

REPORT OF THE FIFTY-SECOND 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 52nd Programme Coordinating Board meeting.

Cost implications for decisions: *none*

Opening

Opening of the meeting and adoption of the agenda

1. The UNAIDS Programme Coordinating Board (the Board or PCB) convened in person, with online participation as approved in the modalities paper, on 26-28 June 2023 for its 52nd meeting.
2. The Secretariat recalled the intersessional decisions and briefed the meeting on logistical arrangements and procedures for the current session. The PCB Chair, Paul Zubeil, Germany's Deputy Director-General for European and International Health Politics, declared the meeting open and welcomed participants to the meeting.
3. The meeting adopted the agenda.

Consideration of the report of the 51st meeting of the PCB

4. The meeting was told that the PCB Bureau had received a written request from a member requesting changes to the report of the 51st meeting. The requested changes were agreed by the PCB Bureau and a revised version had been circulated to members.
5. The meeting adopted the report.

Report of the Executive Director

6. Winnie Byanyima, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), welcomed delegates to the 52nd meeting of the PCB and presented her report.
7. She told the meeting that crises were multiplying and intensifying around the world. There had been 1.3 million new HIV infections and more than 600 000 AIDS-related deaths in the previous year, which was unacceptable. Yet new infections and deaths could be reduced drastically, as some countries were doing, she said.
8. Many countries were being hit by the effects of climate change, while wars in Ukraine, Sudan and elsewhere further complicated the landscape and affected resources available for the HIV response. Debt repayments for the poorest countries came to 171% of their social spending, limiting their capacities to respond to HIV. Ms Byanyima said countries were struggling to secure the funding needed to implement the Global AIDS Strategy.
9. They were also facing challenges on human rights issues, women's and girls' rights, sexual and reproductive health rights, LGBT+ rights, freedom of association and freedom of speech. Those harmful trends had to be reversed, she urged, but that would require longer-term funding since that kind of work takes time. She informed the meeting that an entire day of the current session would be dedicated to key populations and their rights and access to HIV services, focusing on transgender people.
10. Ms Byanyima said continued investment in HIV was vital not only for ending the AIDS pandemic but also for tackling pandemics of the future. The global HIV response had shown it was capable of supporting responses to COVID-19, mpox and Ebola, and it could help the world prevent and respond to future pandemics.
11. The HIV response was also vital for progress across the United Nations (UN) system, she continued. The UN Secretary-General's report showed that only 12% of the Sustainable Development Goals (SDGs) were on track and 30% had seen no progress or had regressed below the 2015 baseline. One of the few examples of progress was

SDG 3 on health and well-being. The progress made towards SDG 3.3 meant the world was in sight of ending AIDS as a public health threat by 2030, and this progress was also reinforcing progress towards other SDGs.

12. Despite challenges, the HIV response continued to save lives, Ms Byanyima told the PCB. In the previous 12 months, it had reduced new infections and AIDS-related deaths in many countries. The overall trends were heading in the right direction; they showed that the world can end AIDS and that it can do so for everyone, everywhere.
13. At the same time, the declines were not yet fast enough. Referring the meeting to her full report, the Executive Director shared details and examples of the inequalities holding back quicker progress. In 2021, three quarters of all adults living with HIV were on treatment, but only half of children living with HIV were receiving antiretroviral therapy. The world was failing children, she said. In response, the Global Alliance to end AIDS in children was bringing countries together to strengthen their HIV responses for children.
14. Adolescent girls and young women also faced major inequalities and remained at huge risk of HIV infection, Ms Byanyima continued. The Education Plus initiative was an important prevention effort for adolescent girls and young women. In addition, a new Global Council on inequalities, AIDS and pandemics had been created to improve understanding of inequality as a cause and driver of AIDS and other pandemics, and to use those understandings to inform policies.
15. Turning to the workplan and budget for the next two years, the Executive Director said UNAIDS would focus on four priorities: advancing HIV prevention; accelerating access to new treatment and health technologies; expanding community-led responses; and providing equitable financing for the HIV response. Underpinning that work was the focus on tackling inequalities.
16. The UNAIDS Secretariat had implemented an ambitious change agenda and was continuing with its culture change process, she said. UNAIDS had set out to align its structure with the Global AIDS Strategy; ensure its financial stability and become more cost-effective; increase diversity and inclusion; be knowledge-driven; and align itself with UN reform, including within the UN's work on pandemic preparedness. Ms Byanyima told the meeting that UNAIDS was achieving against all five areas.
17. She described the reductions in posts and in the core staff budget, the reduced footprint in Geneva (a reduction of 90 positions) and the shifting of some global centre units elsewhere. She said it had been painful letting so many talented staff go, and she assured the PCB that she was aware that staff were experiencing heavy workloads. Management was seeking ways to reduce those workloads, she said and added that the new UNAIDS office in Germany was now formally operating, thanks to support from the German Government.
18. Regarding financial reporting, the Executive Director noted that the External Auditor had issued an unmodified opinion. On ethics and oversight, she expressed her appreciation to the Ethics Officer for her work, and she commended the Independent External Oversight Advisory Committee (IEOAC) and its chair for their report and the valuable advice provided. With PCB support, management accountability was being strengthened, and an external expert review was being commissioned for further strengthening of safeguarding procedures, she said. However, she remained concerned about the slow pace of investigations. Explaining that investigations were performed by WHO's Office of Internal Oversight (IOS), Ms Byanyima said she would explore other options if the performance did not improve. Justice delayed was justice denied, she said.
19. UNAIDS's financial situation remains a concern, the meeting heard. UNAIDS had ended 2022 on a positive note, with increased financial commitments from the United States of

America (USA), the United Kingdom (UK), Ireland, Australia and the Netherlands, and new commitments from Spain, Equatorial Guinea and Côte d'Ivoire. However, UNAIDS was still experiencing a shortfall of US\$ 51 million against an approved core budget of US\$ 210 million for the Unified Budget, Results and Accountability Framework (UBRAF). UNAIDS was working hard to close that financial gap and it was grateful for the support of its partners, she told the PCB. It had recently passed an important step towards establishing a partnership with the European Union, which would hopefully also yield further funding support.

20. The 2024–2025 workplan and budget would be presented to the PCB for its approval at the current meeting, Ms Byanyima said. The Secretariat had cut more than 10% of total staff costs and had tried to maintain its country presence, but had had to make some tough decisions. Furthermore, fluctuating exchange rates and other factors had required additional actions, leading to further cuts in 2022. This had resulted in reduced financing support to the Cosponsors and their work, and a reduction in the activity budget of the Secretariat—all of which undercut normative work, technical assistance and leadership and advocacy activities work.
21. Ms Byanyima told the meeting that 35 positions had been temporarily frozen and that the Regional Support Team office in Cairo was closing. However, it was impossible to make further cuts; there was no further scope for doing "more with less". She explained that cutting another US\$ 10 million would mean removing the equivalent of the entire Secretariat workforce from Asia-Pacific, halving the country envelopes, and halving core allocations to the Cosponsors again. Fully funding the UBRAF at the agreed level of US\$ 210 million was needed for UNAIDS to fulfil its mandate, Ms Byanyima said.
22. Continuing, the Executive Director reminded the meeting that the US President's Emergency Plan for AIDS Relief (PEPFAR) had been launched 20 years ago and now constituted the biggest bilateral contribution from any country to end AIDS. Noting that legislation governing PEPFAR was currently under review by the US Congress, she said that continued support from the US government was critically important. UNAIDS also played a vital role in ensuring that PEPFAR and other funding achieved the maximum impact at the country and regional levels. She referred the meeting to her full report for additional details.
23. In conclusion, Ms Byanyima said global solidarity was needed to end AIDS. But ending AIDS also required ending the inequalities that foster AIDS. Urgent action was needed to reach the objective of eliminating AIDS by 2030 and to guarantee that the victory, once achieved, could be sustained, she said.
24. Speaking from the floor, members thanked the Executive Director for a sobering, yet hopeful report and reiterated that new infections and AIDS-related deaths were declining, and that the world knew how to accelerate that progress. UNAIDS had played a key role in bringing the HIV response to this point, they said and thanked the Secretariat and Cosponsors for the results achieved. Members praised UNAIDS staff who, despite the often-difficult circumstances, continued to deliver. The world needed a strong UNAIDS and a strong multisectoral response to HIV that sought to protect the rights of affected communities, they emphasized. Despite a difficult operating environment, UNAIDS continued to contribute to notable progress in the HIV response. They highlighted its role in supporting country programmes and thanked it for supporting efforts to sustain HIV treatment programmes in Ukraine. Some speakers cautioned that it was still too early to talk about the end of AIDS as being in sight.
25. Speakers said they shared the concerns raised in the report and stressed that donors had a collective responsibility to ensure that UNAIDS was adequately funded. In addition, the donor base had to be broadened. An AIDS-free generation was possible, but it required stronger global support. Speakers called on PCB members to fully fund

the UBRAF.

26. They also noted that HIV prevention programmes were not performing as well as treatment programmes. They referred to the rising numbers of new HIV infections and AIDS-related deaths in eastern Europe and central Asia, and in the Middle East and North Africa. New HIV infections were also increasing in Fiji and Papua New Guinea. Progress for adolescent girls and young women and for children was not strong enough, especially in eastern and southern Africa, they observed.
27. There was broad agreement that a renewed focus on HIV prevention was needed, including better access to comprehensive sexuality education, sexual and reproductive health services and harm reduction. It would take a comprehensive and data-driven HIV prevention, strong community-led responses, and sufficient and sustainable financing to get back on track to end AIDS, they stressed.
28. Speakers drew attention to the high risk of HIV among key populations and to the impact of intersecting crises, including those resulting from the situation in Ukraine. Members and observers applauded civil society organizations for working to bring HIV and other life-saving services to people in all countries affected by war and conflict. An observer member state informed that the war in Ukraine had created a serious humanitarian crisis in Europe. For example, Poland was hosting more than six million Ukrainian refugees, who were now eligible for medical services, including HIV treatment, via the Polish health system. However, there was ongoing migration of HIV patients from and to Ukraine, which created a challenge for health and data systems.
29. The meeting was told that a clear path to end AIDS existed, and that great progress had been made by basing the HIV response on scientific evidence, measuring the outcomes and enhancing interventions. But some vital lessons were still being ignored. The vulnerability of key populations and their need for services were well-known, as was the impact of stigma and discrimination on HIV and other health programmes. Yet laws were being enacted and policies retained that institutionalized stigma and discrimination, including regressive changes in legal frameworks. This put hard-won gains at risk, speakers warned, as did the opposition to sexual and reproductive health services.
30. To end AIDS, countries had to tackle the inequalities that underpin the pandemic, remove stigma and discrimination and related barriers, and implement rights-based models that explicitly include key populations and other priority populations, speakers said. They also called for greater and more meaningful investments in key population programmes. Members expressed disappointment about a lack of political leadership for adequate domestic financing, especially for programmes that can benefit LGBT+ communities. All countries were urged to ensure that key populations can access the services they need without fear of discrimination and stigma.
31. Several speakers highlighted the rise of anti-LGBTI and anti-rights movements, which they said were well-funded and -organized but had to be resisted. Members said the evidence showed clearly that criminalizing same-sex relations worsened health outcomes. UNAIDS was requested to consistently use agreed terminology for key populations. The equality approach championed by UNAIDS had to be strengthened, speakers said, including by supporting rights-based comprehensive policies and actions, and by opposing regressive actions. It was necessary to increase the involvement of affected communities and to guarantee access to the latest health technologies for all who needed them, without fear of stigma and discrimination or violence. UNAIDS also had to maintain sufficient in-country support for its vital rights-based work, the meeting was told.
32. The PCB was reminded that there existed a range of legal approaches to deal with criminalization, stigma and discrimination, and violence. Changing laws was typically a

slow progress, but much could also be done in the interim, including expanding equitable access to legal services and increasing the knowledge and skills of judges and law enforcement officials. It was important also to increase the capacity of civil society organizations to carry out those kinds of activities.

33. There was deep concern about the funding shortages for UNAIDS and for the wider HIV response, which were having a profound impact on the Secretariat, the Joint Programme, particularly at country level, and which threatened to reverse the progress made thus far. Countries were trying to increase domestic HIV resources but faced severe fiscal constraints. Speakers strongly called for strengthening resource mobilization and for ensuring that UBRAF is fully funded to the level [agreed to by the PCB in 2021](#). They urged the Executive Director to increase her personal outreach to donors.
34. Speakers also welcomed the steps taken by UNAIDS on the funding front but reminded the meeting that the current year's funding fell US\$ 27 million short of the minimum threshold agreed to by the PCB. It was essential to intensify resource mobilization efforts, they said, adding that UNAIDS would have to strike a balance between its available resources and budget and its ambitious strategy. They said they supported the Independent Expert Oversight Advisory Committee's recommendation that the Secretariat develop contingency financing plans. The UK confirmed its core contribution of 8 million pounds and Ireland confirmed a four-year contribution of Euro 10 million.
35. Members supported the Executive Director's efforts to make UNAIDS fit for its mission. They supported the four corporate priorities outlined by the Executive Director, but asked for more information about the practical work that would be done in relation to the priority areas. It was important to adequately support UNAIDS staff to make changes in consultation with the Cosponsors, they added. An accountable and fit-for-purpose UNAIDS had to be brought back on track. The meeting was reminded that it is key for the UNAIDS Secretariat to fulfil its coordinating role to the Cosponsors, and for the Joint Programme to take decisions, solve problems and achieve successes together.
36. Members and observers stressed that skilled and motivated staff were the backbone of the UNAIDS Secretariat and urged it to pay serious attention to staff morale, health and well-being. They said they supported the new People Strategy and welcomed the fact that it was grounded in feminist principles that emphasize gender equality, work-life balance, empowerment and zero tolerance for abuse and bullying.
37. They said they appreciated the strengthening of accountability and responsibility functions but were concerned about some outstanding Joint Inspection Unit (JIU) recommendations from 2019, especially regarding performance expectations for the position of Executive Director. They urged UNAIDS to ensure that the Ethics Office was adequately staffed and noted that, although budget transparency for the Secretariat had improved, further work was needed.
38. Speakers welcomed the Education Plus initiative, the Global Alliance to end AIDS in children and other global strategic initiatives. Cosponsors said they appreciated the ambition of the Global Council on inequality, AIDS and pandemics, and added that it should have an unambiguous focus on ending AIDS and should build on the Cosponsors' work to end inequalities.
39. The representative of the Russian Federation told the meeting that it had received a note from the Secretariat in February 2023 informing it that the UNAIDS office in Moscow had been moved in 2022 without any consultation with the state. He said the Russian Federation had been told that the decision had been prompted by funding considerations; no prior complaints possibly justifying the decision had been received, he said. The issue of moving the office had also not been raised at sessions of UNAIDS

governing bodies. The Russian Federation considered the move to be evidence of the politicization of UNAIDS, he said, adding that a decision to close the WHO European Office for noncommunicable diseases in Moscow had also been taken by several European countries in May 2023. At the same time, the member commented on the creation of the Global Council on Inequality, AIDS and Pandemics. He expressed that this initiative had not been discussed with the PCB members; no governing body has made any decision on its creation, composition and functions, and both the sources of funding for the Council and its mandate were questionable to him.

40. Several members shared updates on their HIV responses, including efforts to improve HIV education and awareness, access to testing, and follow-up services; the introduction of new treatment and prevention protocols; regulatory approval for long-acting injectable pre-exposure prophylaxis (PrEP); the achievement of HIV treatment targets; and the inclusion of key populations and young people and their organizations in the national response.
41. They also briefed the meeting on some of the other challenges they were facing, such as cholera outbreaks, climate change shocks, and the movement of displaced persons amongst others. It was important to strengthen and expand local manufacturing of drugs and other health products, they emphasized.
42. In reply, Ms Byanyima thanked speakers for their remarks and support. Some countries were achieving their targets, she said, which showed that it was possible for others to do so, too. However, the progress had to be achieved for everyone, everywhere.
43. The Executive Director thanked the PCB for supporting the focus on inequalities, the four corporate priorities, and the various global initiatives that were underway. The Global Council on equality, she said, would build on the work of the Cosponsors and others to challenge inequalities. She also noted the support for confronting the movement against human rights and gender equality. UNAIDS adopted a public health approach against inequality, rights violations, stigma and discrimination, and violence, she explained, adding that there had been good news on that front, too. Since 2016, 14 countries had removed laws criminalizing same-sex relationships. At the same time, there was also sustained investment and actions by groups that oppose gender equality, women's rights and the rights of sexual minorities. It was vital to enable long-term efforts to defend those rights. She also welcomed the new representatives of the NGO delegation to the PCB and thanked them for bringing the voices of communities affected by HIV to the Board.
44. Turning to the funding issue, Ms Byanyima said the Secretariat was doing everything it could to make savings and raise more resources. She thanked donors for their support, thanked the United Kingdom and Ireland for confirming their contributions, and noted that multiyear contributions were especially important because of the security and continuity they offered.
45. In response to one member state's comment, the Executive Director said that UNAIDS appreciated its support for the HIV response in Eastern Europe and hoped to continue the collaboration. The decision to move some regional UNAIDS functions from Moscow to Bonn had been taken for practical reasons, not political ones, she said. The move was intended to enable the continuation of regional work during a difficult time due to the armed conflict in Ukraine.
46. Invoking the right of reply, one member referred to comments from other members about the HIV response in Ukraine, and said that the sanitary and epidemiological system in Ukraine had deteriorated for several years previously, which has been noted in the reports of the UN organizations. The representative asked members to abstain from politicizing the work of UNAIDS by bringing that discussion into the PCB meeting.

47. Regarding the Executive Director's remarks, the representative noted that the Russian Federation had been notified that the regional office in Moscow would cease to function as a regional office and that staff had already been moved a year previously. He said the UNAIDS Secretariat had not organized any consultations with Russia.
48. Members commended efforts by UNAIDS and its partners in Ukraine and other countries to support people living with HIV and encouraged all Member States to engage constructively in the debate on how to best support the global struggle against AIDS.

Report by the Chair of the Committee of Cosponsoring Organizations

49. Ghada Waly, Executive Director of the United Nations Office on Drugs and Crime (UNODC), presented the report of the Committee of Cosponsoring Organizations (CCO). She thanked the outgoing Principals, David Beasley, UN World Food Programme (WFP) and David Malpass of the World Bank, and welcomed the new incoming Principals Cindy McCain of WFP, Ajay Banga of the World Bank, and Gilbert Houngbo of ILO as well as the new Deputy Executive Directors of UNAIDS, Angeli Achrekar and Christine Stegling.
50. Progress on HIV represented one of the great public health success stories of recent times, she told the PCB, but maintaining that progress required all actors to stay the course. The UN was making crucial contributions to the global HIV response; it was still needed to take that progress forward.
51. She said the CCO had jointly committed to reinvigorate the Joint Programme at their meeting in May. Welcoming the report of the implementation of the first year of the new UBRAF, Ms Waly said it showed that the Joint Programme was delivering effectively. However, she added that crucial capacities across the Joint Programme were being eroded by underfunding of the UBRAF. A fully funded UBRAF was essential for ending the AIDS epidemic, she stressed.
52. The Joint Programme had a funding shortfall of US\$ 44.5 million, which was having a considerable impact on its capacity and was leading to a continued decrease in human resources and a loss of technical and other HIV staff in the Cosponsors. The reduction of regional and country presence was having negative effects, with capacity already below mission-critical level, according to some assessments.
53. Ms Waly said the Joint Programme, over the next two years, would focus on advancing HIV prevention; accelerating access to new treatment and health technologies; promoting community-led responses; and ensuring equitable financing for HIV response. It would also scale up work on human rights and other enablers, which were all crucial. Structural inequalities continued to impact women, including adolescent girls and young women. However, there was also strong evidence that addressing inequalities can reduce their HIV risks, including by respecting their sexual and reproductive health rights and by reducing stigma and discrimination against them. It was also crucial to end stigma and promote human rights-based interventions for addressing the HIV epidemics among people who use drugs, especially for women who use drugs.
54. Key populations continued to be severely affected by HIV and had lower service coverage compared to the general population. They were also least likely to be prioritized in the national AIDS programmes of some countries, even when they represented the majority of people living with HIV. Principles of global solidarity should drive access and the global community must mobilize greater resources to get the HIV response back on track, Ms Waly emphasized. To achieve that, it was important to clearly articulate the comparative added value of the Joint Programme.
55. Speaking from the floor, members thanked the CCO chair for the report. They stressed the importance of the Joint Programme and hailed the results achieved in the past 25

years. They also appreciated the work done to communicate the comparative advantages and added value of the Joint Programme, and they urged all countries to continue to follow and strengthen the multisectoral approach to HIV. Members were pressed to capitalize on the collective advantages of the Joint Programme and to prioritize support and funding for it. They said they recognized the difficulties confronting the Joint Programme, but urged it to continue collaborating closely: "If you want to go far, you walk together," as one speaker said.

56. Members expressed concerns about the funding situation, which they believed was not sustainable since the shortfall undermined the Joint Programme's capacity to deliver on its mandate.
57. Members welcomed efforts to make savings and use the available funding most effectively. They also urged stronger, joint resource mobilization to achieve a fully funded UBRAF. While they appreciated the Cosponsors' efforts to raise non-core funding of specific HIV activities, they noted with concern the Cosponsors' reduced staffing and other capacities for HIV. They asked that the next CCO report include more information about how the Cosponsor funding envelopes were being used to leverage other funding across the various Cosponsors.
58. Turning to the four corporate priority areas, members asked which activities were being discontinued in order to increase work on those priorities, given the overall funding shortfall. They requested more information about how reprioritization decisions were being taken and how the Cosponsors were involved in those decisions.
59. Members also welcomed the Quadrennial Comprehensive Policy Review paper and said it added to their understanding of how UN agencies worked together. They suggested that such reporting become a standard part of UNAIDS's performance monitoring reporting.
60. Speakers noted the first day of the PCB session coincided with the World Drug Day and told the meeting that only 1% of people who use drugs lived in countries where they had adequate access to harm reduction programmes. It was recalled that harm reduction was a human right and that it was evidence-based, unlike the war on drugs, they said. It was important to defend evidence-based interventions, they said.
61. In reply, Ms Fariba Soltani, UNODC, thanked speakers for their remarks. She said that the Cosponsors were working together on the global strategic initiatives, but added that there was not enough funding to advance the work as envisaged. Once a fully funded UBRAF core budget was achieved, increased funding for those initiatives could be considered, she said. She added that the Cosponsors were also working together to overcome the remaining and regressive challenges that hinder the implementation of rights-based approaches in the AIDS response.
62. The meeting adopted the decision point.

Report by the NGO Representative (postponed)

Leadership in the AIDS Response (postponed)

Follow-up to the thematic segment from the 51st PCB meeting

63. Fodé Simaga, Director of Sciences, Services and Systems for All, UNAIDS, presented the follow-up on the thematic segment from the 51st PCB meeting. He began by describing the process through which the segment had been developed, which had brought together participants from across the world and from different sectors.

64. The theme of the segment had emerged out of recognition that, in order to end AIDS as a public health threat by 2030, men had to be in the picture—for their own sake and for that of their sexual partners, Mr Simaga explained. Removing the obstacles that reduce men's access to and use of HIV services would benefit all excluded communities. He emphasized, however, that this should not come at the expense of funding for other priorities, including women's health.
65. Data showed that men, in comparison with women, lagged across the treatment cascade, though there was diversity between regions. Men lagged behind the most in eastern Europe and central Asia, the Caribbean, western and central Africa, and eastern and southern Africa, he told the PCB.
66. Key messages from the segment included the need to acknowledge that men were lagging in access to HIV services in many countries and that men were diverse, he told the PCB. Many diverse male populations were not being included sufficiently in the HIV response. It was important to change the narrative around men's allegedly poor health-seeking behaviours, which was not necessarily true, recent studies had shown. It was also important to deliver integrated, safe and male-friendly HIV services to address gaps in testing, prevention and treatment, and to provide comprehensive health care (e.g. clinic hours that work for men, and outreach services), he said.
67. Also needed was stronger advocacy for men's and boys' community leadership and accountability in national strategic planning, policy-making, programme implementation and service provision, and monitoring. The quality of data to inform programming for men and boys had to improve, Mr Simaga added. Ultimately, strong coordination and alignment were needed to address the men and HIV agenda, which was why UNAIDS and WHO had set up the Global Men and HIV Technical Working Group, he said. To end AIDS, it was necessary to think about HIV and *all* men, taking their contexts, especially their local contexts, into consideration, he said in conclusion.
68. In discussion from the floor, members thanked the Secretariat for the update and commended the thematic session itself, which once again had demonstrated the value of having a variety of perspectives and voices at the PCB. The segment had shown that men and boys often were also on the fault lines of HIV and inequalities, and that there were stark gaps in their access to and use of HIV services, they noted. Male members of key populations, especially, were systematically being left behind in the HIV response. The world would not reach the 2030 goals without preventing and treating HIV in men and boys, as well.
69. Speakers emphasized that men and boys are highly diverse and are affected by HIV in different ways. The norms of masculinity and other factors shaping their health-seeking behaviours also varied and had to be understood. In addition to gender norms, structural barriers and inequalities related to poverty, race and ethnicity also shaped men's access to and use of health services, members noted. It was important to identify the subpopulations of men who are at high risk of HIV and develop approaches that remove the HIV service gaps they are experiencing. Speakers noted the roles of structural barriers, criminalizing laws and discrimination in constraining access to and use of HIV and health services for men who belong to key populations, especially gay men and other men who have sex with men.
70. If programmes are to address the various factors at play, speakers said, they should reflect men in all their diversity, be gender-responsive, involve affected communities in their design, and be guided by high-quality data and analysis.
71. Speakers highlighted the need for integrated and person-centred services for men and boys, comprehensive data collection and use (including community-led monitoring), and the removal of laws and policies that block access to services. Also emphasized were

comprehensive sexuality education for young people and the creation of enabling social environments that reduce discrimination and promote health equality. These were not either/or issues, speakers stressed: the goal was to ensure safe and discrimination-free access to health services tailored for women and girls and key populations. They recommended that a life-course approach be adopted and reminded the meeting that health was a right, not a commodity.

72. Members described some of the challenges experienced by men and boys, especially those belonging to key populations, experiences and the steps taken to improve their access to HIV and other health services. This included providing PrEP in so-called "popular pharmacies" and promoting peer and self-testing for populations at high risk of HIV infection.
73. In reply, Mr Simaga thanked speakers for their comments and suggestions. Angeli Achrekar, Deputy Executive Director of the Programme Branch, UNAIDS, said the need to focus on subpopulations and locations was widely recognized, as was the need to continue to act to remove the criminalizing laws and policies that had been highlighted.
74. Ms Byanyima said the push-back against human rights encouraged deeper reflection on why gay men and other men who have sex with men attracted such controversy and fear in some places. She said a feminist understanding of power dynamics helped clarify those phenomena, and that stereotypes of masculinity informed gender identities and politics. It was important to challenge those phenomena, she said.

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

Performance reporting 2022

75. The Board received, for consideration, the first report on the implementation of the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) 2022-2026.
76. Ms Achrekar introduced the 2022 performance monitoring report, which described the collective and individual achievements of the Secretariat and the 11 UNAIDS Cosponsors. She began with a summary of the current context, trends and achievements, and shared some of the last HIV estimates.
77. There had been progress in reducing new HIV infections and AIDS-related deaths, she told the meeting. New infections were not decreasing quickly enough to reach the 2025 targets, but the world was within reaching the target for reductions in AIDS-related deaths. There had been major improvements along the treatment cascade since 2015, with viral load suppression rising from 40% to 71%, for example. Results had improved for women, but lagged behind for children and men, and there was a growing proportion of deaths due to comorbidities and other causes among people living with HIV—reminders of the need to close gaps across populations and geographies.
78. Most new infections were occurring in eastern and southern Africa and Asia and the Pacific. The trends varied, with new infections declining steeply in several countries, but rising in eastern Europe and central Asia and the Middle East and North Africa. Globally, median HIV prevalence was higher among key populations than in adults overall, and it was highest among transgender people and gay men and other men who have sex with men.
79. Ms Achrekar said societal enablers must be strengthened to reach the AIDS targets and goals; the most effective prevention programmes should be focused on specific populations in need; inequalities in testing and treatment should be removed; and stigma and discrimination, inequalities and other societal barriers should be reduced.

80. Marie-Odile Emond, senior advisor for Programme Planning and Field Support, UNAIDS, outlined the contents of the Programme Monitoring Report showing compelling results of UNAIDS work serving countries and communities in 3 strategic priorities of the Global AIDS Strategy and UBRAF outcomes (more equitable and equal access to HIV services, breaking down barriers to achieve HIV outcomes, and sustainable and integrated HIV responses) noting it was complemented by other information on UNAIDS results & Transparency Portal. She said key highlights included millions of lives saved, reduced new infections and strengthened support to countries and communities to achieve more equal access to services. Despite challenges, UNAIDS was achieving programmatic focus, efficiency and effectiveness, she told the meeting.
81. There had been increased demand for support in 2022 and more countries had joined global strategic initiatives. However, the use of punitive laws and policies was continuing and required urgent action. The Joint Programme had intensified action against social and structural barriers, provided the most extensive data on the HIV epidemic and response, and helped leverage and guide billions of dollars towards effective programmes, including through preparation for the Global Fund 2023–2025 cycle, Ms Emond said.
82. UNAIDS was playing a unique role in harnessing political leadership, advocating for policy and legal changes, establishing global norms and standards, championing community engagement and convening dialogues and partnerships, she continued. But budget constraints had also forced difficult decisions and were reducing capacities at all levels, stressing that however, AIDS was not over, and inequalities were high.
83. Summarizing key achievements, she told the meeting that, in the past two decades, actions supported and facilitated by the Joint Programme had contributed to reducing new infections by over 50%, averted 18 million deaths, helped put 29 million people on ART, and made improvements all along the treatment cascade. 85% of people living with HIV knew their HIV status, 88% of them were receiving treatment, and 92% of people on treatment were virally suppressed in 2022. Fourteen countries had decriminalized same-sex sexual acts, and 60% of HIV response was being funded with domestic resources.
84. Fariba Soltani from UNODC presented additional highlights, structured by outcome. The Joint Programme had led combination prevention efforts, including through expanded sexual and reproductive health services, guidance for PrEP delivery, support for condom promotion and voluntary medical male circumcision programmes, and guidance for opioid agonist therapy.
85. About 95% of countries were implementing the Treat All approach, 76% had implemented rapid treatment initiation, and 120 countries had adopted WHO's preferred antiretroviral regimens, she told the PCB. Updated guidance and support had helped further reduce new vertically transmitted infections.
86. The Joint Programme had intensified its efforts to break down barriers, expand community-led responses, and improve legal and policy frameworks. It had assisted 60 countries to remove or change punitive and discriminatory laws, with changes adopted in 13 countries, she continued. Global norms for gender equality had been promoted and 33 countries were supported to provide gender-responsive HIV services, while over 70 countries were supported to improve HIV knowledge through comprehensive sexuality education.
87. Ms Soltani said an efficient and fully resourced HIV response was crucially important. She described the support provided to the updating of national AIDS plans, Global Fund grant proposals, and data collection and analysis to improve allocative efficiencies and produce or review HIV investment cases. Countries had been supported to mobilize

additional domestic resources, and UNAIDS had also ensured that HIV was better integrated into health and social protection systems, and in humanitarian responses.

88. Ms Emond continued the presentation and highlighted UNAIDS's role in providing the state-of-the-art strategic information that guided the global response, including updated HIV estimates, capacity building for granular data analysis, and the expansion of community-led monitoring of services. The Joint Programme had also continued to build and support partnerships with governments, communities and other stakeholders, including PEPFAR and the Global Fund.
89. Thanks to the Joint Programme support, countries were showing good progress towards the 2025 targets, she said, with 88 countries having improved their policies on combination HIV prevention, community-led organizations supported in 85 countries, evidence-informed national AIDS plans supported in 83 countries (including peer reviews in 30 countries), and gender-responsive services supported in 33 countries.
90. In addition, UNAIDS had convened and contributed to strategic partnerships and initiatives to reduce HIV-related inequalities, including the Global HIV Prevention Coalition, the Global Alliance to end AIDS in children, the Education Plus initiative, and the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. Ms Emond also described how partnerships with PEPFAR and the Global Fund had been consolidated.
91. Ms Emond gave a brief overview of the status of the 45 indicators of the UBRAF and reminded the meeting that further details were available in the full report and in the UBRAF Indicator Scorecard conference room paper. The results showed the Joint Programme was mostly on track to reach the 2023 milestones. However, she explained that while the Indicators' baselines and milestones by 2023, 2025 and targets by end 2026 had been defined to the best of our knowledge in 2021, for some of those, overcautiously during COVID-19 pandemic and informed by relatively small sample. Some indicators had been adjusted subsequently and referred the meeting to the full report for details. The results were due partly to many national programmes and activities having regained momentum after COVID-19, but she cautioned that lower results were expected in 2023 due to the delayed effect of funding shortfalls. Concluding, Ms Emond said UNAIDS was fully aligned with UN reforms and in some respects was ahead of the curve.
92. Ljiljana Todorovic, Chief, Budget and Resource Management, presented the report on budget implementation. She described the core and non-core budget approved by the PCB and the expenditure and encumbrances against it. A core budget of US\$ 210 million had been approved for 2022, with core allocated funds totaling US\$ 195.4 million, and core expenditure and encumbrances amounting to US\$ 175.4 million. She provided details of the components of those amounts. Non-core funds for 2022 totaled US\$ 298.7 million, while non-core expenditures and encumbrances came to US\$ 340.5 million.
93. Ms Todorovic said 2022 expenditure and encumbrances totaled US\$ 516.4 million (including country envelopes) and provided a breakdown of that amount in line with the three main outcomes. She then described investments by result area, most of which went towards HIV prevention (US\$ 50.9 million), young people (US\$ 47.6 million), humanitarian settings and pandemics (US\$ 46.8 million), gender equality (US\$ 40.7 million), paediatric AIDS and prevention of vertical transmission (US\$ 36.4 million), and HIV treatment (US\$ 32.5 million).
94. The 2022 Secretariat core and non-core budget had been approved at US\$ 196 million, while expenditures and encumbrances totaled US\$ 205.3 million (about one third of that non-core) in 2022.

95. Ms Achrekar concluded the presentation by describing the main, current challenges for the Joint Programme. They included the rising numbers of new infections in some regions and major gaps and inequalities affecting some populations and locations. New health technologies (e.g. PrEP) held great promise but were not yet provided at scale or fully integrated into national programmes. Along with the funding shortfall, violations of human rights, gender equality and civic space were also impeding progress. She highlighted that to partly mitigate budget constraints challenges, cost efficiencies and savings were implemented across the Joint Programme in terms of personnel, geographic and operational scope. These cost savings were critical to make given the budget constraints, but also resulted in reduced capacities and programmatic impacts. She assured the PCB that the Joint Programme remained focused on achieving strong results for countries and communities so they could reach the global AIDS targets.
96. Speaking from the floor, members and observers welcomed the update on the latest HIV data and thanked UNAIDS for the comprehensive report and the continued improvement in the quality of reporting. Implementation of the Independent External Oversight Advisory Committee recommendations would help to further improve performance reporting, they said. They congratulated the Joint Programme for the results achieved, including reaching most of the 45 indicators in challenging circumstances.
97. The results showed that the Joint Programme could sustain high levels of performance even in tough conditions. However, even more could have been achieved with a fully funded UBRAF, speakers said. They voiced strong concern about the impact of chronic underfunding on the Joint Programme's ability to deliver on its mandate. UNAIDS was asked to reflect on the strategic choices made each year and on how they had affected performances.
98. Members asked whether some of the milestones may have been set too low and may need to be recalibrated. They also requested information about actions that were being considered to improve results against the two indicators showing slow progress. Noting that progress was uneven and that national data masked varied realities at subnational levels, they also asked how UNAIDS would address the trend of rising infections in some places.
99. Cosponsors credited the positive results to the lasting commitment to collaboration and to their efforts to mobilize additional funds and resources for the HIV response. However, the current funding outlook was not encouraging and would hamper their ability to build on the gains, they warned. The Joint Programme could not continue at the current pace without predictable, adequate and sustained funding. They called on the PCB to act on decision points from the 54th and 55th meetings of the CCO, which called for a review and revitalization of the Joint Programme, including scenario planning, so it was fit for purpose and adequately resourced.
100. Referring to the pushback against human rights and sexual minorities in some countries, speakers said the multisectoral approach of the Joint Programme was more crucial than ever. They appreciated the work done to keep affected communities at the centre of the HIV response, increase their engagement in Global Fund processes, and address the specific vulnerabilities of key populations. The increased attention to combination prevention was also commended. Members were urged to support systems for collecting and reporting key population data and UNAIDS was asked to strengthen its collaborations in order to better capture the realities of key populations. There was a suggestion that assessments of PrEP coverage be linked to population size estimates so that coverage could be gauged more accurately.
101. UNAIDS was thanked for its strong commitment to supporting the HIV response in eastern Europe and it was encouraged to strengthen its focus on western and central Africa. However, there was disappointment about the impending closure of UNAIDS's

Pacific office, especially in light of the rise in new infections in Fiji and growing epidemics in Asia and the Pacific among gay men and other men who have sex with men. Members said they looked forward to seeing evaluations of the piloting of the resident coordinator HIV advisor model and reporting on the implementation of the 2025 Global HIV Prevention Road Map.

102. Also noted was the ongoing lack of harm reduction services in regions with increasing new infections, notably eastern Europe and central Asia and the Middle East and North Africa. Although there had been some progress in the decriminalization of drug use, many countries were still using other laws to persecute people who use drugs, the meeting was told. It was also noted that some of the examples cited in the report as positive achievements referred to interventions that focused on abstinence, which can be counterproductive.
103. There was a suggestion that the executive summary of the performance monitoring report could be shortened to focus on the main achievements, opportunities and challenges. It was also suggested that the format of performance monitoring reporting could be limited to visual presentations and supplemented with more analysis of the data. Several speakers also supported a suggestion that the UBRAF performance reporting be audited periodically.
104. In reply, Ms Achrekar thanked speakers for their interventions and reminded them that the fully disaggregated new data would be published in the *Global AIDS update* in mid-July. She agreed that the prevention response was off-track and that this called for closely examining disaggregated data and tailoring funding and interventions to address the gaps that were revealed. Accelerated prevention was among UNAIDS's chief priorities going forward—from high-level political convening to scaling up biomedical interventions and addressing the root causes of the observed trends in new infections.
105. Ms. Emond told the meeting that the PMR report had been audited by external auditors since 2019 and that the Independent External Oversight Advisory Committee had also agreed to review it, a move which UNAIDS welcomed. She reminded the meeting that the PCB had approved the indicators and matrix in June 2022. Some of the milestones had been recalibrated already, as shown in the reports and the 2024-2025 workplan and budget.
106. Ms Emond said it was not very productive to shift to increased levels of disaggregation, because those data were very difficult to obtain. Adding more detail to the report would also contradict requests to simplify and/or shorten the report and it would further burden Joint UN Teams on HIV/AIDS, drawing them away from work that was focused more directly on responding to HIV. She said a lot of the information requested by speakers was available in the Global AIDS Monitoring system and UNAIDS website.
107. Regarding a suggestion to shorten the executive summary, she said it represented a difficult balancing act between keeping the text short and conveying substantive information and analysis. The current report included reporting on community-led responses as a result area for the first time, but this had depended on extra-budgetary resources; expanding such reporting would require more funding.
108. Regarding moving ahead with the resident coordinator model, she said the positions were being recruited and only expected to be in place in 2024. Replying to questions about why some targets had not been met, she said UNAIDS had overestimated the number of countries where the framework and toolkit for inequalities could be piloted, mainly due to financial and human resource constraints. That pilot had now been completed, she said. With regard to the indicator on the countries that submit their reports on government earmarked budgets and expenditures on HIV to UNAIDS, the apparent slow progress was due to the delayed in this data reporting data by countries

which follow a different fiscal year timeline, implying that not all the data had been available at the time of compiling the report.

109. Ghada Waly, Executive Director of UNODC and Chair of the CCO, thanked speakers for acknowledging the achievements made with reduced funding. This was an indication of what could be achieved with a fully funded UBRAF, she said.
110. Responding to a question from the floor, WHO provided more information about the positioning of HIV treatment in relation to other result areas. The areas were interdependent, with all the other result areas feeding into the treatment and prevention indicators, the meeting was told. On the whole, the treatment picture looked positive in several regions, but in-country gaps and slow progress in certain regions demanded attention. Policy uptake was good; implementation was the main issue going forward.

Financial reporting 2022–2023

111. Ms Byanyima introduced this agenda item by reflecting on a recent visit to Mozambique, which she praised for showing strong political commitment for its HIV response. She then introduced Ambassador John Nkengasong, United States Global AIDS Coordinator, who presented his remarks via video.
112. Mr Nkengasong said that, on recent field visits, he had seen remarkable progress made against AIDS as well as the challenges that remained. Lessons included the value of strong coordination and engagement with countries, a role at which UNAIDS excelled. He noted that major structural and policy barriers were still blocking quicker progress, but added that he had also seen how resolute efforts had saved thousands of babies in some countries. UNAIDS played a unique role in helping countries overcome the remaining structural and other barriers, he said and urged that UNAIDS be fully funded. If the Joint Programme did not exist, the world would be calling for its establishment, Mr Nkengasong told the PCB. He assured the Joint Programme that it could count on PEPAR's support, just as PEPFAR counted on its work.
113. George Farhat, Director of Planning, Finance and Accountability at UNAIDS, presented the two financial reports. He began with an overview of the annual core UBRAF allocation of US\$ 187 million, of which US \$47 million was for the Cosponsors (US\$ 25 million of that in the form of country envelope allocations) and US\$ 140 million for the Secretariat. He explained that reaching the full approved amount of US\$ 210 million (US\$ 23 million more than the allocated US\$ 187 million) would translate into US\$ 6 million for enhanced Joint Programme effectiveness, US\$ 11 million for global strategic initiatives, and US\$ 6 million for country envelopes.
114. Mr Farhat then presented an overview of the UBRAF allocation by result areas and core and non-core functions. The total non-core budget was US\$ 299 million, of which US\$ 248.7 million was for Cosponsors and US\$ 50 million for the Secretariat. The total core budget came to US\$ 210 million, of which US\$ 64 million was for Cosponsors and US\$ 146 million for the Secretariat. He briefly described the core and non-core funds for each Cosponsor.
115. Turning to the financial highlights, Mr Farhat said the set of financial statements had been prepared according to IPSAS standards and the external auditors had provided an unmodified audit opinion. The financial situation had been tight but relatively stable during 2022, he told the PCB.
116. Core income had amounted to US\$ 16.5 million in 2022, which was US\$ 21.5 million below the base resource mobilization target of US\$ 187 million and US\$ 44.5 million below the approved budget of US\$ 210 million. Total core expenditures came to US\$ 176.7 million compared with US\$ 185 million in 2021; this had been achieved through

various cost-saving measures, he said.

117. Core Secretariat expenditure and encumbrances amounted to US\$ 134.1 million against an approved core budget of US\$ 140 million, while Cosponsor transfers came to US\$ 42.6 million against an approved budget of US\$ 47 million. The net fund balance was US\$ 86 million at the end of 2022, compared with US\$ 102 million at the end of 2021.
118. Mr Farhat then briefly reviewed changes in revenue since the strategic funding dialogue in 2022 and described the additional funding provided by several funders, which had resulted in total revenue of US\$ 165.5 million.
119. He said non-core income mobilized in 2022, including in-service contributions, totaled US\$ 58.5 million versus US\$ 73.5 million in 2021. Fully 71% of the income came from the US government. Non-core expenditures totaled US\$ 68.3 million in 2022, compared with US\$ 71.2 million in 2021. The available non-core balance carried forward in 2023 was US\$ 65.7 million. Mr Farhat shared further details about the mobilized revenue and said US\$ 58.6 million had been received towards the non-core UBRAF. Total expenditure in 2022 was US\$ 229 million, or US\$ 25 million lower than in 2021. The decreases were mainly against staff costs, transfers and grants to counterparts, and contractual services, he explained.
120. At the end of December 2021, the net fund balance had been US\$ 102 million, compared with US\$ 112 million in 2020 and US\$ 100 million in 2019. The net fund balance was US\$ 86 million at the end of 2022, or US\$ 21 million below the PCB-approved minimum level of US\$ 107 million, said Mr Farhat. No advances had been made from the Operating Reserve Fund during financial year 2022.
121. Continuing, he reminded the meeting that 2023 was the second year of the first biennial workplan and budget of the 2022–2026 UBRAF. Total core expenditure and encumbrances came to US\$ 93.4 million, of which US\$ 34 million was for Cosponsors and US\$ 59.4 million for the Secretariat.
122. The financial outlook was still not very promising, he told the PCB, due to exchange rate fluctuations and several donor countries' decisions to shift overseas development assistance towards other priorities.
123. Thus far in 2023, US\$ 47.3 million had been recorded as core income and it was estimated that US\$ 159 million would be raised in 2023, which would be US\$ 23 million below the base of US\$ 187 million. Describing some of the contributions received to date, Mr Farhat said exchange rate losses had amounted to about US\$ 12.2 million by May 2023, with the biggest losses occurring against contributions made in pounds and euros. Thus far in 2023, a total of US\$ 9.1 million had been received in non-core resources, with the expectation that about US\$ 50 million would be raised during 2023. The majority of the funds came from the US government.
124. Turning to the anticipated impact of reduced funding, he said UNAIDS was proceeding with a cautious core budget level of US\$ 160 million for 2023. That represented a planned reduction of US\$ 27 million against the approved base core budget of US\$ 187 million and it entailed a reduction of US\$ 14 million for the Secretariat (US\$ 126 million instead of the US\$ 140 million budgeted) and a reduction of US\$ 13 million for Cosponsors (US\$ 34 million instead of US\$ 47 million).
125. The reduced core budget for 2023 had important implications, he noted. Some 35 core positions for 2023 had been frozen and the MENA Regional Office had been closed, representing savings of about US\$ 6 million. The core programme activity budget was set at 80% of the 2022 level, international travel was being limited and office space savings were being made, all of which represented about US\$ 8 million in savings. Only

US\$ 1.5 million of the approved US\$ 2 million had been transferred to Cosponsors (a US\$ 5.5 million reduction in total) and 70% of the annual country envelope had been allocated (US\$ 17.5 million versus US\$ 25 million, thus a US\$ 7.5 million reduction).

126. Continuing, Ms Achrekar said that the financial report had to be viewed in the context of the challenges faced by Joint Programme and the HIV response overall. They included rising new infections and continuing services gaps in some locations and for some populations, including key populations and adolescent girls and young women. Innovations held great potential but were not yet fully integrated and provided at scale, she said. Health systems were still recovering from the COVID-19 pandemic, while increasingly frequent and more intense impacts of climate change and conflict were leading to record numbers of refugees and humanitarian crises. Meanwhile, the environment for human rights, gender equality and civil society space was deteriorating, which also threatened HIV and public health generally.
127. Ms Achrekar described some of the cost efficiencies and savings that were made, but stressed that this came at the expense of programmatic impact, with reduced capacity for political action and policy change, and less support for countries and communities, while demands for support and action were increasing. The funding situation meant there was less capacity to remove barriers, support civil society and engage in dialogue and change around human rights, gender equality and structural barriers, she told the meeting. Nonetheless, the Joint Programme was committed to continue supporting countries and communities across the world.
128. Speaking from the floor, Members, participants and observers thanked the Secretariat for the detailed report, welcomed the continued IPSAS compliance and recognized UNAIDS's resource mobilizing efforts in a very difficult funding environment. They thanked the Deputy Executive Director for spelling out the implications of the funding shortfall for UNAIDS's work and for the HIV response. They also thanked new and regular donors for contributions made after the previous appeal in 2022, and urged other countries to join UNAIDS's donor base. One member state noted that its financial contributions did not seem to be reflected in the financial reports presented to the meeting.
129. Speakers expressed deep concern about the continued underfunding of the UBRAF and its impact on the work of the Joint Programme. They emphasized the urgent need to secure the core budget, both for the Secretariat and Cosponsors, and reminded the meeting that the financial situation had been discussed often but had not been resolved. Without being fully funded, the Joint Programme could not respond adequately to the needs of people and their communities, the meeting heard. The Joint Programme played key roles in HIV responses across the world and the funding had major multiplier effects (including, for example, via Global Fund grants). The UBRAF was the bedrock of the Joint Programme and a fully funded UBRAF was therefore key for this vital UN effort.
130. If members believed that the UN had a role in ending AIDS, they should find a way to get the resources to the Joint Programme to get the work done, speakers urged. Donors were asked to release their contributions for 2022–2026 as soon as possible, make multiyear contributions and provide flexible and predictable funding.
131. Securing the core budget was particularly important, speakers said. They urged donors to make their contributions mainly as core funds and to earmark them as little as possible. The Joint Programme could not rely on non-core funding alone, they explained. In addition, they suggested that if non-core funding surpassed needs, this should be communicated to the donor so that alternative options could be considered for using the fund balance that remained.
132. Members noted the US\$ 16 million decrease in the net fund balance, which was below

the level approved in 2015 (a minimum of US\$ 107 million). It was suggested that the Secretariat review the minimum net fund balance, so that resources are used optimally while managing the risks in an appropriate manner. UNAIDS was also asked how the core UBRAF supplementary funds had been used in 2022.

133. Cosponsors detailed the impact of the funding shortfall on their HIV work. They told the PCB that 2022 had seen a 20% deficit in core funds for each Cosponsor and that 2023 was seeing a further 25% reduction. Cosponsors had been providing and raising additional resources, but their non-core resources had also declined. They welcomed the announcements from donors of renewed funding commitments.
134. Cosponsors allocated most central core funds to support their country-level work, so a drop in central core funds had a direct, negative impact on Cosponsors' work to scale up and sustain the HIV response. They had been forced to take difficult steps, including reducing HIV-focused staff. This meant that HIV had become an add-on delivery for staff. Critical knowledge, expertise, rigour and continuity had been lost in the past two years, Cosponsors said, and the negative impact on staff morale and workloads was increasing.
135. The Secretariat was asked why the projected US\$ 27 million shortfall was to be divided equally and not proportionally among the Cosponsors and the Secretariat. While the usefulness of the country envelopes was beyond doubt, speakers said, spreading US\$ 23–25 million across 11 Cosponsors and almost 90 countries could mean spreading the money too thinly.
136. Members welcomed the steps taken to cope with reduced funding. While UNAIDS worked to increase funding, they said, it also had to find ways to manage with the resources currently available, including by making further savings. They encouraged quicker communication with the PCB regarding decisions such as office closures, including through intersessional updates between PCB meetings.
137. WHO's European Office said donor funding for HIV in its region had seen zero growth in recent years, despite a very challenging epidemiological situation. A fully funded and coordinated focus on prevention, testing and treatment and care was needed. The representative and observer member state who received many refugees updated the meeting on its efforts to provide HIV and other care, including mental health and vaccination programmes.
138. Mr Farhat, in reply, said the next agenda item provided complete details of non-core expenditure and he referred speakers to the specific tables providing that information. Responding to other comments, he said UNAIDS would take on-board the suggestion to review the fund balance and it would provide the next PCB meeting with a new proposal on a minimum fund balance. The Joint Programme had been entirely transparent about the measures taken to maintain the fund balance, he added. In response to a question about the country envelopes, he said work was underway to provide a response to the evaluation report on country envelopes.
139. Mr Farhat said non-core funding was essential and complementary to core funding and was tightly earmarked, though he noted the concerns raised by members. In cases where non-core funding exceeded needs, UNAIDS followed standard practice and approached the donor to reprogramme the funding, he explained. On why the decision had been taken to divide the funding reductions equally among Cosponsors, he said the PCB had recognized the need to secure a strong Secretariat and that this had been discussed and agreed also with the Cosponsors. Proportional reductions were not workable, he said, and would compromise the work of the Secretariat.
140. Ms Byanyima said the Secretariat was happy to provide intersessional updates to the

PCB on savings and other measures taken in response to the funding shortfall.

Workplan and budget 2024–2025

141. Ms Achrekar briefly reviewed the current status of the global AIDS pandemic and told the PCB that the two years covered by the 2024–2025 workplan and budget were critical for the global AIDS response. The workplan and budget was aimed at closing the remaining gaps against the 2025 AIDS targets and towards ending AIDS by 2030—and that required a strong Joint Programme, she said.
142. She reminded the meeting that the UBRAF guided the Joint Programme's overall strategic direction. The 2024–2025 workplan and budget built on lessons from implementation from the previous iteration. It aimed to boost results in countries, with prioritized focus and actions that are evidence-informed, and it provided for strong accountability, including through the milestones set for 2025 and the targets set for 2026.
143. Ms Achrekar presented an overview of the results framework, showing the three UBRAF outcomes, the underlying ten result areas on which the Joint Programme was focusing, and the Secretariat's five strategic functions. Specific outputs highlighted the added value of the Joint Programme's work, she explained; they did not capture all the intended actions, but served as a basis for measuring performance.
144. The Joint Programme had agreed to four overarching priorities that were fully aligned to the Global AIDS Strategy and the UBRAF: advance HIV prevention; accelerate access to treatment and new health technologies; promote community-led responses; and ensure equitable financing for sustaining the AIDS response. Specific work around those priorities would be elaborated through more detailed work-planning.
145. Ms Fariba Soltani, representing the Chair of the Committee of Cosponsoring Organizations (CCO), provided further details on the specific prevention-related outputs and milestones for end-2025, including priority actions and key partnerships, and the budget for delivering those results. She described the main Joint Programme outputs related to community-led responses, including promoting normative guidance and providing advocacy and technical support to incorporate and expand those responses. She also presented the milestones for 2025.
146. Using eastern and southern Africa as an example, Ms Soltani described how UNAIDS would tailor its support for the differentiated needs of various regions and countries over the next two years. She described some of the priority actions for closing gaps pertaining to the three main outcomes, including combination prevention for key and priority populations; strengthened prevention for adolescent girls and young women; and the scale up of PrEP for key populations in 14 countries. Other areas included scaling up differentiated service delivery, especially for treatment and testing; implementation of community-led monitoring in 16 countries; action on criminalizing laws; strong male engagement around gender and HIV; and stronger collaboration and coordination around HIV in humanitarian settings.
147. Ms Emond discussed the coordination, convening and country implementation support which the Joint Programme would provide. This included working with countries and communities to bolster national mechanisms, and working with UN Joint Teams on AIDS to advance multisectoral work to end HIV-related inequalities, leveraging the broader UN power for the HIV response as part of the SDG and a great example of further spearheading UN reform. She reminded of the –45 UBRAF performance indicators, linked to the specific outputs that measure the Joint Programme's work developed in a very collaborative and meaningful process with PCB guidance and approval. Looking forward and where needed, selected milestones by 2025 and targets by 2026 were

carefully revised based on the 2022 progress results report as some had initially been (over)cautiously estimated during COVID-19 pandemic and informed by relatively small sample. All details on the revision and justification were transparently included in the 2024-2025 workplan & budget. By way of illustration, she described how the Joint Programme would work to improve paediatric AIDS and eliminate vertical transmission of HIV, along with the milestones set for that work.

148. Ms Ljiljana Todorovic then presented the 2024–2025 budget. She described the core UBRAF allocation and proposed that the PCB approve the upper threshold of US\$ 210 million. She also explained the practical significance of having available an additional US\$ 23 million (against the US\$ 187 million base amount) with respect to enhancing Joint Programme effectiveness, boosting actions in key programmatic areas, and achieving greater impact in countries.
149. She then described the biennial budget by funding source, showing the respective core and non-core funds per annum that would go to the Secretariat (core US\$ 146 million and non-core US\$ 50 million) and the Cosponsors (core US\$ 22 million and non-core US\$ 227 million); global strategic initiatives (US\$ 11 million); and Cosponsor country envelopes (US\$ 31 million). She noted that the Cosponsor projections excluded the UNDP-Global Fund partnership.
150. This was followed by a brief review of budget estimates by result areas and Secretariat functions, with the largest amounts going towards prevention (US\$ 45.1 million), young people (US\$ 40.6 million), and paediatric AIDS and preventing vertical transmission (US\$ 38 million).
151. Ms Todorovic then described the respective allocations of the core budget by result areas and functions, and with respect to the Cosponsor and the Secretariat, for the US\$ 210 million and the US\$ 187 million scenarios. The geographic distribution of funding showed the largest amounts going to eastern and southern Africa (US\$ 99 million), western and central Africa (US\$ 45.1 million), and Asia and the Pacific (US\$ 40.4 million).
152. Ms Achrekar said collaborative action was needed to sustain the gains, confront inequalities and close the remaining gaps. Structured around the four priority areas, the workplan and budget set out clear outputs, outcomes, milestones and targets, she said. By capitalizing on the unique added value of the Joint Programme, it would optimize support to countries and communities and it would complement the critical work of PEPFAR and the Global Fund.
153. She concluded by stressing that a fully funded Joint Programme, at US\$ 210 million core funding, was critically important. Falling short of that amount would compromise UNAIDS's ability to support countries and communities, its work with civil society on policy and legal changes, and its presence in countries. Funds invested in the Joint Programme brought excellent value for money, she stressed: they were relatively modest compared with the total investments in the global AIDS response, yet generated and amplified impact across that response, saving lives and quickening progress towards ending AIDS.
154. Speaking from the floor, members and observers welcomed the workplan and budget for 2024–2025, thanked the Secretariat for its planning and budgeting efforts and insisted on the urgent need for a fully funded Joint Programme. They thanked donors that provided multiyear funding and appealed to other countries to follow suit.
155. Speakers noted that the AIDS responses in several countries with large burdens of HIV were accelerating or being sustained despite huge challenges. Even there, however, progress was too slow in certain populations and regions, with structural barriers holding

back further achievements; this was not the time to reduce funding for UNAIDS and for HIV, they urged. There was a critical need for this unique and valued UN entity, but everyone had to share in the responsibility of ensuring it had the funding to carry out its mandate.

156. The four overarching strategic priorities, especially the emphasis on HIV prevention, were welcomed. Speakers noted, however, that the AIDS response still had important gaps around prevention programmes, including comprehensive sexuality education, targeted PrEP, condom use and integrated SRHR service delivery. They also welcomed references to activities where UNAIDS had a strong record of making high-impact contributions, such as generating data and analysis, convening civil society organizations, etc.
157. The Secretariat was asked to provide further information about its strategy to secure additional resources, including from alternative sources. Members noted that the workplan required US\$ 187 million despite the real risk that the UBRAF may not be fully funded (with current projections for 2023 pointing to an anticipated US\$ 159 million). Predicating the workplan and budget on larger amounts than the predicted income for 2023 was risky, they warned. There were also concerns that implementation of the workplan and budget might be delayed and changed depending on the amount of funds raised.
158. Referring to a remark in the Executive Director's report that it would not be possible to go below a level of US\$ 164 million, members asked whether an alternative scenario, involving a narrowed scope of work and footprint, was being considered. Contingency scenario planning was needed to prepare for the possibility of having less available resources. Such scenario planning should be transparent and should occur under the auspices of the PCB, members stressed. They asked the Secretariat to provide further information regarding contingency planning for current projected funding scenarios. If sufficient core funds were not received, a discussion would be necessary with UNAIDS leadership regarding the "footprint" of the Joint Programme, they said. To avoid that, core funding must be replenished, they insisted.
159. Member told the meeting that it was important for the PCB to understand how UNAIDS intended to apportion its projected revenue, along with the sequence of replenishing funding. They stressed that the Board had to be updated on progress made in relation to recommendations from the informal task team on financing, which had been tabled in December 2022.
160. Cosponsors said they had absorbed disproportionately large shares of the cuts in contributions thus far. They said they would continue to work with the Secretariat to mobilize resources and they looked forward to an equitable allocation strategy. While acknowledging that the global strategic initiatives helped leverage political commitment and policy change, Cosponsors also reminded the meeting that they were not receiving additional programme funding to support those initiatives. With or without those initiatives, Cosponsors would work to achieve progress in the areas covered by the initiatives, which, they reminded, were already longstanding areas of focus for them. A firm, collective focus had to be maintained on the UBRAF, which lay at the heart of the Joint Programme's work, they said.
161. Members asked how earmarked funding would affect resource mobilization and allocation for the workplan and budget. Noting that the global strategic initiatives were projected to continue whether or not there was sufficient funding, they asked whether there had been discussion between the Secretariat and Cosponsors regarding differentiated allocation of funding based on their respective needs and leveraging powers.

162. Emphasizing the urgent need to reach and empower affected communities, speakers observed that the allocations to community responses did not reflect the narrative commitment to that work. The same could be said of investments in advancing human rights, they added. They noted that the pushback against human rights was being generously funded across the world and that UNAIDS had a special role in working with countries to anticipate and respond to such attacks.
163. Speakers also raised concerns about the closure of the Middle East and North Africa office and the decision to shift its work to other African offices, thereby adding to already-high workloads. They asked the Secretariat to reconsider office closure decision.
164. Ms Achrekar, in reply, thanked speakers for their constructive comments and recommendations. She said the Secretariat was working on contingency planning and would provide periodic updates.
165. Ms Byanyima thanked speakers for their comments and appealed for stepped-up support. She said UNAIDS would not do aspirational budgeting; it would provide intersessional updates on how it was adjusting to the levels of available resources.
166. One Member said it would not support the consensus for the workplan and budget for 2024–2025, while recalling its earlier comments regarding the UBRAF 2021–2026. It requested that its comments be noted and included in the report of this session including the footnote on their disassociation from decision point 6.6 under agenda item 4.3. The Chair said the member's disassociation from the decision point was noted and would be reflected in the meeting report, including all comments.

Update on strategic human resources management issues

167. Tim Martineau, Director of Management and Director of People Management *a.i.*, UNAIDS, presented the report. He reminded the meeting that the full report and four conference room papers were available online; they included some of the additional data requested at previous PCB meetings. He added that a new director for the department was being recruited.
168. There had been substantial changes in 2022, he said. A more robust senior leadership team was in place and the Secretariat was shifting to new ways of working, staff learning and development. At the same time, there was recognition that trust among staff in Cabinet, change management and the alignment process had to be addressed. The funding shortfall also posed a threat and was undermining staff morale and well-being, he added.
169. Mr Martineau told the PCB that the UNAIDS Secretariat People Strategy focused on the broad organization, its culture and how people work together, and was centered on feminist principles. It rested on three core building blocks (people practices, organizational culture, organizational design and structure), and highlighted five priority areas for action (learning, development and growth; gender equality, diversity, equity, inclusion and anti-racism; staff well-being and engagement; capacity to deliver; and respectful conduct and zero tolerance).
170. Regarding the alignment process, he briefly described the UNAIDS organigramme and ongoing delocalization work, which would be completed in 2023. The Secretariat would save over US\$ 10 million in staff costs once the new structure was operational. Continuing, he highlighted four skill sets which all staff had to excel in: knowledge sharing; influencing for change; building and maintaining partnerships; and mainstreaming equality and inclusion. Various steps were being taken to build those skills, including the launch of the knowledge management strategy and various trainings and e-discussions, Mr Martineau explained.

171. He emphasized the value of talent development, which focused on advancing skills, leading for transformational change, and coaching. The functional competencies of UNAIDS Country Directors were being strengthened, and an executive coaching programme had supported 87 senior leaders and 115 national and general service staff. Policies were also being strengthened, including on fraud and corruption, and sexual misconduct, he told the PCB. Culture transformation continued, with value charters developed across the organization, and feminist principles socialized and informing policies and processes. Comprehensive steps were being taken to address racism. An intersectional gender equality, diversity, inclusion, accessibility and anti-racism framework would succeed the Gender Action Plan, he said.
172. Regarding workforce composition, the meeting was told that the Secretariat had 621 staff members from 118 nationalities; 45% of them were from Africa, 21% from western Europe, 18% from Asia-Pacific, 10% from Latin America and Caribbean and 6% from eastern Europe. Staff comprised 54% women. In the past year, 131 staff members had left the Secretariat.
173. The second management-led global staff survey (which had a response rate of 67%) had shown some improvements, he said, with more staff saying they trusted and respected their team leaders. However, fewer staff said they would recommend the organization as a good place to work in. In response, the cabinet had identified three priorities: strengthening trust and communications; stronger efforts to achieve a diverse and inclusive working environment, and striving for a safer, more transparent UNAIDS.
174. There had been 12 requests from staff members for administrative review (up from 7 in 2021), and four administrative and disciplinary proceedings had occurred and led to disciplinary or other corrective measures. All consultants would henceforth be required to complete a prevention of sexual exploitation and abuse online course and would be screened through the UN ClearCheck database, he explained.
175. Regarding staff well-being and duty of care, Mr Martineau said a duty-of-care committee had been set up, and access to psychosocial services was available within 24 hours for critical emergencies. A joint mental health strategy had also been finalized with WHO. Efforts were continuing to reduce up-front, out-of-pocket payment for health services for staff. Concluding, he said UNAIDS was at the end of the alignment process and was moving towards a stable and fully-staffed "steady state" and implementation of its People Strategy.
176. Speaking from the floor, members thanked the Secretariat for the comprehensive update and welcomed the provision of human resources statistics. Positive developments included finally having a full senior leadership team in place, the success in achieving gender parity, the ongoing culture change initiatives, and continuation of the contract with a professional service provider for supporting staff, they said.
177. Stressing that people were the Secretariat's most valuable asset, speakers welcomed the publication of the People Strategy and the focus on staff development, and said they looked forward to further updates, with one member calling into question the feminist principles of the Strategy and urging the Secretariat to be more inclusive in its relevant policies. They encouraged the Secretariat to pay special attention to the concerns of staff, whom they praised for their hard work and dedication and for coping with the alignment exercise and funding constraints. Staff mental health and burnout were of particular concern, they said, and had to be addressed.
178. Acknowledging the challenge of managing human resources in a strained financial context, speakers said they appreciated UNAIDS management's efforts to improve transparency and provide staff with an enabling environment, and its focus on mental health and other support. UNAIDS should remain a diverse and inclusive organization

with opportunities for staff growth and development, including for young people, they said. However, referring to results from the global staff survey, members expressed concern about the low scores for staff trust in the cabinet and the low participation rate in the survey. Cabinet had to keep working to win the full trust of staff, they urged. Concerns were also raised about the diverging perspectives presented by management and by the Staff Association; dialogue between staff and management needed strengthening, speakers suggested.

179. Members recognized that the alignment had been difficult but said the persistent shortfall in funding had led to harsh but necessary restructuring decisions. While expressing the hope that the alignment would be effective and sustainable, they noted that it had led to great uncertainty among staff and said they were concerned about the excessive workloads of staff. There was widespread concern that the reduction in budget resources would negatively affect the Secretariat's ability to deliver on its mandate. It was crucial for UNAIDS's workplan to align with its resources and staff complement. It was not good enough to praise staff for their hard work, while committed people burn out, speakers said. Such an approach was neither efficient, rights-based or sustainable. Vital staff positions were being left unfilled, including posts focusing on key populations and on ending inequalities.
180. Speakers welcomed the "delocalization" of UNAIDS headquarters and the continuing decentralized provision of services to country level, but added that UNAIDS should not lose sight of the need for an adequately staffed Secretariat. The human resources situation was a stark reminder of the need for a fully funded UBRAF, they added.
181. Highlighting three sets of key changes—the reorganization of structures, new strategies and policies, and the adoption of new ways of working—speakers said the added value of each had to be carefully monitored and assessed. Reduced staffing levels also sparked concerns about the number of global strategic initiatives (more than six) and their duration, they added. UNAIDS was asked to streamline those processes.
182. Members appreciated that the process of culture transformation was continuing at the Secretariat. They reaffirmed their commitment to zero tolerance for sexual harassment and bullying, welcomed the SEARH actions and said they looked forward to reports on further actions taken on these issues. They noted, as well, that 12 requests for administrative review had been received—an increase over previous years—and asked the Secretariat to monitor the situation closely.
183. The Secretariat was praised for achieving a gender balanced workforce and was asked to increase the representation among UNAIDS staff of people belonging to key populations, as well, which was important for inclusivity and diversity. A fair distribution of staff in terms of geography and age was also urged. One member recalled the International Civil Service Commission's definition of "diversity" and urged the Secretariat to follow it.
184. There was also concern about the closure of UNAIDS's regional office for the Middle East and North Africa, especially given the complexities of tackling the epidemic in that region. Speakers asked whether an exit strategy had been devised for the closure and whether sufficient consultation had occurred with Cosponsors and others to take on the Secretariat's work in the region. At the same time, the expansion of the multicountry model offered opportunities for greater interaction with the UN Resident Coordinator Office, they noted and asked the UNAIDS management to monitor the lessons and drawbacks of this model. One observer described the ways in which UNAIDS Country Office staff were supporting the HIV programme in Asia.
185. One member expressed disappointment about the quality of the English interpretation and asked that high-quality translation into all official UN languages be ensured.

186. In reply, Mr Martineau thanked the meeting for the helpful comments. Regarding the alignment process, he said management recognized that some of the decisions, including the MENA office closure, had negative consequences, but that the decisions were necessary. Regarding diversity, he agreed that geographical and age distribution were important aspects of staff diversity. He said UNAIDS upholds the International Civil Service Commission's Standards of Conduct for the International Civil Service; however, as an organization that focused on key and priority populations, it also recognized the need for broader and more diverse representation of the people the organization seeks to serve. He said another survey on diversity in the organization would be conducted.
187. Regarding the global staff survey, he recognized that there was still a lot of work to be done but also emphasized its positive findings. Replying to comments about administrative reviews, he said these were a first step in a process in which a staff member declared dissatisfaction with a management decision. Given the context of the alignment process, the number of administrative reviews was perhaps not surprising, he suggested. Responding to concerns about staff workloads and burnout, he acknowledged that these were important issues and said that the Secretariat cabinet was exploring ways to reduce workloads.

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

188. Krittayawan (Tina) Boonto, Chair of the UNAIDS Secretariat Staff Association (USSA), began by explaining that the statement drew on global staff survey data, a mid-year check-in questionnaire and direct communication from staff. She provided background on the Staff Association and its constitution, and its agreement of cooperation with UNAIDS management.
189. The previous 12 months had been difficult for staff, she told the PCB. Many colleagues had left, there had been additional funding cuts, and offices had been downsized or, in some cases, closed. New procedures were being introduced while staff tried to cope with high workloads, sometimes to the detriment of their health and well-being.
190. Regarding recommendations made previously by the Staff Association, Ms Boonto said staff appreciated the efforts to provide opportunities for internal candidates to compete for new positions, though some external candidates had nevertheless been recruited. A review board for recruitment was now functioning, with USSA participation, but staff still had some concerns.
191. Despite some improvements with regard to fair and transparent staff recruitment policies, survey results still showed low scores when it came to staff perceptions of the fairness and transparency of recruitment decisions, the manner in which alignment had been handled effectively, and whether cabinet understood the views and opinions of staff. Ms Boonto said the USSA continued to contest the 2022 update of recruitment policies (for fixed- and short-term positions) due to specific concerns, including failure to properly consult the reference group. She told the PCB that 20% of all new staffing positions had been filled on the basis of executive decisions.
192. Regarding other recommendations, Ms Boonto said alignment had led to the loss of 131 staff in 2022 (through voluntary separation, secondments, resignation or contract termination) and that many positions remained vacant. New ways of working had also been introduced. Staff identified workloads and mental health as top priorities: they could not do more with less, she stressed. Cabinet had issued a strategic priorities document, but guidance was needed to identify the key deliverables from teams in their various contexts. If the current funding situation continued, the Staff Association called on senior management to reduce the scope of UNAIDS work to match the current staffing levels and ensure that staff can access support measures without delay. That should happen with full staff engagement. She also asked senior management to update

staff more regularly on the funding situation to reduce uncertainty.

193. The meeting heard that the USSA participated in several human resource-related structures and other bodies; had regular meetings with the Director of Management, Human Resource and Change Management; and had met with the Executive Director twice in the past year. It was not always easy, but the relationship was based on mutual respect, Ms Boonto said.
194. Continuing, she said the previous two years had been very difficult for the Staff Association and that it was struggling to remain functional and fulfil its mandate. It had lost six of its 15 volunteers due to staff departures, competing priorities and fear of retaliation, and it had lacked full-time administrative support for the past year. Recruitment was underway to fill that position, but it would be moved out of Geneva, where senior management resides, to Bonn.
195. USSA would soon hold new elections; it was hoped that staff would be encouraged to take on this important work. Ms Boonto said the Staff Association supported the restructuring according to feminist principles, but added that more work was required to align the organization with the feminist principles of transparency and empowerment. Workloads were also a feminist issue, she said, since they affected men and women differently. The USSA looked forward to working with management on these issues, she said.
196. Summarizing, Ms Boonto said that the mid-year check-in with staff had highlighted that issues of mental health, harassment and abuse of authority, career advancement, and transparency and fairness in policy implementation were priorities. The Association asked for a town hall report-back on the conclusion of the alignment and the human resource strategy and requested quarterly updates on the resource situation, including the number of staff on long-term medical leave. It also asked for implementation of support measures to help staff cope with high workloads, and for the creation of a supportive and enabling environment for USSA to operate in as an adequately resourced organization. She thanked PCB members for recognizing the work, commitment and rights of UNAIDS staff.
197. Members and observers thanked the Staff Association and staff for their hard work and said they greatly appreciated the updates from the USSA. They expressed deep concern about the issues raised in the report, including pressures placed on staff to do more with fewer resources. They noted the update on progress against the previous year's recommendations and on how budget deficits and ongoing changes were affecting staff, and said they looked forward to management's response to the Association's recommendations.
198. Speakers were also concerned about some management decisions on staffing, limited oversight, the long and ongoing realignment process, and high workloads amid constant "belt tightening". While supporting the overall alignment process, members said the process could have been carried out in a more inclusive and transparent manner. Noting that the new global strategic initiatives involved significant and additional costs and work, speakers asked that UNAIDS management consider reducing additional such activities and find ways to reduce staff workloads. They called on the Secretariat to safeguard UNAIDS's ability to carry out its core mandate, to continue focusing on reducing staff workloads, to keep mental health and wellbeing at the fore, and to scale up support to help staff avoid burn out.
199. Referring to results from the global staff survey, members noted that only 32% of staff felt that staffing decisions were made in a fair and transparent manner. (It was also noted that issues covered in the customary USSA staff survey had been reduced to a few questions in the Secretariat's global staff survey.) They urged UNAIDS management

to rebuild the trust of staff and reminded the meeting that the USSA was asking for regular updates on expenditure levels, funding gaps, savings and prioritization decisions, and that ongoing dialogue with staff was required on those issues. They said a motivated UNAIDS staff was the bedrock of the Joint Programme's work; regular updates, open dialogue, the appropriate support measures would help empower staff.

200. Members reiterated that there should be zero tolerance for abuse and bullying, and said they hoped that the new People Strategy and the many other human resources processes would help make UNAIDS an equal, safe and empowering workplace.
201. Referring to a lack of administrative and staff support for the Staff Association, speakers said a fully functioning USSA was vital for a properly functioning Secretariat. As an organization advocating for human rights around the world, UNAIDS had to work constructively and supportively for all UNAIDS staff, and the Staff Association had to have an enabling environment to remain productive. They reiterated their appreciation for the USSA and its work, and urged management to fully support the upcoming USSA election, including by encouraging staff to take on the important task of serving on the Association.
202. In reply, Ms Boonto said the loss of staff led to excessive work demands, exhaustion and burnout. She acknowledged that the alignment could not be blamed for everything and that it was intended to shift resources to where the heart of the work was. However, in the context of budget cuts, this had made things more difficult for staff.
203. Replying, Ms Byanyima thanked the USSA for its report and work. She said the changes had been tough, but had to be introduced; the Secretariat had not been restructured for 10 years. Budget constraints had made it even tougher. She assured the PCB that senior management had a strong and respectful relationship with the USSA, though there was some room for improvement. Meetings with the Staff Association were the best place to provide the updates it was requesting, she suggested and she assured the USSA that management would provide the requested information.
204. Ms Byanyima said she was working with the USSA to transform the organizational culture, improve staff health insurance (which, she said, was failing many staff); on many issues, they were on "the same side", she stressed. She told the PCB that the global staff survey had been conducted during a period in which some staff had received notices that they were losing their jobs, so the results should be seen in that context. She reiterated that there had been some improvement on many indicators, though progress had been slower on others. She acknowledged that improvements were needed.
205. She said management would propose measures to protect staff against excessive workloads, and she emphasized the need to reprioritize and make contingency plans to fit with a reduced budget. However, that would also mean reducing positions and staff. Some mental health measures had been introduced when the alignment process began, she said. She also expressed surprise that the Staff Association's report did not mention the work of the Ethics Office, which was functioning with a single staff member. She said records showed that the number of sick days taken had decreased and said this was probably because of increased support provided to avoid burnout.
206. Regarding staff's fear of retaliation, Ms Byanyima said she would not tolerate retaliation against any staff member, and had heard of only one such case, which had not been reported. She committed to doing everything possible to encourage staff to volunteer for the USSA so it could have a full cohort of 15 staff. Concluding, she assured the Board and the USSA that the well-being of staff was the most important issue for UNAIDS.

Organizational oversight reports

Internal Auditor's report

207. Ms Lisa McLennan, internal auditor, provided the meeting with background about the support provided by the WHO Internal Oversight Services (IOS), based on a memorandum of understanding signed in January 2022, and about the risk assessment model and process it used. She said there were no limitations to the scope of the 2022 audit work. Four audits and one advisory review had been done, of which one was rated as partially satisfactory with some improvements required, while three were rated as somewhat satisfactory with major improvements required.
208. Overall, the Auditor noted a deterioration in the effectiveness of controls (55% in 2022, compared with 70% in 2021), though this applied to a small proportion of the offices that had been audited. Controls with high levels of residual risk had also increased, but she emphasized that a risk-based approach had been taken and that the audited offices had been selected for having the highest levels of risk.
209. The main findings on the effectiveness of internal controls in areas with a high level of residual risk related to inadequate post-facto assurance, spot-checks on direct financial cooperation, programme funding agreements, and awards. High-risk issues related to human resources, asset management, control environment, communication, and procurement services.
210. Regarding implementation of the Internal Audit recommendations, she said seven audits and one advisory review had been closed. The number of outstanding recommendations had decreased from 184 in 2021 to 113 in 2022. IOS had closed 57 recommendations from long-outstanding audits since the previous report. However, there were still 12 long-standing recommendations dating back to 2018 and 2019, all from the same region.
211. The number of open and in-progress recommendations represented 22% of all recommendations, down from 31% previously, she told the PCB. Twenty-five open investigations were ongoing in 2022 and concerted efforts were underway to speed up response and conclusion times.

External Auditor's report

212. Ms Ritu Dhillon, the External Auditor, presented her report and said the internal controls had been found to be adequate. She summarized the audit's objective and said the report covered issues the Auditor believed had to be brought to the attention of the Board. The report had been discussed with UNAIDS management and the replies had been incorporated in the audit report, she explained.
213. An unqualified audit opinion had been issued, Ms Dhillon said. The deficit had decreased from US\$ 35.06 million in 2021 to US\$ 1.68 million in 2022, mainly due to reduced staffing and other costs. UNAIDS revenue of US\$ 220.35 million in 2022 had decreased by 9% compared to the previous year, while expenses came to US\$ 230.94 million. On 31 December 2022, total assets stood at US\$ 305.35 million and the approved staff liability saw a decrease of US\$ 142.38 million, primarily due to a decrease in actuarial evaluation of the after-service health insurance (ASHI) benefits.
214. Presented the report's main observations, Ms Dhillon pointed to inconsistencies in the ASHI evaluation, due to inaccurate demographic assumptions that were not in agreement with the data available. The report recommended that UNAIDS work in closer collaboration with the ASHI to ensure that more accurate demographic data are used. UNAIDS had accepted the recommendation, she told the PCB.
215. The second observation pertained to delays in the completion of the annual verification of assets. The verification results for 76 offices had been reviewed and showed that only

18 offices had adhered to the timeline, while there were delays of 1–72 days in 58 offices. UNAIDS had accepted the recommendation that it remedy the situation.

216. The External Auditor's third observation related to a payment to a direct financial cooperation supplier which had not been in accordance with the agreement, and UNAIDS was asked to discharge its payment obligation. The recommendation had been accepted. The fourth observation related to shortcomings with respect to travel requests and resettlement claims, including non-submission of claims on time and lack of timeliness in request approvals. The recommendation had also been accepted. There were 11 outstanding recommendations, of which four had been implemented, six were under implementation and one had been overtaken by events, Ms Dhillon said. She thanked management for its cooperation in the conduct of the audit.

Ethics report

217. Kara Nottingham, Ethics Officer at UNAIDS, said that requests for confidential advisory services had increased by 91%, though the Ethics Office still had only one staff member. There had been 143 requests for advice in 2022 compared with 75 in 2021. She displayed graphs showing the issues on which advice had been requested (mainly standards of conduct, policy clarifications and conflicts of interest). The most common requests related to standards of conduct pertained to workplace disagreements, fraud/corruption, harassment, and conduct of a sexual nature. Regarding protection against retaliation, six requests (including three formal requests) had been received, she said, and a new WHO policy framework on protection against retaliation was under review.
218. Turning to reporting period activities, Ms Nottingham said the Integrity Hotline was still in use, with 14 reports received in 2022, up from five in 2021. Regarding protection from sexual exploitation, abuse and harassment, a WHO policy directive was applicable, while internal control measures had been put in place and training had been provided. Mitigation of conflicts of interest had continued via the Declaration of Interest Programme (completed by 457 staff), she said. Various trainings had also continued, mostly with high completion rates. The Ethics Office also continued to participate in the #Respect campaign, conducted ethics training for junior professional officers, and had created a new training course on ethics at UNAIDS.
219. The Ethics Office had worked with senior management to design a new global staff survey. Streamlining processes and procedures had been updated and new standard operating practices had been put in place in accordance with recommendations. The Office had also participated in the ethics multilateral network and inter-agency working group on antiracism.
220. Future priorities included a continued and enhanced focus on protection against retaliation and continued promotion of the Integrity Hotline, she said, as well as additional training and outreach, the prevention of all forms of misconduct, and strengthened focus on discrimination, anti-racism and diversity, equity and inclusion initiatives. Additional measures were needed to ensure that UNAIDS was an inclusive organization.
221. Ms Nottingham said the Ethics Office's key achievements included the new standard operating procedures and streamlining processes, and that the requests for protection against retaliation signaled increased trust. The global staff survey showed that about 58% of staff felt comfortable speaking up and reporting issues of concern, compared with 37% in 2020.

Independent External Oversight Advisory Committee

222. David Kanja, Chair, presented the annual report of the Independent External Oversight Advisory Committee (IEOAC). He began by discussing the Committee's advice on

financial and performance reporting. Having reviewed the financial statement and reports, the Committee recommended that UNAIDS develop action plans to address the top risks highlighted in the 2022 statement of internal controls section of its financial report. The plans should identify risk owners, as well as target completion dates for the various actions, he said.

223. UNAIDS should also develop a contingency plan for managing issues in its core fund balance, which was below the minimum level approved by the PCB. Since this was the organization's working capital, a further drop could lead to problems, Mr Kanja warned. The plan should consider both worst- and best-case scenarios. The Committee welcomed the External Auditor's unqualified opinion for 2022, he added.
224. Regarding performance reporting, UNAIDS should consider summarizing achievements in future versions of the report, as well as discussing the main challenges encountered and strategic choices made, and explaining their impact on performance. Not doing so carried a risk of providing overly optimistic accounts of the Joint Programme's work, Mr Kanja noted. The Committee also recommended that the UBRAF performance management report periodically be audited by either the Internal or External Auditor to provide independent assurance on the contents of the report.
225. Regarding the new Enterprise Resource Planning System, which WHO was implementing, UNAIDS was asked to ensure that its needs were reflected in the development and implementation of the new system. It should ensure that the data inputted in the new system are cleaned, and staff should be adequately trained to use the new system, Mr Kanja said.
226. Regarding the Internal Auditor function, the Committee asked that UNAIDS arrange for the WHO IOS to include efficiency and economic aspects in the scope of internal audit assignments. It should also fast-track implementation of long-outstanding internal audit recommendations, 12 of which were outstanding since 2018 and 2019. Mr Kanja said UNAIDS had to identify and address the causes for declining trends in overall effectiveness of controls tested by IOS, and should finalize arrangements for posting, on the UNAIDS website, summaries of final internal audit reports, which are disclosed once a year in the annual report of the IOS. This would enhance accountability and transparency.
227. For the investigation function, the Committee recommended that UNAIDS develop an action plan to address the backlog of long-outstanding open investigation cases, of which there were 25 dating from 2018–2022. It also recommended that UNAIDS set up a dedicated budget for investigations so they can be completed in a timely manner and in accordance with the IOS memorandum of understanding.
228. UNAIDS was asked to act to improve completion rates of its mandatory training course on ethics and integrity, prevention of sexual exploitation and abuse, prevention of harassment and abuse of authority, and prevention of fraud and corruption. It should explore ways to increase resources for the Ethics Office, taking into account existing budget constraints, Mr Kanja said, and it should prioritize measures for preventing fraud and raising the visibility of fraud prevention measures.
229. Regarding follow-up of internal and external oversight recommendations, an action plan was needed for resolving Joint Inspection Unit (JIU) recommendations categorized as being "under review" (there were 65 such recommendations in October 2022, out of 104 issued by the JIU in the 2019–2022 period). The Committee recommended that UNAIDS establish guidelines for ensuring that all internal and external oversight recommendations are followed up in a consistent manner. Reports on the status of implementation of all oversight recommendations should be periodically provided to UNAIDS senior management and the IEOAC for review, the meeting heard.

230. The Committee provided advice on meetings with the heads of oversight functions, including regular meetings with the Director of the WHO Office of IOS and the head of the organization's external audit team. Finally, said Mr Kanja, the Committee was requesting a change in its terms of reference that would authorize it to formally establish a vice-chair position to support the chair in implementing the annual workplan and replace the chair if needed. The IEOAC included a copy of its new rules of procedure in its annual report; they would assist Committee members in executing their responsibilities and had been approved by the Committee in November 2022.

Management Response to the Organizational Oversight Reports

231. Dave Fraser, Senior Adviser, Compliance and Risk Management, UNAIDS, presented the management response to the oversight reports and began by expressing appreciation to the oversight bodies for their work. Regarding the External Audit recommendations, he said there had been an unmodified opinion and four audit recommendations related to After-Service Health Insurance, assets, direct financial contributions and travel. Management agreed with all four recommendations; Mr Fraser outlined the actions to be taken for each.

232. Of the 11 past external audit recommendations, four had been implemented, one had been overtaken by events, and six were under implementation, he said. Regarding the recommendation on country data and key parameters, he said management was not in agreement and noted that all available data in the 2020–2021 regional and country report were consistent, completed, comparable and accurate. Management agreed with the recommendations pertaining to UBRAF indicators and the disaggregation of allegations received by the Ethics Office. He described the actions taken or in progress.

233. On the evaluation of contractor performance, Mr Fraser said WHO had been asked to include in the new Enterprise Resource Planning system (ERP) a functionality that would allow for evaluating contractor performance on an organization-wide platform. Steps to avoid the delayed recording of assets were also being taken via the ERP system, and the regulation of programme funding agreements was being strengthened, as recommended.

234. Mr Fraser told the meeting that there had been continued improvement on the closure of Internal Audit recommendations, and he thanked IOS for its support and collaboration. Between April 2022 and April 2023, IOS had closed a total number of 152 recommendations, resulting in a balance of 113 recommendations, the least since 2020. Recommendations due had been reduced to 70 in April 2023 (versus 134 a year earlier) and the percentage of recommendations overdue had also improved: it stood at 22% in April 2023, compared with 31% in April 2022.

235. Mr Fraser said UNAIDS noted the decrease in the effectiveness of internal controls and that compliance would be strengthened. He described some of the steps being taken. Asset management would also be reinforced and strengthened. Regarding the IOS observation that the roles and responsibilities across the organizations, particularly Regional Support Teams, had to be clearly defined, he set out UNAIDS's view on the matter. He also described improvements that were being made to the Technical Support Mechanism.

236. Turning to past audit recommendations, he said 8 reports had been closed, as had 152 recommendations, and that the closure rate of 78% was the highest thus far. As of April 2023, 57 recommendations had been closed from long-outstanding reports, which had been reduced to 12. He added that 8 more recommendations had been closed, bringing the total number to 60 closed, representing an 87% closure rate. He then described management actions taken or forthcoming on various recurring issues pertaining to risk

management, procurement, assurance activities, recruitment and declarations of interest. He referred the meeting to the human resource management update, where full details were available.

237. On the outcomes of WHO IOS investigations, Mr Fraser said 16 new allegations had been received in 2022, of which 5 had been closed as unsubstantiated; 5 were under preliminary review; 3 were being investigated; and 3 were at the reporting writing or case closure stages. He said UNAIDS was acting to establish a safer and more supportive working environment, prevent abusive conduct and address issues of harassment and discrimination. He described some of the measures being taken.
238. Mr Fraser said UNAIDS management welcomed the increased trust shown in the Ethics Office, adding that UNAIDS would ensure that all staff complete training on ethics, as well as the UN System-wide training on sexual exploitation and abuse and other mandatory training. Management would be held accountable for ensuring that this happened.
239. He then discussed ongoing work around the #Respect campaign, anti-racism actions, the workforce diversity survey and various examples of inter-agency collaboration, and assured the PCB that UNAIDS would support the ethics function within its budgetary capacity. He also described actions planned or underway in relation to key recommendations from the Independent External Oversight and Advisory Committee.
240. UNAIDS would arrange for a periodic review of the UBRAF performance monitoring reports and would continue to closely monitor income and the fund balance, Mr Fraser told the meeting. It would address the relevant JIU recommendations, regularly report to both senior management and the Committee on all oversight recommendations, and arrange regular meetings between the UNAIDS Executive Director and the Internal and External Auditors. It would also post information about internal audits on the UNAIDS website and explore expanding the audit scope to include efficiency and economic aspects.
241. Speaking from the floor, members and observers thanked the presenters for the high-quality reports. The reports were a reminder that UNAIDS's operations were complex and required coordinating a range of issues, speakers said. They welcomed the Secretariat's work to address recommendations, including those related to financial management and contingency planning concerning the core balance, as well as those concerning the working environment and regional teams. They also acknowledged the improvements made to strengthen the audit and oversight functions of UNAIDS, thanked the Secretariat for its responses to the reports, and said they recognized that many actions had already been taken and looked forward to seeing the outstanding recommendations resolved.
242. However, there was room for improvement, speakers added, noting also that the management response generally lacked timebound actions to address recommendations and asked that this be rectified. They asked that management, in the course of addressing recommendations, explore simplified systems and procedures for more efficient use of staff and funding.
243. Speakers referred to a remark that UNAIDS did not clearly define the roles and responsibilities among the organizational entities and said this raised concerns about the ongoing trend of decentralization. Fraud and corruption cases were also a weak link in UNAIDS's risk management architecture, they said. Some speakers referenced the Internal Auditor's observation that there had been a deterioration in the effectiveness of controls. The Secretariat was asked to explain how it would address these issues.
244. The Secretariat was also urged to consult adequately with Cosponsors when it considers

discontinuing its presence in countries or reorganizing its presence in regions. It should have an effective exit strategy for office closures, such as the one in Eritrea, to ensure a smooth transition of responsibilities to Cosponsors and proper handling of assets and contracts, members said.

245. Members thanked the External Auditor for the report, noted that UNAIDS was following WHO's financial regulations, and commended actions taken to close outstanding recommendations. However, they expressed concerns about issues related to DFC payments and urged UNAIDS to investigate them. One speaker requested the External Auditor to provide more detailed reports in the future with a particular emphasis on procurement, risk management, internal control and performance analysis.
246. Speakers expressed their strong appreciation for the work of the Ethics Office and stressed its importance for promoting and maintaining high ethical standards in the Secretariat. They noted management's response to the issues raised in the report and urged it to ensure that the Office, which still only had one staff person, has the resources needed to fulfil its function and meet the increased demand for its services. An adequately staffed Ethics Office was also important for rebuilding trust after the alignment process, they added.
247. Noting the significant increase in confidential services provided, members praised the Office's efforts to ensure zero tolerance of all forms of misconduct, as well as the staff's apparent increase in trust in the Office. They asked UNAIDS to act appropriately to increase the completion rates of mandatory training courses on matters related to ethics, integrity and the prevention of misconduct.
248. Referring to efforts to increase diversity in UNAIDS, a member noted that the UN had an agreed definition of diversity (the International Civil Service Commission definition) and asked that it be adhered to. Concern was expressed about the low levels of participation in the mandatory course on fraud and corruption.
249. Members thanked the IEOAC for its work and reiterated the value of having a standing agenda item on oversight. They especially appreciated the Committee's strategic overview across all the oversight reports and supported the proposal to create a Vice-Chair position. They also noted its role in reviewing JIU recommendations and asked for an update on actions regarding recommendations from the JIU report from 2019.
250. Members supported the call for contingency plans to manage changes in the core funding budget balance and noted a request for information on how the significant shortfall in UBRAF funding would affect the work of the Joint Programme. They reiterated the IEOAC's advice to the Secretariat to report on the status of implementation of all oversight recommendations and to meet periodically with the Director of WHO/IOS and the head of the organization's external audit team. It was suggested that some of the issues raised in the report could be considered as separate agenda items at future PCB meetings.
251. Members noted the observations regarding a reduction in the effectiveness of internal controls and expressed concern about the management and control of assets. They also noted that the system for declaring conflicting interests among experts remained underdeveloped, an issue that had been raised several times previously. The Secretariat was asked to take specific measures to address these issues and to inform the Board about the actions. It was also to clarify steps taken to address matters of fraud and corruption and to complete long-outstanding investigations. Speakers also noted that completion rates in the Internal Audit were less satisfactory than in previous years.
252. Speakers welcomed the strengthening of the WHO IOS's capacity to investigate cases brought to it by UNAIDS. However, they expressed concern about the increase in new

investigations received by the IOS, in particular allegations of sexual exploitation, abuse and harassment. UNAIDS was asked to comply with the recommendations of the Internal Auditor and the IEOAC by developing an action plan to address long-outstanding investigation cases. It was asked to establish a budget to ensure the timely completion of internal investigations. There were also concerns about the high number of JIU recommendations that remained under review.

253. Ms Dhillon, in reply, thanked speakers for the observations. She noted the request that the External Auditor continue to focus on risk areas identified in previous audits and briefly described the method used by the Auditor to identify and assess compliance and risks.
254. Ms Nottingham, in reply, said that a new policy framework on fraud and corruption had been issued in 2022 and that it included stronger measures to prevent fraud and corruption. Regarding completion rates of training, she assured the PCB that efforts would be made to better monitor the completion of training. On diversity, she noted the comments regarding the ICSC definition. She also agreed that more work was needed to ensure zero tolerance for all forms of misconduct.
255. Ms McClennon, in reply, said the outstanding investigations entailed enough work for at least one full-time person and she welcomed discussions with the Secretariat on the memorandum of understanding and its implications. Regarding a deterioration in the effectiveness of internal controls, she described the process by which country offices had been identified for risk assessment and said they comprised a limited sample. IOS would continue its discussions with UNAIDS management with a view to improving internal controls, she assured the meeting.
256. Mr Kanja said the IEOAC would follow up on the recommendations made and provide updates in its next report. In reply to a question, he said it took on average about six months to complete an investigation.
257. Mr Fraser responded to remarks about an apparent decrease in the effectiveness of controls. He reminded the meeting that this was based on a snapshot of three Country Office audits and that the offices had been chosen because they seemed to be at heightened risk. Nevertheless, this was a concern, he said, and UNAIDS was taken immediate actions to strengthen compliance. Regarding procurement, contracting and payments, he said improvements were already underway, including trainings. He described a series of other actions being taken to strengthen management accountability, fiscal responsibility and effective oversight.
258. He said the top risks had already been identified and work was underway with the risk management committee to assign those risk and mitigation actions to responsible staff. Sanctions would be imposed on managers for noncompliance with the completion of asset verifications. In addition, a person had been hired to take up a position that included working on noncommercial contracts and asset verification. An existing dashboard allowed all offices to track their noncommercial contracts. Mr Fraser said that 93% of long-outstanding IOS recommendations had been closed. He described the status of the six outstanding recommendations from previous External Audits, saying that only one historical recommendation remained open.
259. Mr Martineau added that, regarding internal controls, it was important to note that there were only two data points at this stage, which were not enough to deduce a trend. He said UNAIDS worked hard to identify risks and encouraged the auditors to investigate those. All the recommendations specific to UNAIDS had been met. In addition, there were hundreds of recommendations that the JIU issues to all UN System entities, and UNAIDS was examining those to see which were applicable to it.

260. He said the declaration of interest controls would be rolled out and he noted that the risk management committee had been strengthened considerably in the past 12 months and would report annually on progress. He agreed that the timelines for investigations had to be shortened and said it was hoped that the new head of the WHO IOS would be able to meet with the UNAIDS Executive Director to resolve this and other matters. He added that financial constraints had not been an issue with regard to the timelines for investigations.
261. With reference to decision point 6, one Member stated that, in its view, the reports contained unacceptable terminology and that it therefore would not support the decision point. It viewed the terms as politicized and said it was disappointed that they also occurred in the technical documents. It therefore dissociated itself from decision point 6.1 for agenda item and asked that the basis for disassociation be noted in the report.
262. The Member further noted that it was not in agreement with one of the terms in one of the reports. It therefore dissociated itself from decision point 7.1, as well. For the same reasons, it also dissociated from decision point 3 on the Report of the Executive Director.
263. Another Member requested to reflect in the report that its government was not in agreement with decisions that were in conflict with its national norms, laws or values.

Thematic segment. Priority and key populations, especially transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses

264. The thematic segment focused on inequalities that prevent progress for key populations, especially transgender people, in the HIV response and how to reduce the risk and impact of HIV in these populations. Cecilia Chung, Senior Director of Strategic Initiatives and Evaluation, Transgender Law Center, and Erika Castellanos, Executive Director of GATE and a member of the Trans United Europe – BPOC Trans Network co-moderated the thematic segment. Cecilia Chung introduced the segment by providing an overview of the issues it would cover.

Opening and keynote address

265. Winnie Byanyima, UNAIDS Executive Director, welcomed the participants and reminded the meeting that key populations accounted for less than 5% of the global population but comprised the majority of new HIV infections in most regions. She emphasized that gender-based inequalities, together with racial and other structural inequalities, HIV-related stigma and discrimination, violence and criminalization are forcing already ostracized populations, including transgender communities, further into the shadows and impairing efforts to end the AIDS epidemic.
266. Failure to respond to this reality undermined the entire HIV response, she said, yet anti-human rights, anti-gender and anti-democratic movements were threatening all communities affected by HIV, especially key and other priority populations.
267. Symmy Larrat Brito de Carvalho, National Secretary for the Promotion and Defense of the Rights of LGBT+ People, Brazil and a Deputy Minister in the Government of Brazil, presented about the policies, programmes and initiatives developed in the country to address the needs of key populations, including transgender people. said Brazil had created a LGBT+ national council and was streamlining the processing of refugees from countries that criminalize LGBT+ people. These kinds of measures were important, she said, and had to be accompanied by debates on how best to defend the rights of people living with and affected by HIV. Secretary Carvalho highlighted the importance of the

cooperation with UNAIDS country office in Brazil.

268. Erika Castellanos shared a snapshot of her life. Born from Mayan descent in a small town in Belize, she said she had grown up in a society that considered her a criminal because of her transgender identity, where she had felt unsafe and "dirty" and had lived with the scars of abuse from a clinic that had set out to "cure" her. Aged 16, she managed to migrate to another country, where she ended up on the street, engaged in survival sex, used drugs, and was repeatedly imprisoned for allegedly committing "immoral" acts.
269. Diagnosed with HIV in 1995, she had been told she had six months to live. Inspired by an encounter at a clinic one day, she decided she would not succumb to that fate and would work to achieve change. Trans people lived in a world that was trying to kill them by denying them equal access to education, employment, housing and many other things other people took for granted. She warned that the anti-gender movement was trying to erase the existence of trans people and that it was gaining ground. Human rights were inalienable, and strengthening one group's rights did not weaken the rights of others. Yet many countries continued to inflict outrageous and outdated practices on trans people. The world had to stop demonizing transgender people. They needed their families, friends and colleagues to see them as equal and similar as them, not different. The thematic session was a source of hope that things could become better.

Session overview

270. Christine Christine Stegling, Deputy Executive Director for Policy, Advocacy and Knowledge at UNAIDS, presented an overview of the background paper for the thematic segment and said that social and structural barriers continued to increase HIV vulnerability for key and priority populations. She described the very high HIV epidemic burden among these populations, but noted a lack of data for transgender people, which pointed to underlying inequities. Key populations faced 14–35 times higher risk of acquiring HIV than the overall population, she told the meeting. Intersecting inequalities made them especially vulnerable. In many countries, less than half of gay men and other men who have sex with men could access at least two prevention services. The situation was similar for sex workers. These inequalities had to be tackled: health was not a privilege, it was a human right, Ms Stegling stressed. Many of the inequalities stemmed from legal and structural barriers, criminalizing laws, and stigma and discrimination. The evidence showed that punitive laws and the punitive use of laws blocked access to services and increased HIV risk, she said. Some countries had removed such laws, but others were bolstering them, as seen in Uganda, for example.
271. Although they were disproportionately affected by HIV, transgender people were not prioritized in many countries' HIV programmes, Ms Stegling continued. More data were needed to better understand the impact of HIV in transgender populations; in particular, there were big data gaps for transgender men. Of the 55 countries that had reported size estimates for transgender populations to UNAIDS, only 15 estimates were recent and covered entire countries, and only six Global HIV Prevention Coalition countries were reporting on prevention coverage for transgender populations. Intersectional approaches were needed. For example, transgender sex workers faced intersecting stigma and discrimination, while widespread criminalization meant that disproportionate numbers of transgender people were in prison. Young transgender persons were at risk of homelessness due to being rejected by their families, and indigenous transgender people in settler societies faced compounded discrimination. Overall, transgender people experienced extreme levels of violence and abuse, including in health-care settings. She reminded the meeting that the rights of transgender people were established in international human rights law.

272. Ms Stegling referred to the background note which contained examples of positive actions—as seen in countries like Brazil, Indonesia, Kenya and Luxembourg—as well as recommendations for reducing health inequalities. They included: improved strategic information; scaled up HIV services; sufficient funding; support for community-led responses; effective action to counter the anti-gender, anti-rights movements; stronger societal enablers; more inclusive, tailored and integrated health services; and the integration of social protection services and health and HIV services. Admiral Rachel Levine, Assistant Secretary of Health for the US Department of Health and Human Services, presented a short statement via video. She lauded the Joint Program's work to address HIV while advocating for priority populations most impacted by HIV. She went on to recognize the key contributions of Dr. Mamadi Yilla and Dr. John N. Nkengasong in addressing the HIV response. She shared an example of an effort led by the US Govt HIV Workforce, which brings together the domestic and global workforce to ensure an enhanced response to HIV. She emphasized that the US Government understands and encourages an inclusive and holistic approach to HIV and reminded the meeting that in light of hateful attacks on transgender people, this segment and the recommendations that follow are important, now more than ever.

273. Speaking from the floor, members and observers praised UNAIDS for arranging the thematic segment and preparing the background paper, and commended the participation of trans people in different roles in the event, as moderators, speakers, and representing Member States. They said the evidence showed very clearly that criminalization of key populations, including transgender people, aggravated the HIV epidemic. Welcoming progress in some countries towards removing obstructive laws, they called on all countries to uphold their obligations under international agreements by decriminalizing same-sex relations and removing laws that expose LGBT+ populations to discrimination and persecution. All Member States were obliged to fulfil the commitments they had made in the 2021 Political Declaration, they stressed. Speakers thanked UNAIDS for being a consistent advocate for the rights of key populations, including transgender people, and said they admired the bravery of transgender people in the room and elsewhere.

274. Speakers said the background paper showed that key populations, including transgender people, had to be at the forefront of HIV response and that services had to address the needs of all populations and be gender-responsive. Reliable data and evidence about the HIV epidemic and key populations were needed, collected in ways that protect people's safety and confidentiality. Speakers warned that the anti-gender and anti-rights movement was working against inclusive societies. They urged countries to uphold the rights, dignity and safety of everyone, and highlighted the work of the Robert Carr Fund in protecting the rights of people living with HIV and in supporting community-led initiatives, and said it and similar entities deserved continued support. Some members (e.g. Brazil) updated the meeting on their efforts to address the issues raised during the thematic segment. Actions included tailoring national prevention packages for key populations, introducing a national policy focused on health care for transgender people, increased access to pre-exposure prophylaxis, and stronger legal frameworks to protect the rights of people living with HIV.

Panel discussion 1: The data on inequalities and recommendations to improve the HIV response for priority and key populations, especially transgender people

275. This session focused on the data and gaps in data for key populations and the HIV pandemic, especially transgender people.

276. Elizabeth Benomar, Global Coordinator HIV/AIDS UNFPA, told the meeting that a lack of data for transgender people undermined evidence-informed advocacy and action. Global HIV Prevention Coalition (GPC) score cards showed that national HIV packages for key

populations were incomplete in many countries, stigma was affecting service uptake, and criminalization was still the norm. Prevention service coverage for key populations tended to be low in every region. Funding for HIV prevention among key populations was much lower than the estimated need in low- and middle-income countries, even where most new infections were occurring in these populations. Two thirds of the available funding came from international sources (except for prison programmes). Presented most recent available data on criminalizing laws; 72 countries still criminalized sex work, 64 countries criminalized same-sex sexual acts, and 134 criminalized HIV. When populations are criminalized, they don't show up in data sets. So data on key populations who are typically criminalized are underestimated at best. Ms Benomar shared data showing that HIV service uptake among gay men and other men who have sex with men was higher in countries with the least-severe anti-LGBT+ legislation than in those with most-severe anti-LGBT+ laws. She described some of the challenges created by the anti-gender and anti-rights movement, including shrinking space for civil society action, limited funding and legal threats. Stressing the need to support and draw on community-generated data, she said key populations had to be counted in the data, so programmes could make them count.

277. Shobini Rajan, Deputy Director General at the National AIDS Control Organisation in India, discussed her country's HIV programmes for key populations and said the mapping and size estimates for all key populations had been revised recently. She described India's multisectoral HIV response for transgender people, which spanned government, academia, the health sector and civil society. The enactment of the Transgender Persons Act in 2019 obligated the Indian Government to recognize and provide transgender-inclusive services, some of the steps taken included enabling transgender persons to have their chosen identities reflected on ID cards. India was also expanding the collection of transgender-disaggregated data. Other initiatives for transgender people in India included a revision of medical curricula for gender-sensitive health care, capacity building of health-care professionals to provide gender-sensitive health care, a white paper on comprehensive health-related services for transgender persons, and the piloting of community-led monitoring tools. The aim was to establish a national centre of excellence in a premier academic institute. Keeping the momentum and moving forward required stronger coordination between government departments, bilateral organizations and donors, and the private sector, and work on priority areas, including reducing stigma and discrimination in health settings, exploring substance use and other associated risk behaviour of transgender populations, etc.

278. Zhenya Mayilyan, President of Real World, Real People, a nongovernmental organization in Armenia, spoke of the importance of community leadership for addressing inequalities. She said her region was failing in its HIV response because of wars, a restrictive legal environment, lack of resources, gender inequalities and shrinking civic space. HIV transmission and drug use were criminalized in many countries in the region, and sexual and reproductive health services were limited by stigma and discrimination. In addition, affected communities were not adequately involved in decision-making, which led to ineffective and inappropriate interventions. She shared the findings from research done by her organization into the experiences of women living with HIV and using drugs in Armenia, which showed that over 80% of respondents had been abused by their partners, over 60% had experienced violence in their parental homes, and 35% had experienced violence at health-care facilities. The study also showed the deep-set stereotypes about women in society, their lack of trust in public institutions, and their reluctance to seek assistance from official structures. She explained that the study's recommendations had led to some progress including legal changes allowing people living with HIV to have access to crisis and social care centres. Much more could be achieved, but it required resources.

279. Antons Mozalevskis, from the Key Populations, Global HIV, Hepatitis and STIs

Programme, WHO, summarized recent updates to the WHO Consolidated guidelines on HIV, viral hepatitis and STI prevention, diagnosis, treatment and care for key populations, which had been developed with collaboration from key population networks. The guidelines placed stronger emphasis on the removal of structural barriers to enable necessary interventions and services—including punitive laws, policies and practices—the reduction of stigma and discrimination in the health sector and elsewhere, empowerment of communities, and ending violence. He said WHO had developed packages of proven interventions for key populations for prevention, testing and treatment of HIV, sexually transmitted infections and viral hepatitis, as well as for tuberculosis. It also recommended interventions for broader health, including for sexual and reproductive health, mental health, cervical cancer and anal health, while gender-affirming health services were also highlighted. Mr. Mozalevskis concluded his presentation by summarizing some of the new recommendations.

280. Speaking from the floor, members and participants emphasized the value of engaging with and promoting the leadership of communities most affected by the HIV epidemic, and described successful examples, including partnerships to create key population-led delivery models. They stressed the need to reform or remove harmful criminal laws and end the punitive use of such laws, called for an end to homophobia and transphobia, and urged strong actions to stop the anti-gender and anti-rights movements. The deaths of many trans people and gay men and other men who have sex with men was due to prejudice and the failure of public institutions, they said, and those deaths would continue until structural inequalities were removed. Speakers stressed that evidence-based public health decision-making was essential and emphasized the importance of reliable, accurate and holistic data. Governments should improve statistical systems for the timely collection and disaggregation of data and should support and use community-led data collection. It was important to ensure that key populations could safely participate in data collection, without risking their safety and health: data collection had to observe the principle of "nothing about us, without us". Some members (e.g. Brazil, Cambodia and Iran) shared examples of their data collection efforts, including gathering gender-disaggregated data on health and personal violence, and their HIV programmes for key populations.

Panel discussion 2: Human rights, stigma and discrimination and other societal enablers

281. This session focused on new research and evidence regarding a human rights-based approach to HIV for key populations, indigenous perspectives, successful approaches for improving legal environments and addressing stigma and discrimination.

282. Edwin Cameron, former Justice of the Constitutional Court and current Inspecting Judge of the Judicial Inspectorate for Correctional Services, South Africa, told the meeting via video that he had been living with HIV for 25 years and was a proudly gay man. He warned that people living with HIV and gay people were under renewed threat. Highlighting the importance of an enabling legal environment in which the law can be used to empower rather than oppress, he said South Africa had a constitution which promised equal treatment for people such as him and it had a strong civil society, including organizations like the Treatment Action Campaign. He briefly described how the Campaign had achieved some of its objectives. Activists could hold the government to account because of the rule of law, which enabled them to stake their demands. However, the work was unfinished, he noted. Sex workers still experienced the brunt of many laws all over the world that were moralizing, criminalizing and counter-productive, and many people, including health-care workers, held deeply stigmatizing beliefs about sex workers and other key populations. Sex work remains a criminal offence in South Africa, despite efforts to pass a liberalizing statute and the evidence that protecting key populations and other marginalized groups helped the HIV response. He reminded the

meeting that the 2021 Political Declaration on Ending AIDS committed leaders to advance equality and protect human rights.

283. James Makokis is a family physician from the Saddle Lake Cree Nation in northeastern Alberta, Canada. As an Indigenous two spirit person himself he said that many indigenous communities had recognized diverse gender identities and the fluidity of sexual and gender identities for a long time. This had helped transgender and nonbinary people be healthy in their communities. After colonization, however, the situation had changed dramatically—as seen in high rates of suicide among transgender people and their aggravated vulnerability to bloodborne diseases. Mr Makokis worked in a reservation clinic in Alberta providing gender-affirming health care, while trying to meet the need for culturally relevant health interventions. However, transphobia and other attacks on people's rights had severely disrupted this work. He stated that Indigenous people in Canada and globally experienced inequalities that put them at a heightened risk for HIV and other diseases, and they should be seen as a key population. He reminded the meeting that stronger political commitment was needed from governments to fund and aid health responses among Indigenous people, including for HIV.

284. Mandeep Dhaliwal, Director of HIV, Health and Development Group, UNDP, reminded the meeting of common commitments to reform laws that criminalize key populations, remove stigma and discrimination, adopt enabling and rights-based approaches, ensure access to justice, and promote community-led activities, as set out in the 2021 Political Declaration and other documents. Ms Dhaliwal recapped key findings and recommendations of the Global Commission on HIV and the Law, including the importance of protective laws and enabling legal and policy environments. Harmful laws policies and practices costed lives and money and did not work, she said, whereas enabling legal and policy environments led to reductions in new HIV infections and helped people protect their health. Yet very few countries had fully adopted enabling structural policies. She cited evidence showing that countries that criminalized key populations performed worse against HIV than those with enabling environments. There had been some progress, however. Decriminalization of same-sex relations was picking up pace, though not quickly enough and there were some regressive steps happening.

285. A number of strategies were being used to achieve enabling environments, Ms Dhaliwal continued. Activists were taking legislative action by seeking the repeal or amendment of unjust laws (e.g. in Angola, Gabon and Singapore) and by challenging criminal or punitive provisions in the courts (e.g. Botswana and India). They were using policy advocacy to mitigate the impact of punitive approaches and building coalitions across sectors. Many of the recent successes (e.g. in the Cook Islands and Zimbabwe) had emerged from the meaningful engagement of civil society organizations, with UN support. She cited examples of the Joint Programme working with community organizations and civil society in the Democratic Republic of Congo to develop a law to reduce HIV discrimination, and working with the National AIDS Control Organisation in India on legal and other interventions to protect transgender people. In Botswana, UNAIDS had supported civil society organizations in successfully litigating for the decriminalization of same-sex relations. She also cited the example of Belgium, which had decriminalized sex work and formally recognized sex worker rights to social protection and health services, as well as ongoing efforts of a coalition of nongovernmental organizations in South Africa to decriminalize sex work.

286. These examples showed that it was possible to achieve law and policy reforms, Ms Dhaliwal said, but the processes took time. Key population leadership and the work of community-led organizations were vital for removing structural barriers. Powerful data, direct evidence and lived experiences could help build the political will for change, and safeguarding the rule of law and sensitizing the judiciary were important. She stressed that law and policy reforms were interconnected with efforts to change social norms, and

that those efforts had to recognize that the media, including social media, played significant roles in shaping public opinion on controversial issues. It was also important to bring together the people who bear the brunt of laws and those who make and enforce laws, to engage regional mechanisms, and support legal and human rights analysis. A short video was screened in which key population activists from around the world shared thoughts about the struggles they were engaged in.

287. Ms Dhaliwal told the meeting that a major pushback on rights, gender and civic space was underway, marked by attacks on independent media and polarizing narratives that divide and stoke conflict. This required solidarity between communities and a multidimensional strategy, including urgently tackling harmful laws, assuring the safety and security of key populations, and mobilizing stakeholders and building partnerships across sectors.
288. Gumisayi Bonzo, founder and executive director of the Transsmart Trust, Zimbabwe, said activists were advocating with legislators and the registrar-general to uphold the right to change one's assigned gender identity and they were making some progress. However, social and cultural norms made life very difficult for trans and intersex persons, who remained vulnerable to harassment, arrest and violence. It was also difficult for trans people to work in the public sphere and they faced difficulties accessing health-care services or accommodation, she said. Some leaders were not promoting an enabling environment for the HIV-related rights of transgender and intersex people, she continued. Drop-in services, safe spaces, and help with accommodation were badly needed. Ultimately, transgender people just wanted to be recognized and treated as human beings, she said.
289. Ariadne Ribeiro Ferreira, Equality and Rights officer at the UNAIDS Country Office in Brazil, said it was disheartening to see the hardships endured by transgender women. She described her experiences of childhood sexual violence and her attempts to adapt to a society that had rejected her. She said health-care services had saved her life, enabling her to become an activist who, among other things, worked to reveal the use of psychiatry as a tool of oppression. Her research focused on the ways in which intersectional vulnerabilities experienced by transgender people were expressed in their very high rates of violence, suicide and ill health. She stressed the need to dismantle the structural and social barriers faced by transgender women and to bring about policies and laws that promote and protect their rights. Collaboration and partnerships were vital, she said, adding that Brazil was conducting important work on those fronts. More funding, research and policy initiatives were needed to ensure that transgender women received the comprehensive support and services they needed. Every LGBT+ child driven from her home and forced onto the street was a loss for their entire society, Ms Ferreira said.
290. In discussion from the floor, participants insisted that they should not be seen as victims, but as emblems of resistance and change: transgender people were not just "targets" for interventions, they were the interventions themselves. It was important to understand the layers of people's experiences and to recognize the injustices imposed on them, speakers urged. People's realities should be reflected in policies and national health information systems, and should inform concerted efforts to tackle the social, economic and legal barriers that impede access to the services people need. Community-led monitoring and data collection still showed very high levels of stigma, including self-stigma, and discrimination against key population members, they said and the evidence should be getting more attention. Many countries had no platforms for disseminating such data or dismissed them as "emotive" and of poor quality. Speakers said they supported UNAIDS efforts to promote and protect the human rights of all people, along with its efforts to achieve public health progress. The full realization of people's rights and equitable access to people-centred services for everyone everywhere was a

precondition for ending AIDS by 2030, they stressed.

Panel discussion 3: Sustainable financing for key populations and community-led responses

291. This session focused on trends, challenges and good practices in funding for community-led responses for key populations, as well as on gaps and lessons around governance mechanisms and decision-making.
292. Paul Bekkers, Ambassador, Permanent Representative of the Netherlands to the UN, World Trade Organization and other international organizations in Geneva, told the meeting that it was wise, following his country's example to invest in services that meet the needs of transgender people. Guided by public health evidence and best practices, the Netherlands was offering free care at accessible centres for transgender people and, instead of criminalization and victimization, it provided support, including gender-affirmative care. The country had almost zero new HIV infections, he said. The Netherlands' support for HIV totaled about 70 million euros per year, which went, among others, to the Global Fund, UNAIDS and civil society organizations, including the Robert Carr Fund, a pool-funding mechanism that supports regional and global civil society networks. Importantly, he said, the Netherlands used multiyear funding, which offers partners stability so they can plan and work across longer time spans. It also preferred core and flexible funding, so organizations can adapt to new conditions. This multiyear, flexible and core funding approach was sustainable and it leveraged funds from the Global Fund and domestic sources. When other potential funders see funding is being provided for something, they're more likely to follow suit, Mr Bekkers said.
293. Masen Davis, Executive Director of Funders Concerned About AIDS, USA, said philanthropic funding for HIV was alarmingly off-track, with some funders withdrawing from the AIDS response. In 2021, HIV-related philanthropic funding had totaled US\$ 622 million worldwide, with 16% of it going to key population groups and 4% going to transgender populations. This relatively low level of funding was a concern, he said, given the disproportionate impact of the epidemic on key populations. Most of the funding from philanthropy for trans communities went to the USA. Political challenges, rooted in fundamentalist ideologies coupled with substantial financial support, were gaining traction across the world, he warned. In 2013–2017, estimated funding for the anti-gender movement exceeded funding for global LGBT+ movements by over 200%, and the funding was highly flexible and lax. This movement was perpetuating stigma and discrimination, he said. Describing some of his experiences when seeking health-care and HIV services as a transgender man, Mr Davis said it was important to engage human rights and health-care funders and bring them along in the fight against HIV. Civil society has to be better resourced to deal with the challenges that stood in their way; one way to do that is to reduce barriers to supporting key population organizations that have credibility and established relationships with the communities they serve.
294. Lynn Regina, Executive Director of Fondy GenderCôte d'Ivoire, said transgender people in her country used to be classified as gay men and other men who have sex with men, which meant that their specific needs were not taken into account. When this changed in 2020, it revealed the precarious situations of transgender people. With support from the Global Fund, PEPFAR, UNAIDS and civil society stakeholders, Fondy Gender has been working to improve services and support for transgender people, especially at community level. The first initiative was directly funded by UNAIDS (titled "Welcome") and other partners, like the Cote d'Ivoire Alliance, the Global Fund and Expertise France, have supported capacity building. Much of this occurred at community level. Transgender organizations need resources and support to develop good governance and strong leadership, she said, and transgender people have to be more involved in decision-making. Health-care workers also need training so they can understand and

support transgender people. Strong research evidence is also needed to help contend with a wave of hatred against the transgender community, she said.

295. Ed Ngoskin, senior technical advisor, Investment Support and Key Populations working in the Community Rights and Gender Department at the Global Fund, said the Fund saw community-led responses as crucial. It shared concerns that key population programmes, especially key population-led activities, were badly under-resourced and heavily dependent on external support. He said the Fund was seeking to increase funding for community-led providers, including through social contracting, and it was placing greater emphasis on community health strategies and community-led services. It was also supporting data collection for key populations, including for transgender women. He highlighted the need to address the complexities of sustainable funding early in funding negotiations (e.g. payment mechanisms, effective tendering, and monitoring and evaluation). In its grant cycle 7, as part of the Programme Essentials, Global Fund included community-led efforts, and also encouraged community system strengthening and community-led monitoring activities. It also encouraged governments to explore alternative modes of contracting so smaller community organizations can access funding and resources. In addition, it was supporting meaningful participation of key population communities in decision-making, including in Country Coordinating Mechanisms. One of the lessons was that there was a need to dedicate funding for decision-making participation, he noted. Finally, the Global Fund was trying to address the deterioration of civic space and the attacks on the rights of key populations by supporting communities and service providers to respond to threats and attacks.
296. A video was screened with a message from the French ambassador for the rights of LGBT+ people, Jean-Marc Berthon, who said that homophobia and discrimination killed and that gay and transgender people were being driven into hiding across the world. It was essential that everyone exposed to HIV can access prevention, testing, treatment and care services, he said.
297. Speakers thanked the participants for the insightful session and emphasized that gender identity was an inherent right of all people, not "a lifestyle choice". They expressed grave concern about the increasing attacks on gender equality and human rights, which were well-funded and -coordinated. They called on members to directly fund communities and key population groups with multiyear, flexible and core funding, and to prioritize actions that reduce the structural barriers in the HIV response. Members shared information about their efforts to strengthen the rights, social inclusion and health of key populations and LGBTI+ communities.
298. In reply, Ambassador Bekkers asked for more information about the anti-rights and anti-gender movement, what its agenda was and whether it could be confronted effectively with knowledge and evidence. Responding, Ms Dhaliwal said she did not think evidence and persuasive arguments would be sufficient; the movement with the most money, the best organizing capacities, and the strongest tactics and strategies would ultimately win. Evidence was important for engaging governments and civil society organizations, but it would not work in engaging with the movement itself. Fariba Soltani, Chair of the Committee of Cosponsoring Organizations described some of the work undertaken by the UN Office on Drugs and Crime to serve the needs of transgender people in prison.
299. Closing the session, Christine Stegling, Deputy Executive Director at UNAIDS, thanked the moderators and participants and said it was heartening to see transgender people representing their governments at the session. She said speakers had reminded that neither key populations nor transgender people were homogenous groups. The successes and innovations shared gave reason for hope, but the initiatives had to be scaled up and data and other gaps had to be filled. The collection of data should always be guided by the do-no-harm principle, she emphasized, and community-generated data

had to be brought to the fore. There was also a need to tailor packages of interventions via integrated and people-centred approaches that go beyond HIV, she added. A multidimensional strategic response was needed to push back against the anti-gender and anti-rights movement, and it would require additional resources. The world knew how to end the AIDS pandemic, she emphasized, but it needed the funding to do so. Concluding, Ms Stegling recalled the four corporate priorities which the UNAIDS Secretariat had identified (advancing the HIV prevention agenda, accelerating access to HIV treatment and new technologies, expanding community-led HIV responses, and promoting equitable financing and sustaining the HIV response) and said the thematic segment would help UNAIDS refine its prioritization and partnerships with Member States, communities, the Global Fund, PEPFAR and other partners and stakeholders.

Any other business

300. There was no other business.

Closing of the meeting

301. Presenting her closing remarks, UNAIDS Executive Director, Winnie Byanyima, said she was glad that the meeting had been able to reach consensus on the decision points. By investing in what it takes to end AIDS and in UNAIDS as a Joint Programme, Member States were advancing progress not just against AIDS, but also for global health and development, she said. Successes were being achieved even in some of the most challenging conditions. She thanked the United Kingdom for confirming its contribution and Ireland for its multiyear commitment, and she thanked Ambassador Nkengasong for highlighting the vital partnership between PEPFAR and UNAIDS.

302. She thanked the Board for approving the workplan and budget for 2024–2025 and said she was confident that the Secretariat was positioned strongly for the future. However, UNAIDS had to be fully funded and fully staffed, she stressed. Referring to a new report on faith-based initiatives, which had been launched at a side event during the PCB meeting, Ms Byanyima described it as a powerful example of what can be achieved with partnerships and collaboration. However, she noted increasing push back on human rights and gender which were threatening HIV and public health.

303. Referring to the core ambition of zero new infections, zero deaths, zero discrimination, she reaffirmed UNAIDS's commitment to strengthen HIV prevention, especially for adolescent girls and young women, and said more had to be done to secure people's sexual and reproductive health and rights. UNAIDS insisted on rights-based approaches and it opposed human rights abuses at all levels, she told the PCB. Its work was firmly based on evidence, and it helped create enabling environments for PEPFAR and Global Fund investments. She concluded by paying tribute to the representative of the Netherlands, who had attended her final PCB meeting, and thanked UNAIDS staff, the IT team and the interpreters for their hard work.

304. The Chair said the meeting had shown that despite differences, consensus was always possible. It was vital to stand together in order to reach the goal of ending the AIDS pandemic. The big "elephant in the room", though, was funding, he said, and no single member could solve that challenge. New funding avenues were crucial, but it was necessary to convince potential funders of the value and impact of providing UNAIDS with the funding it needed to fulfil its mandate. The Chair thanked UNAIDS for organizing the very informative thematic segment.

305. The 52nd meeting of the Board was adjourned.

[Annexes follow]

Annex 1 - 52nd Meeting of the UNAIDS Programme Coordinating Board: Annotated agenda

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (52)/23.1

Issue date: 22 June 2023

FIFTY-SECOND MEETING

DATE: 26–28 June 2023

TIME: 09:00 – 18:00 (CET)

VENUE: Geneva, Switzerland

Annotated agenda

MONDAY, 26 JUNE

1. Opening

1.1. Opening of the meeting and adoption of the agenda

The Chair will provide the opening remarks to the 52nd PCB meeting and will present to the Board the draft agenda for adoption

Document: UNAIDS/PCB (52)/23.1; UNAIDS/PCB (52)/23.2; UNAIDS/PCB (52)/23.3

1.2. Consideration of the report of the fifty-first PCB meeting

The report of the fifty-first Programme Coordinating Board meeting will be presented to the Board for adoption.

Document: UNAIDS/PCB (51)/22.40

1.3. Report of the Executive Director

The Executive Director will present her report to the Board.

Document: UNAIDS/PCB (52)/23.4

1.4. Report of the Chair of the Committee of Cosponsoring Organizations (CCO)

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

Document: UNAIDS/PCB (52)/23.5

1.5. Report by the NGO representative (postponed)

The report of the NGO representative will highlight civil society perspectives on the global response to AIDS.

2. Leadership in the AIDS response (postponed)

**3. Follow-up to the thematic segment from the 51st Programme
Coordinating Board meeting**

The Board will receive a summary report on the outcome of the thematic segment on HIV and men, in all their diversity, how can we get our responses back on track?

Document: UNAIDS/PCB (52)/23.6

TUESDAY, 27 JUNE

4. Unified Budget, Results and Accountability Framework (UBRAF) 2022–2026

4.1. Performance reporting

The Board will receive a report on the implementation of the UNAIDS Unified Budget, Results and Accountability Framework 2022–2023.

Documents: UNAIDS/PCB (52)/23.7; UNAIDS/PCB (52)/23.8; UNAIDS/PCB (52)/23.9; UNAIDS/PCB (52)/23.10; UNAIDS/PCB (52)/CRP1; UNAIDS/PCB (52)/CRP2

4.2. Financial reporting

The Board will receive a financial report and audited financial statements for 2022 which includes the report of the external auditors for 2022 as well as an interim financial management update for 2023.

Documents: UNAIDS/PCB (52)/23.11; UNAIDS/PCB (52)/23.12

4.3. Workplan and budget 2024–2025

The Board will receive a proposed budget for the second biennium of UNAIDS 2022–2026 Unified Budget, Results and Accountability Framework
Document: UNAIDS/PCB (52)/23.13

5. Update on strategic human resources management issues

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

Documents: UNAIDS/PCB (52)/23.14; UNAIDS/PCB (52)/CRP3; UNAIDS/PCB (52)/CRP4; UNAIDS/PCB (52)/CRP5; UNAIDS/PCB (52)/CRP6

6. Statement by the representative of the UNAIDS Secretariat Staff Association

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

Document: UNAIDS/PCB (52)/23.15

7. Independent Organizational Oversight Reports and management response

The Board will receive reports from the following independent functions:

7.1 Internal Auditor's report

The Board will receive the internal auditor's report for the year 2022.

Document: UNAIDS/PCB (52)/23.16

7.2 External Auditor's report

The Board will receive the external auditor's report for the year 2022.
Document: UNAIDS/PCB (52)/23.17

7.3 Ethics report

The Board will receive the Ethics annual report.
Document: UNAIDS/PCB (52)/23.18

7.4 Report of the UNAIDS Independent External Oversight Advisory Committee (IEOAC)

The Board will receive the annual report of the IEOAC and revised terms of reference.
Document: UNAIDS/PCB (52)/23.19

7.5 Management response to the organizational oversight reports

The Board will receive the management response to the Independent Organizational Oversight Reports
Document: UNAIDS/PCB (52)/23.20

WEDNESDAY, 28 JUNE

8. **Thematic segment:** *Priority and key populations especially transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses.*
Documents: UNAIDS/PCB (52)/23.21; UNAIDS/PCB (52)/23.22; UNAIDS/PCB (52)/CRP7
9. **Any other business**
10. **Closing of the meeting**

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Annex 2 - 52nd Meeting of the UNAIDS Programme Coordinating Board: Decisions

28 June 2023

52nd Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland

26–28 June 2023

Decisions

The UNAIDS Programme Coordinating Board,

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

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

Intersessional decisions:

Recalling that, it has decided through the intersessional procedure (see decisions in UNAIDS/PCB (52)/23.2 and UNAIDS/PCB (52)/23.3):

- Agrees that the 52nd meeting of the Programme Coordinating Board will be held on 26–28 June 2023 in Geneva, Switzerland, superseding the dates previously agreed to in decision point 15.3 of the 47th PCB meeting;
- Agrees that, health situation permitting, the 2023 PCB meetings will be held in person with optional online participation in accordance with the modalities and rules of procedure set out in the paper, *Modalities and procedures for the 2023 PCB meetings*;
- Approves the nomination of the candidate from Asia and the Pacific region as mentioned in [paragraph 11](#).

Agenda item 1.1: Opening of the meeting and adoption of the agenda

1. *Adopts* the agenda;

Agenda item 1.2: Consideration of the report of the fifty-first PCB meeting

2. *Adopts* the report of the 51st 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;¹

Agenda item 1.4: Report of Chair of the Committee of Cosponsoring Organizations (CCO)

4. *Takes note* of the Report of the Chair of the Committee of Cosponsoring Organizations;

Agenda item 3: Follow-up to the thematic segment from the 51st Programme Coordinating Board meeting

1. *Takes note* of the background note (UNAIDS/PCB (51)/22.38) and the summary report (UNAIDS/PCB (52)/23.5) of the Programme Coordinating Board thematic segment on “HIV and men, in all their diversity: how can we get our responses back on track?”;
2. *Acknowledges* that evidence shows that men are lagging behind in access to HIV services across the testing, treatment, and care cascade;
3. *Emphasizes* that as part of the comprehensive HIV response, equitable access to HIV services should be ensured and tailored to all sub-populations of men in diverse situations and conditions;
4. *Requests* Member States, civil society organisations and partners, with the support of the Joint Programme, to fast track targeted and measurable actions to:
 - a. Address gaps in research and quality data to inform programming for men, including population size estimates of key populations² and populations with priority needs in the context of the HIV response, data on the challenges they face including policy and structural barriers in access to comprehensive, quality HIV and health services, further disaggregated data on gender-based violence including sexual violence against men, to ensure an equitable approach in HIV programmes;
 - b. Progressively ensure that all sub-populations of men, in diverse situations and conditions, including from key populations, have equitable and safe access to comprehensive HIV services by:
 - i. Strengthening national HIV responses to include specific approaches to provide differentiated, safe, free or affordable, accessible, and friendly HIV services to address gaps in testing, prevention and treatment;
 - ii. Creating a social, legal and policy environment that enables the development of suitable service delivery platforms addressing stigma and discrimination;

¹ The Russian Federation disassociates itself from this decision point.

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

Source: UNAIDS Strategy 2011–2015: getting to zero. Geneva: UNAIDS; 2010.

- iii. Strengthening the inclusion of communities from all sub-populations, in national strategic planning, policy development, and programme and service delivery, and monitoring of programmes and service provision;

Agenda item 4: Unified Budget, Results and Accountability Framework (UBRAF) 2022-2026

Agenda item 4.1: Performance Monitoring Reporting

- 6.1 *Recalling* that all constituencies can use the outcomes of UNAIDS performance monitoring to meet their reporting needs, *takes note* of the 2022 Performance Monitoring Report;³
- 6.2 *Requests* the Executive Director to continue to report annually on the complete United Nations Development System Reform Checklist as part of existing reporting on the implementation efforts on the repositioning of the United Nations Development System;

Agenda item 4.2 Financial Reporting

- 6.3 *Accepts* the financial report and audited financial statements for the year ended 31 December 2022;
- 6.4 *Takes note* of the interim financial management update for the 2022-2023 biennium for the period 1 January 2022 to 31 March 2023, including the replenishment of the Building Renovation Fund;
- 6.5 *Encourages* donor governments to release their contributions towards the 2022-2026 Unified Budget, Results and Accountability Framework as soon as possible and to make multi-year contributions;

Agenda item 4.3. Workplan and Budget 2024-2025

- 6.6 *Approves* the 2024-2025 Workplan (UNAIDS/PCB (52)/23.13);⁴
- 6.7 *Approves* the core budget for 2024-2025 and the budget allocation of the Cosponsors and the Secretariat at a base of US\$187 million per annum up to a threshold of US\$210 million per annum;
- 6.8 *Requests* the Secretariat to report to the 53rd Programme Coordinating Board with:
- a. Scenario planning for the 2024-25 budget to provide clarity on the prioritised allocation of anticipated revenues against the approved workplan under the current fund projection, the baseline approved budget and the fully funded workplan;
 - b. An integrated budget with projected core and non-core Secretariat resources to provide clarity on the contribution of all resources towards a fully funded UBRAF and its implementation, while recognizing the need for sufficient core funds as a predictable source of financing;
 - c. An assessment of the impact of insufficient core revenues on execution of the 2024-25 workplan, and utilise this information in resource mobilization efforts and communication strategies;

³ The Russian Federation disassociates itself from this decision point.

⁴ The Russian Federation disassociates itself from certain parts of the 2024-2025 Workplan and Budget.

- 6.9 *Requests* the Executive Director to systematically include in the Workplan and Budget a breakdown of posts and positions by category and grade;
- 6.10 *Requests* a review of the minimum approved net fund balance;
- 6.11 *Encourages* donor governments to make multiyear contributions and to release, as soon as possible, their annual contributions towards a fully funded 2022-2026 UBRAF;

Agenda item 5: Update on Strategic Human Resources Management Issues

- 7.1 *Takes note* of the Update on Strategic Human Resources Management Issues;⁵
- 7.2 *Encourages* the Executive Director to continue efforts to improve recruitment processes with a specific emphasis on recruitment timelines;
- 7.3 *Recalls* that the workforce diversity component in the human resources management framework was adopted by the International Civil Service Commission and subsequently welcomed by the United Nations General Assembly in its resolution 73/273 and underscores the necessity to follow the recommendations and decisions of the Commission as endorsed by the United Nations General Assembly;
- 7.4 *Requests* the Executive Director to ensure that there is no gender-based discrimination when implementing the UNAIDS People Strategy;
- 7.5 *Encourages* the Executive Director to ensure that staff career progression is strongly linked to good performance;

Agenda item 6: Statement by the representative of the UNAIDS Secretariat Staff Association

8. *Takes note* of the Statement by the representative of the UNAIDS Secretariat Staff Association (USSA);

Agenda item 7: Independent Organizational Oversight Reports and Management Response

- 9.1 *Takes note* of the Report of the work of the Office of Internal Oversight Services for 2022;
- 9.2 *Accepts* the External Auditor's Report for the financial year ended 31 December 2022;
- 9.3 *Welcomes* the efforts of the External Auditor and *asks* for continued attention on issues of fraud and corruption as and if they arise;
- 9.4 *Takes note* of the report of the Ethics Office;
- 9.5 *Commends* the Ethics Office on its ongoing efforts to foster a culture built on ethics, integrity, transparency and accountability in UNAIDS, and welcomes the efforts of the Office to increase awareness of ethics-related issues through outreach, training and education;

⁵ The Russian Federation disassociates itself from this decision point.

- 9.6 *Welcomes* the report of the UNAIDS Independent External Oversight Advisory Committee and *looks forward* to the next report in 2024;
- 9.7 *Takes note* of the Rules of Procedure for the UNAIDS Independent External Oversight Advisory Committee;
- 9.8 *Approves* the revised Terms of Reference of the UNAIDS Independent External Oversight Advisory Committee, as reflected in annex 1 of the IEOAC's 2023 annual report (UNAIDS/PCB(52)/23.19); and
- 9.9 *Takes note* of Management's response to the Organizational Oversight Reports, recalling Annex 4 of the Programme Coordinating Board Modus Operandi.

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