)/22.33; UNAIDS/PCB (51)/CRP1: UNAIDS/PCB (51)/CRP2

7. Evaluation Annual Report and Management Response

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

Documents: UNAIDS/PCB (51)/22.34; UNAIDS/PCB (51)/22.35; UNAIDS/PCB (51)/CRP3; UNAIDS/PCB (51)/CRP4

8. Next PCB meetings

The Board will agree on the topics of the thematic segments for its 52nd and 53rd PCB meetings in 2023, as well as the dates for the 56th and 57th meetings of the PCB in 2025.

Document: UNAIDS/PCB (51)/22.36

9. Election of officers

In accordance with Programme Coordinating Board procedures and the UNAIDS Modus Operandi paragraph 22, the Board shall elect the officers of the Board for 2023 on the basis of a written statement of interest and is invited to approve the nominations for NGO delegates.

Document: UNAIDS/PCB (51)/22.37

FRIDAY, 16 DECEMBER

10. Thematic segment: *HIV and men, in all their diversity, how can we get our responses back on-track?*

Document: UNAIDS/PCB (51)/22.38; UNAIDS/PCB (51)/22.39 UNAIDS/PCB (51)/CRP5

11. Any other business

12. Closing of the meeting

[End of document]

16 December 2022

51st session of the UNAIDS Programme Coordinating Board, Chiang Mai, Thailand

13–16 December 2022

Decisions

The UNAIDS Programme Coordinating Board (PCB),

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

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

Intersessional Decisions:

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

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

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

1. *Adopts* the agenda;

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

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

Agenda item 1.3. Report of the Executive Director

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

Agenda item 1.4. Report by the NGO Representative

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

4.2 *Calls upon* the UNAIDS Joint Programme to¹:

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

4.3 *Calls upon* Member States to ¹:

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

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

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

5.2 *Requests* Member States to:

- a. Recognize and promote the leadership and meaningful participation of youth, particularly those living with, at risk of and affected by HIV, especially adolescent girls and young women and young key populations,² in co-

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

²As defined in the Global AIDS Strategy 2021–2026: Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, gay men and other men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

creating, implementing and monitoring high-impact HIV interventions in the education sector;

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

5.3 *Requests* the Joint Programme to:

- a. Support countries to incorporate granular data disaggregated by sex into their national HIV response plans as they relate to education, young people and adolescent targets and monitor progress against them;
 - b. Support countries, upon their request, to scale up age-appropriate comprehensive education and information, relevant to cultural contexts, on sexual and reproductive health and HIV prevention, or comprehensive sexuality education, as set out in the Global AIDS Strategy, as well as evidence-based programmes to end HIV-related stigma and discrimination;
 - c. Strengthen support to countries and communities to provide adolescents and young people with a complete package of combination HIV prevention services, integrated with sexual and reproductive health and reproductive rights, in accordance with the Programme of action of the International Conference on Population and Development, the Beijing Declaration and Platform for Action and the outcome documents of their review conferences, HIV treatment and care as well as psychosocial and mental health support
-

- by connecting health, education, social service systems and other support mechanisms;
- d. Advocate for increased investments in education and school and out-of-school programmes that address learners' holistic education, health and protection needs, fight HIV-related stigma and discrimination and promote inclusion;
 - e. Mobilize partners and key stakeholders including the private sector to support government efforts to provide fee-free education that addresses the additional costs of school supplies, uniform, transport costs to schools as a means to keep girls in school and prevent HIV infections;

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

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

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

7. *Welcomes* the continued interest of Member States in joining the Global Partnership for action to end all forms of HIV-related stigma and discrimination and *commends* the countries that have joined since the last report;
 - 7.1 *Takes note* of the report;
 - 7.2 *Calls on* Member States to:
 - a. fast-track targeted and measurable actions to end all forms of HIV-related stigma and discrimination;
 - b. support and leverage the Global Partnership for action to end all forms of HIV-related stigma and discrimination to accelerate political will, and allocate sufficient domestic funding to support community led actions to end stigma and discrimination;
 - 7.3 *Requests* the Joint Programme to:
 - a. support countries to enhance coherence and coordination of actions and investments, including through the Global Partnership, to achieve measurable and targeted results and reach the 2025 targets;
 - b. further support countries to scale-up interventions to end HIV-related stigma and discrimination across all six settings and prioritize funding and interventions proven to reduce or end HIV-related stigma and discrimination;
 - c. continue to promote and strengthen support for the Global Partnership at global, regional and national levels with particular emphasis on community leadership;
 - d. report to the Programme Coordinating Board on further progress at a future meeting of the Programme Coordinating Board;

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

- 8.1 *Takes note* of the report of the PCB Bureau and *welcomes* with appreciation the work and recommendations of the Informal Multistakeholder Task Team (Task Team) on UNAIDS funding situation as endorsed by the PCB Bureau;
- 8.2 *Acknowledges* the efforts of the Executive Director, jointly with the CCO, and the progress made since the 50th PCB meeting in implementing urgent measures and solutions to mitigate the risk of the immediate core UBRAF funding shortfall, including the development of an ambitious Joint Programme Resource Mobilization Strategy;
- 8.3 *Requests* the Executive Director to:
- a. Continue the implementation of the recommendations on UNAIDS' funding situation put forward by the PCB Bureau based on the recommendations of the Task Team, and report to the 52nd PCB on implementation progress, noting that the PCB may make further recommendations including consideration of the creation of a working group to accelerate progress if necessary;
 - b. Noting that recommendation 3.5 of the Task Team falls within the remit of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and implicates multilateral technical partners beyond UNAIDS, pursue a revised memorandum of understanding between the Global Fund and UNAIDS setting out the role of UNAIDS in achieving specific outcomes within the Global Fund Strategy (2023–2028);
- 8.4 *Recalling* decision 6.2 of the 49th PCB meeting that approved an annual budget up to USD 210 million, considering the projected budgetary gap in the 2022–2023 biennium and ongoing resource mobilization efforts, requests the Joint Programme to:
- a. Prioritize areas within the UBRAF workplan 2023, including core and non-core areas, to fit within the financial projections, noting the importance of aligning workplan activities with staff capacity and supporting staff well-being;
 - b. Promote budget transparency and an effective investment case to support resource mobilization by:
 - i. Using existing reporting mechanisms to update the PCB on actual core and noncore spending contributions to UBRAF implementation for each calendar year in the first PCB of the following year, commencing with reporting on 2022 expenditure at the 52nd PCB, and noting the impact of financial constraints on the Joint Programme's operational activities, including the impact on country and regional activity and presence;
 - ii. Improving routine financial reporting to effectively present and describe actual core and non-core expenditure under each of the 10 UBRAF results areas and 5 Secretariat functions, disaggregated by Cosponsor(s) and the Secretariat, based on the UBRAF Workplan and Budget (UNAIDS/PCB (49)/21.27);

Agenda item 7: Evaluation annual report and management response

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

Agenda item 8: Next PCB meetings

- 10.1 *Agrees* that the themes for the 52nd and 53rd PCB thematic segments will be:
- a. Priority and key populations,³ especially transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses (June 2023);
 - b. Testing and HIV (December 2023);
- 10.2 *Requests* the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 54th and 55th PCB meetings;
- 10.3 *Approves* the dates and venue of the 56th and 57th PCB meetings in 2025 as follows:
- a. 56th PCB meeting: 24–26 June 2025, Geneva, Switzerland;
 - b. 57th PCB meeting: 9–11 December 2025, Geneva, Switzerland.

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

Agenda item 9: Election of officers

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

[End of document]