



## UNAIDS PCB Bureau meeting

DATE: Thursday 10 November 2022

TIME: 14:00-15:30 (Geneva time)

VENUE: Virtual

**PCB Bureau:** H.E. Mr Rongvudhi Virabutr, Ms Parichart Chantcharas, Mr Natee Vichitsorasatra, and Dr Cha-aim Pachanee representing the PCB Chair (Thailand); Mr Binod Mahanty, Ms. Claudia Böehm (representing the PCB Vice-Chair: Germany); Dr Peace Mutuma representing the PCB Rapporteur (Kenya); Dr Chewe Luo and Dr Bettina Schunter representing the Chair of the Committee of Cosponsoring Organizations (CCO); Mr Jumoke Patrick representing the PCB NGO Delegation.

**Co-chairs of the Informal Multistakeholder Task Team (Task Team) on UNAIDS funding situation:** Ms. Julia Martin and Dr Mohamed Chakroun (excused).

**Independent report writer:** Mr. Mike Isbell.

**UNAIDS Secretariat:** Mr. Efraim Gomez, Chief of Staff and Coordinator of Secretariat support to the Task Team (excused); Mr Tim Martineau, Director Management; Mr. Morten Ussing, Director, Governance; Ms. Samia Lounnas, Senior Governance Advisor; Ms. Marie-Claude Julsaint, Donor Relations Advisor; Ms Hewson Adriana, Governance Officer and Ms. Sara Amara, Governance intern.

### MEETING DRAFT AGENDA

1. Presentation of the final recommendations of the Task Team and proposed actions and update on the outcomes of the Strategic Funding Dialogue and finalization of the PCB Bureau report to the PCB on UNAIDS funding situation
2. Discussion and agreement on the final selection of themes for the Thematic segments in 2023
3. AOB

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### Opening remarks

The Chair welcomed all participants to the Bureau meeting. The Chair informed the Bureau members that the meeting was postponed in order to ensure that the PCB Bureau could be updated on the conclusions of the 5<sup>th</sup> and last meeting of the Task Team, as well as consider a summary of the outcomes of the Strategic Funding Dialogue. Both meetings were held the week prior to the Bureau meeting. The Chair added that the information on these is critical to the Bureau's discussion and review of the final report of the PCB Bureau on UNAIDS funding situation.

The Chair thanked Ms Julia Martin, co-chair of the Informal Multistakeholder Task Team on UNAIDS funding situation who agreed to provide the Bureau with a final wrap-up of the task team recommendations, He thanked her for having developed a consolidated summary table of the recommendations to be considered by the Bureau members to inform its report on UNAIDS funding situation to the 51<sup>st</sup> PCB meeting in December. The Chair also thanked Tim Martineau, Director Management, UNAIDS, for agreeing to provide the Bureau with a summary of the outcomes of the Strategic Funding Dialogue. Finally, the Chair thanked Mr Mike Isbell, the independent report writer, for the draft report of the PCB Bureau that will be discussed following the above-mentioned updates.

The PCB Bureau members adopted the agenda.

### **1. Presentation of the final recommendations of the TT, proposed actions and update on the outcomes of the Strategic Funding Dialogue and finalization of the PCB Bureau report to the PCB on UNAIDS funding situation**

The Chair invited Ms. Julia Martin, co-chair of the Task Team, to present the final consolidated outcome of the work of the Task Team, as well as proposed actions for their implementation which would be considered by the PCB Bureau at this meeting. The co-chair presented the final consolidated table with all the recommendations of the Task Team since its establishment in July 2022, as well as some proposed actions for their implementation to be considered by the PCB Bureau. These are available in **Annex 1**.

PCB Bureau members thanked the co-chair and the Task Team members for the excellent work and recommendations to support UNAIDS to address the difficult funding situation. The PCB Bureau noted that the consolidated table, including all the Task Team recommendations and proposed actions, was very useful to support the PCB Bureau in the finalisation of its report to the Board's 51st meeting.

During the discussion, Bureau members emphasized the following points to be considered by the PCB Bureau in the finalisation of the Report to the PCB on UNAIDS funding situation as follows:

- Nuancing recommendation 3.4 "Access funding from Global Fund resources directly", Noting that some countries would have issues implementing this recommendation as drafted.
- Requested clarification on the approach to engaging the private sector in resource mobilisation for UNAIDS.
- Requested that the recommendation of matching funds is not limited to domestic funds. For example, resources that a country could mobilize, either from international agencies or other sources apart from domestic resources should be considered as well.
- Requested to nuance the wording of recommendation 3.5 to indicate that instead of funds directly from the Global Fund to UNAIDS and consider the Global Fund-UNAIDS Memorandum of Understanding (MOU) and specific joint action plan or activity schedule possibly from the UBRAF which would be funded by the Fund.
- Noted that the importance of indicating in the PCB Bureau report that the core resources of UNAIDS Cosponsors are also decreasing and it is difficult for Cosponsors' HIV teams to advocate for increased UBRAF core resources within their own institutions.

Ms. Martin, Co-chair of the Task team thanked the PCB Bureau members for their excellent and relevant feedback and input. The Co-Chair provided clarification on some of the issues raised by the PCB Bureau as follows:

- During their discussions, the Task Team members clarified that they would include recommendation 3.4 as drafted in the consolidated table as they expressed the wish for the PCB Bureau to consider it as such in their report to the PCB. This was considering that

UNAIDS is one of the key technical partners for the Global Fund to support the development of grant proposals at country level, their implementation and monitoring and evaluation. This recommendation is important to garner interest and dialogue at the PCB meeting.

- Global Fund and UNAIDS processes need to be aligned including for reprogramming of funds.
- Agreed on the nuances on matching funds.
- The approach to the engagement with the private sector is well defined in the Joint Programme Resource Mobilization Strategy and will be implemented in accordance with the rules and regulations of UNAIDS Secretariat and Cosponsors.
- On currency fluctuation, some donor countries may apply a rate more advantageous to UNAIDS. For example, The Netherlands has been practising the use of a preferential rate – this could be replicated by other donor countries in their multiyear agreements with UNAIDS as it works as a form of hedging and protect against currency fluctuations.

Finally, the PCB Bureau members congratulated the co-chairs and the Task Team members for their commitment and excellent final outcome on the recommendations to address the UNAIDS funding situation (immediate and long term). The PCB Bureau confirmed its endorsement of all the recommendations and the proposed actions as presented by the co-chair of the Task Team and requested that these are reflected in the finalization of the PCB Bureau report to the PCB on UNAIDS funding situation with the nuances discussed at this meeting.

On behalf of the Task Team, the Co-chair thanked the PCB Bureau members for their commitment and support throughout this very intense, timely and rewarding work and said she looked forward to the discussion at the 51<sup>st</sup> PCB meeting in Chiang Mai, Thailand (13-16 December 2022).

The Chair then gave the floor to Tim Martineau Director of Management, UNAIDS, to present the outcome of the Strategic Funding Dialogue. The presentation is available in **Annex 2**.

Further to the presentation, PCB Bureau members thanked the Secretariat for the presentation and noted the excellent outcomes and conclusions of the Strategic Funding Dialogue and requested that these are reflected in the final report of the PCB Bureau on UNAIDS funding situation.

The Chair requested the Secretariat to move forward with the next steps for the finalization of the PCB Bureau report on UNAIDS funding situation as follows:

- Following this meeting, a revised draft of the PCB Bureau report with the input from today's meeting will be shared with the Bureau.
- Bureau members would review and provide their final comments/input to this pre final version of the report by **Tuesday 15 November 2022**.
- The report writer will finalize the report and the Secretariat will share it with Bureau members on **16 November 2022** for a final review before posting which would be done on **18 November 2022**.
- On the presentation of the report at the 51<sup>st</sup> PCB meeting, the PCB Bureau agreed to invite the co-chairs of the Task Team to introduce the recommendations. The presentation of the PCB Bureau report on UNAIDS funding situation will be discussed among the Bureau members electronically before a final agreement on the format of the presentation.

## **2. Discussion and agreement on the final selection of themes for the Thematic segments of the 2023 PCB meetings (52<sup>nd</sup> and 53<sup>rd</sup>)**

The Chair requested the Secretariat to recall the discussion at the Bureau meeting on 20 October on the selection of themes for the thematic segments in 2023.

At its meeting on 20 October, the Bureau discussed the 7 themes that had been received.

1. Poverty eradication and its relation to ending AIDS
2. Testing and HIV
3. Access to sexual reproductive health services for transgender and other gender-diverse people.
4. Sexual and reproductive health services that integrate HIV prevention, testing and treatment services
5. HIV and disability and intersection with other vulnerabilities/overlapping vulnerabilities
6. Community Leadership. Their role in the response to HIV as a central agent in research, monitoring and political advocacy.
7. Key and priority populations and the path to 2025 targets: Reducing health inequities through tailored and systemic responses

At the 20 October PCB Bureau meeting, members noted the strength and relevance of all submitted proposals. After discussing in detail on the proposed themes, all Bureau Members supported the theme Key and priority populations and the path to 2025 targets: Reducing health inequities through tailored and systemic responses (theme 7) for the 52<sup>nd</sup> PCB in June 2023.

On the selection of the second theme for 2023, a majority of members supported Access to sexual reproductive health services for transgender and other gender-diverse people for the 53<sup>rd</sup> PCB Meeting, with some members of the Bureau expressing support for the topic of Testing and HIV, given its broad and current relevance, and the fact that the topic had not been previously discussed at a thematic segment and that it would provide an opportunity to address aspects of the AIDS response that had not been part of recent thematic discussions. The Bureau also considered whether the title of the themes could be further refined to help reach consensus among the Bureau members.

Following the Bureau meeting, the Chair discussed with the Secretariat the importance of the Bureau putting forward by consensus the themes proposed for 2023 for the PCBs consideration. The Chair acknowledged that there is a practice of combining themes that are similar in the overall purpose of the topic and that the Bureau, when selecting the themes, would also ensure that there is diversity in the themes that are being considered and that they allow to address different aspects of the AIDS response. The Chair decided to discuss with Bureau members, who are also submitters of the considered themes, a way forward for the final selection of the 2 themes for 2023 and initiated bilateral discussions which concluded in a positive outcome.

The Chair confirmed that the Bureau members reached a consensus on merging proposal 7 and 3 as reflected in final proposal in **Annex 3** and entitled “**Priority and key populations, including transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses**”.

Bureau members thanked the Chair and the Secretariat for facilitating the process on the final selection of the themes for the thematic segment in 2023. Bureau members requested that a footnote on the definition of priority populations as agreed in the Global AIDS Strategy 2022-2026 should be added to the final merged proposal “Priority and key populations, including transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses”. Bureau members stressed the importance of adding a specific

objective on children in the proposal “Testing and HIV” while preparing the thematic segment in December 2023 next year provided that the PCB approves the themes as put forward by the Bureau.

**3.AOB**

No other issues were raised.

[Annexes follow]

## Annex 1

### Consolidated table with the informal Task Team recommendations on UNAIDS funding situation (immediate and sustainable) and proposed actions for PCB Bureau's consideration

Measure/Intervention	Short Term	Longer Term	Proposed Actions for consideration by the PCB Bureau
<p><b>1. Address currency fluctuations</b></p> <p><b>Rationale:</b> To smooth swings in currency exchange (hedging across the majority versus minority of donors) and ensure predictable and stable core funding.</p>	<p>1.1 Request to donor governments to increase 2022 and 2023 funding with funds equal to the loss of funds as a result of the significant change in foreign currency exchange</p> <p>1.2 Institute use of preferential currency rates (as determined by the donor governments) to reduce the depreciation of annual contribution</p>	<p>1.3 Request donors to UNAIDS to adopt multi-year funding commitments/agreements for the full Strategy period for any of the following:</p> <ul style="list-style-type: none"> <li>• 2-year budget cycle</li> <li>• 5-year UBRAF &amp; Global AIDS Strategy (2022-26)</li> <li>• 3-year Global Fund Replenishment cycle (2023-25)</li> </ul> <p>1.4 Institute MOUs between donor governments and UNAIDS to utilize preferential currency rates on an annual or multi-year basis</p>	<p>Formal requests to all donor governments on sustaining core contribution to UBRAF including multi-year agreements/commitments starting in 2023.</p>
<p><b>2. PCB governance duty of care to close the urgent funding shortfall and long-term funding solidarity</b></p> <p><b>Rationale:</b> Request for end of year 2022 funds to help close the immediate funding gap and ensure long-term predictable, stable funding</p>	<p>2.1 Request 11 donor PCB member states to increase the 2022 contribution by US\$1 million or greater to their current planned or anticipated contribution</p> <p>2.2 Request 11 non-donor member states LIC or LMIC Programme countries to contribute US\$ 500 000; other UMIC &amp; HIC to contribute US \$ 1 million</p> <p>2.3 Request PCB observer member states to contribute US\$ 500,000 - 1 million</p>	<p>2.4 Request 11 donor PCB member states to increase the ongoing contribution to their current planned or anticipated contribution</p> <p>2.5 Request 11 non-donor member states LIC or LMIC Programme countries to contribute to the core UBRAF</p> <p>2.6 Request all member states to contribute to the UBRAF on a yearly basis taking into account the level of assessed percentages to the WHO to calculate their 'fair share' of core contributions to the overall budget of UNAIDS as approved by its members.</p>	<p>UNAIDS Executive Director to follow- up on formal letters sent to current UNAIDS PCB Member States with request for end of year funds.</p> <p>UNAIDS Executive Director to send all United Nations Member States similar letters making the request for end of year funds.</p>
<p><b>3. Co-investment in UNAIDS and the Global Fund</b></p> <p><b>Rationale:</b> UNAIDS is the lead technical partner to the Global Fund for HIV, community engagement, gender and human rights. An under-funded UNAIDS limits the impact of Global Fund resources</p>	<p>3.1 Raise the profile of the UNAIDS Global Fund partnership: Encourage donor government announcements at the Global Fund 7<sup>th</sup> Replenishment Conference on the necessity of the institutional partnership between UNAIDS and the Global Fund</p> <p>3.2 Request donor governments to make simultaneous funding announcements/commitments to UNAIDS and the Global Fund at the 7<sup>th</sup> Replenishment Conference</p>	<p>3.3 Request donor governments to make investments in UNAIDS proportionate to investments in the Global Fund</p> <p>3.4 Access <b>Global Fund Technical Set Aside funding from donor countries:</b></p> <ul style="list-style-type: none"> <li>• For donor countries with Global Fund Technical Set Aside funding, seek to prioritise UNAIDS as a recipient of funding when best placed to provide the technical support to countries</li> </ul>	<p>UNAIDS Executive Director and Chair of the CCO to target discussions with 5-8 member states that are significant donors to the Global Fund and have disproportionately lower funding levels to UNAIDS.</p> <p>UNAIDS Executive Director to approach UNAIDS donor Member States who have designated Technical Set Aside funds for the Global Fund on uses of funds and utilization of UNAIDS as a technical partner in execution of the funds.</p> <p>UNAIDS Executive Director to discuss with Global Fund leadership the development of a new relationship with financial obligations to the financial health</p>

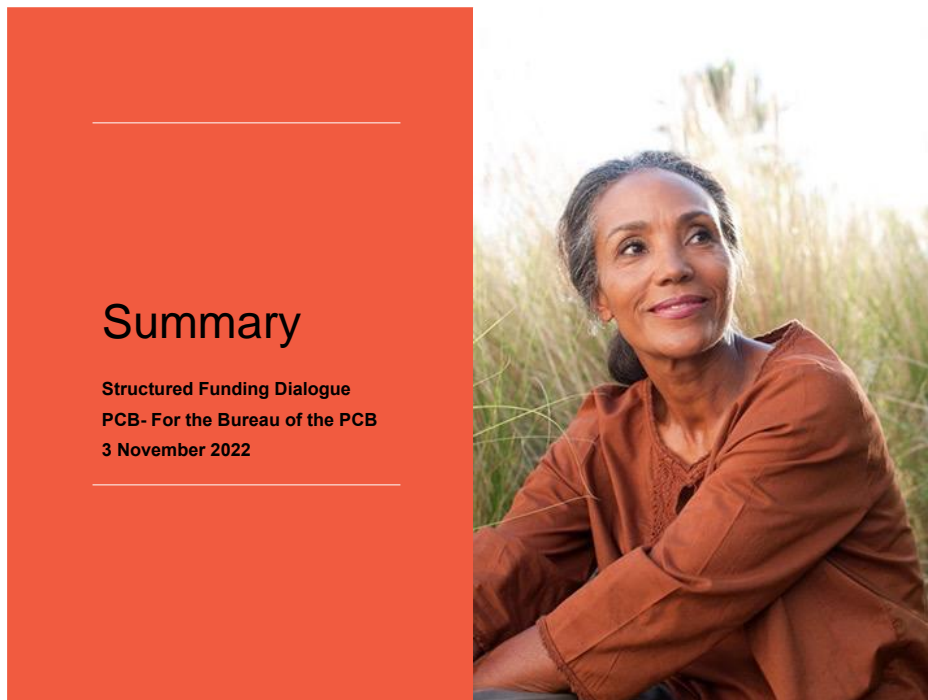
		<ul style="list-style-type: none"> <li>For donor countries who are unable to direct Technical Set Aside funding to UNAIDS from their Global Fund contribution, provide supplemental funding to UNAIDS for work done to support Global Fund country grants. <i>(Note: As a guide this should be at least 5% of the Donor Investment to the Global Fund)</i></li> </ul> <p>Note: 3.3 and 3.4 may overlap/duplicate</p> <p><b>3.5 Access funding from Global Fund resources directly:</b></p> <ul style="list-style-type: none"> <li>Develop of a new funding mechanism between the Global Fund and UNAIDS providing \$31M USD per year to the UNAIDS Core Funding (UBRAF)</li> <li>Develop a new funding mechanism between the Global Fund and UNAIDS to provide funding to support the implementation of country grants (non-core directed funding)</li> <li>Develop an MOU with the Global Fund to act as a guarantor for the UNAIDS budget to ensure budget gaps are covered on an annual basis.</li> </ul> <p><b>3.6 Accessing funds via Global Fund country grants</b></p> <ul style="list-style-type: none"> <li>At an individual country grant level, UNAIDS receives funding to provide technical support for specific scopes of work as determined by the grant recipient.</li> </ul>	<p>of UNAIDS as the lead technical partner for HIV, community mobilisation, gender and human rights.</p>
<p><b>4. Private Sector/Foundation financing</b></p> <p><b>Rationale:</b> The private sector offers unique opportunities to match institutional mandate and/or country specific needs with private sector interests</p>		<p>4.1 Develop specific/targeted 'asks' of private foundations for either core or earmarked funding that advances the goals of the UBRAF and the specific interests of foundations. Consider mobilization resources with a central and country level focus.</p> <p>4.2 Develop a targeted list of private companies matching</p>	<p>Countries and partners to support UNAIDS in the implementation of the newly developed resource mobilization strategy including the approach to private sector and foundations.</p>

		<p>corporate social responsibility with UBRAF program areas of focus. Target country specific private sector partnerships.</p> <p>4.3 Seek in-kind private sector support to off-set costs under the UBRAF</p>	
<p><b>5. UNAIDS Programme Country financial matches</b></p> <p><b>Rationale:</b> Seek to increase country support and commitment to specific scopes of work.</p>		<p>5.1 For program activities funded through the UNAIDS country envelopes, seek matching funds from domestic resources to expand available funds for prioritized activities under the UBRAF.</p>	<p>UNAIDS Executive Director in collaboration with the Chair of the CCO to discuss with Governments of programme countries to consider matching funds from domestic resources to expand available funds for prioritized activities under the UBRAF</p>
<p><b>6. Cosponsor resource mobilization</b></p> <p><b>Rationale:</b> Maximize the strengths of the Cosponsors in the Joint Programme</p>		<p>6.1 For Cosponsors with large central budgets, develop a business case/value proposition based on the resource mobilization strategy for increased funding to Cosponsors central core allocation</p> <p>6.2 Engage in joint fundraising for specific program areas of the UBRAF.</p>	<p>The Joint Programme at the Heads of Agency level and through the CCO to engage and commit to implementing the UNAIDS resource mobilization strategy to ensure a fully funded UBRAF.</p>
<p><b>7. Active PCB support for the implementation of the UNAIDS Resource Mobilisation Strategy</b></p> <p><b>Rationale:</b> Components of the RM Strategy depend on strong and consistent investment of PCB members in the Joint Programme.</p>		<p>7.1 Stand fully behind and implement the RM strategy and – importantly – to continue to develop the Secretariat and JP capacity to implement the RM Strategy.</p>	<p>Countries and partners to support UNAIDS in the implementation of the newly developed resource mobilization strategy.</p>
<p><b>8. Redefining UNAIDS core and non-core resources and targeted funding</b></p> <p><b>Rationale:</b> Reach a balance between core and non-core funds that ensures smooth implementation of the UBRAF</p>		<p>8.1 Redefine the parameters for what can be included in non-core funding. Where possible promote specified core funding for specific programmatic activities within the core UBRAF.</p> <p>8.2 Call for full transparency of all non-core resources within the Secretariat and Cosponsors.</p> <p>8.3 Enable Member State donors to contribute to the JP with the intent to financially support specific programmatic areas within the UBRAF. See commitments beyond unrestricted funding.</p>	<p>Cosponsors and UNAIDS Secretariat with the support of a working group to continue the discussion on core and non-core UBRAF funding.</p>



## Annex 2

### Presentation - Outcome of the Strategic Funding Dialogue



### Structured Funding Dialogue

The purpose of the Dialogue was to consider resource trends, current and future funding situations and recommendations of the Informal Task Team, with the aim of fully funding the UBRAF. Specific objectives of the Dialogue were to:

- Provide programmatic and financial updates of UNAIDS.
- Present and discuss the Informal Task Team recommendations to resolve the immediate UNAIDS funding crisis for the 2022-2023 biennium, and on the voluntarily based sustainable funding of the UBRAF ahead of the December 2022 PCB meeting.
- Table the new UNAIDS Resource Mobilisation Strategy

## Programmatic Update

- UNAIDS is leveraging movements across the world to **deliver on the Global AIDS Strategy and working with partners to remove societal and legal impediments to further progress**. The Joint Programme is working to strengthen gender-transformative policies, financing and programmes.
- High priority is being placed on expanding access to **comprehensive, person-centred and inclusive HIV services** and outreach to those left behind.
- UNAIDS has led efforts to elevate action and investments to expand an intensified, better targeted **HIV prevention effort**, including support for a 2022 meeting of 26 high-burden countries to develop national HIV prevention action plans.
- UNAIDS **generates and disseminates strategic data to drive impact**. UNAIDS sets global AIDS targets, publishes essential reports (including the 2022 Global AIDS Report, which attracted media coverage in 27 languages), and provides models that are used by 139 countries to understand their national epidemics.
- UNAIDS leverages **its millions in funding to generate billions in financing for the broader AIDS response**. During the last Global Fund round, UNAIDS supported Global Fund applications in 61 countries. In October 2022, UNAIDS trained partners in 14 countries in sub-Saharan Africa (which together account for more than 50% of Global Fund grants) to produce prioritized and evidence-informed Global Fund proposal. Numerous evaluations have underscored the unique, added value of UNAIDS, which is focused on further developing as a knowledge-sharing and knowledge-driven organization.

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## Financial Update

- PCB endorsed the Global AIDS Strategy and the UBRAF, including annual UBRAF funding of US\$ 210 million (US\$ 146 million for the Secretariat and \$64 million for Cosponsors).
- The bare minimum funding provided under the UBRAF (base funding) amounts to US\$ 187 million annually (US\$ 47 million for Cosponsors and US\$ 140 million for the Secretariat).
- Currency fluctuations had resulted in losses of more than US\$22 million in 2022 to the Joint Programme and overall UNAIDS stands at **US\$ 35 million below the base resource mobilization target of US\$ 187 million. And US\$58 million below approved budget of US\$ 210 million.**
- Significant cost saving activities have been undertaken by the Secretariat and the Cosponsors in response to this situation. Modest investments were needed to close the UNAIDS budget gap.
- The UBRAF funding gap imperils the Joint Programme's ability to deliver in support of the Global AIDS Strategy.
- With projections that 7 million people will be lost in the coming years to AIDS, **full UBRAF funding is vital** to enable the Joint Programme to lead efforts to alter the trajectory of the pandemic.

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## QCPR and UN Funding Compact

- Work to ensure alignment to QCPR recommendations is ongoing, with QCPR adherence embedded in the UBRAF and biennial workplans.
- The Joint Programme has made longstanding and successful efforts to contribute to and to shape UN reform efforts.
- The Joint Programme prioritizes the Agenda 2030's emphasis on leaving no one behind, with focused work on human rights and gender equality.
- UNAIDS contributes to the Resident Coordinator system, with advisors now placed in five Resident Coordinator offices.
- According to ECOSOC monitoring of UN system delivery for the Sustainable Development Goals, the Joint Programme scores high on most indicators.

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## Resource Mobilisation Strategy

- The resource mobilization strategy goal is to raise \$210M to fully fund the UBRAF.
- The strategy adopts an account management approach and identifies strategic fundraising targets, including governments, foundations and others.
- The strategy will deliver on these goals by:
  - Prioritising resource mobilisation activities across the Joint Programme
  - Development and delivery of compelling value propositions
  - Key process improvements will be made to strengthen the Joint Programme's resource mobilization efforts.
- Civil society will be engaged to support their advocacy for robust UNAIDS funding and the strategy will be engaging in the exploration of new ways of working with the Global Fund to mobilize essential resources for the Joint Programme.

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## Informal Task Team Options

Informal Multi-Stakeholder Task Team Options for longer term sustainability were presented to the SFD, in summary:

- To promote PCB solidarity, the Informal Task Team recommends that the **end-of-year funding sought for 2022 become permanent, effectively increasing the Joint Programme's funding baseline.**
- It is recommended that PCB members and constituency members **increase their giving to UNAIDS**
- Donors provide **multi-year funding**, aligned either to the UNAIDS Strategy or to the Global Fund replenishment cycle.
- Using a **fair share approach**, donors are encouraged to raise their contributions to UNAIDS or to start supporting UNAIDS if they do not currently do so.
- Leveraging the Joint Programme's relationship with the **Global Fund options** include prioritizing funding for UNAIDS for its technical support of the Global Fund (including through the technical support set-asides that several donors current make).
- Other options include developing a **new funding mechanism with the Global Fund**
- Active support to the Resource Mobilisation Strategy and **joint fundraising in Governments, Foundations and Private Sector markets.**
- Programme Countries to provide **matching funds for UNAIDS** core country-level allocations.

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## Dialogue and Discussion

- Emphasized the **essential role that UNAIDS** plays in the global AIDS response and noted that amounts needed to address the UBRAF funding shortfall are modest.
- Particular appreciation was expressed for the Joint Programme's **leadership on human rights and sexual and reproductive health and rights**. Kenya expressed thanks to UNAIDS for its support for the development of successful funding proposals to the **Global Fund**.
- Several PCB members expressed openness to consideration of the request by the Task Team and the Executive Director to make **special end-of-year contributions to the Joint Programme**.
- Support for options related to the **relationship with the Global Fund**, and in particular for the notion of "fair share" contributions among countries. France noted a desire to engage in further dialogue with the Joint Programme to explore an increase in its contribution to UNAIDS.
- A number of donors also noted that they already make **multi-year contributions to UNAIDS** and recommended that other donors consider doing so. The Netherlands, among other donors, said they has already taken steps to **increase their contributions to UNAIDS**. With respect to the proposal for **matching funds** Brazil noted that it has made multiple contributions to the UNAIDS country office.
- The need to broaden the UNAIDS donor base was cited by PCB members. Support was also expressed for continued to efforts to promote efficiency in the use of UBRAF resources. PCB members also encouraged the Joint Programme to contribute to the strength and resilience of health systems.

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## Conclusion- Simple Solutions, Modest Investment

Commitment to fully funding the UBRAF \$210MUSD

1. Immediate investment of \$35M **utilising End of Year Funding**
2. Ongoing solidarity and increased financial commitment of the PCB Members and their constituencies.
3. Renegotiation of relationship with the Global Fund

## Annex 3

### Thematic segment 2023 merged proposal - themes 7 and 3

#### Priority and key populations, including transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses

##### **Broad relevance: what is the relevance of the theme to the global AIDS response?**

Both the 2021 Political Declaration on HIV/AIDS and the 2021-26 Global AIDS Strategy are centered on addressing the inequalities that continue to sustain the global HIV/AIDS pandemic. They both refer to priority and key populations<sup>1</sup>, as important groups for reaching the global targets in HIV prevention and care.

The UNAIDS 2021 “In Danger” Update says that 70% of new HIV infections are among key populations and their sexual partners. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. These populations face many barriers to accessing services, including legal and policy barriers and structural and social health determinants within and beyond the health sector.

In key populations, the risk of acquiring HIV is 26 times higher among gay men and other men who have sex with men, 29 times higher among people who inject drugs, 30 times higher for sex workers, and 13 times higher for transgender people.

In 2021, women and girls accounted for 49% of all new infections, with the same population accounting for 63% of all new HIV infections in Sub-Saharan Africa. Adolescent girls and young women (aged 15 to 24 years) are three times more likely to acquire HIV than adolescent boys and young men of the same age group in sub-Saharan Africa. HIV acquisition rates have also been found to be higher in indigenous communities than in non-indigenous communities.

In order for UNAIDS and countries to meet the 95-95-95 targets by 2025 and to ensure no one is left behind in the HIV/AIDS response, an adaptive, differentiated approach must be used to tailor differentiated structural, systemic multi-sectoral responses to address priority and key populations groups.

##### **Responsiveness: how is the theme responsive to the interests, concerns and information needs of a broad range of actors in the global AIDS response?**

The theme responds to important and often neglected population groups that can make a difference in the AIDS responses of each country. Key populations—people living with HIV, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients—are at higher risk of exposure to HIV than other groups. Reducing the inequalities faced by priority and key populations through tailored, differentiated systemic responses will support the world in reaching the 95-95-95 targets and ensuring that key populations will not be left behind.

##### **Focus: how can consideration of the theme be focused to allow for in-depth consideration in one day (or half day)?**

1. From Strategic Data department, provide an overview on the trends on incidence, prevalence and quality of life for people living with HIV and the priority and key populations listed above;

2. Prioritizing within the global HIV funding structure to support community-led relevant networks on the global, regional and local levels;
3. Utilizing Health in All Policies (HiAP) to co-create policies, programming and services for priority and key populations and Community-Led-Monitoring to support effective and efficient monitoring and evaluation of funded HIV programming, services and policies;
4. Co-designing and implementing sustainable, evidenced-informed differentiated structural and systemic multisectoral interventions for priority and key populations.

**Scope for action: how does the theme address possible and necessary action to be undertaken in the response to AIDS, rather than purely theoretical or academic issues?**

Investing and prioritizing global HIV funding to support priority and key populations-led networks and organizations on the global, regional and country levels within the AIDS response; Incentivizing countries to utilize evidence-informed, priority and key populations co-created/approved/endorsed structural and systemic interventions to support countries in meeting the global targets; Engaging affected communities in co-developing human-centered and differentiated HIV interventions and programming, differentiated HIV-related/Key and Priority Populations-focused healthcare services and social protection schemes; Creating enabling socio-legal environments and health systems through utilizing an health in all policies (HiAP) approach that respects human rights and dignity for all.

**Annex: Key populations, or key populations at higher risk (Global AIDS Strategy 2021-2026, Glossary):**

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

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

UNAIDS considers gay men and other men who have sex with men, sex workers and their clients, transgender people and people who inject drugs as the four main key population groups. These populations often suffer from punitive laws or stigmatizing policies, and they are among the most likely to be exposed to HIV. Their engagement is critical to a successful HIV response everywhere—they are key to the epidemic and key to the response. Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context. The term “key populations” is also used by some agencies to refer to populations other than the four listed above. For example, prisoners and other incarcerated people also are particularly vulnerable to HIV; they frequently lack adequate access to services, and some agencies may refer to them as a key population. The term key populations at higher risk also may be used more broadly, referring to additional populations that are most at risk of acquiring or transmitting HIV, regardless of the legal and policy environment. In addition to the four main key populations, this term includes people living with HIV, seronegative partners in serodiscordant couples and other specific

populations that might be relevant in particular regions (such as young women in southern Africa, fishermen and women around some African lakes, long-distance truck drivers and mobile populations).

In addition, UNAIDS also uses the term **priority populations** to describe groups of people who in a specific geographical context (country or location) are important for the HIV response because they are at increased risk of acquiring HIV or disadvantaged when living with HIV, due to a range of societal, structural or personal circumstances. In addition to people living with HIV and the globally defined key populations that are important in all settings, countries may identify other priority populations for their national responses, if there is clear local evidence for increased risk of acquiring HIV, dying from AIDS or experiencing other negative HIV related health outcomes among other populations. In line with the country epidemiology of HIV, associated factors and inequalities, this may include populations such as adolescent girls, young women and their male partners in locations with high HIV incidence, sexual partners of key populations, people on the move, people with disabilities, indigenous peoples, mine workers, as well as others in specific countries. However, in the vast majority of settings, key populations and people living with HIV are the most important priority populations for achieving global targets.

Source: UNAIDS Terminology guidelines 2015. Geneva: UNAIDS; 2015. Available at [https://www.unaids.org/sites/default/files/media\\_asset/2015\\_terminology\\_guidelines\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf)

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