

REPORT OF THE 48TH PROGRAMME COORDINATING BOARD MEETING

Additional documents for this item: N/A

Action required at this meeting: The Programme Coordinating Board is invited to:
Adopt the report of the 48th Programme Coordinating Board meeting

Cost implications for implementation of decisions: none

1. Opening

1.1 Opening of the meeting and adoption of the agenda

1. The UNAIDS Programme Coordinating Board (the Board or PCB) convened virtually for its 48th meeting from 29 June to 2 July 2021.
2. The PCB Chair, Kalumbi Shangula, Minister of Health and Social Services, Namibia, welcomed participants to the meeting. A moment of silence followed in memory of everyone who had died of AIDS or COVID-19.
3. During the COVID-19 pandemic, the Chair said, the PCB and UNAIDS had continued to find innovative ways to continue working effectively and productively. He recalled intersessional decisions adopted by the PCB and briefed the meeting on logistical arrangements and procedures for the meeting.
4. The meeting adopted the agenda.

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

5. Several members commended the quality of the report and welcomed the result of the PCB Special Session, i.e. the adoption of the Global AIDS Strategy. They urged UNAIDS to use the 2021 Political Declaration on HIV/AIDS and the Global AIDS Strategy to guide global efforts to end the AIDS epidemic.
6. One member recalled that it had disassociated itself from some sections of the Global AIDS Strategy 2021-2026 and that the Political Declaration had been adopted by vote, with 165 Member States voting in favour and 4 voting against the adoption. The member expressed concern that the Global AIDS Strategy included approaches which it believed were "non-agreed" and "non-consensus-based". It asked that the report of the meeting reflect its concern regarding the manner in which the Strategy had been developed and adopted, and the Member noted that they did not agree with statements made by others that UNAIDS Governance structure set a benchmark for inclusive and transparent decision making in the UN system in this context. It requested that its statement be fully recorded in the report of the current meeting. Another member asked the PCB legal counsel to provide the PCB with a written statement, defining the differences between terms "adopts" and "takes note of".¹ Another member further asked that the Decision Point be changed to read "takes note" instead of "adopts".
7. Several members objected. They said the report already reflected additional language proposed by the objecting member. The member retained the option to disassociate from the Decision Point, they said. Another member reminded the meeting that it had disassociated itself from parts of the Global Strategy.
8. The PCB Independent Legal counsel advised the meeting on options available with respect to decision making on the meeting report for the Special Session. He indicated that it is the prerogative of the Board to determine the action they wish to take on the paper, including "taking note" or "adopting" the report. Several members reminded the meeting that the concerns raised by the two members, including their disassociation to the adoption of the Global AIDS Strategy 2021-2026, had been reflected in the revision of the report, which had

¹ A legal opinion was requested by the Chair on this issue and due to technical reasons, it was included in a [summary of the PCB Bureau](#).

been tabled by the Chair prior to the meeting to respond to concerns raised, and said they would not agree to changing terminology of the foreseen adoption of the report of the previous session of the Board.

9. The Chair told the meeting that adoption of the report signaled agreement with the accuracy of the report as a record of the discussions and issues raised during the Board meeting, and did not imply agreement with each specific point or opinion recorded. Members could disassociate from a specific element recorded in the report, and that disassociation would be recorded in the report of the ongoing meeting, which would then need to be adopted at the subsequent session. A member requested to revise the language of the decision point so that they could join consensus.
10. The Chair proposed wording for the Decision Point, which one member did not agree. In accordance with rule 4 of the rules of procedure set out in annex 2 of the PCB's Modus Operandi, the Chair requested the agreement of the PCB to adjourn the discussion to a later stage during the current session. Prior to this statement, some delegations had made a proposal to postpone the adoption of this decision point in order to ensure consensus adoption. Several members insisted that the item be concluded and challenged the Chair's proposal. In response to these members' request, the Chair initiated a vote, which was taken among the 22 members of the PCB in accordance with the rules of procedure set out in annex 2 of the PCB's Modus Operandi. The results of the vote were: 11 members were in favour of postponing the debate, 9 members disagreed with postponing the decision, 2 members abstained. The Board decided to postpone the discussion.
11. After all other agenda items were considered and decisions adopted, the discussion was resumed, where one member said it could not accept the current wording of the Decision Point. Asked whether it wished to disassociate from the Decision Point, the member said it hoped for consensus.
12. The Chair told the meeting this left no choice but to put the Decision Point to a vote. Voting proceeded in accordance with the rules of procedure set out in annex 2 of the PCB's Modus Operandi, resulting in: 18 members agreed with the proposed Decision Point adopting the report of the Special Session of the PCB, 1 disagreed and 2 abstained.
13. While stating its regret that consensus couldn't be achieved, the member who raised the issue added that the report was unbalanced with respect to the points raised. It asked the Secretariat for clarity on actions to be taken to prevent a recurrence. Other members said they did not want the incident to set a precedent, and hoped that multilateralism, diplomacy and consensus would prevail in the PCB.

1.3 Report of the Executive Director

14. Winnie Byanyima, Executive Director of UNAIDS, welcomed delegates to the 48th meeting of the PCB. She paid tribute to UNAIDS staff members who had recently lost their lives and lamented the toll the COVID-19 pandemic was taking, including in Africa.
15. She began her report by summarizing progress on the new Global AIDS Strategy, efforts to transform the internal culture of UNAIDS, and steps to increase resources and optimize their use
16. The AIDS epidemic remained one of deadliest pandemics of all time, Ms

Byanyima told the PCB. In 2020, there had been 1.5 million new infections, all preventable, and 690 000 AIDS-related deaths, all treatable.

17. Briefing the PCB on recent developments, Ms Byanyima said the new Global AIDS Strategy puts communities at the forefront and lays out the changes in laws, policies, norms and services that are needed to end the AIDS epidemic, she told the PCB. The High-Level Meeting on HIV/AIDS at the United Nations (UN) General Assembly in June 2021 had catalyzed global solidarity, which was strengthened by adoption of the 2021 Political Declaration on HIV/AIDS. Those commitments now had to be put into action, she said.
18. The HIV response was working for some, but not all. Gaps were widening between the people benefiting from the progress made and those left behind, she said. UNAIDS was targeting those gaps. This entailed a number of challenges. The complexities of the epidemic have to be better understood, HIV services have to be reinvented to reduce inequalities, and that progress has to be measured. The necessary data have to be collected and used to guide HIV programmes, and rights-based approaches must be applied. Laws and policies should be aligned with the scientific evidence, Ms Byanyima continued. Punitive and discriminatory laws and practices that block effective responses to HIV should be removed, and more funding is needed to achieve this and to fight other pandemics.
19. The Executive Director said the lessons from the HIV response and the structures and systems built over the past 40 years had to be harnessed fully. She called for full incorporation of the Global AIDS Strategy in national strategies and plans.
20. Disruptions in service delivery and over-reliance on criminal laws were hallmarks of the coinciding impacts of HIV and COVID-19, Ms Byanyima said. Working closely with partners, UNAIDS had responded rapidly and reprogrammed funds, with over 70 Country Offices actively supporting COVID-19 response plans. She singled out the generous support from the German Ministry of Health for this work. UNAIDS was also working closely with the Africa Centres for Disease Control to roll out vaccines and develop communication campaigns and systems to drive community uptake.
21. Children living with HIV were among the groups left furthest behind in the HIV response—a terrible state affairs, Ms Byanyima told the PCB. Programmes had to improve and better diagnostics and treatment options had to reach countries. Community-led monitoring was progressing well and proving that when communities are supported and trusted they can generate the information and insights that are needed to overcome barriers.
22. More fine-grained data were being collected, including subnational estimates in a growing number of countries, some of which would be featured in the 2021 Global AIDS Update. Other important work involves community-based monitoring, which is showing that adequately supported and trusted communities can generate information and insights that help bridge gaps in programmes.
23. UNAIDS was also responding to human rights concerns triggered by the dual pandemics of COVID-19 and HIV. It was supporting displaced LGBTQ communities and monitoring implementation of human rights guidance in COVID-19 responses. Ms Byanyima urged countries to remove punitive and discriminatory laws that criminalize populations and people living with HIV, and to reach the new 10–10–10 targets. She shared examples of efforts in Benin

and Kenya which UNAIDS was supporting.

24. Education is a crucial entry point for reducing HIV infections among girls, especially in sub-Saharan Africa, Ms Byanyima said. She shared recent data on girls' access to education. However, getting into and staying in school was becoming even more challenging during the COVID-19 pandemic. UNAIDS had developed an alliance around the Education Plus initiative, a high-level advocacy drive to reduce HIV risk to girls by keeping them in school and making the school environment empowering and safe.
25. Ms Byanyima told the meeting that UNAIDS stood for health as a human right, not as a commodity or privilege. It therefore supported equitable access to COVID-19 vaccines, as a global public good. She briefed the meeting on the People's Vaccine campaign, including its call for the sharing of technology and knowhow via the World Health Organization's (WHO) COVID-19 Technology Access Pool (C-TAP), for waiving vaccine-related intellectual property rules, and for investing and enhancing manufacturing capacity in developing countries, especially in Africa. The campaign strongly welcomed the support expressed by the United States President for a TRIPS waiver on COVID-19 vaccine patents, she added.
26. Turning to the UNAIDS Secretariat, Ms Byanyima said that building a safe and empowering workplace was a top priority. Staff had been heavily affected by the COVID-19 pandemic, with up to 40% of staff reporting that COVID-19 had negatively affected their well-being and almost 20% reporting being stressed due to the loss of loved ones. UNAIDS managers were accommodating those concerns and experiences, including by allowing for flexible working methods, she told the PCB. The global staff survey showed that staff approved of those efforts and were showing great agility in adapting to new circumstances. UNAIDS was participating in the UN System-wide vaccination programme, she added. Unfortunately, the programme was also affected by global vaccine inequity. A total of 109 staff had received at least one COVID-19 vaccine jab.
27. Due to implementation of the Management Action Plan (MAP), policies and practices to prevent the abuse of power and harassment in the workplace had improved, Ms Byanyima continued. Deep transformation took time, she noted, while stressing that it was important to uphold rights and standards of accountability. The independence of the Ethics Office was being strengthened with new term limits and adjusted reporting lines, and the recruitment of a senior ethics officer was underway. She thanked the interim ethics officer for his work.
28. Regarding internal justice procedures, the Secretariat was providing inputs into WHO strengthened policy on harassment and abuse of power, and it would soon sign a revised memorandum of understanding (MOU) with WHO's Internal Oversight Services (IOS).
29. The process of culture transformation was well underway, Ms Byanyima said and referred the meeting to the accompanying report on the update on strategic human resources management issues for further detail of the changes. The global staff survey highlighted both areas of progress and concern. Senior management was determined to address the issues raised, she assured the meeting. She had asked senior managers to develop action plans with their teams to work on areas that require improvement.
30. Work on the alignment process had started in early 2021, the Executive Director said. It included a thorough review of UNAIDS' organizational

structure. The aim of alignment was to achieve five objectives through a transparent, consultative process with staff members at the centre, she told the meeting: align the organizational structure with the Global AIDS Strategy to achieve the biggest impact; make UNAIDS financially sustainable and more cost-effective; make UNAIDS more inclusive; ensure that UNAIDS is knowledge-driven; and align it with UN Reform.

31. The alignment process entailed several phases, she explained. The conception phase had been completed and was followed by an exploration phase and an envisioning phase in which options were explored. The fourth phase entailed formulating a way forward and would be followed by a final, fifth phase in which the new structure would be implemented. The timeline was short. The functional structure would be fleshed out in the coming weeks and implementation would commence before the end of 2021.
32. Staff had been engaged through listening sessions, townhall meetings and more, she said. The PCB would be kept informed at PCB meetings and via the PCB Bureau.
33. The next five years were critical for the HIV response, Ms Byanyima told the PCB. The new UBRAF was a timely opportunity to align the Joint Programme work with the Global AIDS Strategy and reshape its support to countries. A zero draft of the UBRAF would be presented during the current PCB session. She then briefly described the content and the process followed in developing the draft. Cosponsors were being engaged to assess capacities "on the ground" and identify where partnerships were needed.
34. Regarding resources for Joint Programme, the Executive Director told the meeting that US\$ 86.4 million had been made available for 2021, representing 46% of the annual budget, which compared well to the amount made available in 2020. Latest projections showed that US\$ 166 million would be raised by end-2021, which meant additional efforts were needed to reach the resource mobilization targets for 2021. Thanking donors for their continuous support and timely disbursements, she noted with regret a large funding cut by a key, long-standing donor and expressed the hope that the move would be redressed. She looked forward to a funding dialogue later in 2021 to achieve a fully-resourced Strategy.
35. In conclusion, Ms Byanyima said UNAIDS would mobilize all partners to achieve a multisectoral approach that can reach the objectives and targets in the Strategy. It would intensify support to all actors to address the inequalities that prevent certain groups from realizing their rights, including the right to health. She called on countries to ensure that the Strategy is fully resourced.
36. Peter Sands, Director of the Global Fund to fight AIDS, tuberculosis and malaria (Global Fund), noted that the PCB meeting was occurring at an extraordinary moment—40 years after the first cases of AIDS had been identified, 25 years after the Joint Programme had been established, and 20 years after the creation of the Global Fund. An unprecedented challenge lay before UNAIDS, the Global Fund and their partners, he said.
37. The Global Fund reconfirmed its commitment to the 2021 Political Declaration on HIV/AIDS, he said, noting that the Global AIDS Strategy focused sharply on human rights and inequalities, on removing those barriers, and on adopting people-centred approaches with a focus on community-led interventions.
38. The generosity of donors enabled the Global Fund to play a critical role in

financing efforts to reach the global AIDS targets and goals. Together the Joint Programme, PEPFAR and Global Fund can facilitate the investments that are needed to get the HIV response back on-track, Mr Sands said, especially for HIV prevention and for people who are most at risk. However, accelerating HIV prevention required more than money, he continued: it required creating space for people and communities to act, countering stigma and discrimination, and removing laws that stand in the way of progress.

39. Mr Sands thanked donors, for enabling the Global Fund to support countries in their responses to HIV, TB, malaria and COVID-19. The latter pandemic had opened new chapter in the struggle against HIV, he said in conclusion.
40. Belgium's Minister of Development Cooperation, Meryame Kitir, congratulated UNAIDS on the new Global AIDS Strategy and called for strong action to prevent violence against women and girls, and other key populations. Discrimination against those populations serves no-one. She said she looked forward to a strengthened partnership with UNAIDS and confirmed that Belgium would continue support UNAIDS with an annual core contribution of Euro 3 million over the next four years.
41. Speaking from the floor, Members thanked the Executive Director for her report and congratulated UNAIDS on the adoption of the Global AIDS Strategy and the 2021 Political Declaration on HIV/AIDS. Members said they appreciated the focus on equality and equity in the new Strategy, and urged all countries, as well as PEPFAR, the Global Fund and other partners to align their HIV work with the Global AIDS Strategy. Speakers urged PCB members to work together constructively.
42. The Joint Programme had been highly productive in the past 18 months despite the COVID-19 pandemic, speakers noted. They welcomed the zero draft of UBRAF, especially its focus on inequalities and on working closely with countries and communities, and urged that it be adequately funded so the new Strategy can be fully implemented.
43. It was troubling, speakers said, that even though combination prevention was known to be highly effective, there were 1.7 million new infections in 2019 and infections had increased in at least 63 countries since 2016. The new Strategy rightly focused on ending inequalities; the challenge was to act on that commitment, which requires focusing on populations and groups who are at highest risk and most affected by HIV. That, in turn, required addressing the societal and social structures that put people at risk and hinder them from using the services they need. Community-led services had to be tailored to the complex needs of people, speakers said, and the rights and dignity of every person had to be upheld.
44. Members welcomed the Executive Director's commitment to strengthen accountability and oversight. They also commended the efforts to achieve culture transformation and the commitment to ensure that UNAIDS was a safe and empowering workplace for all, but emphasized that this commitment had to be expressed in all UNAIDS' work, internally and externally.
45. Speakers agreed that culture transformation did not happen quickly, but were concerned about the outstanding audit recommendations and urged UNAIDS to act appropriately against people accused of harassment and misconduct.
46. They urged strong implementation of the Management Action Plan (MAP). While recognizing the progress made, members and observers expressed

concern that harassment and abuse of power and harassment continued to be key concerns for staff, as shown in the findings of staff surveys. Senior leadership needed to deepen and strengthen its efforts to address those issues, they said.

47. UNAIDS was congratulated on the adoption of the new Strategy and the Political Declaration. Members and observers underscored the Joint Programme's key role—normative and otherwise—in the global HIV response and said it should focus on its comparative advantages and core competences (e.g. strategic information, prevention, human rights and close collaboration with communities).
48. Cosponsors said UNAIDS funding had been catalytic, enabling them to leverage further resources for HIV. They emphasized the need for a fully-funded, accountable and strong Joint Programme to operationalize the Global AIDS Strategy.
49. Members and observers reiterated their support for the Strategy's focus on rights-based and holistic approaches. Experience showed that criminalization and other punitive approaches did not lead to successful responses, they said. Referring to the failures to respond to AIDS early in the epidemic, they noted that similar inaction was evident currently in the failure to respond to HIV among most-vulnerable populations. They called for an end to discrimination and marginalization against the communities who are most at risk and affected by the HIV epidemic.
50. Noting that HIV incidence had been reduced by 42% since 2010, speakers pointed out that children, adolescents and people experiencing stigma and discrimination were missing out on progress made in the HIV response. They called on countries to acknowledge the centrality of comprehensive sexuality education and of sexual and reproductive health services, and insisted that all people with HIV must have access to testing and treatment in ways best suited to their needs. They urged UNAIDS to promote innovations and the use of available tools to find undiagnosed children living with HIV.
51. Speakers congratulated the Joint Programme on its efforts to respond to HIV in the context of COVID-19, two pandemics that were highlighting global inequalities in access to diagnosis and treatment. Achieving Universal Health Coverage would help ensure access to quality health services for HIV and COVID-19—and for future pandemics—they said. Strong support was expressed for calls for equal access to vaccines for COVID-19 and for vaccines to be made a global public good that is available to everyone, everywhere. They also supported a TRIPS waiver for COVID-19 vaccines and commended the initiatives to achieve equal access to COVID-19 vaccines. Access to local manufacturing of vaccine and other related products was a precondition for ending the COVID-19 pandemic, they said.
52. A member stated its commitment to the Political Declaration on the understanding that the provisions are based on national, social, cultural and religious contexts. Another member expressed concern that the Secretariat was exceeding its mandate and noted, for example, that proposals regarding relaxing intellectual property for certain drugs was not supported by all countries.
53. In reply, Ms Byanyima thanked speakers for their comments and advice. She thanked Belgium for confirming its multiyear support and thanked all other donors for their continued support. UNAIDS was committed to continue with the

alignment process in a fair, transparent and inclusive manner and it would keep the Board informed and consulted, she said.

54. The Executive Director noted the strained health systems in countries and called for equitable access to vaccines. She acknowledged the advice on the UBRAF, including calls for a clear document that provides sufficient detail about indicators.

1.4 Report by the Chair of the Committee of Cosponsoring Organizations

55. Zsuzsanna Jakab, WHO Deputy Director-General, presented the report of the Committee of Cosponsoring Organizations (CCO). She said Cosponsors welcomed the 2021 Political Declaration, including the incorporation of 2025 targets from the Global AIDS Strategy in the Declaration.
56. After briefly sketching the origins of the Joint Programme, Ms Jakab recalled the inequalities and activism that had fueled the advocacy and activism that remained at the heart of the HIV response and the Joint Programme. The scale up of testing and treatment had also been facilitated through close partnerships with PEPFAR, the Global Fund, Unitaïd and others, she reminded the meeting, and had led to 27.4 million of the 37.6 million people living with HIV being on treatment currently.
57. Ms Jakab then presented examples of the work of the Cosponsors, which exemplified the multisectoral approach of the Joint Programme. UNESCO led the education sector response, including initiatives to transform norms, values and attitudes of learners, while the World Food Programme had received the Nobel peace prize for its efforts to ensure food security for all.
58. UNHCR had increased the capacity of humanitarian actors to integrate HIV into emergency preparedness and response mechanisms, she said, while UNFPA's work focused on condom programming and integrated delivery of sexual and reproductive health services to help reduce new infections. UNODC was taking the lead in providing countries with policy guidance and technical support for HIV prevention, treatment and care among people who use drugs and people in prison. This work brought together policy-makers, harm reduction service providers, prison authorities, judiciaries, law enforcement and civil society and community-based organizations, Ms Jakab told the meeting.
59. UN Women led the efforts to transform unequal gender norms that fuel the HIV epidemic, she continued. Since joining as a Cosponsor, UN Women had increased capacities of national AIDS coordinating bodies to integrate gender-responsive actions in HIV strategies, policies and programmes in 48 countries, benefiting 13.5 million women living with HIV. The ILO's HIV work focused on promoting social justice and the rights of workers, including those living with HIV. This included the VCT@WORK Initiative, which provided access to HIV testing for millions of workers, and the promotion of social protection floors. The World Bank catalyzed investments for sustainable HIV responses, supported data-driven targeting for impact, and addressed HIV as a multidimensional development challenge, she said.
60. UNICEF focused on technical, advocacy and programmatic partnerships for preventing vertical HIV transmission for responding to paediatric AIDS. It UNICEF estimates that between 2000 and 2019, 2.2 million HIV infections among children 0–14 years were prevented globally. WHO led the health sector response to HIV, including through implementation of global health sector strategies, the development of clinical norms and guidance and

technical assistance to countries and partners. It also ensured that comorbidities such as TB, noncommunicable diseases and mental health were prioritized and that health systems were strengthened.

61. Turning to other initiatives, Ms Jakab said that UNFPA and the UNAIDS Secretariat jointly convened the Global HIV Prevention Coalition, while UNICEF, WHO and the UNAIDS Secretariat were active in the PEPFAR-led Global Plan to eliminate vertical transmission of HIV and the Three Frees partnership. UNDP and UNFPA were also supporting countries to reduce violence and discrimination against key populations and to develop evidence and rights-based strategies that can improve their access to HIV services.
62. WHO was taking the lead on biomedical prevention, including pre-exposure prophylaxis programmes and voluntary medical male circumcision in eastern and southern Africa, while UNICEF provided technical support to the Global Fund for the prevention of HIV in adolescent girls and young women. Ms Jakab highlighted the importance of the strategic information produced and managed by the Joint Programme, along with the standards, guidelines and tools which it developed and updated.
63. She referred to actions taken to deliver on the Global AIDS Strategy, which included support for community-driven interventions and stronger cross-sectoral collaboration and alliance-building. Actions to remove legal and structural barriers were being increased, along with efforts to eliminate HIV-related stigma and discrimination.
64. In conclusion, Ms Jakab highlighted the importance of future UBRAF allocation models maintaining core HIV-dedicated UBRAF funds to enable Cosponsors to deliver HIV programmes and leverage their broader resources and mandates for the HIV response. Cosponsors needed continued political and financial support to HIV programming, she said.
65. Members and observers commended the CCO report and paid tribute to the Joint Programme's unique role and contributions. They praised the report for its reflections on the successes and failures of the HIV response.
66. Urging even stronger cross-agency collaboration, speakers asked for clarity on how each Cosponsor would fulfil its mandate in relation to the new Strategy. They welcomed the planned review of the division of labour between Cosponsors, which had to be clear, robust and aligned with the new Strategy and the new UBRAF. This was important for impact, the proper use of resources, and accountability. They requested additional information on the division of labour, particularly since the organizational structure had not been finalized yet. They also asked for improved monitoring and evaluation in the new UBRAF to strengthen accountability.
67. There were requests for greater clarity about how efforts to reduce inequalities would be operationalized across the work of the Joint Programme. Members stressed that those efforts should reflect the lived experiences of people, address stigma and discrimination and racism, and ensure a transformational approach that supports equity and encourages leadership from Cosponsors in partnership with governments.
68. Cosponsors were urged to invest more in addressing social determinants, especially stigma and discrimination, and were asked to mobilize resources for sustainable community-based responses and for actions led by networks of people living with HIV. They were also asked to recognize the special

challenges affecting certain regions, especially those with large numbers of vulnerable and key populations.

69. The Joint Programme's work had to be grounded in human rights-based approaches, several members and observers insisted. Infringements on civic space and human rights in many countries were major concerns, they noted, as was the overall environment, including the COVID-19 pandemic, in which UNAIDS had to operate.
70. In reply, Meg Doherty, Director of Global HIV, Hepatitis, STI programmes, WHO, representing the CCO Chair, acknowledged the need for a stronger focus on community engagement. Cosponsors would ensure that this is outlined in the final UBRAF. The current division of labour was fit for purpose and allowed for the development of a new UBRAF, after which the division of labour could be revisited, most likely in 2022.
71. Ms Doherty agreed with the calls for a strong emphasis on stigma and discrimination, racism and other inequalities, and with leveraging capacities across the Programme to address social determinants and ensure rights-based approaches. She confirmed that Cosponsor activities would align with the Strategy and would emphasize actions that tackle inequalities. She also acknowledged remarks regarding the importance of prevention and HIV-sensitive Universal Health Coverage, and said Cosponsors' work would highlight key populations, universal health coverage and comorbidities, among other priorities. Regarding a suggestion that IOM be invited to join the Joint Programme, Ms Doherty said such interest had to be expressed at the highest level of IOM leadership. It would also be necessary to ensure that there were adequate resources to bring in additional Cosponsors. The Secretariat clarified that, in accordance with annex 1 of the PCB's Modus Operandi, the process of cosponsorship would require the requesting agency to submit a proposal to the Committee of Cosponsoring Organizations for consideration.
72. The Chair apologized for having to leave the meeting due to the rapidly evolving COVID-19 situation in Namibia. H.E. Ambassador Julia Imene-Chanduru, Ambassador and Permanent Representative of Namibia to the United Nations in Geneva replaced him as chair.

1.5 Report by the NGO Representative (postponed)

2. Leadership in the AIDS response

73. Due to time constraints, this agenda item was postponed to the last day of the PCB session. Ms Byanyima introduced the speaker, John Nkengasong, Director of the Africa Centres for Disease Control (Africa CDC).² She thanked Africa CDC for its leadership during the COVID-19 pandemic and said UNAIDS was working closely with Africa CDC to support the vaccine roll-out, especially through vaccine demand programmes and community-based services.
74. Mr Nkengasong told the meeting he had worked on HIV for 29 years before moving to the Africa CDC. Emphasizing the importance of renewed African leadership on public health, he reminded the meeting of the continent's disease burden, which included emerging diseases, endemic diseases, rising rates of noncommunicable diseases and ongoing challenges in expanding maternal

² This agenda item took place on Friday 2 July 2021.

and neonatal care. HIV had to be approached in that context, he said.

75. HIV responses had strengthened health systems in Africa. This contribution was especially substantial in strengthening laboratory, diagnostic and surveillance systems, improving primary health facilities, and building health workforce capacities. But COVID-19 was disrupting those improvements, Mr Nkengasong said, citing as example the 41% drop in HIV testing and a 37% drop in treatment referrals in 2020. He referred to a paper published in the PLOS Medicine journal in the previous week, which documented the disruption of essential health services and the threat COVID-19 posed to the control of high-burden diseases such as HIV, TB and malaria, and to the prevention of child and maternal mortality.
76. Mr Nkengasong summarized the COVID-19 situation in Africa at 2 July 2021, with more than 5.5 million diagnosed cases, over 143 000 deaths during three waves, including an ongoing and devastating third wave. Unless there was an extensive and rapid rollout of vaccines in Africa, those waves would continue to arrive, with each peaking higher than the previous one, he warned.
77. The HIV epidemic held important lessons for the COVID-19 response, he told the PCB. Whereas the rollout of antiretrovirals had helped the United States of America arrest its HIV epidemic in the 1990s, the epidemics had kept growing in Africa, where the treatment rollout had been delayed into the 2000s. Coverage of COVID-19 vaccines was 1.12% in Africa as at 21 June 2021, with only 14.7 million people vaccinated on a continent with 1.2 billion people; only 3 small countries had vaccinated 10–35% of their populations, he told the PCB.
78. There was strong support for a TRIPS waiver, including from the African Union Head of States and from UNAIDS. Africa CDC was partnering with UNAIDS on community engagement and risk communication, and on health-care workforce development to support the vaccine rollout. However, Africa had limited health facilities, health budgets and health workers, he said, reminding the PCB that African Union Heads of State had committed in 2017 to recruit 2 million health-care workers. He underscored the shortages of frontline epidemiologists (25 000 needed versus 5,000 available) and field epidemiologists (6,000 needed versus 1,900 available).
79. Mr Nkengasong concluded his presentation by calling for a new public health order to achieve stronger public health institutions and workforces; more extensive manufacturing of vaccines, diagnostics and therapeutics; and greater focus on respectful, action-oriented partnerships.
80. In discussion from the floor, members thanked Mr Nkengason for his presentation and emphasized the importance of the concerns he had raised. They thanked him for underlining the importance of community-led responses, adding that community-led work extended beyond having community health-care workers; it also required suitable legal environments and strengthened social protection.
81. Members highlighted the severity and impact of the third wave of COVID-19 infections and welcomed the leadership role of Africa CDC. Some members said they were actively responding to calls for greater access to vaccines and they wished to work in partnership with Africa CDC. The commitment and flexibility shown by the Global Fund in its COVID-19 work was also noted.
82. The links between HIV and COVID were obvious, speakers said. HIV programmes were often leading national COVID-19 responses, and HIV

clinicians and practitioners were often delivering care to people with COVID-19. Some members shared information on how they had adapted their HIV protocols and programmes to ensure unfettered access to antiretrovirals and other HIV services during the COVID-19 pandemic. They also described the important roles played by nongovernmental organizations (NGOs).

83. A member reminded the meeting that UNAIDS' leadership in the global HIV response had to be based on globally-agreed principles and commitments. However, it said, the 2021 Political Declaration contained wording that had not been agreed by all countries.
84. Mr Nkengasong thanked speakers for their comments and kind remarks. He emphasized that Africa found itself at a tipping point in dealing with an unprecedented and unpredictable epidemic—and it had to do so without access to the vaccines that are available to high-income countries.

3. Organizational oversight reports

85. David Webb, Director of the Office of International Oversight Services (IOS), WHO, presented the Internal Auditor's Report. He told the meeting that since the premeeting held on 17 June 2021, the IOS had closed 30 recommendations, while a further 13 recommendations were in the final stages of update. The revised MOU was in the final stages of clearance with WHO legal counsel. Once approved, the document would be put into action, probably in the coming weeks.
86. Charles Simon, Director of the Ethics Office at UNAIDS, delivered the first-ever independent ethics report for UNAIDS, which emphasized three main points: a fully ethical Secretariat was still unfinished business; senior leadership had a particular obligation to transform its own culture; and the PCB had a key oversight role in relation to ethics in the Secretariat.
87. He told the meeting there had been good progress in setting up an Ethics Office. Recruitment of a director was underway, term limits were in place, and the Office was reporting directly to the PCB. The new independent external oversight advisory committee also allowed for informal access to the PCB.
88. Mr Simon said the Office had been very active, providing advice and guidance to staff, managing a declaration-of-interests exercise, administering a whistleblower protection policy (zero claims, with significant concerns about retaliation), and conducting education and outreach.
89. He commended management for conducting the recent global staff survey, the results of which were significant, though not revelatory. The concerns expressed had been raised in previous surveys of the UNAIDS Secretariat Staff Association (USSA) and matched concerns raised by staff with the Ethics Office. These survey results were therefore highly significant as signposts for change in the Secretariat. They also held implications for the creation of an inclusive workplace environment and for alignment. In considering the survey results, he emphasized that harassment does not require intent; what matters ultimately is the impact of behaviours.
90. Management had acknowledged major challenges and taken commendable actions, but much remained to be done, Mr Simon told the PCB. Senior leadership had a unique obligation to transform the culture of its leadership. Each leadership decision and action must be beyond reproach and must be perceived to be so, he stressed. This was a necessary foundation for fully

ethical UNAIDS.

91. Mr Simon noted that the Executive Director had embraced accountability for herself and her Senior Leadership Team, which was laudable. The PCB had a vital role in holding the Executive Director and senior leadership accountable. An additional Ethics Office staff member would enable greater oversight and action on ethics and integrity issues, he said in closing.
92. Krishna Subramaniam, Director, External Auditor, presented the external auditor report for 2020, which had been conducted through remote access mode due to the COVID-19 pandemic. It had also examined the performance reporting system and ethics function, and conducted (for the first time in many years) an external audit of the Myanmar Country Office.
93. The financial audit included recommendations regarding the completeness and transparency of financial disclosures, which UNAIDS management had accepted and the necessary adjustments had been made. Based on that, the external auditor had issued an unqualified opinion, confirming that the financial statements were in accordance with international standards. At December 2020, five recommendations remained outstanding, of which three were under implementation.
94. UNAIDS revenue in 2020 was 20% higher than for 2019, with staff costs serving as the largest component (largely due to a loss in actuarial valuations of the After-Service Health Insurance liabilities in 2020). UNAIDS was running a deficit of about 1% of revenue, he said. Accrued staff liability was the largest liability, primarily due to increases in the actuarial valuation of staff benefits in 2020.
95. Regarding operations and management, he told the PCB that tracking progress against the UBRAF was a foundation for monitoring UNAIDS' contribution to the global AIDS targets. The audit had noticed problems regarding data quality completeness and consistency in the performance reporting system, which was highly complex and catered to the various needs of different users. The auditor recommended a more simplified report with enhanced readability and visibility, a point which had been made by previous external auditors.
96. The Global staff survey had revealed issues of concern regarding organization ethics, he added and said it was hoped that the inputs from the survey would be used to make the MAP more effective. Among the most serious findings was the reluctance of staff to report abuse and harassment for fear of retaliation or due to expectation that no action would be taken. Mr Subramaniam stressed that creditable actions had to be taken to enable staff to report misconduct without fear.
97. He noted a decline in the number of cases referred to IOS, which was encouraging. However, reports of harassment had not declined and he noted an increase in the numbers of staff who had approached the ombudsman, 70% of who were female staff. Timely investigation, accompanied by prompt disciplinary action, provides creditable deterrence against misconduct, he told the PCB. He also noted delayed disciplinary action by UNAIDS; investigations of four cases of sexual misconduct had been completed, but no disciplinary action had been taken yet.
98. Turning to the audit of the Myanmar Country Office, he described the uneven progress in the national HIV response. He thanked UNAIDS staff and management for their cooperation and for helping the external auditor fulfil its

mandate.

99. George Farhat, Director of Planning, Finance and Accountability, UNAIDS, presented the management response to the organizational oversight reports and updated the meeting on actions taken.
100. The internal audit showed positive trends, he said, including a decrease in the number of controls with high residual risks, increased effectiveness of individual internal controls (68% in 2020 versus 50% in 2019), and closure of 40 of the 107 recommendations issued in 2020. Regarding past audit recommendations, an unprecedented 72% closure rate had been achieved, with 7 audits fully closed. Overdue open recommendations had been reduced to 6%, compared with 21% in the previous year.
101. Management had already taken several actions, including increasing the delegation of authority to field offices, Mr Farhat said. Procurement had been strengthened further (including through the launch of the UNAIDS procurement toolkit) and recruitment was being enhanced through assessment centres for Country Director positions. Management accountability dashboards were available to all staff. Several steps had been taken to strengthen internal control and risk management.
102. Looking ahead, Mr Farhat described additional actions management would implement. They included reinforcing systems of accountability through further delegation of authority to Regional and Country Offices and the inclusion of accountability targets in performance appraisals. Procurement of services would be simplified and procurement planning would be integrated into the new ERP (as of the third quarter of 2021). Mandatory training on risk management would be introduced and the online risk platform would be expanded.
103. Mr Farhat said the IOS had received 11 reports of concern in 2020 (a 42% drop compared with 2019), 7 of which were unsubstantiated. The remaining 4 cases were under investigation, one of which related to possible fraud.
104. He said the external audit had issued an unmodified opinion on the UNAIDS financial statements and had issued 8 recommendations. UNAIDS management agreed with the recommendations and would make every effort to implement them, he told the PCB. He noted that in the previous 8 years UNAIDS had achieved a 100% implementation rate. He briefly touched on some of the prospective actions.
105. Mr Farhat assured the PCB that management recognized the importance of the Ethics Office and was grateful for its contributions to strengthening a culture of ethics and accountability at UNAIDS. The global staff survey had been implemented in November 2020 as part of the MAP commitments. It showed the strong commitment of staff (88% said they were proud to work at UNAIDS), as well as the burdens of high workloads and stress associated with organizational change, the COVID-19 pandemic and other factors.
106. Regarding low levels of staff trust in senior management, he said UNAIDS was committed to 360-degree performance assessments and to make them available internally on the intranet. A strengthened harassment and abuse policy was in place, and the legal and advisory capacities of the Human Resource Management Department were being enhanced. A new MOU with WHO's IOS would soon be finalized. In addition, team values charters on racism and well-being would be introduced. Mr Farhat reminded the PCB that the Executive Director had reiterated that her top priority was the creation of an

equal, safe and empowering environment for staff.

107. Speaking from the floor, speakers welcomed the high quality of the reports from the external and internal auditors. They welcomed progress made on issues highlighted across the various reports, and appreciated the Ethics Office report in particular. They commended the increase in closed audits, but were concerned that several cases of harassment were still under investigation. They asked to be kept informed about progress. Similarly, one member stressed the importance of quickly resolving any procurement or fraud irregularities.
108. Members and observers suggested that the reports should be seen in the context of the COVID-19 pandemic, budget cuts, the alignment process and other disruptions—all of which affected staff. The PCB was told that the pressures experienced by Secretariat staff had been felt by all Cosponsor staff in the past year. Senior management's willingness to acknowledge and confront these issues was laudable, speakers said.
109. Members commended the external auditor report's unmodified clean opinion on financial statements and congratulated management on its efforts to respond to recommendations from the internal and external audits. They said they appreciated the four main recommendations in the external auditor report and urged UNAIDS to implement them systematically. They also welcomed management's commitment to further reduce the number of outstanding recommendations, while noting concern about current outstanding recommendations. They supported calls for strengthened performance reporting and asked for more information about plans to increase the number of internal audits in the next year.
110. Members and observers applauded the good practices in the Secretariat's Strategic Information Department, which added global value by providing vital annual information on the HIV pandemic and response.
111. Concerns were raised about the effectiveness of risk management and control processes in key areas, including data management. They said they would welcome further information about steps taken to improve data security and quality management, and about the creation of a comprehensive data management policy. They recognized the need for sufficient resources to achieve those improvements.
112. Speakers highlighted the milestone of the first Ethics Office report and underscored its reflections on the global staff survey results, which they described as alarming. The results pointed to a lack of trust between staff and leadership, and to an urgent need to transform the culture of senior leadership. Speakers asked for a clearer response from management to recommendations made by the Ethics Office.
113. Members and observers acknowledged management's commitment to uphold high standards and the progress made to ensure UNAIDS is a safe workplace for all staff. Culture change can take time, some speakers noted. However, the reports evoked a sense of *deja vu*, they said, and highlighted many areas where additional actions were needed from senior management to resolve issues of abuse of authority, racism and harassment. Current improvements were insufficient. (It was also suggested that, since staff worked mainly from home during 2020, the apparent improvements made in workplace culture should not be overstated.)

114. Speakers commended the first global staff survey in over decade, and noted that 88% of staff said they felt proud to work at UNAIDS. But it was concerning, they added, that 58% of staff reported low levels of trust and respect for the leadership group, which was much lower than the benchmark median. They expressed concern that reports of harassment, abuse of authority or discrimination had not declined, and about indications in the staff survey that less than half of staff felt safe to report incidents of harassment, abuse or discrimination or were confident that action would be taken.
115. Members and observers urged senior management to act urgently on these issues in order to build a healthy organization where staff can work safely and without fear of retaliation, and they supported the external auditor's proposals in that regard. They asked whether the Secretariat had a step-by-step plan to improve the situation and said they looked forward to a report on progress at the June 2022 PCB meeting.
116. Speakers stated their appreciation that the MOU with WHO was being finalized and said they hoped the extra capacity would boost internal justice processes and help rebuild trust between staff and senior management. They asked for further information about cases under investigation, which had been mentioned in the Management Response, and stressed that adequate resources had to be available for strong investigative capacity.
117. Members underlined the need for stronger accountability and highlighted the importance of the Independent External Advisory Committee in that regard. Also noted were concerns regarding procurement processes and single-supplier rules, and the lengthy times required to fill key positions. Members urged the Secretariat to take immediate action to resolve those issues.
118. In reply, Mr Webb said older, outstanding recommendations had been addressed more quickly, and newer recommendations from the 2020 audit were also being managed more speedily. Reports of concern that involved alleged harassment and sexual harassment had increased (one more), but reports of concern had decreased overall. He said the audit was largely positive regarding data management; the issues mentioned related mainly to support in the field, not to work at headquarters.
119. Mr Simon acknowledged that the issues raised in the Ethics Office report and the results from the global staff survey were not new, but said it was incorrect to claim that nothing was being done to improve matters. Additional resources would enable the Ethics Office to make greater efforts to prevent such issues. However, he agreed that much remained to be done and that actions had to go beyond policies and initiatives. Everyone, senior leadership included, had to think about the impact of their conduct and decisions, and how those were experienced by staff and colleagues, he told the PCB. Many staff approaching the Ethics Office were concerned about possible retaliation, which pointed to a central need to rebuild trust in senior leadership, he said in conclusion.
120. In his reply, the external auditor said he were ready to offer inputs to achieve a simplified, user-friendly reporting system. He also expressed the hope that management would act swiftly to resolve the four cases awaiting disciplinary action. He suggested that the next audit could explore solutions to improve staff protection against possible retaliation.
121. Mr Farhat said UNAIDS took full implementation of external audit recommendations very seriously. He added, though, that some recommendations could not be implemented immediately. For example, he

explained, the alignment of indicators could only occur via the next UBRAF, which meant that recommendation remain open temporarily (but it did not mean nothing was being done).

122. He said UNAIDS continuously improved the reporting process and format whose current version was informed by past PCB guidance, but reminded the meeting of the need to strike a balance between full and accountable reporting and easily-digestible reports and diverse expectations from PCB members. UNAIDS was working to improve data management security, he added. It was conducting an IT assessment of all data and was preparing a comprehensive management data plan, which would include all aspects of data security.
123. Turning to concerns about procurement processes, Mr Farhat said he was confident that UNAIDS had a strong compliance system, and he assured the meeting that it was being strengthened continually. Procurement systems and processes were in place to ensure proper procedures are followed and an online dashboard system had been created to support full compliance. He added that the new ERP system will have greater automation options to further reinforce internal controls. In addition, mandatory procurement training for all management with procurement authority would be implemented as soon as possible.
124. Regarding the internal audit's outstanding recommendations, Mr Farhat said those had decreased significantly and he was confident the trend would continue. He reminded the meeting that closure of one recommendation often involves the closure of several others at the same time. The overall number of recommendations have been reduced from more than 300 to about 150, he said.
125. Mr Tim Martineau, Deputy Executive Director a.i., Management and Governance, UNAIDS, responded to concerns raised regarding harassment and abuse of authority. He stressed that the organization was committed to a zero-tolerance approach and noted a reduction in the number of sexual harassment cases going to IOS. He described some of the steps taken to prevent and enable reporting of misconduct. The increased number of cases brought to the ombudsman seemed to indicate trust in expectations of action, he suggested.
126. Regarding the IOS, Mr Martineau said it needed sufficient resources to deliver against the proposed timelines. Some measures were included in the service-level agreement to prioritize certain cases and provide resources, where necessary.
127. He assured the meeting that the survey findings regarding staff relations with the senior leadership team were being taken seriously, with a focus on building trust, inclusion and transparency. Steps were being taken to deal with those issues, including coaching on interpersonal relations and support. Implementation of the MAP continued and was being deepened and widened, including through enhanced internal communication. A decision had been taken to integrate MAP reporting into the human resources management report, he told the PCB.
128. Ms Byanyima thanked speakers for their honest feedback and said she took the concerns seriously. She also thanked speakers for noting where progress had been made.
129. The Executive Director singled out areas where more work was needed. She

assured the Board that she was working hard on leadership and staff trust, including through implementation of 360-degree appraisals. A lot had been done to shape the necessary policies, but more had to be done, she acknowledged. Current policies did not protect victims sufficiently, for example, but some changes required advances across the UN System as a whole. Regarding procedures and systems, work was ongoing, she told the PCB and cited as an example the pending MOU with the IOS.

130. Regarding the staff survey results, Ms Byanyima said they required further reflection. An increase in reported cases of harassment was not necessarily bad news, she said, since the changes that were being introduced could be expected to lead to increased reporting. Regarding disciplinary action, she assured the meeting that once cases were concluded, she would not hesitate to take the necessary actions.
131. Ms Byanyima agreed that staff mental health was an issue of concern. Staff were coping with very difficult and extraordinary situations, including high anxiety about alignment. Staff well-being was a top priority and management was working on those issues, for example by increasing the number of well-being officers.

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

4.1 Performance reporting

132. Shannon Hader, Deputy Executive Director, UNAIDS, presented the contextual overview and reminded the meeting that the annual Global AIDS Update, due to be published in July 2021, would include updated HIV data.
133. There had been great progress since 2010, she told the PCB. The number of people receiving HIV treatment had increased from 7.8 million to 27.4 million since 2010. But this also meant that 10 million people living with HIV were not receiving treatment, 6 million did not know they were living with HIV, and 4 million had been diagnosed but were not on antiretroviral therapy. Progress was highly unequal.
134. Trends in new HIV infections and AIDS-related deaths also showed uneven progress across regions. While most regions had seen improvements, none had achieved the target of a 75% reduction in new infections set for 2020 and new infections were increasing in one region, she said. Children comprised about 4% of people living with HIV but accounted for 14% of deaths. She also noted the disproportionate burdens on some populations, adding that key populations were important in the epidemics of every region and accounted for 95% or more of new HIV infections in four regions.
135. Even though combination prevention clearly worked, she continued, it was not available at the scale and reach needed. Coverage of PrEP was too low, adolescent girls and young women (and young people generally) faced many age-related barriers, and key populations could not access prevention services in many countries (with harm reduction absent or insufficient in many cases). Improvements in preventing vertical transmission had stalled in recent years, for reasons that varied by country and by programme. Depending on location and setting, different actions are needed to close the gaps.
136. COVID-19 was making matters more difficult, she continued. She commended

the steps taken to sustain HIV treatment programmes, including the many innovations being used, but noted that some programmes were struggling to recover (with new treatment initiations especially affected). Major gaps remained for HIV prevention for key populations and adolescent girls and young women. A few countries were performing well, but a majority had experienced interruptions in prevention programmes for key populations and have not yet recovered.

137. There had been some progress in reforming or removing punitive laws, but more than 10% of countries still had punitive laws that deny or limit access to services for people living with HIV and for key populations. Turning to violence against women, Shannon Hader said surveys showed that 13% of women had experienced sexual and/or physical violence by an intimate partner in the past 12 months. Globally, only seven countries were below the 10% yardstick.
138. Overall, the HIV response had seen strong progress in sub-Saharan Africa and the Caribbean, but the epidemic was growing in eastern Europe and central Asia, the Middle East and North Africa, and in parts of Latin America, she summarized. In closing, she said that despite the COVID-19 crisis, the Joint Programme had successfully supported countries and ensured that their HIV programmes and services were sustained. It continued to prove its value as a strong partnership and catalytic force, including for identifying and acting against the inequalities that fuel pandemics and hold back responses.
139. Turning to the Joint Programme's Performance Monitoring report, Mr Farhat explained this a jointly developed multisectoral results package which capture the collective achievements of Joint Programme for 2020, future action and feature the Joint Programme's contribution to the intersecting COVID-19 and HIV response. He listed its four complementary components as follows: (i) Executive Summary which provide the short overall overview; (ii) Regional and Country Report; (iii) Strategy Result Area (SRA) and Indicator Report; and (iv) Organizational Report.
140. Mr Farhat highlighted that reporting on expenditures (by strategy result area, regions, Cosponsors and Secretariat and cost categories) is available in the SRA report. UNAIDS 2020 expenditure data and a summary of the Joint Programme's total core and non core expenditure in countries are available in the UNAIDS Results & Transparency Portal³ which features the full Programme Monitoring Report and supplementary information (including all the 2020 country reports including detailed information on achievements, challenges and a summary of the utilisation of funds, 96 of which will be published by mid-2021). Other key financial information is available including a page on the UNAIDS International Aid Transparency Initiative (IATI) registry. He then briefly reviewed the methodology of results reporting including that data were gathered from the 87 countries with functional Joint Teams on AIDS that consistently reported against the indicators in 2016–2020. He also mentioned that a technical note on the PMR indicator reporting is available as a conference room paper⁴ for easier reference and stressed that the 'traffic lights' used in the reporting do not, in any way, give an overview over the global HIV/AIDS response and should always be analysed in context.
141. Ms Doherty, Chair of the CCO, summarized the Joint Programme's achievements and main challenges for the eight results areas from the

³ [Transparency Portal \(unaids.org\)](https://www.unaids.org/en/Transparency-Portal)

⁴ [PCB 48 UBRAF PMR Indicator CRP2.pdf \(unaids.org\)](https://www.unaids.org/en/PCB_48_UBRAF_PMR_Indicator_CRP2.pdf)

UNAIDS 2016-2021 Strategy. 99% of countries had adopted the WHO 'Treat All' policy, and special attention had been devoted to testing and treatment services in humanitarian settings (with 72% of countries having integrated HIV in their national emergency preparedness and response plans). HIV treatment for children lagged, however, and only 59% of countries had quality health-care services for children and adolescents, she said.

142. HIV prevention had been elevated as a priority through the Global Prevention Coalition, Ms Doherty continued. The share of countries implementing the latest vertical transmission guidance had increased to 68% in 2020, and the 'Three Frees' framework had prioritized actions in the 21 countries where 80% of women and children with HIV live. Almost 90% of countries had supportive adolescent and youth sexual and reproductive health policies, and the Joint Programme was playing a central role in the 'Education Plus' initiative to ensure quality secondary education for all young people.
143. Prevention for key populations remained a priority, with an increasing share of countries adding service packages for key populations to their national HIV strategies. Stronger strategic investment for prevention remained a top priority, especially during the COVID-19 pandemic, which was disrupting prevention services.
144. Turning to gender, human rights and stigma and discrimination, Ms Doherty told the PCB that 70% of countries reported having national HIV policies promoting strategic gender equality and the share of countries reporting the existence of laws and services to prevent and address gender-based violence had increased from 43% in 2010 to 61% in 2020. The Global Action plan to eliminate stigma and discrimination now included 19 countries, while 33 countries were implementing the Stigma Index 2.0. However, only one third countries had measures in place to reduce stigma and discrimination in health-care settings, and the COVID-19 pandemic was disrupting efforts to creating enabling legal and policy environments. The pandemic had also led to a surge in violence against women.
145. During 2020, Ms Doherty said, the Joint Programme had supported at least 50 Global Fund funding requests and had supported country actions on the Global Action Plan for healthy lives and well-being for all. 83% of countries reported having social protection programmes that address HIV. The share of countries delivering HIV services in an integrated manner had not increased, however, and there had been setbacks in the integration of HIV services with antenatal and postnatal services. COVID-19 was putting integrated systems under great stress and was highlighting the need to invest in pandemic preparedness and in broader health and social protection infrastructure. Ms Doherty concluded by briefly sharing examples of how Cosponsors integrated HIV in their core mandates and by summarizing the Joint Programme's key contributions to the Sustainable Development Goals.
146. Marie-Odile Emond, Senior Planning and Monitoring Advisor, Planning, Finance and Accountability at UNAIDS Secretariat, highlighted selected regional and country achievements, challenges and actions captured in the Regional and Country report. She noted that key achievements from the 6 UNAIDS regions included wider availability of ARV multi-month dispensing and OST, differentiated service delivery; scaled-up PrEP programmes; strengthened support for community-led services to reach key populations, young people, women and girls; and expansion of socioeconomic support for people affected by HIV, response to COVID-19 and humanitarian emergencies

including socioeconomic support, human rights protection and improving sustainable of the HIV responses

147. Ms Emond singled out several challenges, including the impact of COVID-19 on HIV programmes, continuing high levels of stigma and discrimination, ongoing structural barriers (including gender inequality and violence against women), and the destabilizing effects of systemic inequalities and political instability. She briefly illustrated these issues with examples from the 12 countries with diverse HIV epidemic and response contexts featured in the Performance Monitoring Report, which also highlighted the multisectoral nature of UNAIDS support. She cited some achievements, in Eswatini and Pakistan as specific examples illustrating the Joint Programme's agility in responding to the diverse and shifting needs of countries and communities. The achievements were made possible thanks to Joint Programme, leadership, advocacy and communication, strategic partnerships, mobilization and innovations, strategic information to inform programmes and guide the global response including the new global targets setting, coordination, convening dialogue and country implementation support. She concluded that the achievement would not have been possible without solid partnerships, especially with governments and parliamentarians; PEPFAR, the Global Fund and other donors; communities of people living with HIV and key populations; wider civil society and faith-based partners; and the private sector.
148. Commenting from the floor, members and observers thanked the Secretariat for presenting both useful overviews and detailed reports of activities, which documented important achievements with a granular view of UNAIDS work, including responses to COVID-19. They commended the improved reports said they were encouraged by the progress reported. They also applauded the steps taken to address the intersections between the COVID-19 pandemic and HIV, support local HIV responses and key populations, and strengthen social protection.
149. Members noted the financial update and audited statements for 2020 and stressed their concerns about the forecasted shortfall in funds needed for a fully-funded UBRAF.
150. The report highlighted a major advantage of UNAIDS—its ability to strategically harness the resources and work of different organizations and partners, speakers noted. They encouraged the Secretariat to draw on the recommendations in the report when developing the new UBRAF. Emphasizing the need for robust reporting frameworks for the Global AIDS Strategy, speakers requested that the new UBRAF also reflect lessons from previous iterations and show more clearly which performance activities require improvement. Speakers requested that the new UBRAF reflect the impact of the COVID-19 pandemic on the HIV response and on countries' abilities to achieve the targets. Actions to prevent HIV services from being disrupted by other public health emergencies should also be noted, speakers said.
151. The missed targets for some Strategy Result Areas (e.g. prevention and vertical transmission) were concerns, speakers said. Several speakers noted that many people—including key populations, adolescents and young people—were still left behind and expressed concerns about slow progress in adopting quality programmes for them, and in moving away from the criminalization of HIV risk behaviors. Some targets seemed over-ambitious for many countries, it was suggested, especially in the context of the COVID-19 pandemic.

152. While acknowledging the impact of COVID-19 on people's health and on economies, members and observers emphasized that stigma and discrimination, harmful social norms and a lack of access to essential HIV services remained barriers. It was worrisome that only one third of young people globally had accurate knowledge of HIV and that fewer than 40% of countries had combination prevention programmes in place. They welcomed efforts to scale up comprehensive sexuality education and urged continued efforts to protect integrated sexual and reproductive health and rights and HIV services. A member suggested that comprehensive sexuality education programmes should be implemented in line with national strategies, laws and priorities and asked to make a relevant footnote in the Regional and Country Report. Legal Counsel clarified that the reports are submitted to the PCB by the Executive Director to support their discussion and decision making. The PCB can express its opinions through decision making but does not edit reports submitted by the Executive Director.
153. Speakers also welcomed the integration of health and education, and commended the Joint Programme's promotion of education for girls. They agreed that more and better opportunities for education would protect against HIV and support social stability. The Joint Programme's contribution to strengthen social protection systems and progress towards UHC which are key for reducing inequalities were also appreciated. Speakers said they were keen to see the findings of the independent evaluation on the work of Joint Programme, especially in relation to violence against women and looked forward to information from the mapping exercise on access to social protection in eastern and southern Africa.
154. The importance of community-led approaches was emphasized calling for increased investments in this area. Speakers called on countries to translate into reality the rhetoric about putting people and their right to health at the centre of public health policies. They also noted concerns that increased shifts to domestic funding were coinciding with increased restrictions on civil society organizations and shrinking civic space. The Joint Programme and PCB members were urged to support civil society organizations, especially in areas usually not funded by domestic resources and to ensure that they are fully included in the design and implementation of policies that affect their lives.
155. Members and observers recognized that it was difficult to strike a balance between the need for detailed reporting and the desire for reader-friendly and concise reports. However, they agreed with the recommendation of the external auditor for a simplified and integrated report that strikes a stronger balance between detailed reporting with specificities and conciseness, readability and simplification.
156. A shorter report summary would be helpful to inform the public and decision-makers about achievements, it was suggested, along with streamlined reporting on top-line achievements. The report could be improved also by showing more clearly the relationships between financing activities, inputs, results and impacts so the value added by UNAIDS could be understood more clearly, speakers suggested. Use of a wider range of data sources (including from governments and civil society) might also enable more balanced and rounded evidence to be reported.
157. In reply, Shannon Hader thanked speakers for their comments and appreciation. She agreed that COVID-19 had disrupted progress, but noted that the slowdowns in vertical transmission and paediatric treatment

programmes predated the pandemic. She thanked members for noting the need to refresh HIV investment dossiers and agreed that the 2025 targets and resources needs were very useful in that respect.

158. Referring to a member's objection to the report's characterization of its achievements, she said the Performance Monitoring Report featured only 12 "deep-dive" country reports; the regional averages shown in the report could not reflect individual performances and activities of each country. Deep-dive countries are changed from year-to-year. To support the brevity of reports, all the nuances of comprehensive achievements and challenges of those countries not covered in the deep-dive reports cannot be completely captured. All HIV-related data would be reflected in the forthcoming Global AIDS Update and on the transparency portal. She acknowledged the member's leadership on harm reduction and looked forward to sharing information on those achievements more broadly. Ms Byanyima highlighted the member's success on harm reduction and supported their willingness to share this experience more broadly.
159. Ms Doherty said the tools for effective vertical transmission and paediatric treatment programmes existed and had to be used to full effect. Mr Farhat assured the meeting that speakers' comments and suggestions would be taken into account in developing the UBRAF and the next Performance Monitoring Report.

4.2 Financial reporting

160. Mr Farhat presented the financial statements, which had been prepared in accordance with IPSAS accounting standards. UNAIDS had achieved an unmodified audit opinion for the ninth consecutive year, he told the PCB, adding that the financial situation was relatively stable but remained tight.
161. Core income of US\$ 194 million had been mobilized in 2019 (versus US\$ 184 million in 2019 and US\$ 189 million in 2018), and total core expenditures (expenses and encumbrances) amounted to US\$ 183.4 million (versus US\$ 181 million in 2019), Mr Farhat said.
162. Core Secretariat expenditure and encumbrances amounted to US\$136.3 million against an approved core budget of US\$ 140 million. The net fund balance stood at US\$ 112 million at the end of 2020 (versus US\$ 101 million in 2019), an increase of US\$ 11 million, and was US\$ 5 million higher than the approved minimum level of US\$ 107 million. This meant that UNAIDS was able to operate smoothly even with an income reduction in 2021, Mr Farhat added.
163. Cost effectiveness and containments efforts had continued, he said. The Secretariat's core expense and encumbrances totaled US 136.4 million in 2020, against the approved core budget of US\$ 140. million. Overall expenditures had risen under most large expense categories except for travel expenses, which had declined by 80% in 2020 (versus 2019) due to COVID-19 restrictions. The increases were mainly under staff costs and transfers to counterparts, as well as contractual services.
164. UNAIDS maintained its target of a fully-funded UBRAF of US\$ 242 million (core budget of US\$ 187 million and supplemental funds of US\$ 55 million), Mr Farhat told the meeting. The annual core budget was US\$ 187 million; (US\$ 47 million for Cosponsors and US\$ 140 million for the Secretariat), and supplemental core funds to address specific epidemic and country contexts

totaled US\$ 55 million. The net fund balance enabled the full transfer of allocations. To date in 2021, US\$ 86.4 million had been mobilized as core income, but additional efforts were needed to achieve the complete resource mobilization target. In closing, Mr Farhat thanked donors for their generous contributions and stressed that a fully-funded UBRAF was needed to achieve the Strategy.

165. Speaking from the floor, Cosponsors thanked the Secretariat for the report on the Joint Programme's collective efforts and achievements, which were possible thanks to core flexible funding of the Joint Programme. They noted that the US\$ 47 million allocated to Cosponsors included US\$ 2 million to each Cosponsor (US\$ 22 million in total) plus a further US\$ 25 million, which reflected donors' confidence in the work of the Joint Programme.
166. Cosponsors thanked donors for their support and said the flexible nature of the funding had enabled the Joint Programme to quickly adapt to new needs during the COVID-19 pandemic and to protect critical capacities at regional and country levels. They warned, however, that underfunding was undercutting the Joint Programme's ability to fully support communities and countries to end AIDS by 2030. Innovative and more diversely-sourced funding was needed to complement the support of current donors. Other speakers shared the concerns about funding gaps. Although they remained hopeful that the gaps would be closed, they noted that the next UBRAF would require careful prioritization to facilitate continued seed funding.
167. The Secretariat was commended for the continued improvement in financial management, which contributed to an increase in the net fund balance. In view of the financial challenges, they urged the Secretariat to reduce costs and increase cost-effectiveness and efficiency. Due to the increase in actuarial liability, unfunded liabilities were higher, speakers pointed out and asked for more information. They also asked for an update on steps taken to mitigate risks emanating from exposure to staff-related liabilities, and for a timeline for anticipated improvements in the financial situation to cater for such commitments. While recognizing that UNAIDS was in a relatively good position compared to other UN agencies, speakers requested UNAIDS to conduct a full assessment of after-staff-health insurance and other staff-related liabilities in order to better manage future risk. A member stressed the importance of supporting documents being published in a timely fashion on the website.
168. Members and observers praised the reporting format and the useful inclusion of a statement of internal control in the audited financial statements. However, some felt that the presentation of the summary of financial reporting was difficult to follow, perhaps because the UBRAF budget, financing and expenses were intermingled with noncore funding. This could make it difficult for the PCB to exercise its oversight responsibilities over UBRAF-specific expenditure, it was suggested. As an example, members noted significant increases in staff and other costs and said it was not clear whether UNAIDS' unfunded liabilities had increased as a result. The current and anticipated financial standing of the Joint Programme therefore was not always clear. Other suggested improvements included a glossary of key terms, an executive summary outlining key achievements and points of note, and a dashboard providing a high-level overview of the budget.
169. Mr Farhat thanked speakers for their comments. Clarifying, he said the financial report represented what UNAIDS mobilized from core and noncore funds. He drew attention to Schedule 1, which details income and expenditures

by type of funds, i.e. core funding against UBRAF, the noncore funding, and staff benefit funds. He said Schedule 1 clearly described the current situation in each of those respects, as well as in relation to prior expenditure and current expenditure.

170. Regarding after-staff -health-insurance, he said 2020 had been a unique year, marked by economic disruption. This was reflected in a large increase in the discount rate, which had an impact on liabilities. Referring to a question about a 38% charge, he explained that this was a direct charge against the staff health insurance fund structure, which was in accordance with IPSAS 39 of employee benefits. He assured the meeting that the actuarials were done by actuarial professionals, and added that he was confident that the actuarials would show a positive trend in 2022. In 2019, 90% of the after-staff-health insurance had been funded, but this fell to 57% in 2020. The level tended to rise and fall depending on the discount rate, currency mix and future claims of the after-staff-health insurance, he explained. Regarding the funding gap, he assured the PCB that greater efforts would be made to mobilize additional funding during course of the year.

5. Zero draft of the 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF)

171. Tim Martineau briefly presented the zero draft of the new UBRAF. He reminded the meeting that the UBRAF was the main tool to guide and operationalize the work of the Joint Programme. The full UBRAF, he said, would include the high-level five-year programme, as well as two two-year and one one-year work plans and budgets. The latter would provide more granular information. The first biennial workplan and budget (for 2022 and 2023) would be presented to the PCB at its October 2021 special session.
172. The zero draft presented to the current PCB meeting included indicative elements for five key components: the vision, theory of change and result structure at outcome level; the draft results framework (with priorities and emphasis on structural drivers); how to optimize the Joint Programme's capacities; resource allocations and funding scenarios; and accountability, monitoring and reporting systems.
173. The new UBRAF, he said, was an opportunity to learn from the past, adapt to new opportunities, and use new tools to make necessary shifts. Those changes include programmatic and organizational shifts, including addressing inequalities and crucial gaps, focusing on key areas where the Joint Programme had a comparative advantage and optimizing its collective capacities, effectiveness and collaboration with other actors. A more fully articulated theory of change approach would serve as backbone for the full UBRAF.
174. In the zero draft, the theories of change were presented through a narrative of "if and then" statements, he explained. The draft presented a high-level overview of conditions necessary to achieve the intended changes over five years and were composed of two components: the overarching theory of change plus 3 nested theories of change linked to the strategic priorities. The linkages identify areas of action to drive change while focusing on reducing inequalities. The nested theories of change highlight how the Joint Programme will contribute to each strategic priority area and especially their interconnectedness. He said the theories of change will be sharpened and supplemented with clearer visuals.

175. Mr Martineau then provided a more detailed picture of the nested theories of change, which would be revised further in the full UBRAF for greater clarity and simplicity, and to render the links with the results framework more explicit. The theories of change would also inform operational planning and internal guidance as part of work planning and budget exercises.
176. The overall UBRAF result structure was aligned to the three strategic priorities in the Global AIDS Strategy, he explained. The Joint Programme will use its capacities to tackle inequalities, using its main strengths (leaderships, global public goods, and countries and communities) and had a unique role to maximize the interdependencies across the result areas. In summary, he said, the overall UBRAF result structure will be composed of three Joint Programme's outcomes and 10 Joint Programme's results areas at output level, which the performance monitoring would measure and which are respectively aligned with the Global AIDS Strategy's 10 results areas and 3 strategic priorities
177. He then briefly described the detailed results framework, which includes a draft list of high-level actions indicating directions of the Joint Programme's focused work to achieve the outputs and outcome and which will be further detailed in the biennial Workplan. The zero draft also includes sections on assumptions and monitoring of risks. Key assumptions highlighted conditions favoring achievement of the strategic priorities, while the identified risks could affect implementation of the theory of change. The full UBRAF will refine that analysis and add risk and mitigation strategies.
178. The prioritization of Joint Programme actions will be informed by comparative advantages, strategic information, and inequalities and gaps in countries against the strategic priorities, Mr Martineau said. UNAIDS will prioritize prevention, community-led responses and key and vulnerable populations. It will also leverage partnerships with governments, civil society and other stakeholders to maximize impact.
179. Resource allocation will be informed by the theory of change and will be linked directly with the results framework, Mr Martineau continued. For best value for money, the UBRAF resource allocation will follow a set of principles and will be informed by realistic financing outlooks and funding scenarios. The Cosponsor and Secretariat allocations will be based on epidemic priorities, clear contributions to results and comparative advantages and expertise. The five-year UBRAF will include an estimated budget, disaggregated by the result areas at output level, global and regional levels, and between the Cosponsors and Secretariat. He stressed the importance of PCB support for a fully funded UBRAF noting that actual disbursement would depend on resources actually mobilized and every USD will be optimized.
180. Regarding accountability, monitoring and evaluation, the UBRAF will ensure that planning and budgets are informed by the latest evidence, with progress measured by timebound indicators. Annual reporting to the PCB will focus on country-level developments, mainly through the performance monitoring report noting that a broad range of tools and methodologies are used for monitoring performance and accountability throughout the UBRAF cycle to the PCB. The results will be publicly available through the results and transparency portal. Looking ahead, he said the UBRAF development will incorporate guidance from the current PCB meeting and will features strong engagement with the PCB and other stakeholders.

181. Members and observers thanked UNAIDS for preparing the zero draft of the UBRAF and said they recognized that the development of the new UBRAF was a difficult task. They congratulated UNAIDS on presenting an ambitious framework and appreciated the focus on inequalities, women and girls, human rights, stigma and discrimination, key populations, vertical transmission and paediatric treatment, and support for community-led responses. HIV prevention should be more prominent in the framework, they emphasized. They supported the focus on data-driven programmes and actions, and the strengthening of country-level work.
182. It was emphasized that the UBRAF should improve harmonization across the Joint Programme and allow Cosponsors to align their resources and activities. Speakers suggested that the Joint Programme remain focused on its core mandate and areas of comparative advantage, and that the Secretariat should avoid duplicating the work done by other UN agencies and focus on prioritization to make full use of the various strengths and capacities of Cosponsors. They welcomed a review of the division of labor and looked forward to seeing the results of the Cosponsors' capacity mapping exercise.
183. The final UBRAF draft should align with the Global AIDS Strategy strategic goals and targets, should show how the unfinished work from the previous UBRAF would be completed, and should enable strong accountability. It was suggested to better show innovative ways the Joint Programme will contribute to progress the HIV response to end AIDS by 2030, promote South-South learning/ exchange (success stories, domestic financing approaches etc.) and continue work on intellectual property issues for expanded access to health products. Speakers agreed on the continued proposed annual reporting, which should convey the work and achievements of the Joint Programme against the specific indicators and desired results. They were keen to see the new performance reporting format for the UBRAF and they reminded the meeting that this had to be approved before the overall UBRAF could be approved.
184. The expected results should be clearly formulated. Members stressed that the UBRAF should delineate between contributions and the attribution of results, and should clearly capture the inputs and desired outcomes for which the Joint Programme was responsible. There were concerns that the proposed causal pathways in the theories of change were too ambitious. It was suggested that the inputs and actions of the Joint Programme be identified at levels of detail that are easy to discern and track.
185. Speakers also recommend a simplified M&E system/ framework with selected, measurable and evidence-based indicators (noting that not everything can or should be measured) to track progress against each result ideally aligned with the SDG framework, and realistic mechanism for sufficient data collection. There was a suggestion to feature only the most important outcome indicators and to supplement them with systematic evaluations at country level. Some organizational performance indicators could be included to monitor the Joint Programme's functions, including actions of the Secretariat. The Secretariat was asked to share the proposed indicators as soon as possible.
186. Speakers supported the important focus on social enabler, but were concerned that not all Member States were willing to support and fund such work. They asked how UNAIDS might coordinate with the Global Fund and PEPFAR to ensure such work is funded. Speakers also noted that some targets were consistently missed in the context of a nonbinding Political Declaration and where country-level reporting is voluntary. They also suggested the need for a

multistakeholder process to track progress so that gaps could be tracked and accountability could be achieved.

187. Other questions included how Cosponsors would participate in and fund activities to reach the stipulated targets; and appreciated the efforts to better align the UBRAF indicators monitoring the Joint Programme's performance with the Global AIDS Monitoring indicators monitoring country progress.
188. Speakers were concerned about the complexity of the current version of the UBRAF, which they felt was too long and theoretical. Operational complexity should not imply an overly complicated UBRAF, which should be more action-oriented and build on past lessons and evaluations, they explained. It also should clearly state for what actions and to whom the Joint Programme is accountable. The UBRAF should be succinct, streamlined and more user-friendly, with a limited number of indicators to ensure transparency and accountability. Suggested improvements included shortening the document and making it less repetitive.
189. Speakers asked the theory of change be simplified and that alternative ways of presenting it be explored, including its visual presentation. The theory of change should have clear, top-down representation of the overall, long-term impact UNAIDS is seeking, and it should define the broad results (outputs and outcomes). It should clearly attribute outputs and results to activities, they emphasized; this was especially important for resource mobilization.
190. Speakers stressed the importance of a good communication, resources mobilization and need for a fully-funded UBRAF but added that failure to achieve that should not jeopardize the entire HIV response. Scenarios for suboptimal funding and resources should be developed and the new UBRAF should be aligned more closely with the current funding environment. UNAIDS was asked to explore options for joint resource mobilization and was advised to avoid large increases in non-core resources, which would compromise its autonomy. Cosponsors stressed the importance of predictable core resource allocation to all Cosponsors, which would broaden resources portfolios to be leveraged.
191. The meeting was reminded that, ultimately, every strategic action and result involved people and their communities. There were concerns that the rights of key populations may be violated, and that the latest scientific knowledge may be undermined or ignored, in a rapidly changing environment. UNAIDS was asked to take clear steps so that staff in countries have the political skills and mandates for political brokering and negotiating, and for engaging and working with entities besides ministries of health (e.g. with finance ministries, law enforcement agencies, etc.). Speakers said they looked forward to seeing the full draft of the UBRAF.
192. Mr Martineau, in response, thanked the meeting for the useful comments and suggestions. He noted the calls for prevention to be elevated in the framework, adding that it may be necessary to reflect further on the positioning of the three priority areas. Regarding the need for differentiated responses, he said it was important to distinguish between the global framework (the five-year UBRAF) and the more granular, two-year Workplans and Budgets allowing for more differentiated and granular planning in different regions and countries. He acknowledged requests that the Joint Programme clearly articulate its vision, added value and role. Further improved annual reporting would continue to examine gaps and necessary changes in the context of the five-year and two-

year plans, he said.

193. Regarding the issue of contributions and attributions and other issues raised, Mr Martineau asked for strong guidance and support from the UBRAF Working Group. The Global AIDS Monitoring system is much more comprehensive than the UBRAF Indicators which had to be strategic, and could not cover all the issues and needs. He suggested further exploring how to complementing UBRAF reporting with other sources of information.
194. He acknowledged the emphasis on a fully-funded UBRAF, but added that both core and noncore resources were needed to strike a balance between the different forms of resourcing. He assured the PCB that scenarios would be developed in case full funding is not achieved. He agreed on the need for greater clarity on how the Joint Programme would work with the Global Fund and PEPFAR.

6. Update on strategic human resources management issues

195. Alison Holmes, Director Human Resource Management, UNAIDS, said her report reflected on a period of unprecedented change at UNAIDS due to COVID-19 and the alignment process. Staff well-being was at the centre of the department's work, she assured the PCB.
196. Significant change processes were underway, including: putting the Global AIDS Strategy into operation; the ongoing alignment process; creating an equal, safe and empowering work environment; and implementing the Management Action Plan (MAP).
197. Ms Holmes said the objective of the alignment exercise was to ensure that UNAIDS is knowledge-driven and has a structure and staff that aligns with the Global AIDS Strategy, achieves high impact, is more cost effective, and is aligned with UN Reform. She told the meeting that the process was transparent and collective, with strong emphasis on engaging and communicating with staff, including via "townhall" meetings and updates, focus group discussions, a questionnaire and team consultations. The process was being led by a dedicated coordinator and an Alignment Task Team.
198. Next steps included decisions on the high-level structure, to be shared with staff in July 2021, which the senior leadership team would then translate into a detailed organigram. Implementation of the new structure will commence towards the end of the 2021 summer. During the latter half of 2021, positions will be classified and staff will be notified about individual outcomes. A compendium will be published and staff will be asked to apply for positions, after which staff will be placed against positions, Ms Holmes explained.
199. The department will provide implementation guidelines and U\$ 5000 will be allocated to each affected staff for career development and training for new roles. Staff well-being support was being augmented through the temporary engagement of additional staff and human resource business partners were being appointed in three regional offices.
200. Ms Holmes said there were 725 staff members across the world (217 Switzerland, with the remainder in Country Offices, Regional Support Teams and Liaison Offices). Those numbers and configurations would likely change as an outcome of alignment, she added.
201. Reporting on the diversity of UNAIDS Secretariat staff, she told the PCB that

women comprised 54% of all staff and 48% of Country Directors. The global staff survey (response rate: 64%) had provided a more nuanced understanding of staff diversity: 3% of staff reported they were living with HIV; 32% of staff identified as "black", 20% as "white", 15% as "indigenous" and the remainder as Latinx, Asian, "multiracial" etc.

202. The Human Resources Management Department was involved in several initiatives related to the alignment process, Ms Holmes said, including a delegations of authority framework and matrix management guidelines. A UNAIDS Country Director assessment centre had been set up and a more rigorous selection process had been adopted for director positions in 2020.
203. Regarding the culture transformation process, Ms Holmes told the meeting that good progress had been made towards building an equal, safe and empowering work environment. Steps taken included team conversations about racism and necessary actions; staff workshops; a human resources policy review; the global staff survey and more. Change experiments and value charters were being designed. The transformation process included a "knowing and talking" stage, which had been concluded, and an "action and doing" stage, which would continue until December 2021.
204. Other initiatives supported the culture transformation process, including introduction of provisions to enable locally-recruited staff to move to international positions; greater delegation of authority to regional offices; a new policy on preventing and addressing abusive conduct; expansion of executive coaching to include 360-degree assessments; and a capacity-building programme for Country Directors.
205. Ms Holmes also summarized key findings from the global staff survey, the first held in more than a decade. Survey results indicated that staff relations with direct supervisors were good and that staff's understanding of how to report harassment and abuse had improved. However, staff reported several issues of concern, including abuse of power and harassment, concerns about reporting such incidents, a perceived lack of transparency and low confidence in the senior leadership team. She assured the PCB that these issues were being taken seriously and that a corporate action plan would be developed and integrated in the ongoing work on culture transformation.
206. The meeting was reminded that two additional conference room papers complemented this report—on administration of justice and on disciplinary and other correction actions. Seven administrative review requests had been received in 2020 (versus 15 in 2019) and four had been challenged before the Global Board of Appeal. Twelve new appeals had been submitted to that Board (versus 15 in 2019). In 2020, Ms Holmes reported, UNAIDS had concluded one disciplinary proceeding and one case of irregular behaviour; the contracts of both staff concerned had been terminated. An MOU with WHO's IOS was nearing finalization.
207. Ms Holmes concluded with a summary of the steps ahead. She told the meeting that implementation of the alignment process will be careful and diligent. A new recruitment policy and approach to mobility will be finalized and implemented, and the policy on flexible working will be evaluated. A mid-term evaluation of the Gender Action Plan will be carried out, and a new human resources strategy will be developed to complement the new Global AIDS Strategy. Throughout, she said, the focus will be on staff well-being.
208. Members and observers thanked Ms Holmes for the report and conference

room papers. They said they recognized the strain caused by COVID-19 and the recent funding cuts. They applauded the Secretariat's efforts to implement the MAP and for conducting the global staff survey. They appreciated the workforce and culture change initiatives, such as the gender action and antiracism plans, and asked for future updates on implementation. Speakers noted that the culture transformation project had advanced and they applauded the Secretariat for its efforts to strengthen equality, equity and gender parity. There were calls for greater gender parity at all levels, including at P5 levels and higher. The need to improve multilingualism among staff was also noted.

209. Speakers noted the positive comments from staff, but were concerned by survey findings regarding transparency, relations between staff and management, abuse of power, and fear of reprisals. The staff survey presented a troubling picture of staff morale and the working environment in the Secretariat and pointed to low confidence in the transparency and effectiveness of the senior leadership team, they said. Comparisons of the results of the latest staff survey with earlier surveys were requested.
210. Members welcomed the Executive Director's comments on the previous day of the PCB meeting regarding accelerating implementation of the MAP and strengthening protection of whistleblowers. They agreed with the Ethics Office's view that culture change was needed among senior management as well. The senior leadership team had to "hear and own" the feedback seen in the survey, members said and stressed the need for 360-degree feedback processes. They urged the Executive Director and senior management to address the issues raised in the staff survey as soon as possible, and to provide details on how this would be done, as well as timelines. They also noted the observation of the external auditor that UNAIDS may need to review the MAP in light of the staff survey results.
211. Speakers noted the updates on the alignment process, but were concerned about a lack of clarity about how the composition and distribution of staff would change. They were concerned about staff well-being in the coming months. Staff should be fully engaged in the alignment process, they said, and mechanisms to support staff had to underpin that process. Alignment should also reflect the staff and other resources of Cosponsors, since the Joint Programme was a unified enterprise. It was suggested that secretariat staffing arrangements could be aligned better with those of Cosponsors.
212. Members said they recognized the difficult circumstances and the efforts made to respond to the Joint Inspection Unit report. They applauded the decline in litigation in 2020. However, they noted with concern that most administrative review of requests originated from Headquarters, which is where less than 30% of staff are based.
213. Members were concerned that the new MOU with WHO's IOS had not been concluded yet. They requested updates on the process and on any remaining challenges, and said they looked forward to finalization of the MOU.
214. One member also suggested that within its human resources management the Secretariat consider diversity as it was adopted by the UN General Assembly and not apply diversity in a broader sense than defined in the 2018 report of the International Civil Service Commission. Another member appreciated the reporting on diversity and welcomed UNAIDS as a leader within the UN system on this issue.
215. A member requested that the supporting documents be published in a timely

fashion on the website. The member also noted that, while gender parity was important, hiring decisions should be based primarily on skills and competencies. The member further suggested that the Secretariat focus on pending issues such as professional development, strategic mobility as well as equal geographic representation of member states. The Secretariat was asked how the US \$5,000 contribution for retraining related to international civil services rules on salaries and payments. The member further stressed that Secretariat ensure an effective internal control mechanism. The member also stressed that the Human Resources policy with regards to the recruitment for the category of professionals and higher should remain centralized so as to maintain a careful selection process.

216. Ms Holmes thanked the speakers for their comments. She agreed on the need for an effective system for recruitment and said the Secretariat was developing a new policy that would emphasize ensuring that the most competent persons were selected for positions. Regarding diversity, she referred to a 2018 report which stated that UN staff should reflect diversity from a variety of perspectives. UNAIDS wished to embrace diversity in all its manifestations, she told the PCB.
217. Ms Holmes clarified that the U\$ 5,000 contribution towards staff training was not a form of remuneration and would not go directly to staff. She told the meeting she could not comment on progress regarding specific cases of abuse or misconduct. Regarding the MAP, she said many initiatives had already been turned into standard human resources management practices (e.g. appointment of a staff well-being counsellor, the 360-degree feedback system, the global staff survey, and more) and was not being reported on as "new" initiatives.
218. The global staff survey provided good benchmark data, she said, but it was difficult to draw trend comparisons since it was the first such survey in a long time. The abusive conduct policy was being implemented and communicated to staff through webinars and "townhall" meetings, she told the PCB. She committed to provide further information on the antiracism plan in future PCB meetings, which would include timeframes for action.
219. Ms Holmes acknowledged that the alignment process was troubling staff and that additional support for staff was vital. There was wide consultation with staff and resources for staff well-being were being bolstered. UNAIDS also hoped to leverage the strengths of Cosponsors in the process.
220. Responding to other remarks, she agreed that interorganizational collaboration was important and that mechanisms were needed to resolve prolonged concerns and issues. A need for decentralized local recruitment was being taken into account in the development of the new recruitment policy and there would be greater focus on multilingualism.
221. Mr Martineau said the staff survey had probed 10 areas. He summarized some key findings and noted that levels of approval or satisfaction generally were in the 50–70% range but fell well below 30% on some issues. An update on the MAP implementation and activities could be provided via the PCB Bureau by end-July, he added.
222. Ms Byanyima thanked members for their comments and suggestions. She said an oversight committee would soon be operating and would help unpack the concerns raised by staff. She added that some of the issues seemed to relate to the opportunities which the Secretariat offers; rigidities in the system were

blocking staff's opportunities to develop and grow their careers, she explained.

223. She also agreed with speakers that stronger diversity improves the "bottom line" and leads to better results. Increasing diversity did not require breaking rules, she said: UNAIDS did not compromise on the UN rules regarding staff competencies and skills. She noted that she had been surprised to discover that the selection process for staff in Country Offices were being reviewed by the senior management group; this was being changed while maintaining the proper controls.
224. The Executive Director said she was bothered by the survey findings showing staff's fear of retaliation and a lack of trust in senior leadership. Stronger communication with staff to assure them they can come forward safely could help address the concerns. She concluded her remarks by reiterating that funding cuts were forcing the Secretariat to reduce its staff.

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

225. Stuart Watson, Chair of the UNAIDS Secretariat Staff Association (USSA), presented an update on key issues of concern for staff. He said the statement presented at the 47th PCB meeting had detailed an array of troubling issues, which had led to a strong Decision Point. He was grateful that staff concerns were being heard and taken seriously.
226. He said the information in the present report was based on a recent staff pulse survey, an annual staff survey done in May 2021 (six months after the global staff survey), and various "town hall" meetings. The eighth edition of the survey had been conducted despite objections from UNAIDS management. It had achieved a 71% response rate, the highest ever, which confirmed the importance staff attach to the survey and disproved claims about "survey fatigue", he added.
227. Mr Watson said he was pleased that the Executive Director was laying out concerted plans and possible actions to address staff concerns, and he thanked the PCB delegations who had continued to raise concerns. The actions in response to the report presented at the 47th PCB meeting were important first steps, he said. However, the new survey showed that staff still had low trust that senior management would address their concerns.
228. Stress due to heavier-than-usual workloads, concerns about alignment and COVID-19-related disruptions continued to be high. Staff had contributed to the new Strategy, the new UBRAF, the culture change process, the High-Level Meeting and more—all while working from home, dealing with the loss of loved ones or their own medical issues. Many staff said management had not done enough to deal with workloads that were driving them to burnout, Mr Watson told the meeting.
229. Mr Watson summarized the survey findings. They showed that 149 respondents had experienced at least one incident of misconduct in the past year, but only 26% had reported those incidents. Most staff who had not reported incidents said they did not trust the internal justice system. Three cases of sexual harassment had been reported, but there had been an increase in reports of discrimination, including on the basis of actual or perceived HIV status (58 versus 54 in previous years). He noted the Executive Director's suggestion that the trend might be due to culture change actions that

had increased staff knowledge about harassment and abuse, but reminded the meeting of the Secretariat's commitment to zero tolerance.

230. Reports of incidents related to gender or gender diversity had decreased in the past year, but there had been increased reports of staff witnessing incidents of abuse of authority. The Staff Association supported the progress made towards gender parity progress, he said. The gender balance at different staffing levels remained uneven, however. Mr Watson called on management to provide more opportunities for female staff and those with other gender identities to assume senior roles.
231. Though the survey found that three-quarters of staff had participated in culture change activities, only half were confident that UNAIDS would become a more equal and safer workplace, the PCB was told. Staff trust was a major issue. Staff generally expressed more favourable opinions about their immediate supervisors; only 43% of respondents believed that senior leadership would lead by example. Staff wanted to see more transparency in decision-making, including regarding the frequent use of executive authority in hiring decisions. Mr Watson asked UNAIDS management to communicate how uniliteral decisions, especially on staffing, have benefited the organization and the global HIV response.
232. In the survey, 92% of respondents had used negative words to describe their reactions to the alignment process, he continued. Only 36% of staff were confident that the process would lead to a more fit-for-purpose UNAIDS and half of staff feared being placed at greater risk of acquiring COVID-19 if forced to relocate. Referrals to well-being and other support had reached an all-time high in the previous 18 months, the PCB was told. Large numbers of UNAIDS staff outside of Geneva, New York and Washington had no access to COVID-19 vaccines. Staff were also concerned that HIV was not listed as a comorbidity in the UN Access guidelines, a point underlined by the loss of staff member Manuel da Quinta to COVID-19 a few weeks previously.
233. Mr Watson said the Staff Association would seek clearer communication, increased transparency and fairness in the alignment process. It would continue reporting on staff stress and burnt-out, and it would continue supporting staff on Staff Health Insurance issues. He thanked UNAIDS management for acknowledging the hard work of staff and drew the meeting's attention to the Ethics Office report's appeal for senior management to ensure that each manager's actions are beyond reproach. The Staff Association pledged to continue communicating to the PCB the issues staff communicate to it, he said, and it called on management to work with the Staff Association to address such concerns.
234. Members and observers thanked the Staff Association for its detailed report, noting that the USSA represented all UNAIDS staff, and asked that it continue to share its valuable insights with the PCB and with UN sister organizations. They congratulated staff on the achievements made in an exceptional period (including the new Strategy, the High-Level Meeting and the Political Declaration) and said they were pleased that almost 90% of staff said they were proud to work for UNAIDS, which reflected well on their commitment. They also noted progress in key areas, including USSA engagement with the Executive Director and senior leadership team on certain issues, as well as staff satisfaction with management's efforts to ensure their safety during the COVID-19 pandemic. They noted the progress towards gender parity and the recognition of diverse gender identities, and recognized the many steps taken

to achieve a fairer and safer workplace.

235. While appreciative of the positive survey findings, members were highly concerned about findings regarding abuse of authority and harassment, lack of transparency on key issues, and a lack of clear and consistent messaging around several issues raised at the 47th meeting of the PCB. They thanked the USSA for bringing the concerns to the Board's attention and insisted that the issues be resolved. Staff well-being and work-life balance were vital and had to be protected, they stressed and called for actions to foster greater fairness, transparency and work-life balance, and for zero tolerance towards abuse of authority and harassment of any kind.
236. Staff's low confidence and trust in the senior leadership team was of great concern, speakers said. They asked for further information on steps taken to build trust with staff and combat abusive behaviour. The alleged neglectful attitudes of some managers towards staff underlined the need for good human resources management, speakers suggested. They urged the Executive Director, the senior leadership team and the Staff Association to work together in a spirit of openness, fairness, inclusive, flexibility. Cosponsors declared their commitment to support the Secretariat throughout this period.
237. Noting actions outlined by the Secretariat, including a 360-degree feedback process, speakers urged senior management to increase its efforts and to inform all staff of the measures and of the new policy on harassment and abuse of authority. The Secretariat should continue full implementation of the MAP and ensure there is zero tolerance of harassment in the workplace, they said. Also noted was the external auditor's remark that, in light of the survey results, UNAIDS may have to review the MAP and take necessary actions. The Secretariat was asked to provide more information and updates at the December 2021 PCB meeting.
238. It was noted that only about half of staff felt that the alignment process was being conducted transparently and almost half expected not to be treated fairly. Members and observers asked management to consider staff workloads when assessing staff readiness for the alignment process, and they called for clear and regular communication to alleviate anxieties, with staff representatives included in the review and development processes. They urged senior management and the USSA to work together to address concerns around alignment and other matters. They also encouraged the USSA to work closely with management to design career development modalities.
239. The Secretariat was urged to ensure full access to staff health insurance; all staff must have access to quality health care with appropriate repayment periods, they reiterated. The meeting was reminded that the Staff Association report contained suggestions and requests which could inform actions (including on staff development, the use of consultants and a review of the SHI). Senior management was asked to report back to PCB on all issues that required action.
240. A member expressed concern regarding the extent of the use of external consultancies and stressed the importance of utilizing in-house capacities to support UNAIDS staff and provide staff development opportunities.
241. Mr Watson, in reply, thanked delegates for their supportive comments and said he believed that the Association's messages were getting management's

attention. The recent meeting with the Executive Director had been civil and productive, he told the PCB, and he hoped this would be the norm in the future. He thanked the Board for allowing the USSA to address the Board exceptionally at the 47th PCB meeting in December 2020 and said it would appreciate another opportunity to report on hopefully considerable progress at the December 2021 meeting.

242. Ms Byanyima said she welcomed the new executive committee of the USSA and offered to meet them regularly. She pledged to continue working closely with the USSA and said UNAIDS management would continue working on leadership role models, policies and procedures, and on holding one other accountable. She suggested that staff surveys could be better coordinated and told the PCB that it was unrealistic to expect culture change in three or six months. Some issues mattered more to staff in the field than to staff at headquarters, she added.
243. Ms Byanyima reminded the meeting of the positive findings in the global staff survey, including efforts to protect staff against COVID-19. However, she was saddened that the UN vaccine rollout was not yet fast enough. She said management would review the MAP and report back to the PCB, but said she believed the Staff Association should report only at the June PCB meetings in line with regular procedures.

8. Follow-up to the thematic segment from the 47th PCB meeting

244. Ani Shakarishvili, Special Advisor, UNAIDS presented the paper on Cervical cancer and HIV – addressing linkages and common inequalities to save women’s lives, which had been the topic of the thematic segment at the 47th PCB meeting. She told the PCB there had been significant progress on the issue since that meeting. For example, the Global AIDS Strategy includes two specific integration targets: 90% of women living with HIV have access to integrated or linked services for HIV treatment and cervical cancer; and 90% of women, adolescent girls and young women have access to sexual and reproductive health services, including for HPV and cervical cancer, that integrate HIV prevention, testing and treatment services.
245. WHO had developed new cervical cancer screening and treatment guidelines, as well as a subsection on cervical cancer to be included in the new Consolidated HIV Guidelines, she continued. Investments in cervical cancer and HIV integration had increased, including through PEPFAR, which committed US\$ 36 million through COP21, while the Global Fund had ongoing grants worth US\$ 3.5 million in 11 countries and had allocated US\$ 8.1 million over the next three years across 21 countries.
246. Human papilloma virus (HPV) vaccinations had been introduced in 2 more countries and 9 others were due to start vaccination programmes in 2021 with support from WHO, UNICEF and Gavi, she said. UNFPA was supporting sexual and reproductive health and HIV prevention infrastructure and was also supporting the Gavi-led vaccine roll-out. More donor and domestic investments were needed to maintain this momentum, Ms Shakarishvili said.
247. The COVID-19 pandemic was causing setbacks, however. The WHO Pulse surveys conducted in 2021 showed that cancer screening and treatment were among the most disrupted NCD services. Other studies showed that HPV vaccination programmes in schools had been badly disrupted due to school closures. Supply-line disruptions also affected HPV testing and cervical cancer

screening services. Several mitigation efforts had been introduced, including WHO guidelines for maintaining service provision during the pandemic, catch-up vaccination, faster roll-out of community-based HPV self-sampling, decentralized screening and testing services, digital communication, and prioritization of women who had missed screening appointments. Since December 2020, several countries had resumed services, but vaccination levels were still lower than before the pandemic.

248. Ms Shakarishvili then briefed the meeting on the latest incidence and mortality estimates for cervical cancer, reiterating that it remained a disease of inequality. Around 90% of deaths due to cervical cancer occurred in low- and middle-income countries and 80% of cervical cancer cases in low-income countries were diagnosed at an advanced stage. The probability of five-year survival for a woman diagnosed with cervical cancer was above 70% in high-income countries, but about 20% low-income countries.
249. She emphasized that HPV, cervical cancer and HIV were interlinked issues. Women with HPV infection had twice the risk of acquiring HIV than women without HPV infection. Women living with HIV were at six times higher risk of developing invasive cervical cancer than women not living with HIV, she told the meeting, adding that cervical cancer was the most common cancer among women living with HIV globally. Cervical cancer developed twice as fast in women with untreated HIV infection. Poverty, gender inequality, social isolation and limited access to schooling and sexuality education put women at increased risk for cervical cancer and for HIV, she noted.
250. WHO's launch of the first Global Strategy to accelerate the elimination of cervical cancer as a public health problem marked an important step, Ms Shakarishvili said. Its 2030 control targets were: 90% of girls fully vaccinated against HPV by 15 years of age; 70% of women screened with a high-performance test by 35 and 45 years of age; and 90% of women identified with cervical disease receive treatment and care.
251. Ms Shakarishvili concluded by outlining priorities for the immediate future. They included integrating HIV and cervical cancer services; rapidly scaling up HPV vaccination; making modern cervical cancer screening, diagnosis and treatment tools available, accessible and affordable; tackling underlying causes of vulnerability; strengthening data collection and research; mitigating and responding to HPV and cervical cancer disruptions due to COVID-19; and working with and strengthening communities and organizations of women living with HIV.
252. In discussion from the floor, members and observers thanked Ms Shakarishvili for the comprehensive report, and thanked the Joint Programme and Secretariat for raising the profile of this important topic. Advances in HIV treatment access for women should be coupled with increased screening and treatment for cervical cancer, speakers said. They welcomed the inclusion of cervical cancer in the Global AIDS Strategy and the WHO-led Global Strategy to eliminate cervical cancer.
253. Speakers stressed that cervical cancer was preventable; it was unacceptable that women should die of cervical cancer. They highlighted the much greater risk for cervical cancer among women living with HIV and its disproportionate impact on women in low-income countries. An integrated approach, with equitable access to services and technologies, was essential, they said.
254. Cervical cancer screening should be provider-initiated and should be integrated

across the HIV service continuum (including with community-led services), as well as with sexual and reproductive health services and primary care, speakers said, with referral systems in place to facilitate timely treatment. Speakers enquired whether family planning service platforms were being used more widely to reach women and girls with cervical cancer screening and treatment.

255. An inclusive response to cervical cancer was needed, the meeting was told. The response had to involve boys and men and address the stigma related to condom use. HPV vaccination was the most cost-effective long-term intervention and access should be increased—first for girls and young women and, in the longer term, also for boys and young men. Screening services should be presented in a more transparent fashion and should include adolescents and youth. Traditional cancer screening methods may not be suitable for cervical cancer screening and treatment, speakers pointed out.
256. Demand for cervical cancer services also had to be boosted, something community organizations could help achieve. It was necessary to overcome stigma and discrimination, address misplaced fears, develop treatment literacy and build support networks. That required funding and other support, speakers said, adding that UNAIDS had a big role and responsibility to drive the process forward. Some members (e.g. Brazil) updated that meeting on steps they had taken against cervical cancer, including the local production of HPV vaccines.
257. Speakers emphasized the need for stronger political will to address cervical cancer. Noting that COVID-19 posed a challenge for the cervical cancer elimination drive, they underlined the need to increase equitable access to cervical cancer screening and treatment, especially for girls and women living in low- and middle-income countries. An overly medicalized response should be avoided, they added. Actions should be directed also against the underlying inequalities that put women and girls at risk and to strengthen the weak health systems that add to their vulnerability.
258. Speakers acknowledged the emphasis on primary prevention and the urgent need to scale up equitable and affordable access to HPV vaccination for women and girls everywhere. Concerns were raised about HPV vaccine prices in countries that are not eligible for Gavi support and UNAIDS was asked to support countries to negotiate more affordable pricing arrangements. The prices of HPV testing were also a concern. It was suggested that countries could make use of the Doha Declaration and TRIPS exceptions to achieve more affordable access.
259. The meeting was told that PEPFAR had invested more than US\$ 93 million in cervical cancer screening and treatment since 2018. There was great value in using partnership approaches to take this work forward, including by leveraging the strengths of UNAIDS, the Bush Institute and others. Speakers applauded steps taken by the Secretariat to strengthen data collection and surveillance systems to support the drive to eliminate cervical cancer.
260. Ms Shakarishvili thanked speakers for their remarks and support. She agreed on the potential for using family planning platforms as a basis for scaling up cervical cancer services, and on the urgent need to achieve affordable access to HPV vaccination and ensure national scale-up of services. As recommended by WHO, HPV vaccination should target girls aged 9–14 years for highest levels of protection, she said.

9. Update on implementation of the HIV response for migrant and mobile populations

261. Shannon Hader, Deputy Executive Director, UNAIDS, presented the update. She reminded the meeting that although more and more people were on the move, they were not all at risk for HIV. It was important to understand the risk factors so that appropriate interventions could be introduced, she said.
262. She recalled several reports on mobile populations and HIV in recent years and the Decision Point from the 43rd PCB meeting which had called for UNAIDS to address the diverse needs, risks and vulnerabilities of migrant and mobile populations. The present report spoke to that Decision Point. She began by clarifying the term "migrant and mobile populations", explaining that it encapsulates diverse groups with differentiated needs and realities.
263. Turning to the key findings of the report, she said progress had been made but was still inadequate, partly due to insufficient strategic information for programme responses. There was an urgent need for global action on the intersections between migration and HIV. The new Global AIDS Strategy was an opportunity to devote greater attention to HIV, migration and mobility and to improve the extent and quality of strategic information. Actions could be framed in the context of three global frameworks: the 2018 Global Compact for safe, orderly and regular migration; the 2018 Global Compact on refugees; and the Sendai Framework for disaster risk reduction 2015–2030.
264. The Joint Programme had taken several steps to close existing gaps. Those included the development of global AIDS indicators specific to migration, mobility and HIV, and the development of estimates for people living with HIV in diverse migrant and mobile populations. A global update on migration and health would be launched in 2022.
265. Research had also been conducted on HIV service access in Europe among migrants in insecure and precarious conditions. That study found that migrants in insecure situations had a higher HIV burden than nationals, with 30–40% of HIV infections occurring post-migration, not in people's communities of origin. Migrants also had less access to HIV services and had worse treatment outcomes than national residents. The study revealed multiple intersecting vulnerabilities and identified major barriers at the public policy and service provision levels, including legal and administrative restrictions, language barriers, stigma and discrimination, and fear of deportation.
266. The UNAIDS Deputy Executive Director told the meeting that, while improving data collection, the Joint Programme was also supporting HIV service access for migrant and mobile populations, including through intensified advocacy and the Fast-Track Cities initiative (e.g. in Colombia, Kenya, Morocco and Peru). It was also supporting strategic planning (e.g. in Brazil, Ethiopia, Morocco and Tunisia) and working in more than 20 countries to improve services for migrant and mobile populations who also belong to key populations.
267. The COVID-19 pandemic presented difficulties, however, she added. UNAIDS was working to minimize the disruption to HIV prevention, testing, treatment and care services. But the economic downturns associated with the pandemic were hitting migrant populations especially hard. In addition, most countries excluded noncitizens from social protection schemes.
268. She emphasized the need for improved, fine-grained data on HIV and mobility, and stressed that national HIV responses should reflect the needs of migrant

and mobile populations in all their diversity. HIV services had to be available and accessible to all migrant and mobile populations, regardless of legal status and at all phases of mobility, she said in conclusion.

269. Speaking from the floor, members applauded the quality of the report. They thanked the NGO Delegation for its longstanding advocacy on this important issue. They noted that COVID-19 was a reminder that neglecting the health of migrants was not an option, yet migrants in many countries were not eligible for COVID-19 vaccination. Cross-border cooperation was vital for improving health care access for migrants and mobile populations, they said.
270. Speakers urged countries to follow rights-based and public health -based approaches and interventions. They warned that many countries still required HIV testing for migrant and refugee populations and subjected those who tested HIV-positive to deportation and other restrictions. Speakers urged countries to provide access to HIV treatment for all populations on their territories, regardless of the stage of disease and in line with WHO policies. In addition to being a moral imperative, this would greatly reduce the risk of ongoing HIV transmission.
271. Programmes should respond to the multiple vulnerabilities of migrants and mobile populations, especially of women and girls, and of people belonging to key populations, members and observers said. Programmes also should reflect the permanent or semi-permanent migrant status of many people, rather than regarding their needs as strictly temporary. Community-based organizations had crucial roles to play.
272. Speakers welcomed the stronger focus in the new Strategy on mobile populations, but were concerned about the lack of data evidence for properly understanding and responding to the challenges. They asked how the new UBRAF would cover migrant and mobile populations and how it would address the issue of data gaps related to migrants, mobile populations and HIV. New partnerships were needed for more systematic data collection. A member also noted that the Report did not include sufficient information to support collecting greater data on migration, using the Global AIDS Monitoring system. The Joint Programme could support countries to strengthen their information systems, including monitoring treatment and other health outcomes of migrants, it was suggested.
273. Some speakers noted that migrant populations did not face exactly the same issues and situations as refugees and displaced persons; those differences also affected their HIV vulnerabilities. It was therefore important to understand the contexts in which these populations live, move and work in order to design appropriate interventions, the meeting was told. Among migrants, combination prevention should be a high priority, given the large proportions who acquire HIV after migrating.
274. Some members described steps they had taken to allow for easier and convenient access to services for all residents, including migrants and refugees. One member questioned the terminology used in the report and said that access to HIV services should be provided in line with national laws and practices. It expressed surprise that the report called for provisions that could imply changes in national laws.
275. Shannon Hader thanked the speakers for their helpful comments and for sharing examples of successful interventions and approaches. She also

thanked them for highlighting the diversity of migrant and mobile populations, the intersecting inequalities they experience, and the data issues that must be resolved. She acknowledged the partners who had collaborated on the report, including faith-based organizations that provide support in many crisis situations.

276. Apologies were conveyed from the Chair who had to pass the role of Chair to Ambassador Chanduru. Due to a COVID-19-related death in her family, the latter, in turn had to pass the role to the Vice-Chair, H.E. Mr. Rongvudhi Virabutr, Ambassador and Deputy Permanent Representative and chargé d'affaires, Permanent Mission of Thailand to the United Nations Office and other international organizations in Geneva.

10. Thematic segment: COVID-19 and HIV—sustaining HIV gains and building back better and fairer HIV responses

Introduction

277. Andy Seale, Senior Adviser at WHO's Global HIV, Hepatitis and STI Programme, introduced the thematic segment and asked for a moment of silence for people who had lost loved ones to COVID-19. He told the meeting that although the pandemic was pushing HIV responses off-track, innovations and creative responses were helping communities and countries recover momentum.
278. Winnie Byanyima, Executive Director of UNAIDS, said the COVID-19 pandemic like HIV, had exposed deep inequalities. HIV and other services had been badly disrupted, with staff shortages responsible for 66% of service interruptions. In addition, about 90% of children could not attend school, human rights abuses had increased, and social restrictions were limiting people's movements. She said the Joint Programme was focusing on protecting HIV services and providing socioeconomic support to vulnerable populations. Joint Programme Country Teams were supporting national COVID-19 response efforts with programme funds and support from countries such as Germany. UNAIDS was also helping countries in Africa develop the communication components of their vaccine rollouts, and their testing and contact tracing scale-ups.
279. Lessons from the HIV response had to be applied to COVID-19, Ms Byanyima said. Eleven million people had needlessly lost their lives early in the HIV response due to delays in HIV treatment access in low- and middle-income countries. This was why UNAIDS was coleader of the People's Vaccine Alliance, she said. The Alliance focused on the following actions: sharing of technology and know-how via the WHO COVID-19 Technology Access Pool (C-TAP, based on the Medicines Patents Pool, which had been created at the height of the HIV epidemic); waiving intellectual property rules for COVID-19 products (i.e. a TRIPS waiver); investing in the manufacturing capacity of developing countries, especially in Africa; and sharing existing vaccine stocks with low- and middle-income countries. Ms Byanyima also stressed the need for socioeconomic programmes that address inequalities and for building a new public health order. Health, education and social investments were essential for viable and resilient societies, she said.
280. Joe Phaahla, Deputy Minister of Health, South Africa, said that his country was again the epicentre of two colliding pandemics. It accounted for 50% of diagnosed COVID-19 cases in Africa and 30% of new HIV infections in eastern

and southern Africa. It also had the largest HIV treatment programme in the world, and it was rolling out a COVID-19 vaccination programme (3.1 million doses had been administered by late June 2021). South Africa had learned major lessons from HIV, Mr Phaahla said. It had acted decisively against COVID-19, with strong political leadership (unlike the denialism early in the AIDS epidemic). HIV research, community health infrastructure and activism were being brought to bear on COVID-19, and lessons about transparency and effective communications were being heeded. The social protection system was being expanded and factories had been repurposed to produce personal protective equipment and ventilators. South Africa had been instrumental in setting up an Africa-wide vaccine initiative and was advocating for a TRIPS waiver, he told the meeting. However, the COVID-19 lockdowns had badly disrupted HIV and other health services. Some momentum had been lost, but creative adjustments were recuperating services, he noted, including wider use of digital access and telemedicine, and community provision of antiretroviral therapy.

281. Naina Khanna, of the Positive Women's Network, United States of America, said COVID-19 had exposed extreme fault lines, inequities and failures of political leadership. In several countries, the first year of the COVID-19 response had been plagued by political leaders' distrust of scientific evidence and disregard for human rights and for marginalized and excluded people. After describing the work of the Positive Women's Network, she stressed that community-based organizations were filling gaps left by governments. Responses tended to be stronger when communities were closely involved, she said, though short-term emergency funding for community organizations was urgently needed. Ms Khanna warned against playing off the COVID-19 and HIV responses against one another. Some COVID-19-related adaptations (e.g. moving services on-line, increased use of differentiated care models, and multimonth dispensing of antiretrovirals) would benefit the HIV response in the long term, she said. The COVID-19 response was also benefitting from HIV systems, infrastructure and workforces. However, the crisis was accompanied by human rights violations and some countries were using the pandemic as a pretext to target key populations with harassment or repression. Disparities in vaccine access underscored the need to enable low- and middle-income countries to produce vaccines. She called for TRIPS waivers during global health emergencies, additional surge funding for pandemics, and increased funding for the Global Fund and PEPFAR.
282. Meg Doherty, Director of Global HIV, Hepatitis, STI programmes, WHO, summarized the latest COVID-19 data and current evidence on the relationship between COVID-19 and HIV. Studies in Africa and the United States indicated that people living with HIV were at greater risk of COVID-19-related mortality (through definitive conclusions were not yet possible), she said. WHO had set up a global clinical platform to track the evidence. More than 15 vaccines had been developed and vaccine campaigns were underway in over 200 countries, though their progress was very uneven. COVID-19 vaccines were protective for people living with HIV and no interaction between the vaccines and antiretrovirals had been found. She reminded that only 46 candidate vaccines for HIV had been developed to date (with US\$ 14.5 billion invested), whereas 275 COVID-19 vaccine candidates had been developed within 15 months (6 based on HIV vaccine candidates), with US\$ 10 billion invested. This showed what can be achieved with strong political will and adequate funding, she noted. Despite adaptations, COVID-19 was still disrupting HIV and other health services, with the biggest impact on prevention and testing, she continued.

Globally, 38% of countries had reported disruptions to health services, with some countries experiencing severe disruptions. Ms Doherty added that many vaccine-preventable disease campaigns had been suspended due to COVID-19. She briefly reviewed steps taken to maintain essential health services, including new care models, self-testing, multimonth dispensing of medicines, telehealth for delivering services and more.

283. Members and observers praised UNAIDS for its work to mitigate and overcome disruptions of HIV programmes. COVID-19 has made it even clearer that health systems had to be strengthened and that universal access to quality health care had to be guaranteed, they stressed. Both COVID-19 and HIV response thrived on and deepened inequalities, which in turn shaped patterns of transmission. The impact was typically heaviest on the most vulnerable people. Effective responses require global solidarity and multistakeholder action, and increased involvement of and investment in communities and civil society. Speakers urged stronger international action to ensure equitable access to vaccines and other health commodities, and stronger support for medicine and vaccine production in Africa.

Panel 1: Turning a crisis into an opportunity—leveraging lessons learnt and the HIV infrastructure for responding to the colliding epidemics

284. Ruth Laibon Masha, CEO, National AIDS Control Council, Kenya, briefed the meeting on approaches that had worked in Kenya. COVID-19 was highlighting longstanding gaps in access to health services, she said, with fewer than 1 million Kenyans having been vaccinated by June 2021. HIV and COVID-19 showed the negative effects of poorly-designed programmes, but also highlighted the need and opportunities to strengthen community-based services, she said. Quick action in Kenya had protected most HIV services, although health workforces were affected. Multimonth dispensing had been introduced, community treatment groups were collecting and distributing antiretrovirals, and virtual counselling platforms and mobile clinics were operating. She emphasized the need to counter misinformation, the importance of rights-based access to health services and medicines, and the need for flexible funding arrangements so emergency services can continue during health crises.
285. Marcela Alsina, of the *Movimiento Latinoamericano y del Caribe de mujeres positivas* in Argentina, said civil society organizations had acted quickly to provide food and other support to vulnerable communities, with support from UNAIDS and other partners. However, public health services had experienced many problems, with sexual and reproductive health and HIV programmes especially affected. Civil society was at the heart of the response and needed reliable support, she urged.
286. Chinmoyee Das, Deputy Director of India's National AIDS Control Organization, summarized steps taken in India, where artificial intelligence was being used widely for counselling, and information technology platforms were being used for teleconsultations and for supporting treatment continuity. Mobile apps had been launched and social media were being used to link migrant patients with treatment centres, while virtual platforms were being used to train health-care workers. India was trying to turn the crisis into an opportunity, but many challenges remained, she said.
287. Members and observers noted that the HIV response had been pushed off-track and reminded the meeting that 9.8 million people living with HIV were not

on treatment and that HIV incidence was not being reduced quickly enough. Actions had to be agile and data-driven so that special attention could be directed where it was needed the most. The HIV response had to be creatively adapted: prevention had to move out of facilities, and self-care and self-management had to be embraced. The coinciding impact of HIV, TB, malaria and COVID-19 had to be addressed in unison, speakers stressed. New resources for HIV were needed, not reallocations of existing funding. Noting that health service investments supported entire public health systems, they commended the United States for the US\$ 3.5 billion it had contributed to COVID-19 programmes via the Global Fund. Pandemic-proof health programmes had to be built, which required strengthening and supporting community systems. Speakers urged that successful service adaptations during COVID-19 be kept in place. They also emphasized the pandemic's impact on people who use drugs and prisoners, and called for reforms and changes to mitigate those effects.

Panel 2: Building back better

288. David Wilson, Director of the Global AIDS Program Director at the World Bank, stressed that COVID-19 could not be controlled without wide and equitable vaccine access. COVID-19 had increased inequalities, he noted, but it might also create opportunities to address inequities in access to health. Major challenges lay ahead, though. Single-disease advocacy was unlikely to be successful in the future, he said. Development assistance was expected to decline, with health funding prioritizing health security preparedness. HIV actors should join with other sectors to advocate for greater investment in human and social capital, he advised. It was important to position HIV within efforts to repair the damage COVID-19 is doing to human capital, to integrate HIV into Universal Health Coverage and primary care, and to integrate advocacy for those priorities. Equitable global vaccine access was a top priority.
289. Thoraya Obaid, from the Independent Panel for Pandemic Preparedness and Response, said the goal should be to build forward, not "build back better". She shared several lessons, based on the Panel's deliberations. The Panel had emphasized the need for a global pandemic plan and proposed that a high-level global threats council be set up, led by Heads of States and Government. WHO's independence, authority and financing had to be strengthened. The Panel had proposed a new global surveillance system, in which WHO would have explicit authority to publish data and despatch investigative teams. Greater investments were needed in public health systems to ensure continuity of essential health services. The need for greater inclusiveness in pandemic preparedness and responses was another lesson.
290. Equity was a central theme. The Panel had called for the redistribution of 1 billion vaccine doses by 1 September, 2021, and 2 billion doses by mid-2022 from high-income countries to low-income countries, Ms Obaid said. Also recommended was the creation of an international pandemic financing facility to mobilize up to US\$ 10 billion per year. The Panel recommended a process, under the auspices of WHO and the World Trade Organization, to reach agreement on technology transfers and voluntary licensing to prevent intellectual property rights from blocking equitable vaccine access. Failing such an agreement, she said, a blanket waiver should apply.
291. Kaythi Wynn, Asia-Pacific Network of Sex Workers, Myanmar, shared lessons community organizations had learned from the COVID-19 crisis, focusing on

the experiences of sex workers. They were subjected to harsh stigma, discrimination and harassment, and were struggling to survive (as do few countries include sex workers in their social protection systems). Many sexual and reproductive health projects had been suspended, putting sex workers at additional risk. Ms Wynn described how NGOs had stepped in to provide support and she called on Member States and the Joint Programme to work closely with community-led organizations and to develop emergency response protocols.

Conclusion

292. Shannon Hader, Deputy Executive Director, UNAIDS, thanked the organizers and panellists. Although the HIV and COVID-19 pandemics were continuing, solidarity and creative responses would deliver solutions, she said. Social and financial investments in the HIV responses were paying off for both pandemics, even though the effects of chronic underinvestment in public health systems generally were also evident.

11. Any other business

293. There was no other business.

12. Closing of the meeting

294. Presenting her closing remarks, Ms Byanyima said the PCB was a special and unique Board, a safe place where people living with, at risk and affected by HIV could engage with Member States and the UN System on issues that have a direct impact on their health, rights and lives. It represented a space of where lived experiences have driven actions and shaped decisions in a consensual manner over the past 25 years. However, she felt that this space was now being challenged.
295. Ms Byanyima called on all Board members to preserve and strengthen the approaches and features that made the Board unique, and stressed the importance of protecting and strengthening consensus decision-making. Consensus for the common good should be put ahead of the interests of any single Member States, she urged, and thanked Members for expressing their ongoing commitment to do so. She also thanked Members for accompanying UNAIDS on its culture transformation journey to become a safe, equal and empower in workplace for all staff, and a feminist organization. Deep change did not happen overnight, she said, adding that she was confident the desired changes would be achieved.
296. She assured the PCB that UNAIDS management was working hard to address the issues raised in the global staff survey. Some issues regarding a lack of trust in senior management, she said, reflected staff concerns about the alignment process and mobility. Those and other concerns would be addressed through the alignment process, new and improved policies, and by enhancing how the senior leadership's listens, advances and delivers the kinds of changes the Secretariat is committed to deliver.
297. The Secretariat would work closely through the working group to shape the UBRAF into a bold, clear and meaningful framework, Ms Byanyima assured the meeting. She said she counted on the PCB's support for the adoption of the UBRAF in October 2021 and for ensuring that it is fully funded. The new Strategy required going beyond business as usual, she said. The world had

less than 10 years to end the AIDS pandemic and the inequalities that drive it—and it had to do that without a vaccine or functional cure and during COVID-19 pandemic. Nonetheless, she felt confident that those goals would be achieved. She asked the PCB to hold the Joint Programme accountable while working with it to realize those goals.

298. Concluding her remarks, Ms Byanyima commended the Joint Programme teams that had made the PCB meeting a success, as well as her deputies and their teams, the global coordinators, governance team and other staff.
299. The 48th meeting of the Board was adjourned.

[Annexes follow]

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (48)/21.1.rev1

Issue date: 7 April 2021

VIRTUAL FORTY-EIGHTH MEETING DATE: 29 June – 2 July 2021

TIME: 13:00-17:00

Annotated agenda

TUESDAY, 29 JUNE

1. Opening

1.1 Opening of the meeting and adoption of the agenda

*The Chair will provide the opening remarks to the 48th PCB meeting.
Document: UNAIDS/PCB (48)/21.1;*

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

*The report of the Special Session of the PCB will be presented to the Board for adoption.
Document: UNAIDS/PCB (EM)/3.6*

1.3 Report of the Executive Director

The Board will receive the report of the Executive Director. Document: UNAIDS/PCB (48)/21.2

1.4 Report by the Chair of the CCO

*The Chair of the Committee of Cosponsoring Organizations will present the report of the Committee.
Document: UNAIDS/PCB (48)/21.3*

1.5 Report by the NGO Representative (Postponed)

2. Leadership in the AIDS response

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

3. Organizational Oversight Reports

The Board will receive reports from independent functions, including internal and external audit reports, ethics, and other topics on accountability.

Documents: UNAIDS/PCB (48)/21.4; UNAIDS/PCB (48)/21.5; UNAIDS/PCB (48)/21.6; UNAIDS/PCB (48)/21.7

WEDNESDAY, 30 JUNE

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

The Board will receive a report on the implementation of the UNAIDS Unified Budget, Results and Accountability Framework 2020–2021.

Documents: UNAIDS/PCB (48)/20.8; UNAIDS/PCB (48)/20.9; UNAIDS/PCB (48)/20.10; UNAIDS/PCB(48)/20.11; UNAIDS/PCB (48)/CRP1

The Board will receive a financial report and audited financial statements for 2020 as well as an interim financial management update for 2021.

Documents: UNAIDS/PCB (48)/20.12; UNAIDS PCB/ (48)/20.13

4.1 Performance reporting

4.2 Financial reporting

5. Zero draft of the 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF)

The Board will receive a zero draft of the results and accountability framework 2022–2026 to align with Global AIDS Strategy 2021–2026.

Document: UNAIDS/PCB (48)/20.14

THURSDAY, 1 JULY

6. Update on strategic human resources management issues

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

Documents: UNAIDS/PCB (48)/21.15 UNAIDS/PCB (48)/CRP2; UNAIDS/PCB (48)/CRP3; UNAIDS/PCB (48)/CRP4

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

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

Document: UNAIDS/PCB (48)/21.16

8. Follow-up to the thematic segment from the 47th PCB meeting

The Board will receive a summary report on the outcome of the thematic segment on Cervical Cancer and HIV—addressing linkages and common inequalities to save women’s lives

Document: UNAIDS/PCB (48)/21.17

9. Update on implementation of the HIV response for migrant and mobile populations

*The Board will receive an update on the implementation of the HIV response for migrant and mobile populations.
Document: UNAIDS/PCB (48)/21.18*

FRIDAY, 2 JULY

10. Thematic Segment: *COVID-19 and HIV: sustaining HIV gains and building back better and fairer HIV responses*

Documents: UNAIDS/PCB (48)/21.19; UNAIDS/PCB (48)/21.20; UNAIDS/PCB (48)/CRP5

11. Any other business

12. Closing of the meeting

[End of document]

2 July 2021

**Virtual 48th Session of the UNAIDS Programme Coordinating Board,
Geneva, Switzerland**

29 – 2 July 2021

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 nondiscrimination;

Intersessional Decisions:

Recalling that, to cope with the specific circumstances due to the COVID-19 health crisis, it has decided through the intersessional procedure (see decisions in UNAIDS/PCB/(EM)/3.2):

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

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

1. *Adopts* the agenda;

Agenda item 1.2: Consideration of the report of the Special Session of the PCB

2. *Adopts* the report of the Special Session of the PCB;

Agenda item 1.3: Report of the Executive Director

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

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

4. *Takes note* of the report of the Chair of the Committee of Cosponsoring Organisations;

Agenda item 3: Organizational Oversight Reports

- 5.1 *Welcomes* the first report of the ethics office;
- 5.2 *Accepts* the External Auditor's Report for the financial year ended 31 December 2020 and urges the Secretariat to implement its 4 main recommendations;
- 5.3 *Takes note* of the Internal Auditor's Report for the financial year ended 31 December 2020;
- 5.4 *Welcomes* the Management response to the Organizational Oversight Reports;
- 5.5 *Commends* progress made against many of the issues identified across the oversight reports and *requests* the Executive Director to continue to take urgent measures to address the areas with a high level of residual risk as identified in the report of the internal auditor;
- 5.6 *Urges* the Secretariat to resolve the outstanding issues, and in particular, to fully address issues identified in the Global Staff and UNAIDS Secretariat Staff Association surveys, including with regard to harassment and abuse of power, and confidence in the senior leadership team;
- 5.7 *Requests* the Secretariat to finalise the Memorandum of Understanding with the WHO Office of Internal Oversight Services and to strengthen mechanisms to enable staff to report misconduct, discrimination or harassment without any fear of retaliation;
- 5.8 *Looks forward* to reporting on further progress at the 50th meeting of the Programme Coordinating Board;

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

Agenda item 4.1: Performance Monitoring Reporting

- 6.1 *Takes note* of the 2020 Performance Monitoring Reports and *welcomes* its continued improvement in scope and depth;
- 6.2 *Welcomes* the accomplishments of the Joint Programme in support to multisectoral HIV/AIDS responses, including people living with HIV and key populations, especially in addressing the health and social impacts of the COVID-19 pandemic on the HIV response through strengthened joint and collaborative action at country level;

- 6.3 *Appreciates* further improvements in the qualitative and quantitative analytical performance reporting jointly developed and aligned to prioritized national targets, with a focus on impact and disaggregated results, emphasis on priority off-track areas and actions to address these, and wider links to the 2030 Agenda and the UN reform;
- 6.4 *Calls* for a more simplified and integrated report with enhanced visibility and readability and to further improve the performance monitoring system; and *encourages* the Joint Programme to take these recommendations into account when developing the new 2022-2026 UBRAF and its new performance monitoring framework;
- 6.5 *Encourages* all constituencies to use UNAIDS' annual Performance Monitoring Reports to meet their funding reporting needs and as a basis for programme planning;

Agenda item 4.2 Financial Reporting

- 6.6 *Accepts* the financial report and audited financial statements for the year ended 31 December 2020;
- 6.7 *Takes note* of the interim financial management update for the 2020-2021 biennium for the period 1 January 2020 to 31 March 2021;
- 6.8 *Encourages* donor governments to release their contributions towards the 2016–2021 Unified Budget, Results and Accountability Framework as soon as possible and to make multiyear contributions;

Agenda item 5: Zero draft of the 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF)

- 7.1 *Recalls* decision points 4.2 & 4.3 of the Special Session of the Programme Coordinating Board in March 2021;
- 7.2 *Takes note* of the zero draft of the overall Unified Budget, Results and Accountability Framework 2022–2026 and looks forward to the submission of the full 2022–2026 UBRAF, including the revised performance reporting framework, and biennial workplan and budget for 2022-2023 for approval at a Special Session of the PCB to be held on 6 October 2021;
- 7.3 *Requests* the Joint Programme and the 2022–2026 UBRAF Working Group to take into consideration the PCB's comments in the development of the final draft of the 2022-2026 UBRAF;

Agenda item 6: Update on strategic Human Resources Management issues

- 8.1 *Takes note* of the update on strategic Human Resources Management issues;
- 8.2 *Requests* the Executive Director to continue to provide data with regards to staff geographical composition and other aspects relevant to staff diversity as part of the Update on strategic Human Resources Management issues;

Agenda item 7: Statement from the UNAIDS Staff Association

9. *Welcomes* the statement by the representative of the UNAIDS Secretariat Staff Association;

Agenda item 8: Follow-up to the thematic segment from the 47th PCB meeting:

- 10.1 *Takes note* of the background note (UNAIDS/PCB (47)/20.44) and the summary report (UNAIDS/PCB (48)/21.17) of the Programme Coordinating Board thematic segment on “cervical cancer and HIV—addressing linkages and common inequalities to save women’s lives”;
- 10.2 *Recalls* the Global strategy to accelerate the elimination of cervical cancer as a global public health problem adopted by resolution WHA73.2 and its associated 90–70–90 HPV vaccination and cervical cancer screening and treatment targets for 2030, and the Global AIDS Strategy’s 2025 target for 90% of women living with HIV to have access to cervical cancer screening integrated or linked with HIV services;
- 10.3 *Calls* on Member States to:
 - a. Adequately invest in and scale up HPV vaccination and cervical cancer screening, diagnosis, treatment and care services through integrated and multisectoral delivery platforms and community systems that address health inequalities and other vulnerabilities of girls and women, including those living with HIV and from key populations, to both HIV and cervical cancer with a focus on increasing access and affordability of key technologies, innovations and commodities and optimizing opportunities for integration where appropriate;
 - b. Empower, engage and strengthen the capacities of communities and civil society partners to address the interlinkages between HIV and cervical cancer, and to support awareness raising, social mobilization, and demand creation for equitable access to services, new technologies and innovations;
- 10.4 *Calls* on the UNAIDS Joint Programme to:
 - a. Support countries and communities with policy guidance and technical assistance to scale up implementation of HPV vaccination and cervical cancer screening, diagnosis, treatment and care services that are integrated with HIV and health services, including sexual and reproductive health services, for women and adolescent girls and other population groups living with HIV at risk of cervical cancer;
 - b. Strengthen support to countries and communities to integrate HIV and cervical cancer primary (prevention of HPV infection) and secondary prevention, treatment and care and to eliminate inequalities, health disparities, stigma and discrimination that increase women’s and girls’ vulnerability to HIV and cervical cancer;
 - c. Advocate for increased domestic and global investments in HIV and cervical cancer programmes with a focus on increasing access and affordability of key technologies, innovations and commodities and optimizing opportunities for integration where appropriate;

- d. Report on progress made on integrated approaches to cervical cancer and HIV, as part of regular reporting to the Programme Coordinating Board;

Agenda item 9: Update on the implementation of the HIV response for migrant and mobile populations

- 11.1 *Takes note* of the update on the implementation of the HIV response for migrant and mobile populations, as well as refugees and crisis-affected populations, as appropriate;
- 11.2 *Welcomes* the new Global AIDS Strategy's emphasis on migration as a cross-cutting issue that demands prioritized action, including ensuring access to combination prevention and leveraging and adapting existing data collection to monitor people in crises and humanitarian contexts;
- 11.3 *Calls* on the Joint Programme to further operationalize the 2021–2026 Global AIDS Strategy's provisions with respect to HIV among migrant and mobile populations, as well as refugees and crisis-affected populations by:
 - a. Collecting data on HIV among migrant and mobile populations, as well as refugees and crisis-affected populations, including in collaboration with International Organizations and take this into account in the new Global AIDS Monitoring System and 2022–2026 UBRAF indicators; and
 - b. Reinvigorating efforts for effective action to address HIV among migrant and mobile populations, as well as refugees and crisis-affected populations, including through strategic partnerships with other relevant actors (such as but not limited to the Interagency Task Team on HIV in emergencies) with the intention of elevating global attention to this issue; and
- 11.4 *Requests* the Joint Programme to report back to the Programme Coordinating Board on progress made on the implementation of the HIV response for migrant and mobile populations, as well as refugees and crisis-affected populations as part of regular reporting.

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