

REPORT OF THE 46TH PROGRAMME COORDINATING BOARD MEETING

Additional documents for this item: none

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

adopt the report of the 46th Programme Coordinating Board meeting.

Cost implications for decisions: *none*

1. Opening

1.1 Opening of the meeting and adoption of the agenda

1. The UNAIDS Programme Coordinating Board (the Board or PCB) convened virtually for its 46th meeting on 23 June 2020
2. The PCB Chair, Mark Cassayre, Deputy Chief of Mission of the United States Mission to the United Nations and International Organizations, Geneva, welcomed participants to the first ever virtual meeting of the PCB, recognizing the unprecedented crisis of COVID-19.
3. Following a moment of silence in memory of everyone who have died of AIDS or of COVID-19, the Chair remarked on the need for the global community to respond to these crises with unity and with humane values. He congratulated the UNAIDS Secretariat on arranging the virtual PCB meeting.
4. The Chair emphasized that the collective achievements of the HIV response must not be squandered and that the next UNAIDS Strategy had to ensure that the important work continues.
5. He then briefed the meeting on procedures and logistics during the virtual meeting, noting that the virtual nature of the meeting had required extensive early engagement in pre-meeting sessions and briefings. Recalling the intercessional decisions adopted by the PCB since the 45th meeting in December 2019, “Reorganisation of the 2020 UNAIDS PCB meetings in view of the COVID-19 crisis” and “Modalities and procedures for the 46th UNAIDS PCB virtual meeting”, the Chair thanked the PCB Bureau and PCB participants for their commitment and engagement during this exceptional time.
6. The meeting adopted the agenda.

1.2 Consideration of the report of the 45th PCB meeting

7. The Board adopted the report of the 45th meeting of the PCB.

1.3 Report of the Executive Director

8. Winnie Byanyima, Executive Director of UNAIDS, welcomed delegates to the virtual Board meeting. She expressed her sadness for the more than 465 000 people who had died due to COVID-19 and the 32 million people who had died due to AIDS since the beginning of the pandemic. Those deaths could have been avoided, she said.
9. The ongoing crisis of AIDS forced the world to redouble its efforts to reach the millions of people still left behind. Even before COVID-19, the world was not on-track to meet the 2020 targets, she said. The COVID-19 crisis risked pushing it far off course. The Joint Programme had to address deeper challenges to help countries overcome pandemics and foster safe, equitable and resilient societies.
10. She told the PCB that the Joint Programme was providing strategic information, scaling up urgent political advocacy and supporting efforts to put people at the centre of the HIV and COVID-19 responses. Lessons learned from fighting the HIV pandemic must be taken forward in this new crisis; in particular, the world had to learn from the painful

experiences of unequal access to health technologies during the early days of the AIDS response.

11. Ms Byanyima said the Secretariat's technical capacity on access to health technologies had been strengthened. It was following a two-prong strategic push for equitable access to all technologies for COVID-19: supporting the intergovernmental and interagency technical work advancing the COVID-19 Technology Access Pool, and facilitating a global campaign for a "People's Vaccine" for COVID-19.
12. The latter initiative aimed to make a COVID19 vaccine and related technologies patent-free, mass-produced, distributed fairly and free of charge at the point of use. The vaccine should be an open technology and the only access to barrier should be production capacity, the Executive Director told the Board. Poor countries should not be left at the back of the queue waiting for a vaccine. She called on all countries to support the COVID-19 Technology Access Pool.
13. UNAIDS Joint Teams were working in emergency mode on many fronts at national level against HIV and COVID-19, Ms Byanyima told the PCB.
14. The COVID-19 crisis was aggravating the risks faced by people living with HIV and it was hitting the poorest people the hardest. Survey results of Global Fund supported-programmes from 106 countries showed disruptions in service delivery in 85% of HIV programmes, she said. In response, UNAIDS was supporting dozens of countries to implement multimonth prescription and dispensation of ARVs and other measures.
15. Adolescent girls and young women were already facing a crisis. They were now also at risk of not going back to school after lockdowns were lifted, she noted, referring also to the increased gender-based violence as a result of lockdowns, which in turn also increased the risk of HIV. On the basis of lessons learned from the HIV response, the Joint Programme had developed a guide for supporting women and girls in the context of the COVID-19 pandemic. She told the Board that some governments were using emergency powers during the pandemic to target key populations, which was unacceptable.
16. Ms Byanyima stressed the need to harness the strengths and lessons of the HIV response for the COVID-19 effort, including the importance of empowered communities and human rights protections. Responses have to go beyond biomedical interventions to also tackle the inequalities that drive pandemics, she urged.
17. Some of these lessons were being used, she told the Board but too many of the mistakes made in the early days of the AIDS epidemic were also being repeated. The current crisis reinforced the need for free universal health care, she added. For low- and middle-income countries, that implied urgent and long-term debt relief and debt cancellation so they can have enough fiscal space to confront the pandemic.
18. The global HIV response, she told the meeting, was not on-track. UNAIDS analysis showed four worrying trends.
 - Even though the epidemic remained a global crisis, the urgency needed to tackle it was waning.
 - Reductions in new HIV infections and AIDS-related deaths were not occurring at the rates UN Member States had committed to in 2016. Gains in preventing vertical transmission of HIV had also stalled. A "reset" was needed.
 - HIV remained an epidemic of inequalities. It was unacceptable that most new infections were among key populations and that Africa remained the epicentre, with adolescent girls and young women still at great risk—even though the evidence, tools and systems to prevent new infections were at-hand. Some countries were on-track, but too many were not.

- Serious gaps remained in HIV prevention. Countries had to do better at targeting population groups with the highest rates of new infections, including key populations and adolescent girls and young women, and their partners. She said UNAIDS would have a "hard conversation" about why prevention was stalling, how to engage men and boys more effectively, what investments were needed for more effective prevention, and how to address policy and legal barriers more effectively.
19. The duty of care towards UNAIDS staff was a personal priority, the Executive Director said. She said she had set up a crisis committee immediately when the COVID-19 pandemic struck and she described some of the procedural and other forms of support that were being provided to staff. In an internal staff survey in April 2020, 86% of staff had said they felt motivated and were able to focus on their work during teleworking arrangements. The pandemic had forced the adoption of new ways of working, some of which were working well and could become part of the "new normal" at UNAIDS, she said.
 20. UNAIDS' next Strategy was vitally important, Ms Byanyima told the PCB. The Strategy would be developed in two phases. A detailed, evidence-based review of the current strategy would be completed by end-July 2020. Those findings and other information would inform a stakeholder consultation, scheduled for September 2020. The latter would detail options, such as:
 - Option 1—maintain the focus and structure of the current Strategy and extend the timeline to 2025; or
 - Option 2—maintain the key pillars of the current Strategy but enhance it to prioritize vital areas where progress lags; or
 - Option 3—develop a comprehensive, entirely new Strategy.
 21. Ms Byanyima said she saw distinct advantages in Option 2. She recommended that the consultation in September select an option so the development of the next Strategy could start immediately. A draft Strategy would be presented to the 47th PCB meeting in December 2020, and a final Strategy would then be adopted in early 2021, possibly in March. This would allow sufficient time for preparation for the next High-Level Meeting at the UN General Assembly in June 2021.
 22. She also updated the Board on the work of the UNAIDS Advisory Group, which she had set up to advise her during the transition period until mid-2021. The work included examining programmatic priorities in key areas, such as adolescent girls and young women, financing, human rights, science, and access to medicines.
 23. Regarding UNAIDS' relationship with the Global Fund the fight AIDS, Tuberculosis and Malaria (Global Fund), the Executive Director said the partnership had transformed the ways in which countries approach, fund and respond to global pandemics.
 24. Work was underway to operationalize the memorandum of understanding between UNAIDS and the Global Fund, she said. Five areas for closer collaboration had been identified: strategic information; sustainable country responses; human rights, gender equality and community service delivery; prevention and treatment access; and COVID-19 resilience and innovations in crisis situations. A revised framework would include mechanisms for mutual accountability.
 25. Ms Byanyima described some of the many ways in which UNAIDS supports the strategic and operational work of the Global Fund, including support for the development and/or assessment of country and regional funding requests.

26. Deeper collaboration between UNAIDS and the Global Fund is vital if the HIV and COVID-19 responses are to achieve the necessary impact, she told the PCB. The Joint Programme needed adequate resources to achieve that joint impact, she added and appealed to donors who donate to the Global Fund to also donate proportionately to UNAIDS.
27. Regarding the Management Action Plan (MAP), the Executive Director said she had introduced several elements to strengthen the process. These included incorporating feminist leadership principles of reflection, dialogue and listening in processes for changing the organizational culture.
28. A new internal communications team had also been set up to support the collaboration needed for day-to-day progress, and several new tools had been introduced to support the processes of change. A new Staff Wellbeing Advisor had been appointed in February.
29. A new framework for the delegation of authority had also been introduced, shifting authority where appropriate to Regional and Country Offices. As part of that process, human resource management experts would be placed in each of the four Regional Offices.
30. The Secretariat would launch a strengthened and expanded policy covering the prohibition of harassment, sexual harassment, discrimination and abuse of authority. Steps were being taken to speed up the investigation of cases of abuse by Internal Oversight Services (IOS) of the World Health Organization (WHO).
31. The Ethics Office had been strengthened in accordance with standards recommended by the Joint Inspection Unit (JIU) and would be established as an independent function, Ms Byanyima continued. The PCB would soon receive the report of the Independent Evaluation of the United Nations (UN) system response to AIDS in 2016–2019, which would also be an input into next Strategy. At the same time, UNAIDS was embracing and contributing to the wider reforms of the UN Development System, she told the Board.
32. Regarding resource needs, Ms Byanyima thanked donors for their support. Approximately US\$ 84 million had been received in core funds for the Unified Budget, Results and Accountability Framework (UBRAF) thus far in 2020. The COVID-19 pandemic strengthened the case to invest in UNAIDS so it could lead the urgent but unfinished business of ending the AIDS epidemic, she said.
33. A fully-funded UBRAF was essential, she insisted and she committed to pursue a strategic funding dialogue with all donors to ensure UNAIDS has the resources to deliver on its next Strategy. In conclusion, the Executive Director said that UNAIDS would foster a larger and more diverse community of donors and pursue strategy funding dialogues with all donors regarding their preferences for how the funding should be utilized.
34. The Chair opened the floor for comments.
35. Members thanked the Executive Director for her concise and comprehensive report, and for ensuring that the Joint Programme continued its vital work against HIV and as a key partner in the UN response to COVID-19. The pandemic response had a lot to learn from the AIDS movement, they said. They urged countries not to "drop the ball" on HIV while they they respond to the new pandemic.
36. Speakers commended the strengthening of governance and accountability at UNAIDS, and welcomed the new oversight approach and the commitment to use feminist principles to guide change. They were gratified about strides made towards gender

parity and called for further action to achieve parity at all levels of the organization, as well as for increased staff recruitment from under-represented countries.

37. Members stressed that the next UNAIDS Strategy beyond 2021 should be evidence-based, equitable and grounded in a human rights-based approach. They welcomed a greater focus on community-led approaches and on the promotion of Universal Health Coverage (UHC). The next Strategy should emphasize the integration of HIV services into health systems, they said, and should support the strengthening of those systems.
38. The next Strategy should also bridge the remaining gaps in reaching most at-risk populations. It was vital to strengthen prevention interventions where progress was too slow and uneven, members said, and to strengthen the focus on the structural drivers of HIV and on key populations and adolescent girls and young women. Speakers praised the emphasis on empowering adolescent girls and young women and on meeting their sexual and reproductive health needs.
39. The progress in treatment coverage was noted and UNAIDS was asked which indicators would be used to measure the impact of that progress on people's lives.
40. The Strategy process was also an opportunity to rethink the current approach to the UBRAF, some speakers suggested. A new performance monitoring approach may have to be considered.
41. Several members expressed their preference for Option 2, as outlined by the Executive Director.
42. Speakers noted the need for strong coordination between the HIV and COVID-19 responses. Members congratulated UNAIDS on applying to the COVID-19 pandemic the kinds of community- and human rights-based approaches that have distinguished the HIV response.
43. Speakers reminded the meeting that people living with HIV were at elevated risk for COVID-19 and that alarming resurgences of gender-based violence were being reported during COVID-19 "lockdowns". Key populations were being targeted during the COVID-19 pandemic, they said.
44. Access to essential health resources was being restricted and vital resources were being reprogrammed away from HIV and other health priorities, speakers added and insisted that HIV not be deprioritized. They reminded the meeting of the disquieting findings from a recent modeling analysis of the impact of possible interruptions to antiretroviral (ARV) supplies.
45. They praised UNAIDS and its Country Offices for rapidly supporting countries to avert supply interruptions, including through the introduction of multimonth prescription and dispensation of ARVs and wider use of HIV self-testing. Members urged UNAIDS to continue to work with the Global Fund and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to ensure supplies for ARVs and test kits continue to flow to countries.
46. After describing their responses to COVID-19, some members cautioned that the pandemic would last longer than many assumed and urged countries to build systems and processes to ensure that people receive the services they need.
47. Members emphasized the importance of affordable and equitable access to vaccines, diagnostics and other medicines, and commended UNAIDS for taking firm positions on those issues. They reiterated the call for a "People's Vaccine" and said new opportunities existed for achieving more equitable access to health technologies. The HIV and COVID-19 pandemics underscored the need for solidarity, they said.

48. The meeting heard that an eventual COVID-19 vaccine may prevent disease but without providing sterilizing immunity, which would imply specific risk-benefit calculations. It was also necessary to understand how potential vaccines might function with respect to different population cohorts. These were important discussions which UNAIDS could help lead with communities around the world, it was suggested.
49. Members strongly welcomed the Executive Director's commitment to fully implement the MAP, but expressed concern that progress to-date seemed slow.
50. UNAIDS was commended for the smooth preparations for the PCB meeting despite the difficult circumstances.
51. Members urged donors to increase their financial support to UNAIDS. They expressed concerns about a projected financing shortfall and asked the Executive Director about the impact of a shortfall and about plans to manage associated risks.
52. Replying to the remarks from the floor, the Executive Director said she recognized that a challenging period lay ahead, with resources under pressure. She urged countries not to divert investments from HIV and reminded them that access to health was a nonnegotiable human right. She noted that 200 civil society organizations had signed a call to action for equitable access to vaccines and other essential health technologies.
53. Ms Byanyima thanked members for highlighting the ways in which UNAIDS' skills, resources and experience could be leveraged to address the colliding HIV and COVID-19 pandemics in ways that promote human rights and equality. She summarized key points raised from the floor, including the need to sustain the HIV response and recognition that the COVID-19 pandemic underscored the increasing relevance and need for the Joint Programme.
54. She said she would welcome an agenda item at the next PCB meeting on the HIV and COVID-19 responses and told the meeting that UNAIDS would provide regular updates on its plans and actions regarding COVID-19.
55. Regarding the next UNAIDS Strategy, Ms Byanyima assured the meeting that the calls for evidence-based, data-driven and human rights-based approach had been noted and she thanked speakers for emphasizing the importance of strong multisectoral responses.
56. In closing, a speaker informed the meeting that more than more than 60 countries had restricted the operation of civil society organizations in recent years and that there had been a retreat from rights-based approaches in several countries. Organizations fighting injustices and discrimination had to be supported and strengthened.

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

57. Achim Steiner, Administrator of the UN Development Programme (UNDP), presented this report. He thanked the Joint Programme for their continued dedication to end AIDS by 2030, and thanked the outgoing CCO members and welcomed incoming members.
58. Despite much progress, he said, the world was not on-track to reach the 2020 targets. In addition, the COVID-19 pandemic threatened to reverse progress made. It was necessary to connect the dots between and HIV and COVID-19 responses and to sustain HIV services during and after the pandemic, he said.
59. He then described some the COVID-19-related activities of the Joint Programme, including WHO leadership around COVID-19 responses, the World Bank's emergency

response fund, UNFPA's support for the maintenance of sexual and reproductive health services, UNICEF's support for the procurement of essential commodities, and WFP's provision of nutrition and health services.

60. COVID-19 exposed how inequalities drive epidemics, Mr Steiner said. The pandemic also threatened to reverse limited progress made against gender inequalities. He noted the many reports that had emerged of authorities using emergency powers to violate people's rights, including those of key populations.
61. Communities and civil society were the cornerstones of the HIV response and were central also to the COVID-19 response. Citing country examples, he said the Joint Programme was facilitating those roles and fostering support from public health authorities for collaborations with civil society.
62. He told the meeting that the Human Development Index performances would likely decline in 2020 for first time since 1990. Referring to actions taken by Cosponsors (e.g. workplace initiatives and support for girls' access to education), he said the choices made today could become "tipping points" to transform societies for the better.
63. He reiterated calls that the next UNAIDS Strategic should be ambitious, visionary and build on what has worked thus far. Priorities included scaling-up programmes for adolescent girls and young women, doing more to address intolerance, integrating HIV programmes further with health and other development efforts, and continuing to push for UHC. The Joint Programme remained a powerful and inspiring example of the UN working together, Mr Steiner said.
64. Members thanked Cosponsors for the report.
65. Speakers agreed that COVID-19 risked intensifying and accelerating inequalities. A gender-responsive, rights-based response was even more critical than before, they said. Members expressed their concern about the rollback of human rights and sexual and reproductive health services, and the disproportionate impact the COVID-19 pandemic was having on key populations and adolescent girls and young women.
66. Speakers highlighted the ways in which the COVID-19 pandemic was overlapping with HIV and emphasized that women and girls and other vulnerable populations had to be better protected. This required working more closely with community organizations, they said.
67. They called on the Joint Programme to mount a COVID-19/HIV strategic response and requested that progress in doing so be reported to the next PCB meeting.
68. While recognizing that governments faced many competing priorities, speakers insisted that action against COVID-19 should not come at the expense of HIV services. The pandemic was accentuating many of the same fault lines in health systems and societies that HIV had revealed.
69. Members called for fair access to diagnostics and treatment. They urged support for countries facing financial difficulties, including those due to sanctions imposed against them.
70. Harm reduction services had to be sustained, speakers said. The pandemic was highlighting the impact and flexibility of community-based and peer-led harm reduction services. It also showed that less paternalistic approaches to opioid substitution therapy could achieve good results.
71. Members asked whether the proposed timeline for the next UNAIDS Strategy was aligned with the timelines of Cosponsors' strategies.

72. In reply, Mr Steiner said it was vital to use lessons appropriately and quickly. Regarding the timing of the various organizational strategies, he said the timeline for the next UNAIDS Strategy allowed for it to be incorporated into Cosponsors' strategies.
73. Referring to the loss of income associated with the COVID-19 pandemic (and which could have especially risky consequences for women and girls), he noted that many countries were experimenting with new forms of social protection, including a basic income. He warned, though, that severe economic hardship was approaching and that the entire UN Development System would have to respond to these unfolding realities.
74. Mr Steiner also emphasized the enormous stress that COVID-19 was placing on health systems and the threat this posed to other health programmes. The security of ARV supply lines was an absolute priority, he said before describing some of the steps taken by UN agencies early in the pandemic to prevent supply chain disruptions. But he also warned that serious dangers of supply breakdowns still lay ahead.
75. Regarding experiences with the HIV country envelopes, Mr Steiner said Cosponsors and the Joint Programme would work together on reprogramming resources for COVID-19. The Cosponsors' report for this PCB meeting already detailed some examples. In closing, he described some of the unique ways in which UNAIDS exemplified and magnified the values and work of the UN system.
76. The Chair noted that Items 1.5 and 2 had been postponed to the 47th PCB meeting in December 2020.

1.5 Report of the NGO representative (Postponed)

2. Leadership in the AIDS response (postponed)

3. Report on the UNAIDS Strategy beyond 2021

77. Krittayawan (Tina) Boonto, Coordinator of Strategy Development at UNAIDS, reminded the meeting that the world was off-track for many of the 2020 targets. Progress was fragile and uneven. Millions of people living with HIV still did not know their HIV status and were not accessing antiretroviral therapy (ART). There were approximately 1.7 million new HIV infections each year, more than 3 times the 2020 target of less than 500 000 infections per year.
78. She warned that interruptions of HIV services could lead to the deaths of thousands more people and could set back progress in preventing vertical transmission of HIV by a decade.
79. The next UNAIDS Strategy therefore has to accelerate the HIV response, she said before summarizing some of the key points highlighted in guidance received from the PCB.
80. The main milestones for the next development of the next Strategy were:
 - an evidence review of the current Strategy, showing what has worked and why those approaches have been successful (end-July 2020);
 - a multistakeholder consultation at country, regional and global levels (conclude

- by early September 2020);
 - targets and resource needs for 2025 (conclude by October 2020);
 - strategy development and preparation of draft Strategy (October to December 2020);
 - presentation to the 47th PCB meeting of a draft Strategy with updated 2025 targets and resource needs (December 2020); and
 - adoption of the final Strategy (March 2021, to be confirmed).
81. The new Strategy would inform the next UBRAF, which would be adopted in 2021, she informed the PCB.
82. The UNAIDS Executive Director, Ms Byanyima, then summarized the importance of the timeline for the next Strategy. Three critical issues affected the timeline, she said.
- The 2016 Political Declaration on Ending AIDS clearly stated that a decision on convening the next High-Level Meeting on AIDS would have to be made during the 75th session of UN General Assembly. However, the targets for the current Strategy expire at the end of 2020. This made it vital to adopt a new Political Declaration at the earliest opportunity. The best option for the next High-Level Meeting would be June 2021.
 - The UN Secretary General's Office supported staging the High-Level Meeting in June, which would be in line with the current cycle of the General Assembly. Several other factors also made this a preferred date. The new UNAIDS Strategy informing the High-Level Meeting therefore should be adopted in March 2021, at the latest. This would allow three months for negotiations and other preparations ahead of the High-Level Meeting.
 - Since the UBRAF runs to the end of 2021, the next UBRAF would have to be developed immediately after adoption of the next Strategy and could be presented to the PCB for adoption in June 2021.
83. The timeline was therefore tight, the Executive Director told the meeting. Delaying adoption of the new Strategy would put at risk the work that lay ahead in 2021. She suggested that the March 2021 PCB meeting could be an intersessional session or a Special Session; it was for the PCB to decide on that matter.
84. Members thanked the Secretariat for the presentation. They pledged their strong commitment to UNAIDS, saying it remained as relevant as it had been 25 years ago. In commending the Joint Programme for its achievements, they also expressed concern about the remaining gaps in the HIV response, including the high levels of new infections among adolescent girls and young women in sub-Saharan Africa.
85. The gaps and barriers had to be properly understood ahead of drafting the next UNAIDS Strategy, which was a chance to reenergize the HIV response at a crucial juncture.
86. Members said the next Strategy should be visionary, ambitious and evidence-based, building on progress while proposing immediate actions for barriers. It had to address disparities in HIV service access and uptake, and strengthen enabling environments, while sustaining the progress made thus far, they urged. It was important to identify where and why progress was lagging and to propose clear, evidence-based ways forward.
87. Speakers noted that it would be challenging to develop and implement the next Strategy in the context of an evolving COVID-19 pandemic that was highlighting the interconnected nature of global health. UNAIDS was encouraged to take full account of the impact of the COVID-19 during the strategy development process. The pandemic shaped the context of the next Strategy, but should not divert from the core business of

ending AIDS by 2030, they urged.

88. The Strategy was an opportunity to take advantage of the wide recognition that diseases have a disparate impact on different sections of society. It should consider the impact of COVID-19 on health systems, vulnerable groups, and on global health architecture, it was suggested. An aligned, integrated and coordinated approach was more important than ever, members said.
89. Core elements of the previous Strategy therefore remained important, particularly the focus on human rights, gender equality, and stigma and discrimination. Speakers emphasized the important roles of civil society and of community-led responses. The next Strategy should leave no-one behind, promote gender equality, be human rights-based and promote the principle of nondiscrimination, the meeting was told.
90. The Strategy should also build on collaboration with partners in and beyond UN system, align with global priorities and also link more systematically to the SDGs, members advised. They wanted the Strategy to clearly express the unique value of the Joint Programme in the global HIV response and show how it would complement and leverage the resources of Cosponsors, PEPFAR, the Global Fund and other major partners.
91. Several focus areas for the next Strategy were highlighted, including:
 - strengthening data collection and monitoring systems (including community-based monitoring) to increase the availability of disaggregated data;
 - scaling-up effective combination prevention services, especially for adolescent girls and young women and for key populations;
 - maintaining a strong focus on sexuality education and sexual and reproductive health rights;
 - renewing efforts to reduce wider inequities and reach the poorest and most vulnerable sections of society;
 - expanding HIV-sensitive social protection;
 - tackling stigma and discrimination and other underlying drivers of the epidemic;
 - supporting community-led responses;
 - improving paediatric treatment;
 - strengthening health systems (especially at community level) and health insurance systems; and
 - integrating HIV further into UHC and overall health systems.
92. The Strategy should be embedded in UN system reforms and the SDGs, and should be aligned with the work of major partners, such as the Global Fund and PEPFAR, members insisted.
93. Members emphasized the need for a strong consultative process and broadly supported both the proposed process and timelines for the next Strategy. They appreciated that the timeline had been revised to allow for full consultation with stakeholders. The schedule was tight, however, they warned, and might leave too little time to incorporate major changes and translate the next Strategy into a new UBRAF.
94. Some members felt that the PCB should try to avoid intersessional decision-making on the Strategy, and suggested that it may be possible to link the proposed High-Level Meeting to another later high-level UN event.
95. Ms Boonto assured the meeting that the comments from the floor would inform the Strategy development process.
96. Vinay Saldanha, Special Advisor, Policy and Transition at UNAIDS, summarized the remarks from the floor, noting the emphasis on addressing gaps, the support

expressed for the outlined Option 2, the need to remain focused on vulnerable populations and to take account of the impact of COVID-19. Speakers wanted to see visionary and ambitious targets that would be realistically achieved by 2025, he said.

97. Ms Byanyima noted the guidance that the Strategy should be evidence-based, people-centred and human-rights based, and should focus on improving prevention (especially for key populations and for adolescent girls and young women). She assured the meeting that these inputs would inform the next Strategy and said her Advisory Group was already discussing some of the proposed themes as possible inputs in the Strategy.
98. She also assured the meeting that the Strategy development process would be highly consultative and that the PCB, civil society and people living with HIV would shape the next Strategy.
99. Regarding the timeline, the Executive Director told the meeting that the key themes of the next Strategy should be clear by the third quarter of 2020, as should the main elements of the institutional review (regarding skills, competences and their geographical spread). This meant that, by the time of the next Strategy is adopted, some of the proposed institutional arrangements for delivering the Strategy will have been defined as well. She reiterated that the next Strategy would be ideally approved in early-2021.
100. The Executive Director said speakers had also highlighted the need to align the Strategy with those of key partners such as PEPFAR and the Global Fund. She said UNAIDS was already in discussions with the Global Fund and sat on its Strategy Committee. Alignment with UHC would be an important aspect of the next Strategy, she assured the Board.

4. Unified Budget, Results and Accountability Framework (UBRAF) update on strategic human resources management issues

101. Shannon Hader, Deputy Executive Director of Programme at UNAIDS, presented an overview of the HIV epidemic. Progress was mixed, with both gains and gaps, she said.
102. AIDS-related deaths had been significantly reduced since 2004, but remained far in excess of the 2020 target, with an estimated 770 000 deaths per year. AIDS remained the second-leading cause of death among women of reproductive age in sub-Saharan Africa.
103. She then briefly reviewed progress made in HIV testing and treatment, noting that disparities appeared at different points along the treatment cascade in different countries and regions. In mid-2019, 24.5 million of the 37.9 million people living with HIV were receiving ART. Major gaps also persisted around paediatric diagnosis and treatment. The 2018 target of having 1.6 million children on ART had not been reached: only 54% of children living with HIV were accessing treatment.
104. At the same time, said Ms Hader, several countries were showing that it was indeed possible to reach the 90–90–90 targets. She highlighted the example of Namibia, one of 14 countries to have achieved those targets. It was now finetuning its testing and treatment programme to focus on specific age groups where coverage and uptake could be further accelerated.
105. She then summarized trends in new infections, pointing out that eastern and southern

Africa was seeing positive progress (with a 28% reduction in 2010–2018), but that new infections were increasing in eastern Europe and central Asia. Globally, more than 50% of new infections were among key populations and their partners, she explained and told the meeting that those populations were disproportionately impacted by the epidemic everywhere in the world. Stigma and discrimination had to be overcome and the criminalization of key populations had to end if progress was to accelerate, she said.

106. It was imperative for countries to invest in the five main prevention pillars, which still only attracted minor shares of prevention funding, Ms Hader said. Adolescent girls and young women had to be a major focus. About one quarter of new infections in sub-Saharan Africa were among young women, although not all young women were equally at risk. If intensive combination prevention services reach adolescent girls and young women, their HIV rates would decline, she said.
107. Worrisome gaps were also occurring in programmes to prevent vertical transmission of HIV, Ms Hader continued. Not all women living with HIV were receiving antenatal care and HIV services; many were dropping out of services; and women were being newly infected during pregnancy and breastfeeding.
108. Warning that the COVID-19 pandemic could interrupt gains made thus far, Ms Hader called on countries to maintain their HIV services, eliminate inequalities in access, and finance programmes that work.

4.1 Performance reporting

109. George Farhat, Director of Planning, Finance and Accountability at UNAIDS, introduced this segment.
110. After briefly describing the content of the Programme Management Report (PMR) for 2018–2019, Mr Farhat reminded the meeting that the UNAIDS Transparency Portal complemented the PMR. This year's PMR was leaner than before, he said. It focused on results (and less on process), presented the Joint Programme's contributions to the Fast-Track commitments in the context of UNAIDS Strategy Result Areas, and was the first biennial reporting within the framework of the refined UNAIDS operating model.
111. The PMR also included a new section in the Regional and Country Report and the Organizational Reports outlining the Joint Programme's contribution towards the integrated SDG agenda, and it described how Cosponsors were integrating HIV in their broader mandates. More robust UBRAF indicator data were also included, allowing for disaggregated analysis.
112. Mandeep Dhaliwal, Director of UNDP's HIV, Health and Development Group, presented snapshots of the Joint Programme contributions during the 2018-2019 biennium. She told the PCB that UNAIDS worked to keep HIV high on national agendas, supported inclusive decision-making and implementation, and worked in 95 countries to speed up progress around the Fast-Track commitments. Strategic information remained the foundation for the Joint Programme's advocacy and targeted support.
113. During the biennium, UNAIDS had supported countries to implement combination prevention programmes and made progress in galvanizing political support for comprehensive sexuality education, including programmes run by UNESCO, she told the Board. It also had supported programmes for key populations, with the Global Prevention Coalition adding specific coverage targets for key populations, including people who inject drugs. Future actions included improved targeting of populations and

locations with high risk of HIV infection.

114. After summarizing progress made towards the 2020 treatment targets, Ms Dhaliwal said the Joint Programme had worked hard to develop and implement policies to accelerate access to HIV treatment and to programmes to prevent the vertical transmission of HIV. Among the examples described was the work of UNHCR (among refugees and internally displaced persons) and ILO. The Joint Programme would continue to support the expansion of testing and treatment.
115. Gender inequality, stigma and discrimination and violence persisted everywhere and had a major impact on HIV responses, Ms Dhaliwal said. The Joint Programme had supported countries to remove legal barriers and empower communities (including adolescent girls and young women). It had launched a global partnership for the elimination of stigma and discrimination, with 16 countries already signed up. The Joint Programme had worked in 89 countries to implement recommendations of the Global Commission on HIV and the Law. In 2020–2021, work would focus especially on transforming unequal gender norms, preventing gender-based violence, removing human rights barriers, and eliminating stigma and discrimination.
116. Sustainability, efficiency and innovation were essential, she told the PCB. The Joint Programme had supported countries in numerous ways to mobilize sufficient resources for their HIV programmes. The World Bank had performed 35 studies on allocative and technical efficiencies in 18 countries, for example. More than 90 countries had strengthened their social protection systems with support from the Joint Programme, while 75 countries had drawn on UNAIDS support to prepare their Global Fund grant proposals.
117. Members thanked UNAIDS for the detailed and comprehensive report, with clear data and priorities that could inform the next Strategy. They said they appreciated the provision of a reporting platform that showed challenges and gaps clearly, as well as the regional and country reporting.
118. It was suggested that further progress towards results-based reporting could be achieved, including by providing a brief summary of the results, using a "traffic light system". This would help publicize more generally the important work of the Joint Programme, speakers said. There was also a view that the reports were still too long.
119. UNAIDS was praised for continuing its work unabated during the COVID-19 pandemic and for adapting quickly to the new realities. Its promotion of the wider adoption of multimonth prescription and dispensation of ARVs and self-testing was praised, though speakers also warned of a danger that supply chains for ARVs and other essential medicines may be disrupted further in the months ahead. Members also commended the examples of strong cooperation between the Joint Programme, the Global Fund and other major partners.
120. The PMR offered cause for both hope and concern, speakers said. They applauded the progress made and the heightened focus on tackling structural drivers of the epidemic. But major targets were not being reached and the situation could yet worsen, they warned. The slow progress in reducing new HIV infections was a major concern, notwithstanding the efforts of the Global Prevention Coalition. Areas of underperformance had to be addressed, members insisted.
121. Speakers welcomed progress made towards integrating HIV with other health services and with UHC. They also noted that progress on integrating HIV and TB was lagging in many regions. They called for more rigorous integration of HIV and other relevant health services (including essential sexual and reproductive health rights services) as part of the next UNAIDS strategy.

122. The disparities between HIV responses in different regions and countries were highlighted. Speakers emphasized the mixed progress on primary prevention, especially for children, adolescent girls and young women, and key populations and their partners. More effective prevention programmes were needed for adolescent girls and young women, including strengthened sexual and reproductive health services. Closing the testing and treatment gap among men would also contribute to reducing new infections among adolescent girls and young women, members said.
123. The Joint Programme should boost its work on removing discriminatory policies and laws, members said. It should also strengthen cooperation with relevant partners to achieve effective prevention programmes that are based on human rights and equality.
124. Some speakers shared their personal stories of living with HIV and told the PCB that UBRAF indicators alone did not tell the full story of people's lived experiences. Behind the numbers and data were people with names and lives and stories, they reminded.
125. Cosponsors assured the meeting that they remained strongly committed to the Joint Programme (as shown in the substantial investments by Cosponsors) and said core funding via the UBRAF remained important for realizing that commitment.
126. In reply, Mr Farhat said the external audit recommendations had been considered and were reflected in the regional and country reports. The "traffic lights" scorecard was available in the Transparency Portal, he said.
127. He said UNAIDS recognized the importance of further enhancing the performance indicators and this would be reflected in the development of the next UBRAF. He assured the Board that the challenges and bottlenecks in the HIV response would be reflected in the next PMR. The independent evaluation was expected to provide key insights for enhancing the next UBRAF and would feed into the next UNAIDS Strategy, he told the Board.
128. Ludo Bok, Manager of SDGs and UNAIDS HIV, Health & Development Group at UNDP, acknowledged that gaps remained, especially around prevention. Cosponsors were supporting countries to bring about the biomedical, behavioural and structural interventions that were needed to improve results. Cosponsors were also working closely with partners to monitor supply chain issues and avoid stockouts, as well as guide shifts in Antiretroviral regimens.
129. Echoing other remarks, Mr Bok expressed concern about the shortfall in UBRAF funding and thanked all member countries who were contributing funds to the Joint Programme.
130. Responding to a question on how the Secretariat would deal with the funding shortfall, Ms Byanyima said it was working hard to mobilize additional resources. If the shortfall remained, it would have to reduce expenditures further and, as a last resort, it would consider not recruiting for vacant posts. She told the PCB this was a major concern: many important posts had not been filled and staffing levels in units were thin and overstretched. This affected staff adversely, as shown in the high levels of staff "burnout" reported in staff surveys.
131. Once a full institutional review and a possible restructuring was complete, UNAIDS would propose a budget which, hopefully, would be fully funded, she said.
132. Regarding UHC integration, the Executive Director said that people living with HIV had fought with their lives to have the best possible treatment. But many of the current UHC arrangements in countries offered inferior treatment arrangements, offering minimum packages which profit-seeking companies believe they could afford to provide. It was important to consider whether such situations were acceptable.

133. Referring to personal testimonies shared during the session, Ms Byanyima insisted on the need to scrap legal and other barriers that hold back HIV responses, for key populations especially. She noted the very low treatment coverage levels in some countries and said the Joint Programme would engage governments to remind them of their duties of care.

4.2 Financial reporting

134. Mr Farhat outlined the content of the report and told the Board that this was the eighth set of financial statements that had been prepared according to the International Public Sector Accounting Standards (IPSAS) It was also the eight year in which the the Joint Programme had received an unmodified audit opinion from the external auditors. All recommendations from the 2019 external audit had been implemented, he told the meeting.
135. Risk management actions were continuing and a statement of internal control had been included in the audited financial statements for the first time, Mr Farhat continued.
136. The overall financial situation was relatively stable, he told the Board.
- Staff-related liabilities at end-2019 amounted to US\$ 139 million, of which US\$ 137 million or 99% was funded.
 - Core income in 2019 was US\$ 184 million, compared with US\$ 189 million in 2018.
 - Core expenditures in 2019 totaled US\$ 181 million compared with US\$ 176 million in 2018.
 - The net fund balance stood at US\$ 101 million, compared to US\$ 82 million at end-2017.
137. Mr Farhat reminded the meeting that the 2020–2021 Workplan and Budget was the final one under the 2016–2021 UNAIDS Strategy and UBRAF. The Joint Programme maintained a target of a fully-funded UBRAF of US\$ 242 million annually (a core budget of US\$ 187 million and supplemental funds of US\$ 55 million).
138. Cosponsors' share of the core budget (US\$ 47 million) had been fully transferred to the respective Cosponsors.
139. The Secretariat's core expenditures and encumbrances amounted to US\$ 63 million and US\$ 84 million in income had been mobilized to date.
140. In each of 2016, 2017 and 2018, UNAIDS had mobilized, on average, US\$ 182 million. In 2019, it mobilized US\$ 184 million (i.e. fully funded the core budget) and it was projected to mobilize US\$ 172 million in 2020, representing—i.e. a US\$ 15 million shortfall against the 2020 core budget of US\$ 187 million.
141. Mr Farhat said it was vital that donors maintain their funding and fully transfer their contributions for 2020–2021.
142. In their remarks, members thanked the Secretariat for the comprehensive reports and welcomed the inclusion of a Statement of Internal Control, signed by the Executive Director. They added that it would have been useful to assign levels of risk to the various identified risk factors, as well as to indicate how the COVID-19 pandemic may alter perceptions of risk.
143. Speakers noted that the net fund balance had increased in 2019, but remained concerned about the financial vulnerability of UNAIDS. The risk of decreased funding was real, particularly in the COVID-19 context, they warned.

144. There was particular concern about the forecasted shortfall of US\$ 15 million against the budget of US\$ 187 million and about the fact that UNAIDS, for the fifth consecutive year, had not upheld the minimum approved level of a net fund balance of US\$ 107 million. Speakers urged all donors to act to ensure a fully-funded UBRAF was achieved and to pay their pledged contributions. The Executive Director was asked how a shortfall would be managed.
145. Members proposed that UNAIDS develop detailed prioritization or budget-planning based on different funding scenarios. There was possibly an opportunity to rethink budget allocations within the UBRAF and to consider the possibility of two-way contributions to and from Cosponsors, it was suggested. Funding allocations to Cosponsors could also become more differentiated.
146. It was noted that there was US\$ 14 million in unspent funding from the previous biennium. The Secretariat was asked whether this could be reallocated to the Strategy Result Areas.
147. In reply, Mr Farhat said that the Joint Programme took risk management very seriously and would provide risk assessments in different categories of risk severity moving forward. He agreed that the COVID-19 pandemic could affect risks, but explained that the risks detailed in the current report had existed prior to the pandemic.
148. He assured the meeting that UNAIDS would continue to monitor risk factors. It had established a risk committee, which would soon review the risks outlined in the Statement of Internal Control and propose mitigating measures. Mr Farhat thanked donors for providing non-core funding, including for specific country activities.
149. Further to the discussion on the UBRAF, the German Government announced that it would increase its funding for global health. In addition to its current funding for UNAIDS, Germany announced it would contribute a further 20 million Euros to the Joint Programme in 2020 to strengthen the HIV and COVID-19 responses. It encouraged UNAIDS to continue its important work alongside WHO and other partners to ensure that vulnerable populations are not left behind.

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5. Progress report on establishment of the task team on community-led AIDS responses

150. The Chair presented a brief statement explaining that it was not currently possible to constitute a geographically balanced task team, given that nearly 80% of the 92 nominations received were from one region (Africa). Recalling the meeting of the PCB Bureau, on 11 June 2020, to discuss options for the establishment of the task team, the Chair outlined two, approved options.
151. If geographic *balance* was to be achieved, additional candidates were needed from at least three other regions (Latin America and the Caribbean, Asia and the Pacific, and Eastern Europe), which required an extended call for candidates.
152. Alternatively, if the process were to proceed with the expectation of geographic *representation*, the existing nominations would be used to constitute the task team. The Africa region would then have a greater number of members.

153. Due to the compressed schedule of the current PCB meeting, members were invited to submit comments on this agenda item in lieu of discussion at the meeting itself. This procedure reflected agreement outlined in the intercessional paper, "Modalities and Procedures for the 46th UNAIDS PCB virtual meeting". That document and its pre-recorded presentation had been made available to all participants in advance of the current meeting and had been the subject of a PCB pre-meeting.
154. A deadline of Monday 6 July 2020 was proposed for comments. The UNAIDS Secretariat, in consultation with the PCB Bureau, would then agree on the establishment of the task team.
155. Several members and observers submitted comments, many stressing the importance of community-led responses and urging that the task team be established as soon as possible. It was suggested that the team's working period be extended in light of the delays in setting it up.
156. Regarding representation on the task team, members made several suggestions, many of them supporting the second option (i.e. using existing nominations to constitute the task team). However, the need for geographical balance was also emphasized, along with the value of diversity, experience and competency. Some members saw merit in the African region having the largest number of members on the task team and it was suggested that each African sub-region be represented on the task team. There was a suggestion that two-thirds of the task team's members be drawn from civil society and that the remaining third (drawn from member countries) reflect a wide range of views to facilitate robust consensus.
157. Members also expressed support for UNAIDS' efforts to define "community-led" responses and develop indicators for measuring progress. Some members felt that the definition of key populations should be determined on a national basis. There was reluctance to re-open discussion around definitions, for fear that it would lead to further delays.
158. There were requests for clarification on how the process would be integrated with the development of indicators for the Global AIDS Monitoring system.

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

159. The Chair presented a statement that recalled the process for establishing the Working Group and referred to the meetings it had held during 2019. In view of the shortened time frame for the current PCB meeting, members were invited to submit comments on this agenda item following the PCB meeting.
160. The Chair summarized the agreement reflected in the intercessional paper, "Modalities and Procedures for the 46th UNAIDS PCB virtual meeting", whereby PCB participants were invited to submit. That document and its pre-recorded presentation had been made available to all participants in advance of the meeting and had been the subject of a PCB pre-meeting. The Chair indicated the deadlines for submitting written comments.
161. In their comments, members supported full implementation of the JIU recommendations, including the need for improved oversight by the PCB and for greater clarity on the Board's roles and responsibilities. Several members supported revising the Modus Operandi (within the ECOSOC mandate) to clarify the PCB's roles.

They referred to the JIU's assurance that its recommendations could be implemented without amending the existing ECOSOC resolutions. In that regard, members specifically called attention to Article 32 of the current Modus Operandi.

162. Members highlighted the need for a strong and agile Joint Programme, and warned against arrangements that could lead to micromanagement of the Secretariat. The need for strengthened linkages with Cosponsors—both with their governing bodies and at country and regional levels—was also emphasized.
163. Some members expected the Working Group to adhere to the current timeline and the terms of reference laid out for it. Others were open to adapting the timeline, but emphasized that any amendment to the Modus Operandi should be finalized in a way that aligns with the next UNAIDS Strategy.

7. Update on the Implementation of the Management Action Plan

164. Given their material cohesion and key overlapping concepts, agenda items 7. Update on the implementation of the Management Action Plan and 8. Update on strategic human resources management issues were presented concurrently followed by a combined discussion.
165. Tim Martineau, Deputy Executive Director, Management and Governance, a.i. at UNAIDS, assured the Board that senior management was committed to full implementation of the Management Action Plan, which lay a basis for transformative cultural change. The aim was to ensure a healthy, safe and inclusive workplace where all UNAIDS staff can find reward in their work.
166. The MAP reinforces culture change, improves internal communications and supports staff wellbeing, he said. Measures for strengthening internal justice and redress were continuing, he said. He emphasized the importance of leadership from the top and of strong staff engagement, along with strong and visible accountability and redress measures.
167. Flagship initiatives planned over the next 18 months included a gender action learning process, structured dialogues and new tools for staff engagement and collaboration. The Secretariat was pursuing more inclusive collaboration and would ground the work in feminist principles. Referring to comments from the floor, he said that discussion of racism and antiracism would be included in the process.
168. Mr Martineau told the PCB that the staff survey showed 59% of staff reported positive wellbeing during the COVID-19 pandemic, though this also meant that 41% were under strain. He summarized other staff survey results that showed general satisfaction with the steps taken by UNAIDS management, but which also indicated that more work was needed to change the organizational culture in the desired ways.
169. He then summarized other steps taken, including the strengthening of the Ethics Office (which now reports to the Executive Director through the Chief of Staff), and the development of a draft policy on harassment, sexual harassment, discrimination and abuse of authority (which had been reviewed by the Cabinet). As well, an administration-led professional staff engagement survey was being developed.
170. He assured the meeting that UNAIDS would contribute to UN-wide discussions on the forthcoming JIU thematic reports, and highlighted two internal reviews towards which UNAIDS would contribute.

171. Taken together, those steps amounted to a unified programme of change, said Mr Martineau, and included new actions to take forward the MAP and culture change, follow-up on the JIU recommendations, and implement and contribute to ongoing UN Development System reforms.

8. Update on strategic human resource management issues

172. Alison Holmes, Director of Human Resources Management at UNAIDS, presented the update. She summarized key HR initiatives, drawing also on three conference room papers which described the status of the workforce and administration of justice-related measures taken recently. Those included a strengthened assessment and selection process for UNAIDS Country Directors and the achievement of gender parity in those posts. UNAIDS aimed to use similar assessment centres for selecting other director-level positions.
173. Overall staffing was more or less gender-balanced, said Ms Holmes, but a stronger balance could be achieved at senior levels. She told the PCB that the Secretariat was working to attract and retain young talent, for example by introducing stipends for interns. It was also creating more entry-level positions to improve age-representation in its workforce.
174. Several formal cases involving staff had been resolved, she noted and referred the meeting to the relevant conference room paper which provided further details. Five disciplinary proceedings had been completed in 2019, four of which led to the dismissal or termination of contract of the concerned staff members. Steps were also been taken to strengthen capacities to resolve matters informally.
175. Regarding learning, performance management and staff career development, Ms Holmes said the Secretariat had rolled out a learning programme on UN reform, extended the 180-degree feedback process within performance management, and developed a mental health strategy (a counsellor for wellbeing and mental health joined the Secretariat staff this year).
176. Looking ahead, she said that the majority of MAP commitments would be incorporated into standard human resource practices, human resource experts would be deployed to regions as business partners, and the Gender Action Learning process would be facilitated.
177. The COVID-19 pandemic posed challenges but also created opportunities to streamline procedures and adopt more flexible working arrangements, she told the Board.
178. Members thanked the Secretariat for these reports and commended it for the steps taken thus far to implement the MAP. They welcomed the Executive Director's cultural transformation plan and asked for more information on what that would entail. They also appreciated the efforts to protect staff wellbeing during the COVID-19 pandemic.
179. Members welcomed the Secretariat's commitment to fully implement the MAP and the JIU recommendations, and commended its efforts to foster greater inclusivity. Implementation of the MAP was crucial for a fully-funded UBRAF, they noted and they urged the PCB to ensure that the Joint Programme is properly supported and funded to fulfil its mandate.
180. Speakers noted with approval that eight of the key MAP actions had already been fully implemented, and said they appreciated the efforts to deepen the focus on culture

change and the adoption of feminist principles in that process.

181. However, there was a need to push forward in areas where progress was slow, members urged, including swift implementation of the staff survey. They felt this was the most important instrument to measure the actual impact of the MAP activities, as per the recommendations of the recent External Auditor's report. The Secretariat was urged to conduct the next survey as soon as possible to allow for discussion of the results at the December 2020 PCB meeting.
182. Members insisted that the human rights-based approach guiding UNAIDS work should also apply to its staff. Staff wellbeing and human resource management were key to having a functional, dynamic and forward-looking UNAIDS, they said. They welcomed the focus in the report on staff wellbeing and reiterated the expectation that effective systems would be put in place to ensure dignity at work for all staff, including at country level. The appointment of a UNAIDS Staff Counsellor for Mental Health and Wellbeing was welcomed.
183. Staff were commended for their contributions to transforming the organization. However, staff survey results showed that some staff still experienced abuse of authority and other forms of unwanted behaviour. The cases of alleged discrimination based on people's HIV status were a major concern, as well. Members enquired about publication of the policy on the prevention of harassment, sexual harassment, discrimination and abuse of authority in 2021.
184. Speakers referred to the Internal Auditor's report, which called for strengthened process to ensure that complaints are addressed and resolved in a timely manner, and noted that the establishment of a Service Level Agreement with the WHO Office of Legal Services was in progress. More information was requested on how the Secretariat would ensure that investigations were completed within 6 months (and high-priority cases were completed within 3 months).
185. Progress towards changing cultures of behaviour was recognized, as were the steps taken towards establishing an independent Ethics Office and the introduction of an agenda item on oversight at the PCB. The Secretariat was asked to speed up recruitment for a Director of the Ethics Office and to provide updates on the operationalization of the Office.
186. Members asked for an update on the strengthening of internal legal capacity and encouraged UNAIDS to further strengthen systems for internal justice and redress in collaboration with relevant UN System platforms. More information regarding routine inspection visits, especially during the COVID-19 lockdowns, was also requested.
187. Speakers welcomed efforts to promote geographic representation and increase gender parity. They encouraged compliance with UN system-wide plans on gender equality and stressed the need for gender parity at all levels. The Secretariat was asked to include a section on gender diversity in future human resource management reports to the PCB. There was also a request for information on additional diversity markers, besides gender and nationality. Concerns were raised that staff members' biological sex was automatically assumed to represent their chosen identity.
188. Speakers welcomed UNAIDS' commitment to engage issues of racism and antiracism, and they asked whether tools and methods used in the Gender Action Learning Process may be adaptable to issues of racism.
189. A 360-degree staff evaluation process should be put in place, speakers suggested. They asked the Secretariat for more information on the criteria that were being used for performance evaluations.

190. Members highlighted their concerns about the staff health insurance scheme, given that UNAIDS staff still reported difficulties accessing timely health care in some countries. The issue required urgent attention, they stressed.
191. UNAIDS was also encouraged to finalize a coherent staff mobility policy and was asked to provide updates. It was suggested that a review of the mobility policy could help resolve some of the human resource management issues noted in the auditor's reports.
192. Members said they were confident the Joint Programme would continue taking the MAP forward and requested a report back at the December 2020 PCB meeting.
193. The Secretariat was asked to provide all documents in both English and French, ahead of the PCB meeting.
194. Ms Holmes, in reply, confirmed that a review of the mobility policy was being concluded. A consultant had held focus group discussions across the organization and had prepared a report, which had been reviewed, she said. A report with recommendations was being completed and would be presented to the Executive Director and colleagues. The aim was to implement the recommended changes during the forthcoming mobility cycle.
195. Regarding 360-degree performance management reporting, she said that the 180-degree reporting had been extended after being piloted in 2019. UNAIDS saw the value in upward feedback, she noted.
196. Ms Holmes assured the meeting that UNAIDS would move beyond binary gender identities in its surveys and reporting. Efforts to reach out to under-represented groups and countries in order to broaden representation would also continue. She assured the Board that UNAIDS Secretariat was working hard to achieve diverse staffing (in terms of gender, geographic representation etc.). The efforts were focused especially around affiliate personnel. Gender representation had improved, but more would be done to improve gender parity at senior levels.
197. Regarding alignment with other UN agencies, Ms Holmes said that a human resources network existed across UN agencies and that it remained active during the current period of disruptions.
198. Efraim Gómez, Chief of Staff at UNAIDS, provided an update on the gender action change process, saying that it was an ambitious and comprehensive process. Staff would be engaged progressively as the process evolved, he said. The process would run for some time and would converge with many of the other change processes that were underway. He highlighted two aspects of the process: its focus on structural aspects of discrimination and its strong intersectional focus (e.g. on racism, sexual orientation and gender identity).
199. Mr Martineau added that legal human resource capacity had been augmented and UNAIDS was working with WHO to strengthen legal capacity beyond human resources issues. He emphasized that an Ethics Officer was in place and a recruitment process would begin at the end of 2020 to hire an independent, experienced person for the permanent position. In answer to a question about routine Country Office inspections during the COVID-19 lockdowns, he said that much of it could be done "virtually".
200. He said the Secretariat was confident that it would be able to report on several matters to the December 2020 PCB meeting, including progress around the service-level agreement with IOS. A finalized harassment policy should be in place by then, the next staff survey should have been concluded, and a process for routine inspection visits should be operating.

201. Ms Byanyima said she appreciated the concerns about delays in finalizing complaints inquiries, but she assured the Board that UNAIDS had done everything within its powers to speed up those processes. She reminded the meeting that some of those tasks relied on the work and schedules of service providers—and were not under UNAIDS' direct control. UNAIDS was trying to ensure that its service providers provide staff with the services they deserve. The UN justice system generally tends to be delayed and—because of that—does not necessarily deliver timely justice, she added. The Secretariat was discussing setting clearer standards and timelines with WHO and it would report back to the PCB. As small entity, UNAIDS could not fix all those issues on its own, she said.
202. The Executive Director reiterated that the Secretariat did have a harassment policy and said the priority now was to "socialize" that policy. It would be communicated to all staff so they would understand how offences were defined, the reporting and redress systems, and what support is available.
203. She emphasized that UNAIDS was using an intersectional approach in relation to harassment and discrimination. But she also acknowledged that UNAIDS was "behind the curve" on the issue of gender identification and would quickly make the necessary changes. She also declared her concern about reports of human rights violations occurring during COVID-19 lockdowns and said UNAIDS was working with Georgetown University in the United States and with partners on the ground to monitor developments.
204. In closing, Ms Byanyima said UNAIDS was strengthening its role as a knowledge organization that shares knowledge with Cosponsors and partners.

9. Organizational oversight reports

205. The Internal Auditor, David Webb, Director of WHO's Internal Oversight Services, said he welcomed the opportunity to formally present the report to the PCB for the first time. He introduced the report, saying that a draft version had been shared with UNAIDS ahead of the virtual PCB meeting.
206. He said the IOS Charter had been revised, providing further clarity about its role. UNAIDS financed a P5-level senior auditor position and reimbursed IOS for actual costs incurred in relation to investigations. Analysis of the case loads appeared in the document under discussion, he said. In late 2019, an expert review had identified areas requiring improvement in the WHO investigative function, including supporting regional requirement and a need to update IOS investigation policy.
207. Discussions were underway on the current memorandum of understanding and on requests to revise arrangements to reflect service-level expectations in light of the implementation of the MAP and COVID-19-related constraints. Respective operational roles, as well as possible resourcing issues, would be considered.
208. Regarding the results of the 2019 audits, he told the meeting that the IOS used a four-tier rating system. The overall effectiveness of operational controls showed a slightly lower rating than in 2018, with no overall ratings of either satisfactory or unsatisfactory audits.
209. The less satisfactory audit findings in some Country Offices appeared to be somewhat driven by the higher-risk operating environments audited during the previous year. Those audits had been selected as a result of a risk assessment process.

210. The percentage of open recommendations had been significantly reduced to 21% compared to 32% in the previous year's report. The IOS also reported on good practices and improvements in management efforts to address abuses of power, he said in closing.
211. The External Auditor, Lito Martin, Director of External Audits for WHO, presented his report. He explained that the primary objective of the audit was to provide independent assurance on whether financial statements are presented in accordance with IPSAS.
212. The current report highlighted an unmodified audit opinion on the 2019 financial statements and concluded that the financial statements fairly presented the financial position of UNAIDS, the results of its financial performance, changes in net assets, etc. in accordance with IPSAS, he told the PCB.
213. The report also highlighted tools, frameworks and systems that can enhance accountability, transparency and improve efficiency and effectiveness which UNAIDS had implemented. Those included the adoption of IPSAS in 2012, the adoption of a risk management policy, development of an internal control framework, implementation of the UBRAF, development of a procurement manual, and improvements in human resource management and in implementing direct financial cooperation. Also noted were opportunities for improving reporting achievements under the UBRAF and for continuing implementation of staff surveys and the MAP.
214. Speaking from the floor, members strongly welcomed the introduction of oversight reports as standalone agenda items at PCB meetings and applauded the successful external audit. A next step was to add a written management response to future reports. Speakers commented on the decrease in the number of internal control audits (from 6 in 2018 to 4 in 2019) and enquired about plans to increase them.
215. Members noted the decrease in open audit recommendations and acknowledged the improvements made with regard to governance, accountability and related areas. They welcomed management's efforts to address potential abuses of power, along with the ongoing development of annual risk assessments (including the implications of the COVID-19 for UNAIDS). However, they also noted the high percentage of partially satisfactory reports with significant improvement needs.
216. Several areas requiring further improvement were highlighted, including the safeguarding of assets, the control environment, and risk management. Difficulties in matching skills with vacant positions in the context of the mobility policy and delays in filling vacant positions were also cited as areas requiring improvement. A need for strengthening linkages between country targets and UBRAF indicators was also mentioned.
217. Attention was drawn to findings of the Internal Auditor's report, including risks with respect to "control environment—tone at the top". These were considered to be serious concerns.
218. Slow progress in improving internal justice and redress systems was highlighted. Members specifically mentioned the adoption and enforcement of a framework for preventing and tackling harassment, abuse and discrimination, and strengthening protection against whistleblowing.
219. Members said they appreciated that it was difficult for UNAIDS to speed up the resolution of cases, but wanted the PCB to be provided with meaningful updates on progress. The Secretariat was asked whether the current levels of services from IOS were sufficient for the needs of UNAIDS. They referred to the need for a service-level agreement and other improved standards for quality and timely investigative support

from the IOS. The Secretariat was asked to consider options for setting up an external, independent investigative and redress system.

220. Speakers also noted that the internal audit pointed to significant differences in internal control at the regional and country levels, and asked how UNAIDS would address the matter. The Executive Director was asked to explain how those concerns would be addressed.
221. Members noted the JIU report's observation that UNAIDS was 1 of only 5 participating organizations in the JIU that did not have an independent oversight committee to act as a bridge between the PCB and executive management. The JIU Working Group was urged to take forward recommendation 5 of the JIU on the possible creation of an oversight committee.
222. According to the audits, allegations of harassment had increased in 2019, speakers remarked, but added that this could reflect either improved reporting mechanisms or actual increases in incidents. Whatever the case, they said, those issues had to be addressed.
223. In reply, Mr Webb assured the meeting that the IOS played an effective role in ensuring that the control environment was adequate. He described the resources devoted to those tasks and how auditing items were selected. He also described the distribution of resources to cover various audit topics and areas. The aim was to identify issues in individual entities and to note where systemic challenges occurred and required holistic actions.
224. He agreed with speakers that strong leadership and control at the top level of the organization was vital, but added that it was also important for other functions to understand and appreciate what was required of them. UNAIDS' management actions should bring improvements over time, he said, though the fact that only 43% of controls were deemed effective was a concern.
225. Finally, he said the discussions on the service-level arrangements were aimed at achieving clarity on expectations and improving communication, among other matters.
226. The External Auditor, Mr Martin, thanked members for their comments. He agreed with speakers that the tone from the top was important. He noted that various frameworks (including the MAP) at headquarter level were now in place. Once those were internalized and rolled out to Country and Regional Offices, controls should improve, he said. He also agreed that it would be useful to increase the number of Offices that are audited.
227. In reply, Mr Farhat, Director of Finance at UNAIDS, said that UNAIDS took the comments seriously. Regarding some of the concerns raised on the internal audits, he said the audits conducted 2019 had been identified with IOS and that the focus had been on high-risk areas, which he believed partially explained the less-than-satisfactory results.
228. In 2019, he said, the number of internal audit recommendations had been reduced from 39 to 21. Since the internal audit had been issued, 30 additional recommendations had been closed entirely. UNAIDS was moving swiftly on the remaining recommendations and would ensure their holistic implementation, he assured the PCB.
229. Although UNAIDS was aware that further improvements were needed, it was confident that the risk management and assessment systems in place and the internal control risk assessments would provide the tools for identifying which Country Offices were at higher risk and for acting accordingly, he said. It was vital to empower Country and

Regional Offices, and to ensure they have the appropriate tools and training (e.g. in procurement etc.) so as to reduce any residual risks.

230. UNAIDS was working very closely with IOS, Mr Farhat added. It had set up a risk management committee to review and advise on actions on identified risks. He assured the meeting that UNAIDS would improve further and confirmed that, in the future, it would issue a management response together with the internal and external audit reports, as well as report on progress achieved.
231. Regarding the external audit, he reminded the meeting that UNAIDS had a 100% record of implementation for the past 8 years and pledged that it would continue to match that achievement.

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

232. Stuart Watson, Chair of the UNAIDS Secretariat Staff Association (USSA), briefly described the Association's roles and functions. He said the COVID-19 pandemic was laying bare several concerns about staff wellbeing, including difficulties accessing health care through service providers in some countries. The most recent staff survey had revealed several cases where treatment for staff had been delayed or prevented.
233. Summarizing key survey results, he said that 73% of staff felt that their workloads had increased during the pandemic (higher than in the 2019 survey) and 70% of those staff said they'd discussed the issue with supervisors (but only half of them said this had led to positive changes). The Secretariat had an increasingly overworked and stressed workforce, he told the PCB.
234. The survey also suggested that recruitment, promotions and mobility decisions were still seen by many staff as lacking in transparency and allowing for favoritism. He hoped to see progress in these areas in the coming year.
235. The USSA continued to engage with management on basic human resource processes and pathways to address issues which staff were experiencing, Mr Watson reported, adding that he appreciated the many interventions made on those issues during the virtual PCB meeting.
236. Turning again to the staff survey, he said 43% of respondents said they had experienced at least 1 incident of incivility in the previous year and that 3 incidents of sexual harassment had been reported through the survey.
237. He thanked the Executive Director for her positive engagement on a number of issues and her early engagement with staff through town hall and other meetings, adding that he hoped this would become a regular part of organizational culture. He also welcomed the strengthening of policy and legal capacity in the Human Resources Department and the steps taken to promote transparency and accountability.
238. The completion of several recommendations in the MAP were welcome, he continued, as were the statements from the floor regarding issues of gender diversity. The Staff Association would work with management to help drive those changes, he said.
239. Commenting from the floor, members thanked Secretariat staff for their hard work and effort. They noted many positive developments, including the increased engagement from the Executive Director, and called for effective actions to ensure staff had timely and adequate access to needed health services in all offices.

240. Members noted the good relations between staff and management, but were concerned that the Secretariat still struggled to gain trust regarding mobility decisions, and about the limited array of learning and development opportunities.
241. They expressed support for the Staff Association's continued call for a full review of the mobility policy, with the aim to increase transparency, fairness and consistency and to ensure that the right people are in the right positions. There was also a recommendation to promote inter-agency mobility.
242. Members pointed to several other areas requiring attention. They urged stronger support for staff wellbeing during the COVID-19 pandemic and called for greater fairness and transparency and the prevention of favouritism around promotion, recruitment and mobility decisions.
243. Members stressed that the health and wellbeing of staff was paramount and said they were disturbed that almost three quarters of survey respondents felt their workloads had increased in the previous 12 months. Speakers stressed their concerns about high levels of staff burnout.
244. They encouraged actions to ensure reasonable staff workloads were achieved and called on the Secretariat to fill vacant positions, saying it should avoid delaying or cancelling the recruitment of needed staff as a way of dealing with a budget deficit.
245. Staff health insurance remained a concern, they said and reminded the meeting that a significant number of duty stations still had limited recognition of staff health insurance in place. Members insisted that those issues be resolved urgently and they asked for updates on actions taken.
246. Speakers expressed concern that three cases of discrimination based on staff's actual or perceived gender identification had been reported. They also expressed concerns that almost half of UNAIDS staff reported experiences of incivility. Members affirmed zero tolerance for harassment or bullying of any kind. They said they were heartened that issues of race and racism had been raised at this meeting.
247. In reply, Stewart Watson, thanked the meeting for the comments and noted the call for increased training for management around issues of incivility. He agreed with speakers that staff workloads were increasingly major issues for staff.

11. Any other business

248. The meeting heard a brief update on recent networking and other initiatives to support people who use drugs and were reminded of the substantial challenges that this community faces. Community-led activities and responses were vital, the meeting was told.
249. The Russian Federation requested that a data correction be made to slide 9 in the presentation accompanying Agenda Item 4.1, and said it would follow up with an official letter regarding the matter.

12. Closing of the meeting

250. Ms Byanyima presented the closing remarks. She thanked the Chair and the PCB Bureau for their preparation of the virtual meeting, and thanked members and

observers for their rich contributions.

251. She said the PCB had heard how the Joint Programme was maintaining its focus during the COVID-19 crisis while leveraging its experience and lessons to support both the HIV and COVID-19 responses.
252. She thanked the meeting for its guidance on the process for developing the next UNAIDS Strategy. The milestones which had been adopted were ambitious, she said. The Secretariat would present the Board with an annotated outline of the next Strategy at the December 2020 PCB meeting. The aim was to work towards the adoption of the next Strategy early in 2021.
253. Regarding internal cultural change and transformation, Ms Byanyima thanked the meeting for its support and its expectation that UNAIDS would continue to raise the bar. She assured the PCB that UNAIDS stood in solidarity with all who have been subjected to discrimination and racism.
254. She warmly thanked Germany for its show of support for UNAIDS work and its recognition of the Joint Programme's unique strengths and the value of applying the lessons of 25 years of HIV response to COVID-19. She encouraged other partners and donors to follow Germany's lead by also increasing their contributions to UNAIDS. HIV remained an urgent issue of social justice and UNAIDS remained committed to that struggle for justice, she said.
255. In closing the virtual meeting, the Chair thanked UNAIDS, the PCB Bureau, and participants and interpreters for making the meeting a success, despite the challenging circumstances.
256. The 46th meeting of the Board was adjourned.

[Annexes follow]

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (46)/20.1.rev3

Issue date: 21 May 2020

FORTY-SIXTH MEETING

DATE: 23-25 June 2020

VENUE: Virtual

Annotated agenda

TUESDAY, 23 JUNE

1. Opening

1.1. Opening of the meeting and adoption of the agenda

The Chair will provide the opening remarks to the 46th PCB meeting. Document: UNAIDS/PCB (46)/20.1.rev2; UNAIDS/PCB (46)/20.2 ; UNAIDS/PCB (46)/20.3

1.2. Consideration of the report of the forty-fifth meeting

*The report of the forty-fifth Programme Coordinating Board meeting will be presented to the Board for adoption.
Document: UNAIDS/PCB (45)/19.38*

1.3. Report of the Executive Director

*The Board will receive the report by the Executive Director.
Document: UNAIDS/PCB (46)/20.4; UNAIDS/PCB (46)/CRP1*

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

*The Chair of the Committee of Cosponsoring Organizations will present the report of the Committee.
Document: UNAIDS/PCB (46)/20.5*

1.5. Report by the NGO representative (POSTPONED)

*The report of the NGO representative will highlight civil society perspectives on the global response to AIDS.
Document: UNAIDS/PCB (46)/20.6*

2. Leadership in the AIDS response (postponed)

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

WEDNESDAY, 24 JUNE

3. UNAIDS Strategy beyond 2021

The Board will receive an update on the strategy review and development process and revised timeline, to ensure that the UNAIDS strategy remains ambitious, visionary, and evidence based beyond 2021.

Documents: UNAIDS/PCB (46)/20.7

4. Unified Budget Results and Accountability Framework (UBRAF)

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

4.1. Performance reporting

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

Documents: UNAIDS/PCB (46)/20.8; UNAIDS/PCB (46)/20.9; UNAIDS/PCB(46)/20.10; UNAIDS/PCB(46)/20.11

4.2. Financial reporting

The Board will receive a financial report and audited financial statements for 2019 as well as an interim financial management update for 2020. Documents: UNAIDS/PCB (46)/20.12; UNAIDS/PCB (46)/20.13

THURSDAY, 25 JUNE

5. Progress report on establishment of the task team on community-led AIDS responses

Following the 46th PCB virtual meeting, the Board Members will be requested to submit written comments on the report on the process to convene a geographically balanced multistakeholder task team on the barriers to effective funding of community-led AIDS responses. Comments will be taken into consideration in the report which will be presented at the 47th meeting of the PCB in December, and reflected in the Report of the 46th PCB meeting.

Document: UNAIDS/PCB (46)/20.14

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

Following the 46th PCB virtual meeting, the Board Members will be requested to submit written comments on the report on progress from the Programme Coordinating Board working group on the Joint Inspection Unit Management Review of UNAIDS. Comments will be taken into consideration in the final report, which will be presented at the 47th meeting of the PCB in December, and reflected in the Report of the 46th PCB meeting.

Document: UNAIDS/PCB (46)/20.15

7. Update on the implementation of the Management Action Plan

The UNAIDS Secretariat will provide an update on the implementation of the Management Action Plan since its approval in June 2019.

Document: UNAIDS/PCB (46)/20.16; UNAIDS/PCB (46)/CPR2

8. Update on strategic human resources management issues

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

Documents: UNAIDS/PCB (46)/20.17; UNAIDS/PCB (46)/CRP3; UNAIDS/PCB (46)/CRP4 ; UNAIDS/PCB (46)/CRP5

9. 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 (46)/20.18; UNAIDS/PCB (46)/20.19

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

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

Document: UNAIDS/PCB (46)/20.20

11. Any other business

12. Closing of the meeting

[End of document]

25 June 2020

46th Session of the UNAIDS Programme Coordinating Board Geneva, Switzerland

23–25 June 2020

Decisions

The UNAIDS Programme Coordinating Board,

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

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

Intersessional Decisions:

Recalling that, to cope with the specific circumstances due to the COVID-19 health crisis, it has decided through the intersessional procedure (see decisions in UNAIDS/PCB (46)/20.2 and UNAIDS/PCB/(46)/20.3) :

- that its 46th meeting will be held virtually on 23-25 June 2020, the dates set forth in decision 9.3 of the 41st meeting of the Programme Coordinating Board;
- that the 46th meeting will consist only of a decision-making segment;
- that the 46th meeting will be organized according to the modalities and rules of procedure set out in the paper, *Modalities and procedures for the 46th virtual meeting of the UNAIDS PCB* (UNAIDS/PCB (46)/20.3);
- that the thematic segment scheduled for the 46th Programme Coordinating Board meeting, *Cervical Cancer and HIV- addressing linkages and common inequalities to save women's lives*, will be postponed to the 47th Programme Coordinating Board meeting in December 2020;
- that the thematic segment scheduled for the 47th Programme Coordinating Board meeting, *What does the regional and country-level data tell us, are we listening and how can we better leverage that data and related technology to meet our 2020 and 2030 goals?*, will be postponed to 2021;
- that the 47th meeting of the Programme Coordinating Board, scheduled for 15-17 December 2020, will include an additional day to accommodate postponed agenda items;

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

1. *Adopts* the agenda;

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

2. *Adopts* the report of the 45th Programme Coordinating Board meeting;

Agenda item 1.3: Report of the Executive Director

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

Agenda item 1.4: Report of the CCO Chair

4. *Takes note* of the report of the CCO Chair;

Agenda item 3: UNAIDS Strategy beyond 2021

5.1 *Takes note* of the progress update (UNAIDS/PCB (46)/20.7);

5.2 *Requests* the Executive Director to:

- a. present the findings from the completed review of the current UNAIDS Strategy (2016-2021) and the implications for strategic priorities beyond 2021, along with the findings of the independent evaluation of the UN System Response to AIDS 2016-2019,¹ for consideration by the multistakeholder consultation no later than September 2020;
- b. Following this consultation, present the outcome of the multistakeholder consultation with options for the UNAIDS Strategy beyond 2021 at a briefing for Programme Coordinating Board members and observers;
- c. Present, through the PCB Bureau, a paper on the outcome of the review and consultations with an option for the UNAIDS Strategy beyond 2021 for intersessional approval no later than the end of October 2020;
- d. Present to the 47th PCB meeting in December 2020 an annotated outline of the UNAIDS Strategy beyond 2021 ensuring that it remains ambitious, visionary and evidence-based;

5.3 Agrees that, at the 47th meeting of the PCB (December 2020), a decision will be made on the need for a special session to approve the UNAIDS Strategy informed by a decision from the President of the General Assembly on the timing of the High Level Meeting;

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

Agenda item 4.1: Performance Monitoring Reporting

6.1 *Takes note* of the 2018-2019 Performance Monitoring Report and appreciate its scope and depth;

6.2 *Welcomes* the accomplishment of the Joint Programme in strengthening the joint and collaborative action at country level; *recognizes* the improvements in the qualitative and

¹ A comprehensive and forward-looking evaluation of the role and contributions of the Joint Programme to the achievement of the goals and targets in the UNADS 2016–2021 Strategy and the UBRAF.

quantitative analytical performance reporting 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; *encourages* the Joint Programme to continue these efforts;

- 6.3 *Urges* all constituencies to use UNAIDS' annual performance monitoring reports to meet their reporting needs and as a basis for programme planning;

Agenda item 4.2 Financial Reporting

- 6.4 *Accepts* the financial report and audited financial statements for the year ended 31 December 2019;
- 6.5 *Takes note* of the interim financial management update for the 2020-2021 biennium for the period 1 January 2020 to 31 March 2020, including the replenishment of the Building Renovation Fund;
- 6.6 *Encourages* donor governments to make multi-year contributions and release their contributions towards the 2016–2021 Unified Budget, Results and Accountability Framework as soon as possible to fully fund the 2020-2021 budget of US\$ 484 million;
- 6.7 *Expresses* concern for the currently forecasted US\$ 15 million shortfall against the core UBRAF and requests an update on the financial situation in the Executive Director's report to the 47th Programme Coordinating Board meeting (December 2020);

Agenda item 5: Progress report on the establishment of the Task Team on community-led AIDS responses

- 7.1 *Takes note* of the progress report on the establishment of the multistakeholder task team on community-led AIDS responses;
- 7.2 *Recalls that* PCB participants are requested to submit written comments in replacement of the debate following the 46th meeting of the PCB as agreed upon through the intersessional procedure (UNAIDS/PCB (46)/20.3);

Agenda item 6: Update on the PCB Working Group on the JIU recommendations

- 8.1 *Takes note* of the Progress Report of the Working Group to propose options to implement the recommendations of the Joint Inspection Unit (JIU) to the Programme Coordinating Board;
- 8.2 *Recalls that* PCB participants are requested to submit written comments in replacement of the debate following the 46th meeting of the PCB as agreed upon through the intersessional procedure (UNAIDS/PCB (46)/20.3);

Agenda item 7: Update on implementation of the Management Action Plan

- 9.1 *Takes note* of the update and *welcomes* progress to date on the implementation of the Management Action Plan;
- 9.2 *Calls* for faster progress, notably on strengthening systems of internal justice and redress, including by working with and through relevant UN system platforms and processes;

Agenda item 8: Update on strategic Human Resources Management issues

10. Takes note of the Update on strategic Human Resources Management issues;

Agenda item 9: Organizational oversight reports

- 11.1 *Welcomes* the establishment of the independent agenda item on organizational oversight reports;
- 11.2 *Accepts* the External Auditor Report for the financial year ended 31 December 2019;
- 11.3 *Takes note* of the Internal Auditor Report for the year ended 31 December 2019;
- 11.4 *Requests* the Executive Director to submit a written management response to the external and internal auditors' reports for all future PCB meetings within the agenda item "organizational oversight reports"; and

Agenda item 10: Statement by the representative of the UNAIDS Staff Association

12. *Takes note* of the statement by the representative of the UNAIDS Secretariat Staff Association.

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