

# Report of the 47<sup>th</sup> PCB meeting

**Additional documents for this item:** none

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

*adopt* the report of the 47th Programme Coordinating Board meeting.

**Cost implications for decisions:** *none*

## 1. OPENING

### 1.1 Opening of the meeting and adoption of the agenda

1. The UNAIDS Programme Coordinating Board (the Board or PCB) convened virtually for its 47th meeting on 15 December 2020.
2. The PCB Chair, Mark Cassayre, Deputy Chief of Mission of the United States Mission to the United Nations and International Organizations, Geneva, welcomed participants to the meeting.
3. Following a moment of silence in memory of everyone who have died of AIDS or of COVID-19, the Chair said that the PCB and UNAIDS had continued to work effectively and productively during the COVID-19 pandemic.
4. The Chair recalled the intersessional decisions agreed to by the PCB regarding the 47th meeting of the Board. He then briefed the meeting on procedures and logistics during the virtual meeting, noting that the meeting had required extensive early engagement in premeeting sessions and briefings.
5. The meeting adopted the agenda.

### 1.2 Consideration of the report of the 46th PCB meeting

6. The Board adopted the report of the 46th meeting of the PCB.

### 1.3 Report of the Executive Director

7. Winnie Byanyima, Executive Director of UNAIDS, welcomed delegates to the meeting, noting that it was being held shortly before the deadline for the 2020 Fast-Track targets.
8. She thanked Ambassador Deborah Birx for her work on the COVID-19 pandemic and expressed appreciation to the United States of America for its role as Chair of the PCB. She also extended condolences to the people of Eswatini following the death of their Prime Minister, Ambrose Dlamini, who had died after testing positive for the coronavirus.
9. Ms Byanyima told the meeting that the status of the global HIV response was deeply unequal. New tools were being used, policies were being aligned with the latest science, power and capacities were being built in communities—which had led to reductions in new HIV infections and AIDS-related deaths, including in many of the most-affected communities.
10. However, the 2020 targets would be missed at the global level, with the COVID-19 pandemic knocking the world further off-course. Fewer people were taking HIV tests and fewer people living with HIV were starting antiretroviral therapy (ART). At the same time, the Executive Director said, strong HIV responses were providing powerful tools for the COVID-19 response. The two pandemics had to be tackled together. There were important lessons on what approaches worked best, Ms Byanyima said.
11. UNAIDS remained focused on the factors and conditions that drive new HIV infections and AIDS-related deaths—and on the main elements of success. The latter include making cutting-edge medical technologies and quality services widely available, removing laws that force people away from those services,

and ensuring that communities are actively involved in the response.

12. In the face of inequalities, the HIV response has to match the complexities of the epidemic, Ms Byanyima said. The same response is not appropriate or needed everywhere; it has to be detailed, focused and tailored to different realities.
13. She stressed that pandemics are unique public crises and require multisectoral responses that focus simultaneously on all the pertinent dimensions of the crisis—health, social, financing, governance and more. The aim is to end the AIDS crisis and build societies that are resilient enough to deal with colliding pandemics.
14. New pandemics would continue to destabilize HIV responses unless countries address long-term fragilities, inequalities and injustices, Ms Byanyima warned. Importantly, the infrastructure, expertise and cross-sectional relationships of the HIV response were being mobilized against the COVID-19 pandemic. The new global AIDS Strategy would use lessons from the HIV response to build greater resilience against new pandemics.
15. Referring to other changes underway at UNAIDS, the Executive Director told the PCB that a process of culture change was continuing and that the alignment process would ensure that UNAIDS was fit for purpose. She assured the meeting that she was committed to set a new strategic direction for the global response, and to strengthen and maximize the impact of the Joint Programme and Secretariat.
16. COVID-19 was a "wake-up call" for countries to strengthen their pandemic preparedness and their health, education and social protection systems to deliver on the right to health of all, Ms Byanyima said. Recent modeling of pandemic's long-term impact showed that an estimated 123 000 to 293 000 additional HIV infections and between 69 000 and 148 000 additional AIDS-related deaths could be expected globally.
17. UNAIDS was working with governments and other partners in over 80 countries to respond to the dual HIV/COVID-19 crises and build robust responses to both pandemics. The reprogramming of 50% of funds for the Joint Programme and Secretariat had helped meet the emergency needs of communities at the beginning of the COVID-19 pandemic and had catalyzed financial resourcing from major donors such as the World Bank, the Global Fund to fight AIDS, Tuberculosis and Malaria (Global Fund), and the United States President's Emergency Plan for AIDS Relief (PEPFAR).
18. Working with WHO and UNICEF, the Secretariat was monitoring service disruptions and supporting networks of people living with HIV to understand the resulting needs and difficulties. The Joint Programme was supporting countries to provide differentiated HIV services, including multimonth dispensing of drugs, community-based services, and to ease access to prevention tools. It had helped countries protect supply chains, brokered emergency supplies to service providers, and assisted in meeting the emergency needs of key populations and people living with HIV, Ms Byanyima told the PCB.
19. UNAIDS had also applied lessons on human rights to the COVID-19 response, with a focus on key populations. It had produced a 16-country report on the effects of COVID-19 restrictions on HIV responses and on the human rights of people living with and affected by HIV. It was working in 7 countries to implement recommendations from the *Rights in a Pandemic* report.

20. In addition, said Ms Byanyima, UNAIDS was building on 25 years of activism for equitable access to medicines by the People's Vaccine alliance's efforts to ensure that everyone could be vaccinated against COVID-19 free of charge. It was advocating for the sharing of intellectual property through the WHO-led COVAX initiative and for fair allocation of vaccines around the world.
21. UNAIDS was also collaborating with Africa Centre for Disease Control, national authorities and development partners in 6 countries to support the rollout of the Partnership to Accelerate COVID-19 Testing (PACT) initiative by mobilizing the HIV community to assist with contact tracing, awareness raising and demand creation in countries experiencing testing gaps for COVID-19.
22. Ms Byanyima highlighted the new Strategic Framework Agreement between UNAIDS and the Global Fund, and said that complementarity of the partnership was ensuring that Global Fund investments work for the people who are most affected by HIV. UNAIDS was participating in more than 70 Global Fund Country Coordinating Mechanisms.
23. Collaboration between UNAIDS and the Global Fund would be strengthened in five areas: strategic information; sustainable country responses; prevention and treatment access and community engagement; human rights, gender equality and community service delivery; and resilience and innovation in crisis situations.
24. The UNAIDS Technical Support Mechanism, which PEPFAR was funding, had also adapted very quickly to the changing technical assistance needs in countries, the Executive Director continued. More than 80% of Global Fund grant recipient countries had received UNAIDS-led technical support. These mechanisms had also provided direct support to Chad, Kenya, Kazakhstan, Lesotho, Uganda and Zimbabwe to access over USD 100 million for COVID-19 adaptations for HIV programmes.
25. Ms Byanyima told the PCB that it was unacceptable that none of the global 2020 targets would be met. There had been 3.5 million more new HIV infections and 820 000 more AIDS-related deaths than would have been the case if the world had achieved the 2020 targets. Approximately 150 000 children had acquired HIV in the previous year— almost 8 times more than the 2020 target— and about 850 000 children living with HIV right were not yet on life-saving treatment.
26. Although the tools for preventing new HIV infections exist, the world was failing on HIV prevention. Every week, 5500 young women and girls aged 15–24 years acquired HIV. New infections were rising among key populations and their sexual partners (including gay men and other men who have sex with men, sex workers, people who inject drugs and people in prison), who made up 62% of all new HIV infections.
27. Ms Byanyima assured the PCB that the next global AIDS Strategy would get the global HIV response back on-track.
28. The Strategy reaffirms the Three Zeroes vision of zero new HIV infections, zero HIV-related discrimination and zero AIDS-related deaths. It would prioritize proven actions for reducing new infections, AIDS-related deaths and HIV-related stigma and discrimination; achieve equitable outcomes for all populations and age groups; break down structural and legal barriers that prevent access to lifesaving services and solutions; and empower countries and communities to build stronger and more resilient HIV responses.

29. Ms Byanyima explained that the Strategy outline presented three strategic, interrelated priorities:
  - bring prevention, testing and treatment other relevant services to all who need them in an integrated manner;
  - strengthen community-led HIV responses and promote human rights and gender equality in the context of HIV;
  - make HIV responses resilient, people-centred, agile and fully resourced.
30. It put people at the centre—especially those who are most at risk and marginalized—and it included ambitious but achievable targets for 2025, including targets for removing societal and legal barriers to service access. Ms Byanyima emphasized that it was essential to address HIV-related stigma and discrimination and gender inequality, and to get rid of laws that criminalize populations who are at highest risk of HIV infection. The targets included 95% coverage of core, evidence-based HIV services: testing, treatment and viral suppression, combination prevention, sexual and reproductive health services and elimination of vertical transmission.
31. The Strategy would focus on integrating the HIV response with efforts to achieve Universal Health Coverage and the Sustainable Development Goals (SDGs).
32. The Executive Director then shared a timeline for the next Strategy. A zero draft would be presented to the PCB at the end of January 2021. Since the Strategy would inform the next High-Level Meeting on Ending AIDS in 2021, it was vital for it to be adopted by mid-March 2021.
33. She told the meeting that UNAIDS welcomed the recommendations from the Independent Evaluation of the UN System response to AIDS 2016–2019, including its emphasis on the experiences, partnerships and people-centred, data-driven approaches of the Joint Programme.
34. The next Unified Budget, Results and Accountability Framework (UBRAF) would be aligned to the targets of new Strategy and would translate the Joint Programme priorities into action. It would feature a fully articulated theory of change, as well as updated results and monitoring and evaluation frameworks to capture UNAIDS' contributions and results at all levels, Ms Byanyima said. It would also feature gender equality-related targets and reflect more strongly the role of actions to promote gender equality across the strategic results areas.
35. Resource mobilization would be linked to those priorities and would reflect different funding level scenarios. The UBRAF would be developed in early 2021 through an inclusive process. It would be informed by the PCB's consideration of the annotated outline of the new Strategy, as well as by recommendations of the Independent Evaluation and the management response. A multistakeholder consultation was planned as part of that process.
36. The proposed UBRAF would then be submitted to the Committee of Cosponsoring Organizations (CCO) in May 2021 for endorsement, ahead of its submission for consideration at the 48th PCB meeting in June 2021.
37. Ms Byanyima reported that UNAIDS' financial situation was stable, thanks to continued support from donors. She thanked donors for the timely dispatch of their full contributions.
38. Income mobilized to date for 2020 stood at USD 182 million and was expected to reach USD 194 million (USD 7 million above the core approved budget of

USD 187 million). Core Secretariat expenditure and encumbrances at 30 November 2020 stood at USD 122 million (against an approved core budget of USD 140 million) and was estimated to reach USD 184 million for 2020 (USD 47 million for the Cosponsors and USD 137 for the Secretariat). Based on those estimates, the net fund balance at end-2020 would stand at USD 107.4 million (in line with the approved minimum level of USD 107 million).

39. Ms Byanyima told the PCB that UNAIDS was pursuing an ambitious change agenda, with 3 major streams: a new Strategy; culture transformation; and alignment. Equality was the common thread. There was a focus on equalizing the workplace and using a feminist approach, and on making the workplace safe, equal and empowering.
40. Change can create anxieties, but those can be allayed with inclusive processes, the Executive Director added. Each change stream was therefore underpinned by principles of staff engagement, delegation and empowerment, and accountability. She asked for the PCB's continued support in pursuing the change agenda.
41. An alignment process had also been launched. The objectives were to:
  - align with the new Strategy;
  - be financially sustainable and cost effective;
  - increase diversity and gender equality;
  - become a knowledge-driven Secretariat that makes the best use of digital technologies; and
  - increase relevance through alignment with UN reform, especially the work of the UN on pandemic preparedness.
42. An Alignment Task Team of 20 staff had been appointed to lead consultations with staff and ensure a transparent alignment exercise.
43. The internal working culture at UNAIDS was being transformed in line with the Management Action Plan (MAP), and a safe and empowering workplace was being developed in which all staff would be able to thrive and maximize results. A gender action learning framework was in place, providing a platform for joint reflection, action and learning, and for a just organization.
44. UNAIDS was also responding to the UN Secretary-General's call to address racism. Conversations on racism had been held and an action plan had been developed to address issues raised.
45. Ms Byanyima told the PCB that, although culture change was an organization-wide effort, the greatest responsibility lay with management, which had to be engaged in the process and held accountable.
46. There was a major focus on implementing the MAP and a review of human resource policies was underway. Other steps included the launch of an internal communications platform; regular townhall meetings; a strong COVID duty-of-care response, which had received positive feedback from staff; and the hiring of a wellbeing officer. Financial and human resources authority was being delegated to regional teams.
47. Ms Byanyima said she had appointed women from the global South to lead key change streams. Additional opportunities were being created for national officers to join the international category of staff. The Secretariat had also acted on high-profile cases of misconduct, adopted a new policy to prevent and address abusive conduct, and launched management-led global staff survey.

48. In closing, Ms Byanyima said she was committed to ensure that UNAIDS was equal, safe and empowering and that staff were performing the right functions in the right places to deliver on the Joint Programme's mandate. She thanked staff for the commitment they had shown during an extraordinary year, and thanked Cosponsors for their continued work in the HIV response.
49. The UN Deputy Secretary-General, Amina Mohammed, addressed the meeting and congratulated the Board on successfully performing its governance function in very difficult circumstances. As the only Joint Programme in the UN system, she said, UNAIDS was a shining example of multisectoral collaboration. She praised it for advocating for the "People's Vaccine" initiative.
50. Ms Mohammed said 2021 would be a key year for the global HIV response. The UN General Assembly planned to convene a High-Level Meeting on AIDS in June 2021, which would be an opportunity for Member States to make collective commitments to reach the 2030 goals. The next year also marked the 25th anniversary of UNAIDS, she reminded.
51. Ms Mohammed highlighted the unequal social impact of HIV and COVID-19, especially its impact on girls and women, and referred to the importance of the Education Plus initiative in sub-Saharan Africa to safeguard the rights of adolescent girls to education.
52. The next UNAIDS Strategy had to put the HIV response back on-track, she said, emphasizing that ending the AIDS epidemic by 2030 required an explicit focus on human rights. Reaching that goal would also support progress towards the achievement of the other Sustainable Development Goals (SDGs), she said.
53. The Chair opened the floor for comments.
54. Members thanked the Executive Director for her comprehensive report and for drawing attention to the deep inequalities at the core of the HIV epidemic and response. They commended UNAIDS for continuing its important work in very difficult conditions.
55. Members reflected on some of the key achievements and remaining challenges for the HIV response, and said they were proud of their support for the Joint Programme, its efforts to protect the most vulnerable communities and its strong commitment to data-driven actions.
56. The meeting was reminded that some countries had already achieved HIV epidemic control, a goal that had seemed unimaginable a decade ago. Some countries had also achieved or exceeded the 90-90-90 targets. The number of people on treatment has doubled in four years, a feat made possible by the development and use of reliable data and strong cooperation.
57. But there had also been adversity. The COVID-19 pandemic was having a dramatic impact on prevention programmes, with key populations and adolescent girls and young women especially affected. The two pandemics continued to reveal and exacerbate inequalities. Marginalized communities were being affected disproportionately. Lessons from the HIV response could be applied to other pandemic responses, they said, notably the importance of people-centred and human rights-based approaches.
58. The COVID-19 pandemic highlighted the need for closer collaboration with communities, a much stronger focus on prevention, and stronger health systems. Speakers stressed the need to strengthen efforts to serve the most-affected communities and address the intersectional inequalities that fuel these



colliding pandemics. They highlighted the key roles of community organizations in getting services to communities, both before and during the COVID-19 pandemic.

59. Members and observers lamented the fact that the 2020 global targets had been missed and warned that the 2025 targets may also be missed unless there was strong guidance and leadership. They said they hoped that the new Strategy would be ambitious enough to accelerate the HIV and would make prevention a priority.
60. Members expressed concern about the slow pace of progress in the HIV responses of some countries in Africa. They urged a stronger focus on prevention, sexual and reproductive health and rights, and gender equality, and stressed that adolescent girls and young women and key populations remained at disproportionate risk of HIV infection.
61. Speakers praised UNAIDS for addressing the colliding impact of the two pandemics and were supportive of UNAIDS' efforts to campaign for universal, equitable access to COVID-19 vaccines. They also highlighted the importance of initiatives such as COVAX, and said they were committed to ensure that all countries have access to vaccines and other essential health commodities. There were calls, as well, to promote and support the local production of medical products.
62. Noting the unequal impact of the COVID-19 pandemic, speakers asked UNAIDS to ensure that the next global AIDS Strategy promotes a people-centred and human rights-based that meets people's needs for holistic, integrated HIV services. It has to focus the HIV response on people and communities who are most at risk, including adolescent girls and young women and other key populations, they stressed. Speakers welcomed the Education Plus initiative to empower adolescent girls and young women, and suggested that it be articulated more clearly in the new Strategy.
63. The Strategy has to take account of the specific nature of each country and region, and it should promote greater solidarity and common responsibility, including guaranteeing necessary financial resources.
64. While recognizing the depth of consultation done for the next Strategy, speakers expressed concerns about a lack of clarity regarding the core work for the Secretariat and the Cosponsors, respectively.
65. Welcoming the findings of the Independent Evaluation, speakers said that those recommendations would have to guide implementation of the new Strategy. PCB oversight would also be important. They encouraged the PCB to support UNAIDS and enable adoption of the new Strategy in March 2021, and strongly urged achievement of a fully-funded UBRAF.
66. Members stressed that success depends on having a UNAIDS that can deliver, including a diverse and inclusive Secretariat in which all staff can flourish and deliver their best. Members emphasized that UNAIDS' greatest asset is its staff. They commended the Executive Director for the steps taken to foster a beneficial culture of change to make sure UNAIDS is a safe, equal and empowering workplace. They also requested more information on the implications of the realignment process for staff at headquarters and in regional and country offices.
67. Several members updated the meeting on the status of the HIV epidemic and

- response in their countries, including support they were providing to neighbouring countries. They also updated the meeting on steps taken to mitigate the impact of the COVID-19 pandemic on their HIV responses (including multimonth dispensing, community delivery of medicines and more).
68. In reply, the Executive Director thanked speakers for their remarks and strong support for the Joint Programme. She noted the calls for accelerated HIV prevention, for a greater focus on people who are most at risk, and for prioritizing sexual and reproductive health and rights and gender equality. She also noted the support shown for efforts to transform the organization and its culture.
  69. Ms Byanyima acknowledged the vital work of Cosponsors and their commitment to collaborate closely around the development of the UBRAF. She thanked delegations and governments for their commitment to UNAIDS and the global HIV response.
  70. Regarding the alignment process, the Executive Director told the meeting that she had appointed an alignment coordinator and a team of 20 staff to lead consultations with staff. The group included representatives from the UNAIDS Secretariat Staff Association, UN Plus and other structures. She assured the Board that the alignment process would be an inclusive exercise.

#### **1.4 Report by the NGO Representative (CCO)**

71. Aditia Taslim Lim, of the PCB NGO Delegation Asia-Pacific, presented the report, which reflected on 25 years of contributions to the PCB. The NGO Delegation, he said, had brought six key contributions.
72. It brought "the face of HIV" to PCB and advocated for issues that were vital for communities and civil society. It brought neglected and contentious issues before the PCB, as well as regional perspectives, highlighting community experiences and concerns. It helped the PCB connect the HIV response to wider issues and processes, and it contributed to effectiveness and accountability of UNAIDS governance.
73. The Board could be proud of that history, he said. The inclusion of the NGO Delegation in the PCB had also influenced the governance and partnership structures of other UN and multilateral organizations, including the Global Fund, Mr Lim added.
74. The NGO Delegation had brought 25 years of engagement, community and civil society issues to the heart of PCB deliberations, he said. It brought regional perspectives and the lived experiences of people living with HIV and other affected communities to the PCB. The Delegation was key in questioning business-as-usual approaches, and was willing to push boundaries to ensure effectiveness, accountability and efficiency of the HIV responses. Mr Lim said that was vital to protect the NGO Delegation and to keep providing it with the resources it needed to flourish.
75. Members welcomed the report and said it captured the dedication and significant achievements of the NGO Delegation in the past 25 years. They commended the Delegation's strong commitment and contribution to the HIV response and thanked all who had served as members of the Delegation. There would be no Joint Programme or HIV response without NGOs, they said. The Delegation was helping ensure that communities are integral to planning, delivery and accountability in the HIV response.

76. Speakers stressed that NGO participation in the PCB was key for the governance of UNAIDS and had helped make UNAIDS a reference point for inclusivity in the UN. The Delegation focused attention on the needs of key and vulnerable populations, and on the crucial roles and needs of communities and community-led organizations. They praised its commitment to advocate for justice, equity and access for all. The attention it drew to the structural drivers and social determinants of the pandemic was especially important.
77. Some speakers proposed a stronger role for the NGO Delegation in all PCB decisions, as was the case in a growing number of other multilateral organizations (which had been inspired by UNAIDS' governance structure and inclusion of NGOs in PCB). They also emphasized the need for continued support (including resourcing the NGO consultation facility) to the Delegation so it can continue playing its important roles,
78. Mr Lim thanked the speakers for their support and congratulations.

## **2. LEADERSHIP IN THE AIDS RESPONSE (postponed)**

79. This item was postponed to 48th PCB meeting in June 2021.

## **3. ANNUAL PROGRESS REPORT ON HIV PREVENTION 2020**

80. Paula Munderi, Director for HIV Prevention at UNAIDS, presented the report. She told the meeting that an estimated 1.7 million people newly acquired HIV infections in 2019, the lowest number since 1989 but still 3 times higher than the 500 000 Fast-Track target for 2020.
81. In sub-Saharan Africa (SSA), one quarter of new HIV infections were among adolescent girls and young women, but also noted that 23% of new infections in SSA are occurring among key populations. Globally, an estimated 62% of new infections were among key populations.
82. The lack of progress in reducing HIV infections among key populations was driving the overall failure to reach the global prevention targets, she said. Between 2010 and 2019, HIV incidence among female sex workers, people who inject drugs and transgender women barely changed, and it increased among gay men and other men who have sex with men (by about 25%).
83. Yet steep reductions in HIV infections have been seen in countries such as eSwatini by achieving complementarity in scale between preventing acquisition of HIV- using a combined approach of behavioural, biomedical, and structural interventions and interrupting the cycle of transmission through scaled access to treatment and care.
84. The Joint Programme continued to provide countries with technical and implementation guidance and capacity building support, Ms Munderi told the PCB. It also works closely with countries to create enabling environments for HIV prevention by addressing human rights barriers, gender inequalities, social protection, gender-based violence, stigma and discrimination and gaps in education, sexual and reproductive health and rights.
85. During 2020, the Joint Programme actively supported countries to develop and submit funding proposals to the Global Fund that reflect priority gaps for HIV prevention. The Global Fund technical review panel had consequently noted a

greater focus on HIV prevention and on the most-at-risk populations in the recently concluded grant application cycle. However, Cosponsors would need to do more to ensure implementation and quality assurance of country grants.

86. Ms Munderi reminded the meeting that the fourth progress report of the Global HIV Prevention Coalition as well as a report of an external review of the Coalition were available at background documents. The HIV Prevention Coalition, she said, was showing success as a platform for maintaining focus, commitment, and accountability of members on core evidence-informed HIV prevention interventions, while highlighting social, structural and legal and policy factors that compound vulnerability and risk.
87. Outstanding challenges included taken proven interventions to scale, especially in populations most at risk of HIV infection, Ms Munderi said. That requires accelerated action on legal, policy and structural barriers promoting the integration of sexual and reproductive health and rights and education, on the leadership of communities and advocacy for adequate financing. Funding for HIV prevention was still insufficient in many countries, she warned. Additional efforts were also needed to mitigate the effects of COVID-19 pandemic.
88. Members thanked Ms Munderi for the comprehensive report. They expressed strong concern about the slow progress in reducing new HIV infections and noted that HIV incidence was increasing among key populations. The HIV burden remained much too high in sub-Saharan Africa, especially among adolescent girls and young women, they said.
89. Noting that there had been only a 23% reduction in new infections since 2010, speakers said that the 2016 High-Level Meeting Political Declaration had anticipated a much stronger reduction. Failures to prevent new infections among key populations and adolescent girls and young women were the main reasons for missing the 2020 targets.
90. Speakers acknowledged the efforts of the Global HIV Prevention Coalition to build stronger momentum, but said its impact was not yet strong enough. They called for continued commitment to the Coalition and for additional funding to scale up HIV combination prevention programmes. They also urged the Secretariat to ensure that countries receive technical support to implement those programmes.
91. Members agreed strongly that the next Strategy has to prioritize prevention, particularly for populations that are being left behind. HIV combination prevention must be prioritized in populations and areas with the highest incidence, with data-driven and evidence-based interventions the focus. Direct funding to peer-led community organizations is vital.
92. A much greater focus is needed on primary prevention, sexual and reproductive health and rights, and key population services (including harm reduction and pre-exposure prophylaxis). Stigma and discrimination, gender inequality and violations of human rights remained significant barriers.
93. Attention should remain on young people, especially women and girls, and other key populations. Speakers reminded the meeting that sub-Saharan Africa accounted for almost 60% of new infections and that AIDS remained the leading cause of death among adolescent girls and young women in that region. They expressed concern about the lack of progress in mobilizing sufficient funding for prevention, and in removing legal and regulatory hurdles.

94. Members noted the achievements made, but regretted that progress was so slow. They reminded the meeting that every new infection prevented would yield benefits far beyond 2030. Success was possible, they stressed. Eswatini and Viet Nam, for example, had reduced new infections by 68% in 2010–2019 (close to the 2020 target) and 10 other countries had halved the number of new infections in that period.
95. UNAIDS' normative work and technical capacity would be key for putting prevention back on the map, the meeting was told. Useful tools and indicators from the Global HIV Prevention Coalition could be integrated in the next Strategy and UBRAF.
96. Some members described the prevention actions they were taking, including measures to ensure services were not disrupted during the COVID-19 pandemic. They emphasized the value of social contracting with NGOs to provide services to communities that are most in need.
97. In response, Ms Munderi said the comments and suggestions would be taken forward in the next Strategy. She noted, in particular, the calls for increased investment and for supporting community-led prevention. She thanked speakers for acknowledging the added value of the Global HIV Prevention Coalition and suggested that the Secretariat could take forward proposals that the Coalition's programme design and monitoring tools be shared more widely beyond Coalition member countries.
98. One member requested that the report reflect its position that the planning and implementation of multisectoral interventions addressing HIV and AIDS can be implemented solely in the frame of legal, social and cultural norms.

#### **4. FOLLOW-UP TO THE THEMATIC SEGMENT FROM THE 45TH PROGRAMME COORDINATING BOARD MEETING—REDUCING THE IMPACT OF AIDS ON CHILDREN AND YOUTH**

99. This report was the subject of a premeeting on 26 November. PCB participants were invited to submit comments.
100. In their written statements, members and observers welcomed the insightful update on the thematic segment on the impact of AIDS on children and youth. They supported the call for a strong focus in the next global AIDS Strategy on prevention and treatment in children and adolescents, noting that children living with HIV were disproportionately left behind in the response to HIV. Although new HIV infections were steadily declining, too many children and young people were still acquiring HIV, and too many remained undiagnosed and untreated.
101. The PCB was reminded that 150 000 children had been newly infected with HIV in 2019, that only 53% of children (0-14 years) living with HIV received antiretroviral treatment (compared with 68% of adults) and only 68% of children on treatment achieved viral load suppression (compared with 89% of adults) in 2019, and that almost 100 000 children died from AIDS-related causes.
102. Members also shared data suggesting that the COVID-19 pandemic might lead to a rise in new paediatric HIV infections due to disruptions in vertical transmission services. They noted that the Start Free Stay Free AIDS Free Framework, which had been supporting programmes to end paediatric AIDS, was ending in 2020.

103. Waning political will and a shift in focus towards "epidemic control" for adults were highlighted as concerns, along with a decline in funding. Members and observers called for highly ambitious targets on paediatric testing and treatment in the new global AIDS Strategy, including an interim 2023 treatment target for children. This had to be followed by stronger political leadership to set equally ambitious regional and national targets (with roadmaps) and to mobilize the necessary funding.
104. The importance of treating TB among children living with HIV, especially drug-resistant TB, was noted and there were calls for stronger cooperation between UNAIDS, WHO HIV and TB Departments and the Stop TB Partnership to work together to improve data systems and support countries to collect and report better age disaggregated data on HIV and TB in children for programming.
105. Members stressed that the world has the tools to end AIDS in children and adolescents. Generic dolutegravir had recently been approved and there was promising evidence of the efficacy of injectable long-acting pre-exposure prophylaxis (cabotegravir) to prevent new HIV infections among pregnant and breastfeeding women at risk of HIV. Other good news included Unitaids' recent announcement of a new price agreement which would reduce the cost of optimal WHO-recommended first-line HIV treatment for children as young as four weeks and above 3kg in low-and middle-income countries by 75%.
106. However, socioeconomic and structural factors, such as unequal gender norms and power dynamics, exposure to violence, staying in school, human rights violations, stigma and discriminatory laws and practices still increase the vulnerability of adolescent girls and young women to HIV and prevent them from accessing services. This helped explain why, in sub-Saharan Africa, the vast majority of new HIV infections among adolescents aged 15-19 years occurred among girls. UNAIDS, governments and other partners were urged to address social and structural drivers and barriers and to strengthen health and community systems.
107. The Education Plus Initiative (co-led by UNAIDS, UNICEF, UNFPA, UN Women and UNESCO, and due to be launched early in 2021) would help to address some of those challenges, it was suggested. Members also emphasized the importance of comprehensive sexuality education, which implies stronger cooperation between the health and education sector. There were reminders that "community engagement" in the 21st century also means reaching young people more effectively in their social media communities. Digital technologies can be used more effectively to reach and link young people with HIV services.
108. Some members shared updates on their efforts to reduce the impact of HIV on children and youth, including through funding major programmes across the world.

## 5. MENTAL HEALTH AND HIV

109. The Chair invited participants to submit comments on this agenda item after the PCB meeting. The report had been subject of a premeeting on 26 November 2020.
110. In their written submissions, members and observers thanked UNAIDS for the insightful report, and welcomed the call for people-centred, integrated services for best possible HIV and health outcomes, wellbeing and quality of life for people living with, affected by and at risk of HIV across the life-course. They commended UNAIDS for the work done on the issue since the thematic

discussion held at the 43rd PCB meeting and the follow-up. Following the 43rd PCB meeting, investments into integrated mental health-HIV services and programmes had increased, especially from PEPFAR and Global Fund. However, a significant gap remained and efforts for both additional resource mobilization and leveraging existing resources both domestically and internationally had to increase.

111. Members were pleased to note the integration of mental health and psychosocial support with HIV services featured in the annotated outline of the new global AIDS Strategy. Also welcomed was the inclusion of specific targets for the integration of mental health and HIV services and programmes for people living with HIV and key populations among the 2025 targets. Members said they expected the Secretariat to include the mental health and HIV goals in the new UBRAF.
112. The AIDS epidemic could not be ended without ensuring mental health and wellbeing, especially for the most vulnerable people and communities, the contributions stressed. Untreated mental health conditions undermined access to HIV services along the entire continuum of prevention, testing and treatment. Screening and treatment of mental health conditions should be a priority in HIV care. Also underscored was the challenge of mental health in people over 50 years, adolescents and young people, people who use drugs, people with harmful use of alcohol, people in prisons and other vulnerable groups.
113. Even though evidence-based interventions exist to address mental health conditions and HIV across the life course, mental health and psychosocial support for people living with, affected by and at risk of HIV remained seriously lacking.
114. The COVID-19 pandemic was reinforcing the urgent need to focus on mental health, including the linkages with HIV, members and observers noted. They were encouraged by the fact that many countries were integrating mental health, psychosocial support and other service delivery into their COVID-19 responses, as well as providing space for communities to take leadership in engaging in and providing psychosocial support for HIV, COVID-19 and other disease focused services.
115. Support was shown for the call for greater investment in health workers, who were praised for their vital work in supporting mental health services. But members noted that this work occurred in the context of extremely unequal capacity to provide mental health services across the world, with some countries having as few as 12 psychiatrists for 13 million inhabitants.
116. However, studies also show that health-care providers and lay health workers can deliver effective evidence-based psychological interventions. Evidence (e.g. from South Africa and Uganda) show that well-trained nurses or community workers can achieve significant results in terms of psychiatric care. Task-shifting can help address some of service gaps, while evidence-based psychological interventions delivered over digital platforms have been shown to be effective with young, literate populations. The members noted the need for increasing the number and capacity of both specialized service providers and other lay service providers for mental health and psychosocial support.
117. Some members provided updates on steps they were taking to integrate mental health services in their national HIV programmes and to support similar efforts in other countries. They also shared information on efforts made to link substance use and mental health counselling and respective treatment and

care services.

118. Members said they looked forward to further updates on this important issue. Future updates should include context-specific solutions, such as traditional approaches, and differentiated individual and community-centred, culturally responsive solutions, to support individual and local community mental health and wellbeing.

## **6. REPORT OF THE TASK TEAM ON COMMUNITY-LED AIDS RESPONSES**

119. The Chair told the meeting that participants could submit comments on the agenda item after the PCB meeting. The report had been the subject of a premeeting on 24 November.
120. In their written submissions, members and observers welcomed the establishment of the Multistakeholder Task Team on Community-led AIDS Responses, as well as its diverse composition. They recognized the important roles played by communities and community-led organizations in the HIV response, and underscored the need to strengthen and sustain support.
121. Community-led organizations provide services that are crucial for the success of the HIV response, in addition to advocating on behalf of beneficiaries, promoting transparency and holding governments accountable, and promoting human rights, members stated. These organizations play vital roles in bringing strong human rights and gender equality perspectives to health and development, they identify challenges and gaps in health-care delivery, and they support data collection and pioneer innovations.
122. However, community-led responses often do not receive enough support and funding, members noted. Service delivery through community-led services funded by domestic governments (also known as “social contracting”), has proven to be effective, cost-efficient and inclusive for key populations in many countries, but these approaches remain underutilized in many countries.
123. At the same time, the space and funding for advocacy and policy work of community-led organizations was declining. Members were urged to ensure that community-led organizations have a voice in decision-making processes.
124. UNAIDS was asked to proceed with efforts to achieve better measurement, monitoring and reporting on communities’ contributions to the HIV response. What gets measured, gets done, members said. Also highlighted was the importance of developing, supporting and funding community-led monitoring platforms in close collaboration with civil society organizations and national governments.
125. Members took note of the Multistakeholder Task Team's recommended revised definitions of community-led organizations and of community-led responses and welcomed the work of the Task Team thus far. Members also highlighted the significance of traditional structures, which could further strengthen the contributions of communities and community organizations within the various legal context of countries.
126. Members said they looked forward to receiving the final recommendations of the Multistakeholder Task Team at a future PCB meeting.
127. One member requested that the report reflect its disagreement with the



proposed definitions of terminology, which it believes requires revision to align with the Program mandate and taking into account critical points expressed during the PCB meeting.

## **WEDNESDAY 16 DECEMBER 2020**

### **7. EVALUATION**

128. Joel Rehnstrom, Director of UNAIDS Evaluation Office, presented the report. He told the PCB that Joint Programme evaluations in 2020 had included the independent evaluation of the UN System response to AIDS, two country evaluations (Mozambique and Viet Nam), and several other evaluations of the UNAIDS Secretariat (including collaboration with the US Centres for Disease Control and the Fast-Track Cities Initiative). The evaluations provided a basis for strengthening coherence and results, and will be useful also for the alignment of the Secretariat.
129. He reminded the PCB that, until 2019, an independent evaluation function had been a missing piece in UNAIDS' efforts to strengthen accountability, transparency and organizational learning. The Evaluation Office was an important step forward, but it had to be adequately staffed and resourced.
130. Mr Rehnstrom said the COVID-19 pandemic had affected the evaluations in the past year. Some had been conducted remotely or via national consultants, while others could not be conducted and were postponed to 2021. Priorities for 2021 include completing the outstanding evaluations, while taking account of the impact of the COVID-19 pandemic. They include several Joint Programme (e.g. on violence against women and girls; efficiency and sustainability; and key populations) and Secretariat evaluations (e.g. on collaboration with the Global Fund and the Gender Action Plan). Another priority was the development of the next biennial evaluation plan.
131. Mr Rehnstrom summarized the main roles of evaluation and the role of the PCB (which includes approving the biennial evaluation plan, ensuring a robust evaluation function, and drawing on evaluations for governing the Joint Programme).
132. Independent evaluation of the UN System response to AIDS was performed by a team of consultants and entailed a year-long process with extensive engagement of member states, civil society and other partners, he explained. It was managed by the UNAIDS Evaluation Office, with support and quality assurance from several Cosponsor evaluation offices. A reference group of technical and programme staff at Cosponsors and the Secretariat, as well as members of the PCB NGO Delegation, served as a sounding board.
133. The Independent Evaluation confirmed, he said, that a coordinated UN response remained relevant and that the work of UNAIDS at country level demonstrated the advantages of a Joint Programme. However, significant reductions in resources have led to growing tensions in the Joint Programme. New ways of collaborating were needed to avoid a cycle of decline.
134. Mr Rehnstrom said the team had reviewed more than 600 documents, done more than 470 key informant interviews, run a web survey, and carried out case studies and 12 country visits. The Evaluation concluded that the work of the Joint Programme was rights- and needs-based, inclusive and participatory, and

that it was most successful in engaging with civil society and other actors. Collaboration was working well at country level, but was strained at global level. The mobilization and allocation of resources was also seen to be weak across the Joint Programme.

135. The Evaluation pointed to a need for an improved theory of change to better measure and document contributions. Continued results would depend on continued core funding, Cosponsor engagement and increased alignment with national priorities.
136. Mr Rehnstrom noted that the model of the Joint Programme could be jeopardized by the impact of the COVID-19 pandemic, most likely compounding existing challenges of mobilizing resources. The mobilization and allocation of funding, including Cosponsors leveraging their own organizational resources beyond HIV-specific funding, would be critical. The roles, responsibilities and resources of the Cosponsors and Secretariat, along with the architecture of the Joint Programme, would need to be re-examined at CCO level, he said.
137. George Farhat, Director Planning, Finance and Accountability at UNAIDS, presented the Management Response to the Independent Evaluation of the UN System Response to AIDS. The Response had been developed through an inclusive effort across the entire Joint Programme, co-led by the CCO Chair (UNDP) and the Secretariat. UNAIDS saw the Independent Evaluation as important pillar of the overall Joint Programme's overall transformation and an opportunity to strengthen its role in the global HIV response, he said.
138. Findings and recommendations spanned a broad range of issues pertinent to UNAIDS functioning. These had been reviewed in broad perspective, he explained. The Joint Programme recognized that each recommendation highlighted strategic and operational issues which require action.
139. Mr Farhat said the Joint Programme accepted Recommendations 1, 2, 4, 5, 6 and 8, partially accepted Recommendations 3 and 7, and partially accepted 11 of the 20 subrecommendations. He then provided more detailed responses to specific recommendations.
140. Regarding Recommendation 1, the Joint Programme recognized that, in the context of decreasing HIV funding, it had to be strategic in setting programming priorities. It will focus on closing the remaining gaps, set a hierarchy of UN and UNAIDS programming priorities, cost each priority and establish related human and financial resource requirements. It would also develop scenarios for different funding levels and incentivize resource mobilization.
141. The geographic footprint would reflect the major response gaps. The Joint Programme will build on existing partnerships and develop new ones to deliver the required assistance to countries. Regarding the country envelope, Mr Farhat said the mechanism will be reviewed and refined. However, the Joint Programme did not fully concur with the recommendation to reduce the number of countries benefiting from the fund, as this will undermine addressing social and structural barriers in the HIV response. The UN's added value will be articulated through the new Strategy and the new UBRAF, he added.
142. Regarding Recommendation 2, which calls for revision of the UBRAF theory of change, as well as changes to the results frameworks and monitoring and evaluation systems, the Joint Programme acknowledged weaknesses in design of the current UBRAF. It will work to strengthen operational planning, implementation and performance monitoring systems, Mr Farhat said.

143. The next UBRAF will have a fully elaborated theory of change as well as revised results frameworks. The updated UBRAF monitoring framework will reflect both national and global progress, and it will capture UNAIDS contributions to country results.
144. Regarding Recommendation 3, Mr Farhat said the Joint Programme recognizes that its architecture has to evolve to match the needs of the evolving HIV epidemic, response and context. It will jointly review the strategic options in the context of finalizing the next Strategy. An institutional review of the Secretariat and the Joint Programme capacity overview will help ensure that the workforce has the right skills and that they are appropriately deployed. Cosponsors and the Secretariat will remain engaged in UN reform.
145. Mr Farhat told the meeting that the Joint Programme did not concur with the subrecommendation to drastically revise and reduce the size of the Secretariat. This would limit its ability to fulfil its mandate. It also felt it was too early to define the Secretariat's role beyond 2030. In addition, the UN Development Coordination Office had advised that the Resident Coordinator system had neither the mandate nor capacity to assume the UNAIDS coordination function for the HIV response. He added that a more fluid process allowing Cosponsors to join or leave the Joint Programme would jeopardize UNAIDS' stability and could generate very high transaction costs
146. Regarding Recommendation 4, the Joint Programme agreed on the need to keep investing in joint work and collaboration at all levels. But it noted that the Independent Evaluation report had not accurately noted all the improvements made since 2018 through the refined operating model (which the Board had recognized).
147. On Recommendation 5, the Joint Programme acknowledged weaknesses in its current resource mobilization strategy, which will be sharpened and directly linked to the UN System Strategy and Unified Budget. The Joint Programme will work to consolidate the resource mobilization expertise of the Secretariat and Cosponsors to boost funding for the UBRAF.
148. The Management Response also agreed with Recommendation 6 that the process of resource allocation should be updated to enhance effectiveness, efficiency and transparency, and to strengthen accountability. The Joint Programme will draw on independent advice to do so, Mr Farhat said. However, it did not fully concur with the subrecommendation that UN agencies "buy into" UNAIDS services, since this was not in line with its Cosponsorship principles.
149. Regarding Recommendation 7, the Joint Programme recognized that the current UBRAF did not accurately capture contributions and results on HIV and gender. It will develop a concise and clear joint UN HIV and Gender Plan, and the new UBRAF will more strongly reflect the role of gender. Implementation of gender commitments will be achieved through an integrated approach.
150. On Recommendation 8, UNAIDS recognized the need to plan and act immediately to protect HIV technical expertise within the Joint Programme. Cosponsors and the Secretariat will jointly define levels of HIV and technical expertise in order to maintain technical leadership and provide quality support to countries. A Joint Programme capacity review and an institutional review of the Secretariat will be undertaken to assess available, HIV specific and HIV-sensitive expertise across locations, as well as identify expertise gaps and areas that require reinforcement.

151. Mr Farhat said next steps will include the Joint Programme Working Group convening to conceptualize and develop the next UBRAF as the next Strategy is finalized. External expertise will be enlisted to help articulate a more detailed theory of change and to sharpen the resource allocation process.
152. Development of the new UBRAF will start in January 2021, informed by the PCB's discussions. CCO endorsement of the proposed UBRAF was foreseen for May 2021, ahead of submission for consideration at the 48th PCB meeting in June 2021.
153. In discussion from the floor, Members and observers thanked UNAIDS for keeping the evaluation plan on-track during a challenging year. They welcomed the establishment of the Independent Evaluation Office and urged that it receive the financial and human resources it needs to function optimally.
154. The Office was a useful tool for improving the efficiency of the Joint Programme and its accountability before the PCB, they said. It had completed an impressive range of work thus far, especially in the context of the COVID-19 pandemic. They also welcomed the variety of evaluation reports, as well as the narrative and budgetary breakdown of Joint Programme evaluations and Secretariat-specific evaluations.
155. The Independent Evaluation had been the most significant evaluation done in 2020, speakers said. Its recommendations had implications across the entire Joint Programme and were pertinent for the development of the next global AIDS Strategy and the new Unified Budget, Results and Accountability Framework (UBRAF).
156. Speakers thanked UNAIDS for the report and Management Response and noted the continued relevance of coordinated action in the UN system for the HIV response. They noted common themes in the recommendations emerging from the Independent Evaluation and those from the Joint Inspection Unit, and urged the Secretariat and Cosponsors to urgently address the identified gaps. They highlighted the Independent Evaluation's emphasis on the importance of multistakeholder and multisectoral approaches, and the need to tackle both the biomedical and social and structural aspects of the epidemic.
157. Members reminded the meeting that an overarching recommendation was the need for a fully-funded UBRAF, with predictable and flexible funding to support full implementation of the new Strategy. Cosponsors were facing growing challenges in mobilizing HIV-specific funding that is flexible enough to deal with fast-changing contexts.
158. Regarding the Management Response, speakers stressed the importance of the global AIDS Strategy, both as a normative guide and for measuring the contribution of joint UN efforts to the overall response. However, the Management Response did not clearly enough link to the Strategy development and content. The Management Response also as not clear enough on how the future would differ from the past and how the Joint Programme would address several crucial recommendations (e.g. 1 and 3), which are critical for reaching the 2030 goals. Speakers asked for greater clarity.
159. The meeting was told that, at a recent meeting of the CCO, the UNAIDS Executive Director had briefed Cosponsor principals about the realignment process at the Secretariat. Principals had agreed that realignment should occur in close consultation with Cosponsors and the UNAIDS Executive Director had committed to keep Cosponsors informed of developments. Speakers agreed

with the Management Response regarding the need for stability in the Committee of Cosponsors.

160. Members stressed the need to get the next UBRAF right. The current UBRAF provided weak accountability, was complex, resource-intensive and lacked a focus on impact. The Evaluation recommendations could guide the development of a new UBRAF that focuses on delivery and results, and that clarifies priorities, especially in the context of limited resources. They called for greater clarity on roles and responsibilities, and stronger emphasis on the importance of resource allocation and accountability. They asked that the new UBRAF be presented to the PCB in outline by March 2021 for review.
161. The importance of country-level coordination and technical support to optimize resource allocation of the Global Fund, was emphasized. Speakers said they looked forward to updates on the evaluation of collaboration between UNAIDS and the Global Fund, and suggested that the findings should feed into the UBRAF and joint work at country level.
162. Speakers welcomed the focus on flexible, demand-driven assistance at country level and requested further information on plans for leveraging collective assets for non-HIV-specific activities and how this could be harmonized with Recommendation 1 in the Evaluation report. Members recommended full implementation of the relevant UN General Assembly resolutions on building capacity to implement decisions at country level.
163. Regarding the evaluation of the UNAIDS Technical Support Mechanism (TSM), they reiterated the need for more highly-qualified TSM consultants and improvements in communication around TSM functions and processes. They asked for clarity on the recruitment of external consultants at global and national levels.
164. Members welcomed completion of the evaluation of Secretariat support to HIV Situation Rooms and looked forward to receiving the final report in March 2021. The Situation Rooms had proved important for providing real-time national and subnational information, they said.
165. UNAIDS was commended for successfully partnering with major stakeholders and donors, and for promoting the involvement of civil society and community groups. However, it was not clear enough in the Evaluation report how the needs of key populations were being addressed. As well, the meaningful involvement of people living with HIV was a core value of the HIV response, yet it received little attention in the report. The needs and challenges of people living with HIV and other key populations should be central to the work of the Joint Programme. The evaluation planned for 2021 on key populations was welcomed.
166. Speakers asked whether the Secretariat intended commissioning an external review, as recommended by the Evaluation team, and, if not, what the rationale was for opting for an internal institutional review. They also asked whether the 48th PCB meeting would receive the final recommendations from the internal institutional review, and what staff involvement was envisaged for that process. In reply, Mr Farhat clarified that the review was not done internally, but through an external partner.
167. In response, Mr Rehnstrom thanked the meeting for the comments and said there would be a stronger and consistent focus on key populations and on the meaningful involvement of people living with HIV in future reporting. Specific

Evaluation findings that were of strategic importance would be brought to the Board's attention, as would summaries of other evaluations, as had been done in 2020.

168. Building capacity for evaluation was a major element of the Evaluation Office's functions, he said. Regarding the recruitment of consultants, a key principle was to get the best value for money, which meant a mix of experience, skills and local knowledge. Teaming national consultants with international experts had proved to be a good formula.
169. Mr Farhat thanked delegates for sharing the concerns, which UNAIDS took seriously. He acknowledged that there were weaknesses in the current UBRAF and said the next UBRAF will address those issues and consider different funding and resourcing scenarios. It will have a clear theory of change, and the strategic result areas will be fully costed so that prioritization can be done. The next UBRAF will also have a revised updated monitoring system to capture results at country level, which will be linked to global targets. Regarding questions about the institutional review, Mr Farhat clarified that the review was not done internally, but through an external partner.
170. Tim Martineau, Deputy Executive Director, said UNAIDS was pleased to have improved on reporting on the UBRAF compared to 2019, but recognized that the UBRAF needed a radical rethink. UNAIDS was keen to engage with the Board as it took those processes forward, he said. The country envelope arrangement had been running for 2 years and offered many lessons, but it was perhaps best to take stock of those lessons before doing an external review.
171. In her remarks, the Executive Director said she saw a growing role for the Evaluation Office and would ensure that it had the staffing and other resources it needed. The Secretariat wanted to make the Office a driving element of its future knowledge function.
172. Ms Byanyima noted the comments that the Management Response did not fully respond to the Evaluation in terms of prioritization, future architecture, resource allocation and the articulation with results. She set out the envisaged sequencing of the various, linked activities, starting with the development of the next Strategy, which would serve as a norm setter for the entire global HIV response. The alignment process would then proceed in line with the new Strategy, taking note of the resources that existed "on the ground". There would be an external review of the deployment of human and financial resources against the previous and the next strategy.
173. The new UBRAF would build on those processes and further develop many of the issues in the Management Response, including the linking of resources to clear priorities, existing and required skills, and UNAIDS' geographic footprint. This would support alignment with the key priorities in the Strategy and would strengthen accountability. Ms Byanyima said the Secretariat believed the process was being sequenced in a logical way and it was confident that the issues raised with regard to the Management Response would be addressed during the development of the new UBRAF.

## 8. UNAIDS Strategy beyond 2021

174. Vinay Saldanha, Special Advisor to the UNAIDS Executive Director, presented the annotated outline of the new UNAIDS Strategy and emphasized that it was to be a *global* AIDS strategy. He noted the work done by the Strategy team,

Secretariat and Cosponsor staff, and provided brief highlights on the outline. He also responded to some comments aired during the premeeting, which had been held two weeks earlier.

175. Mr Saldanha told the meeting that the global HIV response had been off-track to meet the 2020 targets even before the COVID-19 pandemic. An estimated 1.7 million people had been newly infected with HIV in 2019 and 690 000 people had lost their lives to AIDS-related illnesses.
176. The world was failing on HIV prevention, and there were major inequities and gaps in the availability and accessibility of services, Mr Saldanha said. The expected results were not being achieved and the gains made were fragile, with 90% of countries having reported disruptions in HIV services due to the COVID-19 pandemic. Progress against stigma and discrimination and in upholding human rights and justice was too slow, he added. No country had achieved gender equality and gender-based violence remained widespread. On these issues, the "traffic light" was still red, he said.
177. There had been some progress on HIV prevention, but only a few countries were on-track to reach the 2020 targets. The 1.7 million new infections in 2019 were 3 times more than the 2020 target (of 500 000); the number of young women who acquired HIV in 2019 was also 3 times higher than the 2020 target (of 100 000), and the 150 000 new infections among children was almost 8 times higher than the 2020 target. The prevention "traffic light" was between red and yellow.
178. Progress had been strongest in preventing AIDS-related deaths, he told the meeting, although several major gaps remained across the 90–90–90 targets. Approximately 690 000 people had lost their lives to AIDS-related illnesses in 2019 and AIDS remained one of the leading causes of death for women of reproductive age worldwide and among adolescents in eastern and southern Africa. This "traffic light" was between yellow and green, Mr Saldanha said.
179. The next global AIDS Strategy had to clarify which changes were needed to put the HIV response decisively on-track so it could reach the 2025 and the 2030 targets. The 2025 targets included clear targets for removing societal and legal barriers to access services; 95% coverage of a core set of evidence-based HIV services; and integrating the HIV response with efforts to achieve Universal Health Coverage and the SDGs.
180. The Strategy advanced the entire SDG agenda, he explained, but it explicitly focused on 10 goals. It also highlighted 3 strategic priorities (and 12 results areas): (1) Break down barriers to bring HIV services to all people who need them, in an integrated manner; (2) Maximize equitable and equal access to HIV services, including by strengthening community-led HIV responses; and (3) Make responses resilient, people-centred, agile and fully resourced, including in the context of responding to other pandemics. The priorities were interlinked, Mr Saldanha said.
181. The Strategy would underline the unique added value and role of the Joint Programme. He described how the priorities, results areas and game changers linked across the Strategy. The strategic priorities relied on renewed commitments on crosscutting issues, including political leadership, financial commitments, knowing the epidemic, a focus on specific contexts, and more.
182. The projected impact of reaching the 2025 targets and delivering on the new Strategy was massive, Mr Saldanha told the PCB. Modeling showed that if the

Strategy was fully implemented and the targets were reached, new HIV infection would be reduced to under 500 000 and AIDS-related deaths would be reduced to fewer than 240 000 by end-2025.

183. The projected impact required implementing *all* the strategic priorities in the Strategy, he stressed. The Strategy is a comprehensive package which has to be implemented in an integrated and holistic manner. Mr Saldanha then outlined the envisaged timeline for the development and adoption of the Strategy:
- Regional consultations 11–20 January 2021, with a draft Strategy to be circulated on 22 January 2021, with a final touchpoint on 29 January 2021;
  - Adoption of the Strategy at a PCB Special Session in March 2021;
  - The Strategy is reflected in the Secretary-General report;
  - The Secretary-General's report published six weeks ahead of the High-Level Meeting on AIDS (date to be confirmed).
184. He stressed that the Secretariat was ready to engage with PCB members and constituencies throughout the process.
185. Commenting from the floor, speakers commended the inclusive process and the work done thus far on the Strategy. They agreed that the outline reflected the urgent need for countries to redouble their efforts. The outline described an ambitious Strategy which captured the main themes and which rested on key pillars of the current Strategy, while prioritizing areas that need further attention, they said.
186. Members and observers pledged to work closely with the Secretariat in developing the new Strategy, and underscored the importance of the Joint Programme as a powerful example of the UN working together. They noted the Secretariat's acknowledgement that the PCB had a constructive role to play in strategic oversight of the operationalization of the Strategy, and asked for clarification of plans to brief the PCB on that process.
187. They welcomed the renewed focus on key populations and on adolescent girls and women; the emphasis on inequality and on addressing social and structural determinants; the focus on eliminating stigma and discrimination; the new result areas on communities; the emphasis on integration and the incorporation of Universal Health Coverage in the Strategy. They also welcomed references to technology transfers for local production, which speak to the broader priorities of capacity development.
188. While noting that the outline included the necessary elements of a successful Strategy, members and observers called for a focused Strategy with clear priorities and a clear hierarchy of targets to focus attention where actions are most urgently needed.
189. The Strategy should describe the unique value and contribution of the Joint Programme, they said, and it should show how UNAIDS can leverage and complement the resources of the Global Fund, PEPFAR and other key partners. Speakers also agreed on the need for a simpler, clearer and more strategic UBRAF to drive accountability under the new Strategy.
190. In terms of structure and format, speakers said the final Strategy should be more compact, with simplified schema and result areas. It needs a sharper narrative (that connects with the SDGs) and crisp, compelling headline messages on what is required to meet the 2025 targets. It should include a brief, high-level summary of the Strategy, its main aims and how the targets and



goals will be achieved. Speakers asked that zero draft of the Strategy include a short summary of what the Strategy aims to achieve and how those aims can be achieved.

191. There were concerns that the Strategy outline, although extensive, was broad and generalized, and that its HIV-specific elements were not yet clear enough. Members pointed to a lack of clarity regarding the core work of the Secretariat and the Cosponsors, respectively, and some questioned whether all elements of the strategic framework fell squarely within UNAIDS' mandate. There were also concerns whether it was realistic to set 95–95–95 targets for 2025, given that prevention progress lagged so far behind the 2020 targets.
192. The Strategy should be fully embedded in the SDGs and the UN reforms, speakers added, and it should promote strong political leadership, greater solidarity and common responsibility. It should focus strongly on stigma and discrimination, human rights, gender equality and gender-based violence, and sexual and reproductive health and rights.
193. While supporting the focus on strategic "game-changers" and on previously underprioritized issues and populations, speakers were concerned that the outline did not sufficiently prioritize the key areas and actions that will bring about the end of AIDS. The Strategy should address other pandemics insofar as they have a clear bearing on the HIV response, it was suggested.
194. The Strategy should set well-defined, evidence-based priorities, with clear indicators for monitoring results and achieving accountability, speakers said. The priority actions should reflect the urgency of unfinished business, especially in relation to the populations that are being left behind—notably key populations and adolescent girls and young women.
195. The Strategy should also facilitate the monitoring and measuring of results, including the contributions of Cosponsors and other UN partners. Useful indicators and other accountability tools from the Global HIV Prevention Coalition should be integrated into the Strategy and UBRAF.
196. Actions that will interrupt HIV transmission were a top priority, speakers insisted, and should focus on innovations, use of new technologies and methods, resilience and community-led responses.
197. Prevention therefore should be a cornerstone of the Strategy, with clear priorities and measurable targets, including overcoming legal, political and human rights barriers that stand in the way. That includes strengthened and more effective efforts to serve the least empowered and most marginalized communities, and to address the intersectional inequalities that drive the epidemic and hold back the HIV response.
198. Speakers endorsed the emphasis placed on combination prevention, as well as the strong focus on adolescent girls and young women and key populations, on addressing the root causes of their disproportionate risk, and on sexual and reproductive health and rights.
199. Emphasizing the importance of community-led responses, speakers said the Strategy should stress strengthening of community systems and their integration with public health systems, especially at primary health care level. It should also highlight the linking or integration of HIV services with sexual and reproductive health and rights (and comprehensive sexuality education) programmes.

200. Speakers felt that not all the current result areas were and could be of equal priority in a workable Strategy; some were a greater priority than others, and the Strategy should reflect that. They suggested keeping the number of result areas (which had increased from 8 in the current Strategy to 12 in the new Strategy outline) to no more than 8. (One specific suggestion was to combine result areas 3 and 4 into a result area on key populations, and to combine result areas 7 and 8 into one on stigma, discrimination and gender equity.)
201. Speakers welcomed the focus on key populations and their sexual partners, but felt that the Strategy could show more clearly how key populations will be included and empowered to play leadership roles in HIV responses. It was suggested that the definitions of key populations should reflect different realities in different settings. There were concerns that people living with HIV did not yet feature prominently enough in the Strategy.
202. The meeting was reminded that indigenous people face unique challenges which require specific and well-coordinated responses. In-country dialogues could be organized to feed into a global experts meeting on HIV and indigenous groups, it was suggested. Also noted was the need to address HIV in emergency and humanitarian contexts, and to expand HIV-sensitive social protection.
203. UNAIDS was asked to use terminology that refers to "people who use drugs, including those who inject drugs", in line with the 2016 Political Declaration on Ending AIDS.
204. Speakers were concerned about the projected declines in HIV resources, and called on countries and other donors to commit to providing the funding needed reach the HIV targets. Also noted was the importance of regional intergovernmental collaboration in countries' health and development efforts, and looked forward to seeing that reflected more clearly in the Strategy.
205. The importance of finalizing the next Strategy by March 2021 was stressed and there was agreement that the PCB should support efforts to meet that deadline. Speakers asked for a clear timeline for the next steps and for opportunities to consult and comment before adoption of the Strategy. There was also a request that a zero draft of the full Strategy be made available to PCB members prior to the PCB briefing in January (the Secretariat agreed to this).
206. In reply, Mr Saldanha highlighted speakers' emphasis on the need for a fully-funded for Strategy. Regarding questions whether the Strategy may overreach UNAIDS' mandate, he said that none of the result areas was new to UNAIDS, but that they had been elevated in the Strategy outline for greater visibility. The only new component was the one focused on pandemic preparedness. He agreed that this would not be limited to COVID-19. Regarding the 95–95–95 targets, Mr Saldanha said they included prevention.
207. The comments on the importance of technology transfers will be reflected in the full Strategy, he said. A more concise and accessible summary of the Strategy will also be developed, as suggested. He acknowledged the major challenges in reaching the ambitious targets and said the drafting team welcomed help and guidance from countries that have succeeded in reaching the 2020 targets. In closing, Mr Saldanha noted the request that more inclusive terminology be used with respect to people who use drugs.
208. In her reply, Dr Hader said the 95–95–95 targets had been hotly debated but this had culminated in strong agreement, partly because Eswatini and the

United Kingdom had shown that the targets can be achieved and because several other countries were on-track to reach them.

209. Prevention featured among the 2025 targets (i.e. they were not limited to testing and treatment), Dr Hader confirmed, while reminding the meeting that the 2020 prevention targets had not achieved the same traction as the testing and treatment targets. It was necessary to package and communicate the prevention targets more effectively this time around. She also clarified that the new targets applied to each affected group and were not averages across entire populations.
210. The Executive Director thanked the Board members for their inputs and said the Strategy had to be raised to a point of urgency. This would require strong collaboration. The next steps in the development of the Strategy were crucial. Ms Byanyima said UNAIDS had presented the Strategy outline to the Board and other partners in a spirit of collaboration and it would put in place arrangements for continuous engagement in the rest of the process. Referring to some of the concerns raised from the floor, she called on members to be willing to compromise on issues where possible disagreement existed.
211. Ms Byanyima noted the need for a focused and prioritized Strategy, and assured the Board that the full Strategy would reflect this. She asked Board members to prioritize the adoption of the next Strategy in March 2021, so that it can be included in the annual report of the UN Secretary-General to General Assembly, which would inform the discussion ahead of the High-Level Meeting envisaged for June 2021.
212. In closing, Ms Byanyima told the PCB that other pandemics would follow the COVID-19 pandemic. The HIV response had to take account of that outlook and help build broader pandemic responsiveness and resilience.
213. The Secretariat agreed to circulate to members a zero draft of the Strategy prior to the PCB briefing in January 2021.
214. One member expressed its disappointment that the draft Decision Points did not, in its view, consider sufficient consensus-based negotiations with stakeholders that are required for the development of the Global Strategy.

## **9. Statement by the Representative of the UNAIDS Staff Association**

215. Stuart Watson, Chair of the UNAIDS Secretariat Staff Association (USSA), presented the statement of the Staff Association, which highlighted key developments since previous reports to the PCB and reflected priority issues identified by staff. He invited PCB members to read the full statement.
216. Mr Watson said the USSA recognized that both the HIV response and UNAIDS were at a crossroads. The Staff Association welcomed the change initiatives and recognized the important conversations on cultural change and racism. Staff globally worked tirelessly on the HIV response, Mr Watson told the meeting, and they wished to see a UNAIDS in which that commitment was recognized and valued by leadership. In addition to the upheavals of the pandemic, staff also experienced day-to-day difficulties that were not simply a matter of "change creating anxiety", he said.
217. Many staff experienced incivility, harassment, abuse of authority, stress and burnout. This left them demoralized and fearful for the future of the organization. Zero tolerance had to mean actual zero tolerance, whatever the

- rank of the perpetrator, Mr Watson said. Staff wished to see the commitments of leadership expressed in its actions.
218. While staff understood and embraced change, infrequent communication and lack of consultation about the planned realignment process was creating insecurity. The Staff Association welcomed the appointment (in the previous week) of a communication officer on alignment.
219. The PCB was told that increasing numbers of staff were reporting burnout and seeking help from the USSA. These were among the factors that prompted many to consider the recent offer of a voluntary severance package. Added work due to COVID-19 and to workloads being transferred to the remaining staff meant that stress and burnout would continue, Mr Watson warned, unless the underlying issues were addressed.
220. Supportive mechanisms were needed to prevent burnout, in addition to the excellent ones already taken, including the employment of a staff counsellor and the development of a wellbeing programme. Also needed was an environment in which staff felt safe to speak out and present ideas without fear of being "slapped down" or punished. There was a need to build stronger trust between and among staff and management.
221. Mr Watson called for adherence to the formal agreement on cooperation between the Staff Association and management, which recognizes the Staff Association as the elected representative of all staff worldwide. He called for an end to efforts to divide staff by questioning the legitimacy of the Association. Its ability to represent staff should not be compromised or undermined.
222. The change and realignment process had to be conducted in ways that guarantee fairness for all staff, he said, including the provision of support for staff in the event that the process involves job losses. Also emphasized was a need for transparency and rigorous adherence to rules in all recruitment and human resources processes, as well as clear, regular communication about developments in the organization.
223. Mr Watson told the PCB that the Association encouraged increased opportunities and greater diversity of staff. It looked forward to the implementation of revised and accountable mobility and human resources strategies that can facilitate such changes. Staff accepted that changes would occur and wanted to engage in inclusive conversations to shape their future, he said. Staff had also asked management to consider including some sort of reconciliation process as part of the current culture change initiative.
224. Given the urgent need for change, the Staff Association asked UNAIDS management to prioritize three issues ahead of the June 2021 PCB meeting by:
- implementing a zero-tolerance policy for all forms of harassment and incivility and commitment to provide a healthy, equitable workplace;
  - reviewing and developing more transparent and accountable human resource and mobility strategies that adhere to staff rules and regulations; and
  - implementing a reconciliation process, and recognizing and addressing the concerns of staff before they become problems.
225. Mr Watson said staff would continue to work tirelessly to realize the new global AIDS Strategy and the Staff Association was committed to find positive ways forward.

226. Members and observers thanked the Staff Association for the report. They reiterated that the Association represented UNAIDS staff across the world and acknowledged its efforts to advocate for fair and supportive conditions, tackle discrimination and incivility, and promote staff welfare.
227. Speakers expressed concern about the situation outlined in the presentation of the Staff Association's report. They strongly commended UNAIDS staff—at headquarters, regional and country offices—for their dedicated work and adaptation to difficult circumstances during the COVID-19 pandemic. Staff were the backbone of UNAIDS and their wellbeing was a prerequisite for delivering on the organization's mandate, they said.
228. The USSA was commended for conducting dialogues with staff around the world and carrying out a pulse survey to understand challenges faced at country and regional levels. It was asked to continue carrying out its annual surveys.
229. Members said they were disappointed and concerned about continued reports of incivility, harassment, bullying, abuse of power and other issues. They asked whether the incidents were increasing, and requested that UNAIDS management provide an update on how it plans to address the issues. They also supported calls from the Staff Association for management to apply a zero-tolerance approach to incivility and to strengthen the engagement of dignity-at-work advisers, the Gender Action Plan Challenge Group, UN Plus, Young UN, UN Globe and the Diversity Task Force. They reiterated earlier requests that UNAIDS act to ensure the full independence of the ethics office.
230. Members strongly urged the Executive Director to take note of the report and requested her and senior leadership to address the concerns raised. They also requested a briefing on the findings of the external staff survey conducted in November 2020. Promises of major structural changes at UNAIDS, especially in relationships between senior management and staff, had not yet been realized to the extent needed, they said. Staff wellbeing had to be part of all transformation efforts.
231. The meeting was reminded that the Secretariat, in the Management Action Plan, had committed to a zero-tolerance policy on inappropriate behaviour, abuse of authority and incivility. It had also committed to introduce necessary changes and to make communication about recruitment processes more transparent. Speakers stressed the need to continue implementing the Management Action Plan and to ensure greater engagement with staff. The Secretariat was asked to present an update on implementation at the next PCB meeting.
232. Members and observers noted the difficult and stressful working circumstances during the COVID-19 pandemic, and said a lack of clarity about the alignment process was adding to that anxiety. They appreciated that regular meetings with management had continued and that progress was being made on the path of cultural change, but added that there remained a long way to go.
233. They welcomed the efforts to increase gender equality and diversity of staff around the world, and noted the support of staff for culture change, especially the application of feminist principles. They welcomed the encouraging statements of the Executive Director in the opening session of this PCB meeting regarding ongoing efforts to engage staff in the alignment process, and stressed that it was essential to guarantee transparency and to gain the support of staff. However, they also noted staff concerns about a lack of clear, regular

- communication from senior management around the alignment process, and warned that this risked degrading trust in management.
234. Speakers echoed calls from the Staff Association for a full review of the staff mobility policy to increase transparency, fairness and coherence in its application. There was also support for exploring the option of interagency mobility, including secondments of Secretariat staff to Cosponsors. Requested the Executive Director to provide the PCB with an update on how the mobility policy was being implemented and how staff were reacting.
235. Noting that staff wellbeing remained a recurring concern, members supported requests for the strengthening of staff support services. They also noted that half of the staff responding to the most recent staff survey expressed concerns about the status of staff health insurance. Comprehensive access to staff health insurance had to be ensured, they said.
236. In reply, Mr Watson thanked the delegations for their support for staff. Regarding trends in incidents of incivility and abuse of authority, he said it was difficult to compare the findings in the most recent pulse survey with previous surveys. However, requests for advice and support had doubled in the past six months, as had requests for support and guidance for dealing with stress and burnout. There were more than 20 active legal cases concerning workplace incivility or abuse of authority, which pointed to serious problems.
237. In his reply, Mr Martineau said that a working group had examined the pros, cons and experiences of the existing mobility policy. Some proposed principles had been shared with the Cabinet, though that process had been halted due to the alignment process, which will affect the mobility policy. The principle of rotational posts and of moving staff geographically to different duty stations would remain at the heart of the policy, he told the PCB.
238. The recruitment policy also had to be revised, since it did not deal well with issues of diversity and delegated authority, Mr Martineau said. Management wished to see enhanced delegation of authority in the human resources policy; the recruitment of regionally based human resource staff had already begun.
239. Cabinet had discussed the policy on abusive conduct earlier during the week of the PCB meeting, and had received inputs from the Staff Association, he said. The intention was to roll out the new policy in January 2021.
240. In her reply, the Executive Director said she recognized the dedication and talent of staff in the Secretariat and across the entire Joint Programme. She assured the PCB that she had noted the concerns raised, and added that she was confident her team would resolve internal issues and build a safe, empowering and equal workplace.
241. Ms Byanyima told the Board that the realignment and culture change processes were "deep" and were creating anxiety. She was committed to make the changes transparent and inclusive. Open lines of communication were maintained with the Staff Association, she said, and the Deputy Executive Director and Human Resources Director met at least twice a month with the Staff Association. She also mentioned several committees and processes in which the Staff Association participated, and assured the PCB that the Association's views were listened to in those forums.
242. Regarding findings of the pulse survey, the Executive Director said that culture change processes, if successful, would result in more reports of abuse of

authority because people felt more confident about speaking out. She would follow up with the Staff Association to understand the reports of abuse, and added that a global staff survey, managed externally, was also being instituted.

243. Ms Byanyima acknowledged that the mobility policy continued to be a problem, but suggested that there would always be some people who were unhappy with the policy. People had to move, however, and they knew this when they joined the Secretariat.
244. Regarding staff health insurance, Ms Byanyima said steps were being taken to increase access to a greater number of services. The Secretariat was doing all it could to deal with stress and burnout.

## 10. COVID-19 and HIV

245. Shannon Hader, Deputy Executive Director at UNAIDS, presented highlights from the report. She told the meeting that COVID-19 had changed the HIV landscape and that the world was now battling colliding epidemics. Economic growth projections point towards declines which will likely result in shrinking future fiscal space for health and HIV while inequalities and gender based violence had been on the rise. In these difficult circumstances, UNAIDS remained focused on working with governments, other partners and communities to preserve the continuity of services, she said.
246. Dr Hader highlighted the examples of agility, innovation and local solutions which had helped treatment services largely recover from disruptions earlier in the year. However, there had been major slowdowns in HIV testing and prevention programmes, especially for key and vulnerable populations, along with a rise in gender-based violence. A lot of lost ground had to be regained in 2021, she said. Inequalities related to gender, geography, income, age and disability were widening.
247. Mitigation efforts reflected the work of many players, with UNAIDS mobilizing support and drawing on the expertise across the Programme. Its partners and networks in countries had put the adapted responses into operation. The flexibility which allowed for reprogramming up to 50% of programme funds had been very useful, she added. Some funds had been repurposed to service communities in new ways during the COVID-19 "lockdowns" and had catalyzed access to additional funding and resources. Dr Hader said the Joint Programme's agility had proved vital, while the experiences had also underscored the importance of core funding.
248. The Joint Programme was also contributing to the COVID-19 response, which was benefiting from the community-led activities, multisectoral work and partnerships, and rights-based approaches UNAIDS and communities have been promoting for decades. The infrastructure built and supported by the HIV responses was being leveraged (e.g. laboratories, data systems and health-care workers), and many HIV leaders had been drawn in to lead national COVID-19 responses. Also prominent was the Joint Programme's history of promoting equitable access to medicines and essential health technologies.
249. Looking ahead to 2021, Dr Hader told the PCB that the COVID-19 will continue to have a major impact and that countries will have to keep responding to colliding epidemics. Innovations such as differential service delivery and multimonth dispensing, and procurement and stock security will have to be preserved and scaled up. Countries also have to identify where and how to

promote rapid recovery, as well as promote mobilize ongoing investments for HIV, health and societal enablers.

250. Dr Hader said it was clear that HIV expertise should contribute to the wider pandemic response architecture so core lessons from the HIV response can be used to maximum effect. She highlighted the importance of community involvement, the appropriate use of data, and ensuring that rights-based and gender-response approaches are adopted.
251. Members and observers welcomed the report and commended the Joint Programme's combined response to HIV and COVID-19.<sup>1</sup> They urged it to continue drawing on lessons from HIV programmes to support COVID-19 responses.
252. Speakers also commended the Joint Programme for its strong commitment to equitable access to COVID-19 vaccines, including its role in the People's Vaccine initiative, and urged that those efforts be transparent and supportive of the COVAX initiative. They highlighted the need to strengthen the local production of medicines.
253. Noting the impressive mobilization of resources and experience during the COVID-19 pandemic, commended the Joint Programme for its actions to minimize service disruptions and sustain treatment and care services. But they expressed concern that HIV prevention services—especially for key and other vulnerable populations—were most affected by the COVID-19 pandemic. They also noted that COVID-19 was changing the ways in which health services are delivered (including e.g. by using the military to deliver services), which has implications for key populations' access to those services.
254. They emphasized the need to focus on servicing key populations, reducing stigma and discrimination, advancing gender equality, and supporting community-led responses. The COVID-19 response was showing once again that civil society-led efforts are capable of reaching key populations where other systems often fail, speakers said.
255. Speakers were reminded that the COVID-19 pandemic was disproportionately affecting visible minorities. They urged countries to recognize indigenous peoples and migrants as key populations, and ensure that disaggregated data are collected and used accordingly. Key and vulnerable populations must have equitable access to health services and essential commodities, including access to an affordable vaccine.
256. Some members shared examples of the support they had received from the Joint Programme, UNAIDS Country Offices and other partners to keep essential health systems operating and ensure that medicine supply chains were protected during the COVID-19 pandemic. The underscored the importance of partnerships with civil society and said the COVID-19 experience had accelerated collaboration with community networks to reach populations that used to be neglected. This showed that services can be adapted and sustained in difficult circumstances.
257. UNAIDS was urged to stay focused on sustaining the HIV response in the context of the COVID-19 pandemic, and was asked to provide more information

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<sup>1</sup> The Russian Federation disassociated itself from the decision point 12.6 and reaffirms that in the context of the COVID-19 pandemic social support must be provided to all people, with special focus on all most affected categories.



on the top priorities for its HIV and COVID-19 work in 2021. UNAIDS had a significant role in monitoring and reporting on the impact of COVID-19 on the HIV response and on the role of structural and other determinants, speakers said and they expected the Joint Programme to work with partners such as the Global Fund to address the dual burden of HIV and COVID-19 in the years ahead. Decades of HIV investments had built data, surveillance and diagnostic systems, and other infrastructure that can be used to boost HIV impact and strengthen health and community systems more generally. This would help improve global security against future health shocks.

258. The meeting was also reminded of the urgent need to increase resources for the tuberculosis response, as well as for more funding for injectable pre-exposure prophylaxis, self-testing and other innovations. The multimonth dispensing of antiretrovirals should be applied also to the provision of opioid substitution therapy, some speakers suggested. One member drew attention to "inaccurate information" in a recent UNAIDS publication about its COVID-19 response.
259. Germany announced that it would commit additional funding to support Joint Programme activities in recognition of the outstanding work done during the pandemic. It urged other donors and members to strengthen their investments in the Joint Programme.
260. Dr Hader thanked speakers for their comments and thanked Germany for its contribution. She acknowledged the need for local solutions to antiretrovirals, condoms and other health commodities, and singled out the importance of civil society involvement for the HIV and COVID-19 responses.
261. Dr Hader applauded countries that had adapted their policies to allow for multimonth dispensing of ART and opioid substitution therapy, and that were using telehealth and other forms of virtual support more widely. This was enabling those countries to respond better to the COVID-19 pandemic, she said, especially countries which had strong community-based and -led approaches in their HIV and other health responses. Dr Hader echoed speakers' calls for stronger political commitment to end AIDS.

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

262. Julia Martin, Chair of the Working Group of the PCB on Oversight and Accountability presented the final report of the PCB Working Group which had been formed to respond to the Joint Inspection Unit (JIU) recommendations. The Working Group focused specifically on the recommendations directed to the PCB, she explained.
263. She briefly described the motivation for setting up the Working Group, how it had been constituted, its composition, and the timeline of its work. The Working Group had conducted its review mainly in 2019 and had focused on four issues: Annex to the Modus Operandi; Cosponsor Guiding Principles; Terms of Reference for the PCB Oversight Committee; and Leadership Accountability.
264. Regarding Theme 1, "Clarifying PCB oversight", Ms Martin said the JIU had noted that conditions had changed substantially since the formation of the Joint Programme. The Annex to the Modus Operandi addressed PCB oversight in several respects, while respecting the lines between the Secretariat and

Cosponsors. This meant that it had oversight over the work of Cosponsors as members of the Joint Programme, but not over the work they do under their own institutional mandates.

265. Regarding Theme 2 ("Leadership Accountability"), the JIU had advised on term limits and performance expectations for the Executive Director position. The Working Group concurred with the JIU recommendations on both points, Ms Martin said.
266. The JIU had also advised on developing procedures to address allegations that may arise concerning the position of the Executive Director. After significant discussion, with input from legal counsel, the Working Group did not fully concur, since the PCB is not in a legal position to establish such processes directly; such responsibilities rest with the Secretary-General. However, the PCB does have oversight responsibility for the Joint Programme, Ms Martin explained: insofar as issues related to the Executive Director affect the work of the Joint Programme, the PCB can dialogue with ECOSOC, which has a direct line of communication with the Secretary-General.
267. The Working Group proposed three actions. Firstly, through the PCB report to ECOSOC, the PCB should request that a dialogue be opened with the Secretary General on:
- establishing two four-year term limits for the Executive Director position; and
  - establishing performance expectations for the Executive Director position.
268. Secondly, the PCB should approve the draft Annex to the Modus Operandi, thereby acknowledging that the UN Secretary-General has oversight of the Executive Director position, and that the PCB may raise issues regarding performance of Executive Director position with ECOSOC.
269. Thirdly, the PCB should ensure the timely development, approval and implementation of new long-term strategy for UNAIDS.
270. Regarding Theme 3 ("Cosponsor Guiding Principles"), the Working Group recommended that revisions to those Principles reflect the following issues:
- senior managements of the Cosponsors should increase their focus on robustly engaging in the work of the Joint Programme;
  - clarity on Cosponsor contributions to the goals of the Joint Programme and on mainstreaming HIV within Cosponsor's mandates and responsibilities;
  - putting in place a clear HIV workplace policy;
  - greater clarity and standardized phrasing; and
  - bringing language up to date with current practices (e.g. UBRAF rather than "Unified Budget and Workplan").
271. On Theme 4 ("Improving PCB Oversight"), the JIU had noted several risks, including financial management. It was suggested that the PCB form an independent external oversight committee to strengthen its oversight role. The committee would comprise experts in finance, audit, governance, risk, investigations and management, and it would be representative with respect to geography, gender and other stipulated criteria, Ms Martin said.
272. Regarding oversight reporting, Ms Martin said that the JIU assessment had noted that UNAIDS did not report on or track implementation of JIU recommendations. The Working Group partly concurred with that finding and noted the need for regular monitoring of implementation, but in ways that avoid

overloading the PBC agenda. It recommended that the proposed advisory committee be tasked with monitoring implementation of JIU recommendations, and that implementation be reported regularly to the PCB.

273. In response, members commended the careful work of the Working Group and thanked the Working Group Chair for her efforts. Remarking that the JIU review had held an unflattering mirror to the UNAIDS governance model, members expressed strong support for the proposals as reflected in the Decision Points for this agenda item.
274. Members said the Working Group proposals were well-considered and would mark a milestone in the PCB's role as governing body for the Joint Programme. Noting that UNAIDS had evolved significantly since its formation, members said they supported the PCB being actively engaged in oversight.
275. Speakers expressed support for establishing a direct dialogue between the UN Secretary-General and PCB on terms limits, performance expectations and a mechanism for dealing with any grave allegations concerning the position of Executive Director.
276. They also endorsed the proposed PCB oversight and accountability roles, including the emphasis placed on the PCB's role in managing risks, as set out in the proposed Annex to the Modus Operandi. Speakers believed that the Annex clarified the roles and responsibilities of the PCB. They thanked the Working Group for its guidance on updating the guiding principles for Cosponsors.
277. They also endorsed the establishment of an Independent External Oversight Committee, the proposed terms of reference for that body, and the need for diverse representation in such a body. The committee would be an important mechanism for strengthening the PCB's oversight and accountability capacities, they said, including through drawing on independent expert advice in the areas of financial management, internal controls and compliance, audit and risk management.
278. Referring to strengthened Decisions Points on the UNAIDS Secretariat Staff Association report, speakers urged UNAIDS to internalize a shift to stronger oversight and accountability.
279. Support was also expressed for stronger linkages between the PCB and the governing bodies of Cosponsors. There were calls for joint action from Cosponsors to implement key principles highlighted by the Working Group, including greater commitment from Cosponsor leaderships and governing boards. The meeting was told that some Cosponsors still lacked clear strategies on vital HIV-related matters, such as upholding the rights of key populations.
280. Speakers urged that HIV be included more consistently in the agendas and deliberations of Cosponsors' governing structures. There was a sense that relevant PCB decisions seemed not to be reaching those structures. Stronger policy coherence would increase the effectiveness of the overall HIV response, speakers said.
281. Cosponsors said they looked forward to working closely with the UNAIDS Secretariat on its institutional review.
282. Sweden announced a new core contribution to UNAIDS of USD 36 million for 2021.

283. In reply, Ms Martin thanked the speakers for supporting the Working Group recommendations. She reiterated the importance of good governance and emphasized speakers' remarks about the potential for aligning the PCB and governing boards of Cosponsors more effectively. She also referred to the emphasis placed on risk management, which would be important for the advisory committee to consider.

## 12. Update on progress on implementation of JIU recommendations

284. Tim Martineau, Deputy Executive Director, UNAIDS, presented an update on progress on implementation of the JIU recommendations. Referring the meeting to previous presentations and discussions on these matters, he told the PCB that the JIU had issued 8 formal recommendations and 25 informal ones.
285. The progress report followed a PCB request that the Executive Director “respond [...] to the JIU recommendations directed at the Secretariat and the Joint Programme as part of a single programme of change” and provide an update on progress to the 47th PCB meeting. The report focused on the formal JIU recommendations.
286. Regarding the development of a long-term Strategy (Recommendation 1), Mr Martineau said that a highly-inclusive Strategy development process with wide engagement was underway.
287. Recommendation 2 required UNAIDS to present the PCB with operation plans for the next Strategy. Mr Martineau said the Management Response to the Independent Evaluation included detailed actions that would strengthen operational planning and implementation.
288. Regarding Recommendation 3, on a revised Modus Operandi for oversight and accountability roles and responsibilities, he referred the meeting to the Report of the PCB Working Group and the Working Group’s proposed Annex to the Modus Operandi.
289. Recommendation 4 requested UNAIDS to consider establishing an in-house legal advisory function. Mr Martineau said that UNAIDS had reviewed its corporate legal needs with WHO and that a new, robust draft service level agreement between UNAIDS and WHO Internal Oversight Services was close to being finalized. A proposed job profile for an internal legal function had also been developed. This would be considered further during the alignment process.
290. Regarding the creation of an Independent External Oversight Committee (Recommendation 5), the meeting was referred to the Report of the PCB Working Group and the Working Group’s draft Terms of Reference for the proposed Committee.
291. Recommendation 6 called for a standalone PCB agenda item for audits, ethics and other accountability topics. This had been implemented in June 2020, Mr Martineau said. In addition, PCB had requested a written management response to the external and internal auditors’ reports at future PCB meetings.
292. Recommendation 7 focused on a new human resources strategy that is aligned with the strategic direction of UNAIDS. Mr Martineau said the institutional review of the Secretariat would assess current structures and capacities, and it would propose options for aligning and optimizing the deployment of Secretariat staff.

293. Regarding Recommendation 8 (a status update to ECOSOC on substantive JIU recommendations), Mr Martineau said UNAIDS would work with the ECOSOC Secretariat to bring that information to the Council in 2021.
294. Members thanked the Executive Director and management team for a comprehensive update, and welcomed the progress made in implementing the JIU recommendations.
295. While agreeing that the organizational alignment process was critical for the future of UNAIDS, members requested more information on how the next Strategy, realignment and UBRAF would combine in a single coherent plan.
296. Speakers stressed that full implementation of the recommendations and of the Management Action Plan was essential, as was the creation of a supportive workplace. A robust approach was needed to prevent and respond to harassment, sexual harassment and abuse of authority, they said.
297. Updates were requested on outcomes of investigations by the UN Office of Internal Oversight Services into previous allegations of sexual harassment and abuse in the Secretariat. Speakers also sought clarity on measures UNAIDS was taking to extend support to survivors of harassment and to whistleblowers.
298. Members welcomed the greater clarity on service relations with WHO Internal Oversight Services and repeated a request made in June 2020 for information regarding challenges and anticipated timelines. They asked whether the new Memorandum of Understanding would be shared with the PCB. Speakers also noted the stated intention to strengthen UNAIDS' legal capacity by hiring an in-house legal advisor and reinforcing the relationship with the WHO Office of Legal Services.
299. Regarding the backlog of open recommendations of the External Auditor, speakers said they were pleased that 115 of 381 matters had been closed. However, two thirds remained unresolved. Speakers requested timelines for closure and information about the main reasons for delays. They asked how many of the remaining recommendations were considered high-risk and high-impact.
300. Referring to the decision to commission an externally managed staff survey on staff engagement, diversity and inclusion, speakers asked the Secretariat to share the key findings as soon as possible.
301. Speakers also noted that the Staff Association was requesting regular, transparent and unfiltered communication on how the new Strategy and alignment would affect the organizational mandate and staff. They encouraged the Secretariat to regularly share information with staff and emphasized the need to maintain a close dialogue with staff throughout.
302. There was value in receiving continued updates on the implementation of JIU recommendations, speakers said. They expressed approval for the role outlined for the independent external oversight committee.
303. Mr Martineau, in reply, agreed that the various elements of change had to be aligned well. The new Strategy would provide the foundation and, in tandem with its finalization and adoption, the alignment process would start in January 2021, unpacking the implication of the Strategy for the Secretariat's work into the future. All of this would then feed into the development of the new UBRAF.
304. Regarding the service-level agreement with WHO, he told the PCB that the

- delays were due to the development of a revised policy on preventing and addressing abusive behaviour (which includes pertinent benchmarks and timelines). He said the service level agreement should enable the prioritization of issues that require the most rapid attention, and it should facilitate the tracking of performance indicators.
305. The Secretariat hoped to have the service-level agreement with WHO in place in January 2021 and it would be open to sharing the agreement, though it would first need to check with WHO to confirm.
306. Cabinet endorsed the policy on preventing and addressing abusive behaviour, which will be "socialized" through training and guidance, e.g. on how to access support and redress. He told the meeting that UNAIDS was providing an annual report to PCB (and all staff) on disciplinary actions taken.
307. Noting the comments on the audit recommendations, Mr Martineau said UNAIDS had significantly reduced the overall number of open recommendations and it hoped to reduce them by a further 50% by June 2021. UNAIDS was also putting in place compliance dashboards to show implementation status, along with country reviews (which had been a previous recommendation).
308. In her remarks, the Executive Director said she shared the frustration regarding the current justice system. She reminded the meeting that UNAIDS relied on WHO's justice system and that it was one of several clients. She said she had seen cases concluded up to four years after complaints had been filed. UNAIDS was proposing tighter timelines to ensure that investigations are completed, with full due process, within six months of a complaint being lodged.
309. Ms Byanyima also noted that the current approach places the burden of proof on the complainant and that the standard of proof was very high. She hoped to see this reviewed and wished to see a common approach applied across the UN system.
310. Regarding whistleblowers and survivors of harassment and abuse, Ms Byanyima said the required support was not yet well-developed across the UN system. UNAIDS will examine the processes other agencies use to see which elements it can draw on. She told the PCB that a Wellbeing Officer had been hired, and an ombudsman was in place, but that this does not provide enough protection to whistleblowers. She assured the PCB that there will be no tolerance for sexual harassment, harassment or other forms of misconduct in her team.

### 13. Next PCB meetings

311. Morten Ussing, Director Governance and Multilateral Affairs at UNAIDS, described the process for selecting the themes of the thematic segments of PCB meetings. Three proposals had been received, two of which overlapped and were combined.
312. After describing the principles and criteria for selecting the thematic segment themes, Mr Ussing announced that "COVID and HIV: sustaining HIV gains and building back better and fairer HIV responses" was the theme proposed for the 48th meeting of the PCB in June 2021. The theme selected for the thematic segment for the 49th meeting in December 2021 was "What do the regional and country data tell us, are we listening, and how can we better leverage that data and related technology to reach our 2025 and 2030 goals?".

313. The dates of future PCB meetings were also announced: the 52nd meeting was scheduled for 27–29 June 2023, and the 53rd meeting was scheduled for 12–14 December 2023.

#### 14. Election of officers

314. Mr Ussing outlined the process for electing officers to the PCB. The Modus Operandi called for the PCB to elect the current Vice-Chair, Namibia, to the position of Chair for a term starting on 1 January 2021, he said. Thailand had expressed interest in the office of Vice-Chair, while the USA had expressed interest in the office of Rapporteur.
315. The three vacant seats to the PCB NGO Delegation for 2021 were proposed to be filled by Charanjit Sharma of the Indian Drug Users Forum (Asia-Pacific); Maureen Owino of the Committee for Accessible AIDS Treatment (North America); and Iwatutu Joyce Adewole of the Africa Girl Child Development and Support Initiative (Africa).
316. Mr Ussing thanked the outgoing NGO delegates for their services and commitment.
317. The incoming Chair thanked the USA for its leadership in steering the PCB as Chair in the context of the COVID-19 pandemic and thanked members and observers for the opportunity to serve as Chair of the PCB. The incoming Vice-Chair thanked members and observers for supporting it as Vice-Chair in 2021.

#### 15. Thematic segment: Cervical cancer and HIV—addressing linkages and common inequalities to save women's lives

318. Monica Ferro, Director of the UNFPA Geneva Office, acted as moderator for the thematic segment.

##### **Shaping the discussion: opening dialogue and keynote addresses**

319. Sally Kwenda, an AIDS activist and HIV and cervical cancer survivor from Kenya, shared her personal experiences and urged policymakers to include cervical cancer services as part of comprehensive HIV care.
320. In her introductory remarks, Ms Ferro outlined the objective of the thematic segment and its format, including its timeliness in the context of the World Health Assembly's adoption of the *Global Strategy to accelerate the elimination of cervical cancer as a public health problem*, launched just a month prior to the PCB meeting. She briefly touched upon the interlinkages between HIV, human papillomavirus (HPV) and cervical cancer, emphasizing that cervical cancer is the number one cause of cancer deaths among women living with HIV, although it is an entirely preventable and treatable form of cancer with effective HPV vaccination of girls and screening and treatment of pre-cancerous cervical lesions. However, she stressed, gender and socioeconomic inequalities, stigma and discrimination, and poor access to sexual and reproductive health services leave many women and girls unable to access the preventive, screening and treatment services they need.
321. Referring to cervical cancer and HIV both being diseases of inequality, Ms Ferro noted that 9 in 10 women who die from cervical cancer live in low- and middle-income countries. This reflects underlying disparities and injustices which have to be addressed. Women living with HIV are especially vulnerable, and are up to six times more likely to develop invasive cervical cancer, compared to women

who are HIV-negative, she said.

322. Keynote speakers shared their insights on the importance of focusing on the linkages between HIV and cervical cancer, and on the opportunities and challenges for building partnerships. They all agreed on the centrality of rights-based and people-centred approaches to tackle HIV and cervical cancer.
323. The First Lady of Namibia, Her Excellency, Monica Geingos, presented the keynote address. She commended the timeliness of the thematic segment and told the meeting that Namibia had begun integrating cervical cancer screening into HIV services. As funding constraints increase, the integration of HIV infrastructure and cervical cancer services was an obvious way forward, she noted.
324. Ms Geingos said that cervical cancer remains a leading cause of death in women, even though it is preventable and treatable. This is unacceptable, she said, and reflects deep inequalities in and across societies. She underscored the importance of comprehensive sexuality education and sexual and reproductive health and rights services, which must also be accessible to adolescent girls. Health services should be nondiscriminatory and should focus on serving vulnerable populations. Ms Geingos emphasized the importance of strong political will and multisectoral work across the health and nonhealth sectors—bringing together activists, communities and funders such as PEPFAR and the Global Fund.
325. Sasha Volgina, Director of Programmes at the Global Network of People Living with HIV (GNP+), described her experiences as a woman living with HIV and a cervical cancer survivor, including the difficulties in accessing cervical cancer screening and treatment services in her native Ukraine. She told the PCB that she was alive because she had been lucky enough to move to country with a strong health system, and she noted the injustice of this fact – that access to basic health services depends on where you live. The tools for preventing and treating cervical cancer were, in theory, available to all countries. But the political will and funding to use the tools were missing, she said. The same applied to the HIV and COVID-19 pandemics. The Global Fund must ensure that countries include cervical cancer in their country grant proposals, and governments must act to save the lives of their citizens, Ms Volgina said. She also emphasized the need to tackle stigma and discrimination, support community involvement and engage women.
326. UNAIDS Executive Director, Winnie Byanyima, told the meeting that UNAIDS was committed to make cervical cancer history and end the AIDS epidemic. Inequalities fueled both epidemics, she said. Criticizing the limited access to HPV vaccines, she stressed that no woman should die of cervical cancer, which was preventable and curable. Yet only about 10% of women and girls in low- and middle-income countries had access to screening, and access to treatment was also very low. The financial and other barriers causing this state of affairs had to be removed. Integrated services and strong partnerships for HIV and cervical cancer could save millions of women's lives, Ms Byanyima said.

**Overview: synergies and interlinks between HIV and cervical cancer, and effective responses**

327. This session reviewed the latest evidence on the links between HIV and cervical cancer, and discussed the progress made in addressing these public health crises, including through the recently launched Global Strategy to Accelerate the Elimination of Cervical Cancer.



328. Princess Nothemba Simelela, Assistant Director-General and Special Advisor to the Director-General, Strategic Priorities, WHO, paid tribute to survivors of cervical cancer and singled out the Teal Sisters in Africa, who have built a social movement demanding cervical cancer services. She briefed the meeting on the Global strategy to accelerate the elimination of cervical cancer as a public health problem, which WHO had recently launched. The Strategy's targets for 2030 targets are: 90% of girls fully vaccinated with the HPV vaccine by age 15; 70% of women screened with a high-performance test by 35 years of age and again by 45 years; 90% of women identified with cervical disease receive treatment (90% of women with precancer are treated, and 90% of women with invasive cancer are managed).
329. Screening programmes had been introduced in 100 countries, though mostly in developed countries, Ms Simelela said. The cost of vaccines was a major barrier for the poorest countries, with screening and treatment a further challenge. As a result, more than 310 000 women die of cervical cancer each year. While women with cervical cancer in high-income countries have a >70% probability of five-year of survival, those odds were <20% for women in low- and middle-income countries. About 80% of cervical cancers in low-income countries were diagnosed at advanced stage.
330. Mobilizing greater political will and investments requires reaching government ministers with clear, simple messages that connect neglected priorities such as cervical cancer with other priorities. The return on investments that save women's lives is massive and the benefits last for decades, Ms Simelela said. It makes public health, economic and developmental sense to invest more to prevent and treat cervical cancer.
331. Cervical cancer was the unfinished business of the HIV response, she added. The risk of cervical cancer was 6 times higher for women living with HIV than for HIV-negative women, with the burden highest in eastern and southern Africa. Care for HIV and screening for cervical cancer can be provided together, Ms Simelela stressed. She also called for greater focus on screening the many women who survive HIV for cervical cancer. A holistic, multisectoral and integrated response is needed, with stronger partnerships and community-driven advocacy. The narrative has to change from "diseases that affects women" to the social justice dimensions of those diseases, she said. Cervical cancer was about poverty and inequality, and the politics that allow those injustices to occur.
332. In a video message, the Director General of the International Atomic Energy Agency, Rafael Mariano Grossi, said that UNAIDS and the Agency had strengthened their partnership to scale up a campaign on cervical cancer prevention and control. The partnership aimed to reduce cervical cancer deaths by 30% by 2030. The recently launched WHO Global Strategy and other IAEA initiatives to increase access to modern technologies for diagnosis and treatment of cervical cancer were big opportunities to advance towards the goal of eliminating cervical cancer, he said.
333. Alvaor Bermejo, Director General, International Planned Parenthood Federation, said the IPPF had provided 12 million women with cervical cancer services in 2019. He described innovative practices being used, including home-based cervical cancer screening and one-stop-shop arrangements with HIV service providers. Family planning services were mentioned as an underused platform. The IPPF was ready to partner with UNAIDS and other stakeholders to make an even greater difference, he said.

334. In discussion, speakers applauded the thematic segment theme and comprehensive report, and thanked the panelists for their powerful messages and calls to action. They noted the continued resistance to provide equitable sexual and reproductive health services for women and girls, and insisted that women and girls' autonomy over their own bodies and health had to be recognized. Integrated HIV and cervical cancer services had to be funded adequately and the societal, structural and other barriers preventing access had to be removed, speakers insisted. They welcomed the emphasis on people-centred approaches and supported calls for community-led responses.
335. Ultimately, prevention was the best long-term strategy, speakers said. They highlighted as priorities primary prevention, scaled-up access to an HPV vaccine, and an integrated approach to HPV and HIV prevention. Access to HPV vaccination was highly unequal, the reminded the meeting: more than 85% of new cervical cancer cases were in low- and middle-income countries, but less than 1% of vaccinations occurred in those countries.

**Panel 1: What does it take to end AIDS and cervical cancer as a public health issue for women and girls living with and at risk of HIV?**

336. Four panelists from different backgrounds and contexts shared examples of successes and challenges in responding to HIV, HPV and cervical cancer, and in addressing socioeconomic and other inequalities as underlying factors.
337. Deborah Bateson, Medical Director, Family Planning New South Wales and adjunct Professor at the Centre for Social Research in Health, UNSW, Australia, said the life-course approach used in her country had contributed to a 50% reduction in cervical cancer incidence and mortality rates, by which modelling predicts Australia to be the first country to eliminate cervical cancer by 2035. However, at some point, gains had stalled, which led to a review of the screening programme and introduction of HPV testing as screening. Free HPV vaccination was then provided to girls through national school-based programmes since 2007. Comprehensive sexuality education was an important component, as was the development of a universal screening database. The overall results were excellent, Ms Bateson said. However, screening rates were notably lower among indigenous women and refugees, people in low-income groups and rural areas. An important recent innovation was the self-collection of vaginal samples for HPV testing, which should further increase programme coverage.
338. Sharon Kapambwe, Assistant Director for Cancer Control in the Ministry of Health, Zambia, described how her country had introduced national HPV vaccination and screening programmes, and said strong political will had made a big difference. Also important was the involvement of traditional chieftaincy structures and religious leaders. The programmes used existing service facilities, she said, and were linked with HIV and noncommunicable diseases programmes. Support provided by PEPFAR, the Global Fund and the World Bank had been vital, as had the Ministry of Health's support for policy guidance. HPV testing was now included in HIV testing and treatment protocols. Ms Kapambwe also highlighted the Go Further partnership, a partnership between the George W. Bush Institute, PEPFAR, UNAIDS and Merck, which was helping to increase awareness, expand services to women living with HIV at a quicker rate and improve civil society involvement in the screening programme. Civil society engagement could be strengthened, she noted.
339. Bingo M'Bortche, Chief of the Medical Division for the Association Togolaise

pour le Bien-Entre Familial in Togo (ATBEF), said his association had facilitated the screening of 13 000 women (including 5000 women living with HIV) in recent years. This had led to the diagnosis of many cervical cancer cases, especially among marginalized populations such as sex workers, and mobile strategies had increased uptake in underserved, rural areas. ATBEF works closely with the national government, organizations of women living with HIV and other NGOs.

340. Ana Garcés, Programme Manager of the Scale-up Cervical Cancer Elimination with Secondary Prevention Strategy (SUCCESS) in Guatemala, said inequalities are the main reason for the disparities in access to sexual and reproductive health services and cervical cancer services in Latin America. Most-affected are women from low-income and marginalized groups, particularly women of African descent and indigenous women. An integrated service approach can bring major improvements, she said, especially for women living with HIV who often fall through the cracks.
341. In discussion, Ms Bateson said there is a strong case for investing in HPV vaccination and cervical cancer screening and for treatment. She credited the national registry for taking Australia's cervical cancer programme to the next level, and urged stronger efforts to improve social justice and equity in access to services. Ms Kapambwe said it is crucial to focus attention on the impact that communities and societies suffer when women and girls lose their lives. Practical improvements included quicker ways to return screening and testing results to individuals, and strengthening data systems. Mr M'Bortche stressed the importance of social inclusion, integrating screening and vaccination with other health programmes, and working with civil society to build networks to support those programmes. Ms Garcés emphasized the value of a human rights-based approach and said cervical cancer programmes should be strengthened as part of UHC.

**Panel 2: Innovations and integrated actions on HIV and cervical cancer that save women's and girl's lives**

342. Irene Ogeta, a community activist and Associate Program Officer: Young Women's Advocacy with the Athena Network in Kenya, said that screening success depends on linkages to treatment and referrals. She highlighted the important roles of community-based health care for HIV, SRH, and cervical cancer and increasing access to HPV vaccine for adolescent girls and young women.. Education and awareness building are vital, she said, especially in light of antivaccine rhetoric and the skepticism of some religious groupings towards cervical cancer prevention. Access to screening outside of clinic settings is also key.
343. Ophira Ginsburg, Director of the High-Risk Cancer Genetics Program at the Perlmutter Cancer Center, NYU Langone Health, and Associate Professor in the Section for Global Health, Department of Population Health at New York University Grossman School of Medicine, said data for 2020 showed that cervical cancer remained the most common cause of cancer death among women in 36 countries, mostly in sub-Saharan Africa. She said that every 2 minutes a woman dies of cervical cancer and described it as a disease of inequality—including in high-income countries, where indigenous women, women living in poverty and women of colour are much more likely to develop and die of cervical cancer. Affordability of vaccines and other technologies is holding back quicker progress, she added. Adherence and completion of care are other challenges: up to 50% of women who test positive do not return for

treatment. Improvements can be achieved through stronger community engagement; stronger integration with other health services; scaling up self-sampling options; and supporting women along the treatment and care pathways (e.g. with m-health innovations).

344. Woo Yin Ling, Professor at the Department of Obstetrics and Gynecology, Faculty of Medicine, University of Malaya, Malaysia, said her country had introduced a national school-based HPV vaccination programme, but screening was a major challenge (only about 15% women had ever received screening services). She was hopeful that new screening tools (e.g. self-sampling for HPV testing) would lead to improvements, and that Malaysia is committed to increase screening uptake to 70% through this method. Mobile phone technology can be used to help women navigate the treatment and care pathway, Dr. Woo said. Solutions should fit women's social and cultural realities, she added. A balance should be struck between medical best-practice and what is most helpful and meaningful to women.
345. Smiljka de Lussigny, Programme Manager at Unitaïd touched upon Unitaïd's lessons learned through its work with countries in supporting implementation of innovative technologies for cervical cancer screening and treatment, including for women living with HIV. She said self-sampling and digital technologies can help bridge the gaps between the successes seen in high-income countries and current realities many in low- and middle-income countries. She said that Unitaïd is the largest funder of innovative tools to find and treat precancerous lesions in women living in low-resource settings, including those living with HIV, and predicted that artificial intelligence-based screening tools would revolutionize screening and detection, and eventually it should be possible everywhere to screen women for USD 1 or less. Although affordability is still a major issue, thermal ablation devices are already 50% cheaper than a few years go. She highlighted three big challenges. Firstly, making the response more affordable and increasing efficiencies across disease programmes. Secondly, strengthening health financing for cervical cancer (which requires new messages that combine different disease needs and responses). Overcoming demand-side challenges was a third challenge, which could be overcome by looking to the HIV response and its successful models for demand creation and linkage to care.
346. In discussion, Ms Ogeta said it was important to engage women and young girls as active members of society, not just as recipients of services. Referring to the power of activism in the HIV response, Dr. Ginsburg said the cervical cancer response has to be built from the ground up, and has to engage women living with and survivors of cervical cancer. Dr. Woo said the new technologies are exciting but resources should be channeled also towards agile tools such as cloud computing and e-health, not only expensive physical resources. Ms de Lussigny pointed to the rapid and massive scale-up of the COVID-19 response as proof that it is possible to "do the impossible", if sufficient political will and financing is mobilized.
347. In a video message, Princess Dina of Jordan congratulated UNAIDS for taking the lead on integrating cervical cancer and HIV services and committed to ensure the engagement and collaboration of the cancer community. Joanne Lindsay, of Unity Health Toronto, said encounters with women seeking support showed that schools and health-care services were providing too little information about HPV and cervical cancer. Education around HPV and HIV had to start at school, she said, and free and accessible HPV vaccination should be a standard part of HIV care.

348. Some PCB members described actions taken in their countries, including strengthened access to screening (by extending those skills to nurses and midwives) and the development of culturally appropriate information to increase demand and acceptability. Others highlighted high HPV vaccine costs (as much as USD 100 in some countries) and called for a campaign for equitable access to HPV vaccines, similar to the campaign for COVID-19 vaccine access.
349. Siobhan Crowley, Head of HIV at the Global Fund, said the Global Fund recognized the need to improve linkages between HIV and cervical cancer prevention, treatment and care. Countries are now able to prioritize interventions for HPV, she said, and the Global Fund supports integrated services that address broader health needs, especially those of women.

### **Conclusion**

350. Tedros Adhanom Ghebreyesus, Director-General of WHO, in a video address, told the meeting that cervical cancer was a big but solvable public health challenge. The recently launched WHO elimination strategy was an important milestone in the global effort to eliminate cervical cancer, he said. Shannon Hader, Deputy Executive Director at UNAIDS, thanked the participants and organizers of the thematic segment for their inspiring commitment and insights. The world has the tools and technologies to prevent and treat HIV and cervical cancer, and the two issues were perfectly positioned for integration, she said.

### **16. Any other business**

351. There was no other business.

### **17. Closing of the meeting**

352. The Executive Director presented the closing remarks. She thanked the Chair and the PCB Bureau for their preparation of the meeting, and thanked members and observers for the productive contributions.
353. Ms Byanyima said she looked forward to working with Namibia as PCB Chair and Thailand as Vice-Chair in 2021, and welcomed the incoming NGO Delegations.
354. She noted the rich and informative discussions on vital issues, including the colliding HIV and COVID-19 pandemics, the need for greater gender inequality, for transformation of the Secretariat and, during the thematic segment, cervical cancer and HIV.
355. Ms Byanyima thanked the PCB for its guidance and support as UNAIDS moves ahead with refining the next global AIDS Strategy and the accompanying UBRAF. She thanked PCB members, Cosponsors, donors and other stakeholders for their continued support of UNAIDS. She applauded the timely contributions of major donors in 2020 and singled out Sweden's announcement of continued core support and Germany's announcement of additional support as strong signs of confidence. She also acknowledged the second tranche of funding approved by the United Kingdom, and ongoing support from the USA.
356. In closing, Ms Byanyima reminded that 2021 will mark the 25th year of UNAIDS' existence and 40 years since AIDS was first reported. Even though these anniversaries will arrive against the backdrop of the COVID-19 pandemic, the Joint Programme will continue to work to end the AIDS epidemic by 2030, she assured the meeting.

357. The Chair thanked the governance team for the high quality of its work, the PCB Bureau and the translators.
358. The 47th meeting of the Board was adjourned.

*[Annexes follow]*

## PROGRAMME COORDINATING BOARD

UNAIDS/PCB (47)/20.22

Issue date: 9 October

### FORTY-SEVENTH MEETING

DATE: 14–18 December 2020

VENUE: Virtual

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## Annotated agenda

### TUESDAY, 15 DECEMBER

#### 1. Opening

##### 1.1. Opening of the meeting and adoption of the agenda

*The Chair will provide the opening remarks to the 47th PCB meeting.*

*Document: UNAIDS/PCB (47)/20.22; UNAIDS/PCB (47)/20.23*

##### 1.2. Consideration of the report of the forty-sixth meeting

*The report of the forty-sixth Programme Coordinating Board meeting will be presented to the Board for adoption.*

*Document: UNAIDS/PCB (46)/20.21*

##### 1.3. Report of the Executive Director

*The Board will receive a report by the Executive Director.*

*Document: UNAIDS/PCB (47)/20.24*

##### 1.4. Report by the NGO representative

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

*Document: UNAIDS/PCB (47)/20.25*

#### 2. Leadership in the AIDS response (postponed)

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

#### 3. Annual progress report on HIV prevention 2020

*The Board will receive the annual progress report on HIV prevention 2020.*

*Document: UNAIDS/PCB (47)/20.26; UNAIDS/PCB (47)/CRP1; UNAIDS/PCB (47)/CRP2*

#### 4. Follow-up to the thematic segment from the 45th Programme Coordinating Board meeting

*The Board will receive a summary report on the outcome of the thematic segment on reducing the impact of AIDS on children and youth.*

*Document: UNAIDS/PCB (47)/20.27*

**5. Mental Health and HIV**

*The Board will receive a report on the linkages between mental health and HIV as a follow-up to the thematic segment from the 43rd Programme Coordinating Board meeting.*

Document: UNAIDS/PCB (47)/20.28

**6. Report of the Task Team on Community-led AIDS responses**

*The Board will receive a report on the work of the Task Team on Community-led AIDS responses.*

Document: UNAIDS/PCB (47)/20.29; UNAIDS/PCB (47)/20.30

**WEDNESDAY, 16 DECEMBER**

**7. Evaluation**

*The Board will receive the annual reporting from the UNAIDS Evaluation Office as well as the independent evaluation of the UN System Response to AIDS in 2016-2019 and its accompanying management response.*

Document: UNAIDS/PCB (47)/20.31; UNAIDS/PCB (47)/20.32; UNAIDS/PCB (47)/20.33; UNAIDS/PCB (47)/20.34

**8. UNAIDS Strategy beyond 2021**

*The Board will receive an annotated outline of the UNAIDS Strategy beyond 2021 to ensure that the strategy remains ambitious, visionary and evidence based beyond 2021.*

Document: UNAIDS/PCB (47)/20.35; UNAIDS/PCB (47)/20.36; UNAIDS/PCB (47)/CRP3; UNAIDS/PCB (47)CRP4

**9. Statement by the Representative of the UNAIDS Staff Association**

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

Document: UNAIDS/PCB (47)/20.37

**THURSDAY, 17 DECEMBER**

**10. COVID-19 and HIV**

*The Board will receive a report on COVID-19 and HIV.*

Document: UNAIDS/PCB (47)/20.38

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

*The Board will receive the final report of the PCB Working Group on the Joint Inspection Unit Management and Administration Review of the United Nations Joint Programme on HIV/AIDS (UNAIDS).*

Document: UNAIDS/PCB (47)/20.39

**12. Update on progress on implementation of JIU recommendations**

*The Board will receive a progress update on the implementation of the JIU Recommendations directed at the Joint Programme.*

Document: UNAIDS/PCB (47)/20.40; UNAIDS/PCB (47)/CRP5



**13. Next PCB meetings**

*The Board will agree on the topics of the thematic segments for its 48th and 49th PCB meetings in June and December 2021, as well as the dates for the 52nd and 53rd meetings of the PCB.*

Document: UNAIDS/PCB (47)/20.41

**14. Election of Officers**

*In accordance with Programme Coordinating Board procedures and the UNAIDS Modus Operandi paragraph 22, the Board shall elect the officers of the Board for 2021 on the basis of a written statement of interest and is invited to approve the nominations for NGO delegates.*

Document: UNAIDS/PCB (47)/20.42

**FRIDAY, 18 DECEMBER**

**15. Thematic Segment: Cervical cancer and HIV- addressing linkages and common inequalities to save women's lives**

Documents: UNAIDS/PCB (47)/20.43; UNAIDS/PCB (47)/20.44; UNAIDS/PCB (47)/CRP6

**16. Any other business**

**17. Closing of the meeting**

*[End of document]*

18 December 2020

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

**15–18 December 2020**

**Decisions**

The UNAIDS Programme Coordinating Board,

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

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

*Intersessional Decisions:*

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

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

**Agenda item 1: Opening of the meeting and adoption of the agenda**

1. *Adopts* the agenda;

**Agenda item 1.2: Consideration of the report of the forty-fourth meeting**

2. *Adopts* the report of the 46th Programme Coordinating Board meeting;

**Agenda item 1.3: Report of the Executive Director**

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

**Agenda item 1.4: Report by the NGO Representative**

- 4.1 *Recalling* previous decision points (from the 2012 meeting of the PCB when the evaluation report was submitted, plus other recent and relevant decision points relating to civil society engagement);<sup>2</sup>
- 4.2 *Recognizing* that meaningful involvement of communities and civil society is critical and an essential element for an effective HIV response on the path to end AIDS;<sup>3</sup>
- 4.3 *Recognizing* the value, contribution, effectiveness and impact of the NGO Delegation at the PCB as best practice, particularly in bringing to light urgent concerns faced by people living with HIV, key populations, women, young people and migrants, for immediate attention and action;
- 4.4 *Takes note* of the report;
- 4.5 *Calls on* Member States and the Joint Programme to affirm the NGO Delegation as an integral component of the governance of the PCB and to ensure an enabling environment for its continued meaningful engagement, representation of authentic community voices and perspectives, and outreach to its community and civil society constituencies;
- 4.6 *Urges* the Joint Programme to ensure full and meaningful participation of civil society representation at the PCB through the NGO Delegation, including continuity of financial support for the Communication and Consultation Facility commensurate with its functions;
- 4.7 *Requests* the Joint Programme to ensure that strategies for community and civil society engagement are enshrined in the next Global AIDS Strategy;
- 4.8 *Builds on* lessons learned from community and civil society engagement, particularly key populations and people living with HIV in the global, regional, national, and local HIV responses, including, but not limited to:
  - a. the importance of bringing embodied knowledge of HIV and lived experiences to decision-making processes;
  - b. the knowledge about the needs of people living with and affected by HIV, and what works and why other interventions do not work at country level;
  - c. the efficiency in planning and utilization of resources in HIV programming;
  - d. the effectiveness of community-led HIV programming and service delivery;

### **Agenda item 3: Annual progress report on HIV Prevention 2020**

- 5.1 *Requests* the Joint Programme to:
  - a. ensure that prevention of new HIV infections, is given high priority in the new Global AIDS Strategy and new UNAIDS Unified Budget, Results and Accountability Framework with a particular focus on populations and

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<sup>2</sup> Decision Points 4.2, 4.5, 7.4, 7.5, 8.2 and 8.3 of the 45th PCB Meeting; Decision Points 7.5 and 10.3 of the 43rd PCB Meeting; Decision Points 4.3, 4.4, 7.2 and 7.3 of the 41st PCB Meeting.

<sup>3</sup> 2019 ECOSOC Resolution on the Joint United Nations Programme on HIV/AIDS.

- locations with high HIV incidence, prevalence, and high risk of infection, including through combination prevention;<sup>4</sup>
- b. actively support governments in convening partners at country-level to build unity of purpose among government, communities and implementing organizations in developing HIV prevention responses that are aligned to country epidemic context and to implementation guidance and good practices;
- 5.2 *Requests* Member States and the Joint Programme to:
- a. Lead a vision for HIV prevention that intensifies focus and investment in strategies and programmes for key and vulnerable populations with a high incidence of HIV in all regions. The Global AIDS Strategy should include a clearly defined approach to overcome financing, implementation and legal and policy barriers to HIV prevention, with a particular focus on key populations in all regions and adolescent girls and young women in countries with high HIV prevalence. The Strategy should equally incorporate strengthening and resourcing of community-led interventions;
  - b. Support and advocate for strategic investment in national capacities and increased domestic HIV prevention investments to manage HIV prevention programs. The PCB also requests the Joint Programme to ensure that adequate technical and implementation support capacity is available in countries;
  - c. Reinforce and maintain beyond 2020 the progress made by the Global HIV Prevention Coalition in reinvigorating HIV prevention responses, underscoring national ownership by the members of the coalition and expanding membership to countries and regions with rising HIV incidence;
- 5.3 *Calls* on Member States to address key underlying legal, policy and structural barriers affecting key populations and adolescent girls and young women;
- 5.4 *Requests* the Joint Programme to report back to the Programme Coordinating Board on progress made in HIV prevention as part of regular reporting;

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

- 6.1 *Noting with concern* that 850 000 children (aged 0–14) living with HIV are currently not on HIV treatment; that the 950 000 children who are on treatment are much less likely to be virologically suppressed than are adults on treatment; that sub-optimal drug regimens and previous lack of appropriate formulations for young children have contributed to this; and that due to lack of data, it is not known whether the target of reaching 1 million adolescents (aged 15–19) living with HIV with treatment by 2020 has been achieved;
- 6.2 *Takes note* of the background note (UNAIDS/PCB (45)/19.36) and the summary report of the Programme Coordinating Board thematic segment on the impact of AIDS on children and youth (UNAIDS/PCB (47)/20.27);
- 6.3 *Recalls that* PCB participants are requested to submit written comments in replacement of the debate following the 47th meeting of the PCB as agreed

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<sup>4</sup> As defined in the UNAIDS Strategy 2016–2021: On the Fast-Track to Ending AIDS.

upon through the intersessional procedure (UNAIDS/PCB (47)/20.23) and requests the Joint Programme to take into account the comments submitted to inform future interventions;

- 6.4 *Ensures* that the next UNAIDS Strategy beyond 2021 contains ambitious targets to close the critical gaps in the HIV response for children, adolescents and youth, including a 2023 target for children;
- 6.5 *Calls* on Member States to:
- a. Prevent new vertical (mother-to-child) HIV infections by ensuring delivery of optimal diagnostic, prevention and treatment services for pregnant and breast-feeding women and to prioritize and ensure access to the most appropriate paediatric formulations for both HIV and TB;
  - b. Close the gaps in HIV diagnosis, treatment and viral load suppression for infants, children, adolescents and pregnant women living with HIV including through the use of differentiated, strategically integrated and community service delivery models;
  - c. Optimize service delivery for children, adolescents and young people by using age-disaggregated data to identify the gaps in HIV diagnosis, prevention and treatment; increasing the quality and access to age-appropriate and evidence-informed diagnosis, prevention, treatment, and social protection services; and engaging affected communities in all parts of service design and delivery;
  - d. Urgently address the 95 000 preventable AIDS-related deaths in children by scaling up interventions including early infant diagnosis and rapidly transitioning to the more effective and child-friendly WHO-recommended preferred first-line antiretroviral treatment including generic formulations now available for expanded use in infants and young children;<sup>5</sup>
  - e. Accelerate their collaboration with the UNAIDS Joint Programme and other key partners (Global Fund, PEPFAR and others) to address structural factors that increase the vulnerability to HIV of adolescent girls and young women and young key populations;
- 6.6 *Calls* on the Joint Programme to ensure that the UBRAF includes coordinated support to countries to reduce new HIV infections among children, adolescents and young people and to end paediatric AIDS; and to report on progress as part of annual UBRAF reporting;

#### **Agenda item 5: Mental Health & HIV**

- 7.1 *Recognizing* progress made by countries, the UNAIDS Joint Programme, and other partners in supporting integrated mental health and HIV services, and the potential further negative impact of COVID-19 on mental health and well-being of people living with and affected by HIV;
- 7.2 *Takes note* of the report on mental health & HIV;

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<sup>5</sup> As recommended by the WHO: *Updated recommendations on first-line and second-line antiretroviral regimens and post-exposure prophylaxis and recommendations on early infant diagnosis of HIV; Considerations for introducing new antiretroviral drug formulations for children.*

- 7.3 *Recalls* that PCB participants are requested to submit written comments in replacement of the debate following the 47th meeting of the PCB as agreed upon through the intersessional procedure (UNAIDS/PCB (47)/20.23) and requests the Joint Programme to take into account the comments submitted to inform future interventions;
- 7.4 *Requests* that the Joint Programme report back on progress in its regular reporting to the PCB;

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

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

#### **Agenda item 7: Agenda item 7: Evaluation**

##### *Annual report on evaluation*

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

##### *Evaluation: Independent Evaluation of the UN System Response to AIDS 2016–2019*

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

##### *Evaluation: Management Response to the Independent Evaluation of the UN System Response to AIDS 2016–2019*

- 9.5 *Takes note* of the current progress of the UNAIDS management response to the Independent Evaluation of the UN System Response to AIDS 2016–2019 and requests the Joint Programme to show how it intends to support countries

in implementing the Global AIDS strategy 2021–2026 with greater specificity of action, contributions and accountability, through its new results and accountability framework, at the March 2021 Special Session;

- 9.6 *Encourages* the Joint Programme to implement the management response action plan;
- 9.7 *Requests* the Joint Programme to revisit the Management Response and commit to an ambitious result area dedicated to gender in the strategy and integrating gender- responsive actions, indicators and resources within the new UBRAF to deliver for women and girls and for all key and vulnerable populations most at risk of HIV and AIDS;

#### **Agenda item 8: UNAIDS Strategy beyond 2021**

- 10.1 *Recalling* the approval of option 2 through the PCB intersessional decision-making process as outlined in the paper *Outcome of the review of the current UNAIDS Strategy 2016–2021 and consultations with an option for the UNAIDS Strategy beyond 2021* (UNAIDS/PCB (479)/20.35);
- 10.2 *Takes note* of the annotated outline of the Global AIDS Strategy 2021–2026;
- 10.3 *Requests* the Bureau to organize a PCB Briefing by the end of January 2021 for presentation of the revised framework, including an executive summary for the UNAIDS Strategy, identifying the prioritized actions needed to end AIDS by 2030 and taking into account the comments of the 47th Programme Coordinating Board;
- 10.4 *Requests* the Executive Director to present the Global AIDS Strategy 2021–2026 at a special session of the PCB no later than March 2021 for consideration and adoption;

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

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

#### **Agenda item 10: COVID-19 & HIV**

- 12.1 *Takes note* of report on COVID-19 & HIV;
- 12.2 *Requests* the Joint Programme and Member States to monitor the health and social impacts of the COVID-19 pandemic on the HIV response to allow all stakeholders to understand and address the drivers and mitigate the effects;

- 12.3 *Requests* the Joint Programme and Member States to continue leveraging HIV infrastructure and following a combined approach to both pandemics to contribute to an integrated people-centred approach that can best contribute to resilient systems, which are able to prepare, prevent, detect and respond to all health threats;
- 12.4 *Recognizes* that the lessons learned from the multisectoral response to the HIV epidemic should continue to inform epidemic preparedness;
- 12.5 *Requests* the Joint Programme to support countries and communities to protect and enhance efforts to scale-up HIV prevention, treatment and care in the context of COVID-19 by building on and sharing lessons learned, best practices and innovations, including multimonth dispensing and community engagement, to gain ground lost, particularly on prevention, and improve agility, performance and efficiency towards achieving the goal of ending AIDS as a public health threat by 2030;
- 12.6 *Calls* upon donors and Member States to protect and intensify investments, resource allocations and social protection measures for all affected people living with and at risk of HIV, particularly vulnerable and key populations, most impacted by the dual HIV and COVID-19 pandemics;<sup>6</sup>

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

- 13.1 *Takes note* of report of the PCB Working Group on the Joint Inspection Unit Management and Administration Review of the United Nations Joint Programme on HIV/AIDS (UNAIDS);
- 13.2 *Agrees* to the clarification of the oversight and accountability roles of the Programme Coordinating Board, and *approves* the annex “Oversight and accountability roles of the Programme Coordinating Board” as annex 4 of the Modus Operandi;
- 13.3 *Agrees* to establish an independent, external oversight advisory committee, approves and agrees to review, with inputs from the External Oversight Advisory Committee, the TORs at least every 3 years or earlier if it so requests;
- 13.4 *Agrees* that the independent, external oversight advisory committee will review and recommend further strengthening of risk management to the PCB as part of its first plan of work after its establishment;
- 13.5 *Acknowledges* that the Secretary-General holds the oversight responsibility for the Executive Director position whereas the PCB is responsible for the oversight of the UNAIDS Joint Programme;
- 13.6 *Calls* on the UNAIDS Executive Director to provide a periodic report on the status of the JIU recommendations and their implementation to the oversight

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<sup>6</sup> The Russian Federation disassociates itself from the Decision Point and reaffirms that in the context of the COVID-19 pandemic social support must be provided to all people, with special focus on all most-affected categories.



committee as part of their plan of work, and that the oversight committee would provide an update to the PCB;

- 13.7 *Takes note* of the revised guiding principles of the cosponsors, encourages implementation of the principles with the focus on efficiency, effectiveness and use of evidence-based approaches, and acknowledge the importance of clear communication to cosponsor governing boards on PCB decision points and recommendations relevant to their participation to the Joint Programme;
- 13.8 *Agrees* to include in the upcoming PCB report to ECOSOC a recommendation that the Council requests the Secretary-General to submit a report, after consultation with the PCB, on the establishment of two four-year term limits and performance expectations for the position of UNAIDS Executive Director in line with the best practices of the UN system as recommended by the JIU.

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

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

#### **Agenda item 13: Next PCB meetings**

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

#### **Agenda item 14: Election of Officers**

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

*[End of document]*