



UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (32)/13.13
Issue date: 21 November 2013

THIRTY-THIRD MEETING

Date: 17-19 December 2013

Venue: Executive Board room, WHO, Geneva

Agenda item 1.2

**Report of the 32nd Meeting of the
Programme Coordinating Board**

Additional documents for this item: *none*

Action required at this meeting – the Programme Coordinating Board is invited to: *adopt*
the report of the 32nd Programme Coordinating Board meeting.

Cost implications for decisions: *none*

1.1 OPENING OF THE MEETING AND ADOPTION OF THE AGENDA

1. The 32nd meeting of the UNAIDS Programme Coordinating Board (PCB) took place at the Executive Board room of the World Health Organization (WHO) in Geneva, Switzerland on 25-27 June 2013. The agenda for the meeting is attached as Annex 1.
2. The PCB Chair, Mr Lov Verma, Secretary, Department of AIDS Control, Ministry of Health and Family Welfare, Government of India, welcomed participants to the 32nd meeting. The Board observed a minute of silence in memory of all who had passed away from AIDS since the last meeting.
3. The draft annotated agenda (UNAIDS/PCB (32)/13.1) was adopted with no amendments, as indicated by the Chair. (Annex 1).

1.2 CONSIDERATION OF THE REPORT OF THE THIRTY FIRST MEETING

4. The Board took note of the report of the 31st meeting (UNAIDS/PCB (31)/12.26).

1.3 REPORT OF THE EXECUTIVE DIRECTOR

5. The Executive Director of UNAIDS, Mr Michel Sidibé, began by welcoming Mr Verma as the new Chair of the Programme Coordinating Board. The Executive Director commended India's commitment to global solidarity in the AIDS response, exemplified by India's commitment to produce and supply high-quality HIV treatment at lower costs. Mr Sidibé welcomed the six new members of the PCB—Australia, Belgium, Guyana, Sierra Leone, Switzerland and Zimbabwe—as well as two new PCB NGO members: Mr Bryan Teixeira, National Coordinator, European AIDS Treatment Group, and Mr John Rock, Global Board Member, International Treatment Preparedness Coalition.
6. The Executive Director highlighted the timeliness of the 32nd Programme Coordinating Board, emphasizing that there are less than 1000 days to achieve the Millennium Development Goals (MDGs). He acknowledged that the MDGs compelled the world to deliver on clear goals and brought countries together in an unprecedented framework of global accountability and also highlighted the historic opportunity of the post-2015 agenda. The Executive Director reiterated that the “unfinished business of the MDGs” should remain a central objective in the post-2015 agenda.
7. In referencing the Secretary-General's recent report on HIV to the 67th UN General Assembly, which focused on progress towards the targets of the *2011 Political Declaration on HIV/AIDS*, the Executive Director commended the comprehensiveness of its findings, based on data from 186 countries, and countries' progress towards the 10 global AIDS targets. Mr Sidibé added that through accelerated and focused efforts—for example, by supporting country-level progress in Nigeria and the Democratic Republic of Congo—the global community was on track to eliminate mother-to-child transmission of HIV by 2015.
8. In this regard, the Executive Director recalled the announcement on 18th June

by the US President's Emergency Plan for AIDS Relief (PEPFAR) celebrating the birth of the one-millionth baby born free of HIV. He underlined that when the *Global Plan towards the elimination of new infections among children by 2015 and keeping their mothers alive* ("Global Plan") was launched in 2011, such rapid progress was not believed possible. The Executive Director referred to the 10th anniversary of PEPFAR and the announcement by the US Secretary of State, Mr John Kerry, that 13 African countries had passed the programmatic "tipping point" with regard to more people accessing treatment than those newly infected with HIV.

9. In line with this, he recognized country-level efforts to take stock of and accelerate progress towards the 10 global AIDS targets, which are critical to build on the momentum to frame AIDS within the post-2015 agenda, as well as the 120 countries that committed to conduct mid-term reviews of their national AIDS strategies and programmes and the 92 countries that have already completed them.
10. The Executive Director made reference to the cooperation with the African Union and the New Partnership for Africa's Development (NEPAD) to produce the first accountability report on the G8-Africa partnership commitments. The *Assessing Africa-G8 Partnerships Commitments* report shows that the G8 provided US\$ 60 billion for health in Africa between 2007 and 2012, including for the AIDS response. Further on this topic, the Executive Director emphasized that success in Africa is not merely programmatic, as there is unprecedented progress towards shared responsibility and global solidarity, with domestic spending on AIDS across the continent having increased by more than 150 percent in the last five years.
11. The Executive Director highlighted the forthcoming Abuja +12 Summit on AIDS, TB, Malaria and Other Infectious Diseases. He noted that the Global Fund to Fight AIDS, TB and Malaria ("Global Fund") emerged from the Abuja 2001 Summit where African leaders committed to allocate 15 percent of their annual budget for health. Mr Sidibé emphasized that Abuja +12 was not only an important opportunity to track progress and discuss future accountability, but also a chance to enable discussions on how health can be financed beyond overseas development assistance (ODA), in addition to providing a platform to call for the successful replenishment of the Global Fund.
12. Referencing the *Report of the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda*, the Executive Director emphasized that after 30 years, merely talking about reducing the burden of HIV, TB and malaria is weaker than the MDG 6 target, which calls for halting and reversing the spread of HIV by 2015. The Executive Director urged countries to be more courageous and ambitious now that science has shown what can be achieved, citing the "Mississippi Baby" example who was 'functionally cured' of HIV and other developments like results from the 2013 Bangkok Tenofovir Study showing that daily adherence to Tenofovir significantly reduces the risk of HIV infection among people who inject drugs by 49 percent.
13. The Executive Director underlined the critical importance of the revised World Health Organization's (WHO) HIV treatment guidelines, which he noted would require a revision of the approach to planning and monitoring universal access to HIV treatment. In order to refocus efforts, he affirmed the need for new investments in innovation and the creation of new partnerships with the

pharmaceutical industry and emerging nations. Mr Sidibé expressed that he was encouraged by the growth of new and progressive partnerships, for example with the League of Arab States, which calls for the development of an Arab AIDS Strategy, and the partnership with the Russian Government to implement a three-year programme focusing on surveillance and prevention among key populations in Armenia, Kyrgyzstan, Tajikistan and Uzbekistan.

14. The Executive Director updated the Board on developments with the Global Fund and PEPFAR and how the organizations were best leveraging their resources and roles for optimal results. This close collaboration was highlighted by the joint address of the heads of the Global Fund, PEPFAR and UNAIDS to African Heads of State at the May 2013 AIDS Watch Africa meeting in Addis Ababa, Ethiopia. Mr Sidibé shared that UNAIDS and the Global Fund are revisiting how best to support country partners in the development and implementation of the Global Fund new funding model.
15. On advancing other partnerships, the Executive Director spoke of the *VCT@WORK* initiative, launched by Mr Guy Ryder, the Director-General of ILO, and Mr Sidibé in June 2013, to reach five million workers with voluntary and confidential HIV counselling and testing by 2015. In addition, UNAIDS has deployed support to 75 countries to initiate programmatic links between HIV and sexual and reproductive health and rights, advancing the relationship with UNFPA and others.
16. With regard to HIV and TB, the Executive Director stated that together with the Southern Africa Development Community, there was a call for zero parallel systems between HIV and TB and placing people at the centre of programmes for diagnosis, treatment, care and support. He expressed UNAIDS' commitment to working closely with countries, donors and partners, particularly the Stop TB Partnership, the Global Fund and PEPFAR to produce sustainable solutions to fully integrate HIV/TB services and systems.
17. The Executive Director stated that the most important opportunity to link the future of the AIDS response with the larger agenda for post-2015 is to promote more inclusive societies. He added that the mobilization of civil society, the private sector, parliamentarians and politicians was critical to ensuring human rights issues are at the centre of the response. Mr Sidibé commended the decision of the US Supreme Court to remove restrictions on US foreign aid related to sex work, and expressed his concern that several countries are exploring new laws to criminalize key populations.
18. In reference to the UNAIDS/Lancet Commission, the Executive Director emphasized the Commission's niche as a platform to debate a more holistic approach to sustainable health. He stressed the need to go beyond epidemiological markers and consider equity, gender, eliminating violence against women and human rights markers. Mr Sidibé accentuated the need to link with comorbidities brought about by an aging population and the huge increase of chronic diseases among people living with HIV—especially hepatitis B and C—and non-communicable diseases like cardiovascular disease, diabetes and dementia. The Executive Director encouraged the Board to develop 'quality of life' indicators that will measure impact, for example, the percentage of people living with HIV with undetectable viral loads. The Executive Director also stated the need to ensure that intellectual

property rules are in line with international human rights and underlined the need for commodity security for HIV treatment.

19. On the 2012-2015 Unified Budget, Results and Accountability Framework (UBRAF), the Executive Director stated that two years ago the Board approved a radical new approach to resource planning, management and reporting that has yielded concrete results. Furthermore, the UBRAF has improved coherence, accountability and delivery of measurable results for UNAIDS Cosponsors and the Secretariat. With regard to the UNAIDS budget, the Executive Director thanked the Board for its support and oversight and stated that the overall financial situation of UNAIDS remains strong with 90 percent of UNAIDS' resource mobilization target for 2012 having been reached.
20. The Executive Director assured the Board that the Secretariat was working diligently to make UNAIDS 'fit for purpose' and outlined progress across three main areas: (i) positioning of resources and decision-making authority closer to the epidemic to ensure results are delivered effectively, efficiently and creatively; (ii) staff functions re-profiled and staff redeployed to regions and countries to ensure optimal deployment to support countries to achieve the MDGs and the global AIDS targets; (iii) and the overall number of Secretariat staff reduced by some 10 percent. The Executive Director assured the Board that organizational realignment efforts will continue in 2013 and beyond, citing several new initiatives: the new performance and learning management tool (PALM) that will cover all aspects of the performance management process; a strategic, proactive Gender Action Plan to further strengthen the role and leadership of women across the Secretariat; and a new global IT remote support and innovation centre in Nairobi.
21. The Executive Director noted that donors had expressed confidence in UNAIDS' renewed attention to changes and results. He cited increased contributions by the Governments of Belgium, China and Switzerland and expressed his gratitude to Norway whose annual contribution increased by almost US\$ 3 million for 2013. Mr Sidibé acknowledged the first-ever contributions from the Governments of the Republic of the Congo and Senegal, the first countries to respond to the recommendations of the African Union Summit, and the first time UNAIDS has received core contributions from African Member States. Furthermore, Mr Sidibé highlighted the first-ever extra-budgetary multi-year contribution to UNAIDS of US\$ 16 million from the Government of the Russian Federation.
22. In concluding, the Executive Director formally introduced Mr Luiz Loures in his new capacity as UNAIDS Deputy Executive Director, Programme. The Executive Director welcomed the appointment of Ms Wandira-Kazibwe of Uganda as the Secretary-General's new Special Envoy for HIV/AIDS in Africa, stating that as the former Vice President of Uganda and a leader for women's rights, she will be a powerful advocate to advance the AIDS response in Africa. In addition, the appointment of Mr Simon Bland as the new Director of the UNAIDS Office in New York was announced. Lastly, the Executive Director brought to the Board's attention the departure of Mr Bernhard Schwartländer, Director, Evidence, Strategy and Results, UNAIDS, congratulating him on his new appointment as the WHO Representative in China.
23. Prior to opening the floor for comments, the Chair of the Board, Mr Verma,

passed on greetings from the Honourable Ghulam Nabi Azad, Minister of Health and Family Welfare of India, expressing that India felt privileged to chair the Programme Coordinating Board. The Chair commended the Executive Director's leadership and guidance in the global AIDS response. Emphasizing the need to look at the 'human face' of HIV, the Chair said it was important to accelerate work with key populations, mobile populations and young people, as well as eliminating mother-to-child transmission of HIV. Furthermore, the Chair spoke of ensuring the full use of the flexibilities under TRIPS and the availability of affordable and quality drugs, stating that India will continue to play a key role globally. Mr Verma urged the international community and national governments to address the funding gap of approximately US\$ 8 billion, highlighting that the Government of India has strong ownership of its national AIDS programme and has increased funding to cover 75 percent of the cost of the programme.

24. The Board thanked the Executive Director for the thought-provoking report, stating that AIDS continues as an issue of global concern. Furthermore, the Board expressed confidence in UNAIDS' approach and growth in terms of coherence, transparency and efficiency. To achieve the vision of getting to zero, the need for shared responsibility and global solidarity and investing in specific epidemiological contexts and populations affected by HIV were highlighted. In this regard, the Board commended the African Union on its leadership towards shared responsibility, as well as the innovative and forward-looking approach of the UNAIDS/Lancet Commission.
25. Members of the Board supported the paradigm shift to a people-centred approach delivering improved quality of life, strengthening health systems and integrating community-based approaches and service delivery. It was emphasized that although HIV treatment is vital, it is not a 'magic solution' and that heightened efforts to stop new HIV infections, including among key populations and women and adolescent girls, were critical and would require greater focus on the structural drivers of the epidemic like stigma and discrimination and violence against women. As such, several members reaffirmed the need to involve key populations—people who use drugs, sex workers, men who have sex with men (MSM)—and civil society in shaping planning, implementation and decision-making processes, adding that it is not the time to reduce funding for HIV prevention.
26. A number of Board members stressed that it is essential to continue to work with young people as 40 percent of new infections occur among this group, with young women being particularly vulnerable accounting for 60 percent of these new infections. They expressed concern that knowledge of HIV among young men was decreasing, reaffirming the critical need to scale-up comprehensive sexuality education and youth-friendly HIV services. Noting that progress had slowed in terms of access to services for adolescent girls and young women, due to socio-cultural barriers like inequity in power relations, governments and UNAIDS were called upon to engage with young people to facilitate access to HIV and sexual and reproductive health services and comprehensive sexuality education. In this regard, more information was requested on how the recommendations of CrowdOutAIDS would be brought forward in the post-2015 consultations and the status of the creation of a Youth Reference Group.
27. While the progress made in the global response was commended, several worrying trends were noted, for example the increasing new infections in the

Middle East and North Africa and Eastern Europe and Central Asia regions, as well as increasing HIV prevalence among men who have sex with men, sex workers and transgender people with high levels of stigma and discrimination and punitive approaches in many countries. Several Board members noted that the Middle East and North Africa and the Eastern Europe and Central Asia regions should not be left behind in terms of HIV prevention, treatment and coverage. Countries were encouraged to create enabling legal environments that affectively address the drivers of the epidemic and mobilize civil society, the private sector and governments. In addition, concern was expressed over the fact that children's access to treatment remains limited compared to adults and the number of countries where national plans include TB screening and Isoniazid preventive therapy for people living with HIV is on the decline.

28. The new WHO Treatment Guidelines were welcomed and several Members highlighted the need to pay particular attention to issues of feasibility, ethics and equity when shifting resources to new biomedical interventions. Given these new guidelines, it was recommended that UNAIDS conducts an in-depth analysis on the potential implications of the guidelines and the development of corresponding recommendations to address them. Some members stressed the importance of maintaining focus on early identification of People Living with HIV. It was also suggested that the timeline for the implementation of the WHO recommendations should be defined by countries.
29. The Board acknowledged and appreciated the work and role of the UNAIDS Secretariat in presenting results and measuring impact through the development of the UBRAF, with a number of members welcoming the commitment of UNAIDS to reduce costs and make efficiency savings. Further on the UBRAF, attention was drawn to the zero nominal growth budget, which in real terms is a declining budget and translates into reduced funding, and requested that the impact on expenditure be discussed during the UBRAF session.
30. With regard to funding, many members expressed an interest in learning more about strategic and innovative investment plans and encouraged UNAIDS to continue seeking new and innovative partnerships and sources of funding, including with the private sector. The importance of the relationship between UNAIDS and the Global Fund, in particular the Global Fund's new funding model, was mentioned. Recognizing that the global community has two and a half years to achieve MDG 6 and that this period is critical for accelerating efforts whilst focusing resources on where they have the greatest impact, several Board members reaffirmed that the Global Fund is critical to the achievement of these efforts. Acknowledging the US President's fiscal pledge of US\$ 1.65 billion as a strong commitment to the replenishment of the Global Fund, members challenged other donors to increase their contributions. Several members stressed the importance of continued and increased international funding for HIV.
31. Several Board members expressed their gratitude to the technical support provided by UNAIDS to early applicants for the new Global Fund funding model, stating that they looked forward to a clearly articulated strategy from UNAIDS on how the organization will support countries, civil society and communities to engage in the new funding process.
32. It was widely recognized that UNAIDS' message on shared responsibility and

global solidarity has been strongly taken up by African States as reflected in the adoption of the African Union Roadmap. Members reiterated the need for African States to have an enhanced commitment and effective participation in the AIDS response, emphasizing the importance of national policies and strategies based on national priorities. In addition, reference was made to the High-Level Meeting on HIV and Human Rights in Brussels in May 2013, which resulted in a new framework for action on HIV in the European Union and neighbouring countries. UNAIDS was encouraged to collaborate closely with its European counterparts to make this framework a roadmap for stopping HIV in Europe by addressing key issues like the pricing of medicines, transition strategies for middle-income countries facing donor withdrawal and access to treatment for key populations.

33. Many Board members highlighted that the upcoming debate for the post-2015 development goals provides an unprecedented opportunity to carry forward the lessons learned and innovative approaches from the HIV movement to other fields of health and development. Several members reaffirmed that while it is necessary to leverage resources for the broader health system, it is critical not to lose the focus on HIV and underlined the importance of maintaining separate goals for HIV in the post-2015 framework. Efforts to define the 'End of AIDS' were appreciated, and members called for more discussions on articulating this vision.
34. UN Women's co-sponsorship was welcomed by several members and it was highlighted that this development has helped reinvigorate UNAIDS' focus on gender-sensitive responses, particularly as HIV remains the leading cause of death for women of reproductive age.
35. The Executive Director, in response to the issues raised, thanked the Board for their critical views and pushing UNAIDS to go beyond the 'status quo'. He said he very much appreciated the Board's strategic approach. With regard to the post-2015 agenda, the Executive Director highlighted that failing on the MDGs would be the wrong departure point for the post-2015 framework and that it was critical that the sustainable development goals ensure a better quality of life for all people.
36. Mr Sidibé reaffirmed that HIV prevention is critical, highlighting the need for comprehensive sexuality education and equipping young people to take charge and make positive decisions about their sexual health, as well as the need to address co-infections such as TB.
37. The Executive Director concluded by highlighting the *2013 Progress Report on the Global Plan*, thanking Cosponsors and PEPFAR, as well congratulating countries that witnessed a rapid decline in new infections among children from 2009 to 2012. In view of slow progress in other countries, Mr Sidibé encouraged countries and other partners to reflect on the necessary changes needed to work more effectively in complex environments.

1.4 REPORT BY THE CHAIR OF THE COMMITTEE OF COSPONSORING ORGANIZATIONS

38. The report by the Chair of the Committee of Cosponsoring Organizations (CCO) was presented by Ms Irina Bokova, Director-General of UNESCO. The report highlighted the Cosponsors' vision for action leading-up to the target date for the

MDGs, and underscored their call for continued efforts to address the unfinished business of the MDGs in the post-2015 development framework. In particular, Cosponsors emphasized the need for enhanced efforts to target country-level action, improve programming with key populations and address the specific needs of adolescents and youth.

39. Ms Bokova stated that the CCO report provides an overview of the Cosponsors' achievements and results, the status of key programmes and the challenges that remain to be overcome. She continued by highlighting the advances made in the global AIDS response and cited progress in reducing new HIV infections, in particular in sub-Saharan Africa, and increasing access to antiretroviral treatment. This progress, she underlined, reflects the strength of the global AIDS response, one of the most important social movements in modern history and a standard-setter for coordinated and multisectoral action.
40. Ms Bokova recalled that UNAIDS started with six Cosponsors in 1996 and, at the time, was a vanguard of interagency collaboration in the UN system, long before the approach of "Delivering as One" became a rallying call throughout the UN system. She noted that UNAIDS itself has become a new model of collective action, and by recognizing from the outset that HIV is more than a health issue, UNAIDS has trailblazed multisectoral work, which she called a unique strength of the Joint Programme.
41. Turning focus to the UNAIDS 2012-2015 UBRAF, Ms Bokova highlighted how the framework reflects the multifaceted nature of the Joint Programme and has enhanced the sense of common purpose among Cosponsors, as well as increased efficiency and provides a platform for collective action and reporting on joint progress. She welcomed further efforts to enhance monitoring and reporting progress across the Joint Programme.
42. Ms Bokova said that it is not too late to unite in a strong final push to achieve the MDG targets. She stated how available data on eliminating mother-to-child transmission of HIV and reducing AIDS-related maternal deaths show that the goal of ending new HIV infections among children and keeping their mothers alive lies within reach. In addition, she said the work of Global Plan and the UNAIDS Interagency Task Team on Prevention of Mother-to-Child Transmission of HIV as central to achieving the goals.
43. On the post-2015 development agenda, Ms Bokova referenced the engagement of the CCO on the issue at the April 2012 CCO meeting where broad consensus emerged among Principals on the need for a post-2015 framework that tackles all "unfinished business". Building on the lessons learned in the AIDS response, namely that HIV must be addressed not only from a health perspective but include education, gender and other inequities, food security and human rights, she noted that these issues must be tackled in an integrated manner, through joint efforts, for higher-impact and cost-effective results.
44. In referencing the UNAIDS high impact countries, the Director-General underlined the importance of scaling up efforts, focusing on the areas where additional support is required, optimizing resources and targeting the most marginalized communities, and in particular where resources are not reaching MSM, sex workers and their clients, people who inject drugs and transgender people. Ms Bokova highlighted that persistent stigma, discrimination and punitive laws and policies mean these and other key populations at higher risk

may be hard to reach with essential HIV services like HIV testing, prevention services and commodities and antiretroviral treatment. She cited how programmes to reach key populations receive only four percent of global HIV expenditure, with most funding coming from international sources. With more countries increasing domestic investments for AIDS programmes, she added that UNAIDS must continue to support countries in scaling up combined behavioural, biomedical and structural strategies for key populations and enhance advocacy to end discriminatory policies and punitive laws.

45. Ms Bokova shared the importance of listening to and engaging young people, adolescents and children in the response. With more than 2400 young people (aged 15-24) infected with HIV each day globally, and young women most vulnerable, with HIV infection rates twice as high as young men, she underlined the need for expanded access to sexual and reproductive health services and comprehensive sexuality education—a call youth associations and leaders have been making in the post-2015 consultations. Currently, she noted, too few young people have access to sexuality education leaving them vulnerable to unintended pregnancies and other sexually transmitted infections. Closing programme gaps and ensuring sufficient resource availability are vital, she added. In addition, Ms Bokova highlighted the importance of furthering country-specific approaches and shared an example of a regional initiative in Eastern and Southern Africa, the *UNAIDS Eastern and Southern Africa Commitment* process, that seeks high-level support for quality HIV and sexuality education and youth-friendly HIV services for the region's young people.
46. Ms Bokova continued by stating that the cooperation and support of the donor community is more important than ever in supporting the vision of the three zeros. She shared that financial contributions to UNAIDS are a means to catalyze significant additional resources, stating that under current estimates, in 2014-15, Cosponsors expect to raise more than US \$20 for every US \$1 of core UBRAF funding. She highlighted that US \$7 billion is still required to reach the global target of US \$24 billion by 2015.
47. In conclusion, the Director-General appealed to the Board to jointly carry forward the fight for health solidarity and human dignity. She commended the Executive Director for his leadership and commitment and affirmed that UNAIDS is a success story of working together in the UN system and a model that could be replicated in other UN joint activities for better delivery and stronger impact.
48. The Board took note of the Report by the Chair of the CCO and expressed its appreciation to the CCO Chair for its preparation and presentation.
49. The Executive Director thanked the Director-General for chairing the CCO. He stated that since Ms Bokova took up her position at UNESCO, she has ensured that AIDS is prominently placed within the framework of the organization's work, and in particular through comprehensive sexuality education for young people. Ms Bokova expressed her gratitude for having the opportunity to chair the CCO.
50. Several members expressed interest in receiving future reports indicating how funding that goes through UNAIDS as core funding, as well as the other Cosponsor funds, are being spent, and, in addition, a more comprehensive picture of the results achieved and expenses incurred. In the next Report of the CCO, overall outcomes and results should be presented in line with the

strategic functions and goals, also as a means to avoid overlap with the Performance Monitoring Report (PMR). Overall, several Board members encouraged UNAIDS to improve monitoring, reporting and harmonizing of results across the Joint Programme, which, in turn, will provide a more strategic overview of progress, challenges and bottlenecks.

51. Following the statements made, the Director-General of UNESCO spoke to the comments raised by the Board. On the issue of resource allocation and funding, Ms Bokova highlighted that first and foremost, as articulated at the May 2013 CCO meeting, the Cosponsors are united around the notion of making a final push towards 2015, and despite financial and budgetary constraints, efforts will continue to maximize results and strengthen focus. Regarding Joint Programme monitoring and reporting, she noted that while much progress has been made in terms of results-based management, the Cosponsors remain committed to enhancing efforts in this important area and ensuring activities contribute to the UBRAF goals. She concluded by inviting the Cosponsors to share inputs on the statements made by the Members.
52. In response, UNICEF, UNDP, WHO and UNESCO provided comments on issues raised. UNICEF, UNDP and UNESCO highlighted their efforts to leverage core UBRAF funding, with the representative of UNICEF sharing that, with its core UBRAF contribution of US \$12 million per year, the agency was able to raise US \$100 million per year from additional sources. In addition, in the past year, UNICEF received support from UNITAID and the Clinton Health Access Initiative to further its work in the area of point-of-care diagnostics for HIV, which will enable nurses and other non-physicians to provide CD4 tests, early infant diagnosis and viral load. On the broader issue of funding, both UNESCO and UNDP stated that there is an overall reduction of core funding across the UN system and their 2014-15 budget estimates reflected the conservative fiscal environment. Some members requested UNAIDS Secretariat to provide a country level breakdown of relevant global targets including activities and funding. It was suggested that such a breakdown would help countries to analyse the gaps and plan better their activities in line with the National AIDS Plans.
53. The Executive Director concluded by stating that the strategic issues raised by the Board are being addressed and discussed by the Heads of Agency in the CCO, translating into specific actions within their respective organizations. On the issue of Joint Programme monitoring on reporting, he stated that efforts will continue to improve this critical area, but he reminded the Board that significant advancements have been made to showcase Cosponsors' activities linked to the UBRAF. He added that Cosponsor performance monitoring is helping to determine how resources are allocated.

2. LEADERSHIP IN THE AIDS RESPONSE

54. Ms Amina Mohammed, Special Adviser of the Secretary-General on Post-2015 Development Planning, was invited to present insight on the post-2015 development agenda. Ms Mohammed opened by highlighting that the results achieved on MDG 6 have been used to exemplify and demonstrate that advancing a 'tough agenda' like HIV is possible and the progress made on AIDS has added legitimacy to address the issue in the post-2015 agenda. Providing a background on the post-2015 agenda and process, Ms Mohammed emphasized that countries did not want a prescription, as was the case for the MDGs.

Consequently, one of the main lessons learned of the MDGs was that the agenda for post-2015 must be transparent and inclusive.

55. Ms Mohammed spoke of the initiatives put in place by the Secretary-General to support this global process, including the UN System Task Team consisting of over 60 agencies and entities that developed the report *Realizing the Future We Want*, presented at the Rio+20 Conference in 2012, and the High-Level Panel of Eminent Persons on the Post-2015 Development Agenda, comprising of 27 members from civil society, private sector and government, co-chaired by two Heads of State and a Prime Minister.
56. Ms Mohammed outlined that the Report of the High-Level Panel, presented to the Secretary-General in May 2013, provided a 'terms of reference' for an ambitious and bold yet practical post-2015 agenda. She noted the major shift that guided the work of the High-Level Panel—the principle of universality—which meant moving away from a development agenda where the 'North spoke to the South', but one that involved a global conversation about what was needed. The other shifts that guided the High-Level Panel were economic transformation, infrastructure, clean energy, governance and a global partnership. She added that the High-Level Panel report will feed into the Report of the Secretary-General on the MDGs in September 2013, which intends to give a clear call for finishing the MDGs, while forging a way forward to address emerging challenges with much more clarity around universality and sustainable development. In this regard, Ms Mohammed highlighted that the period between September 2013 and 2014 represents an important time to engage in the post-2015 development agenda process through various fora and platforms.
57. In concluding, Ms Mohammed noted that the ambitious goals set by the AIDS response should be transferred to the post-2015 agenda, ensuring that people, especially young people, remain at the centre. She spoke of a global community that is 'fit for purpose' and able to support countries in executing an integrated and holistic agenda. She underscored the essential role of ODA and other economic transformations.
58. The Board welcomed Ms Mohammed's thoughtful and timely intervention and appreciated her comprehensive description of the post-2015 development agenda process to date. There was broad consensus among the Board that HIV should remain high in the post-2015 framework, with several Board members calling for an HIV specific goal but also ensuring the integration of HIV into other areas of the agenda in order to advance the vision of an 'AIDS Free Generation' in the post-2015 era. The Board encouraged the start of discussions on the role of UNAIDS in the post-2015 process.

3. AIDS RESPONSE IN THE POST-2015 DEVELOPMENT AGENDA

59. This session and drafting groups were chaired and facilitated by Ms. Aradhana Johri, Additional Secretary, Department of AIDS Control, Government of India.
60. Building on the remarks delivered by Ms Mohammed, several Board members reiterated the importance of ensuring that progress made in reaching MDG 6 and the lessons learned in the AIDS response, like the centrality of a human rights-based approach, are carried forward in the post-2015 framework and that a clearly-defined and measurable target on AIDS is set out in the post-2015

agenda. At the same time, many Board members encouraged countries, and UNAIDS in particular, to advocate for an HIV agenda that is better integrated across health and sustainable development in order to position the response as a key contributor to tackling those issues that will be increasingly more relevant in the post-2015 era, from urbanization to non-communicable diseases. But it must be ensured that focus on HIV is not lost by being integrated into the larger health system.

61. On the topic of the “End of AIDS”, several Members appreciated the thought-provoking assessment presented in the Post-2015 Working Group background paper on the AIDS response in the Post-2015 Development Agenda and the parameters it provided. However, members stressed that more discussion and elaboration on the definition would be required for the Board to consider the issue in greater detail. It was expressed by some members that focusing solely on achieving the “End of AIDS” by 2030 would be a challenge to sustain, and instead encouraged a focus on achieving the three zeros—a guidepost that would be more realistic and tangible. On the “End of AIDS” debate, UNAIDS was requested to provide more guidance and direction.
62. Following a discussion on the draft decision points related to Agenda item 3: AIDS response in the Post-2015 Development Agenda, mainly the phrasing of and concept behind the “lessons learned” in the AIDS response, a representative of the Chair’s delegation convened a group of interested members to reach agreement on the decision points. There was significant discussion on the phrasing of the ‘potential’ value of the lessons learned from the global HIV and AIDS response as it relates to informing the post-2015 development agenda. A number of Board members expressed that without providing a comprehensive list of the actual lessons of the AIDS response, it would be difficult for the respective members to accept the decision points. Similarly, other Board members felt that the word ‘potential’ weakened the decision point, in that after more than 30 years in fighting the HIV epidemic, it is well documented that the response has made unique contributions and provided lessons to shaping and influence the global health and development agendas.
63. Following the range of reviews, comments and suggestions raised and guidance provided, the Board reached consensus and approved the decision points related to agenda item 3 (see Annex 2).

4. UNAIDS 2012-2015 UNIFIED BUDGET, RESULTS AND ACCOUNTABILITY FRAMEWORK

64. Ms Jan Beagle, Deputy Executive Director, Management and Governance, UNAIDS, introduced the session on the Unified Budget, Results and Accountability Framework (UBRAF). She noted that the Programme Coordinating Board had stressed the importance of continuing and strengthening innovative multisectoral approaches to reach the targets, and to transform the global AIDS response and its links to social justice, equity and sustainable development, and that the focus of discussions under this agenda item would be on how UNAIDS is using the UBRAF as a tool to achieve this transformation.
65. Ms Beagle highlighted that the UBRAF was developed through a consultative process with all key stakeholders in the response—Member States, civil society and other partners—and guided by a Programme Coordinating Board

subcommittee. She noted the challenge of balancing the comprehensiveness of the information presented on a complex, multisectoral response involving 11 Cosponsors and the Secretariat, with the desire to be strategic and clear.

66. Ms Beagle reiterated that the UBRAF is UNAIDS' instrument to translate the UNAIDS Strategy into action and that it represents much more than a budget. It represents a whole new approach to resource planning, management and reporting, as well as a new way for the Cosponsors and the Secretariat to work together to demonstrate coherence, results and accountability, and to link investments and results. The UBRAF mobilizes the contributions of the UNAIDS family to support the achievement of the targets and commitments of the *2011 Political Declaration on HIV/AIDS* and the vision of the three zeros.
67. Ms Beagle emphasized that the principal aim of the UBRAF is to catalyze country-level action and leverage other resources in the response within a broader development context. The UBRAF includes a four-year planning framework, for 2012-2015, a two-year budget cycle and annual rolling workplans. The documents before the Programme Coordinating Board reported on implementation in 2012 - the first year of the UBRAF.

4.1 PERFORMANCE REPORT

68. Mr Joel Rehnstrom, Director of the Planning, Finance, and Accountability Department, UNAIDS, presented the UNAIDS Performance Monitoring Report for 2012, which has been developed using the new monitoring and reporting tool, the Joint Programme Monitoring System (JPMS). The report summarizes UNAIDS' achievements at the country, regional and global level and outlines challenges and future plans.
69. Three country case studies were presented to give insight into the support the Joint Programme provides at country level: (i) Ghana – represented by Dr Angela El-Adas, Director General, Ghana AIDS Commission, and Ms Ruby Sandhu-Rojon, UN Resident Coordinator, Ghana; (ii) Uganda – represented by Dr Stephen Watiti, Chairperson, Board of Trustees, National Forum of People Living with HIV; and (iii) Malawi – represented by Mr Safari Mbewe, Chairperson, Malawi Network of People Living with HIV.
70. Prior to the country presentations, Mr Rehnstrom highlighted the main achievements of implementing the UBRAF, noting clear improvements in terms of coordination between the Secretariat and Cosponsors; greater clarity on the allocation of resources and contribution to results; stronger focus on epidemic priorities and where resources can have the biggest impact; and further promotion of the vision of the three zeros as a common framework for the Joint Programme and the global AIDS community. Overall, Mr Rehnstrom noted, the UBRAF has brought about enhanced accountability and improved reporting at all levels.
71. Mr Rehnstrom highlighted the three main elements of UNAIDS' approach to performance measurement: (i) the JPMS as a new tool for data collection and information sharing that is centred on indicator-based reporting to monitor progress and information by country and region, and across thematic areas and goals; (ii) the annual performance reviews at different levels to ensure accountability of Cosponsors and the Secretariat, which are used as a basis for

refining annual workplans at all levels; (iii) and country case studies that are thematic assessments and evaluations based on reviews of performance in a particular country or area. Furthermore, Mr Rehnstrom stated that UNAIDS' approach to reporting does not only consist of one report to the Board, but encompasses conference room papers, other official documents and additional information on the UNAIDS website.

72. Mr Rehnstrom underlined that the 2012 Performance Monitoring Report provides a snapshot of progress, achievements and challenges in the response to AIDS as well as the role of the Secretariat in promoting leadership, coordination and accountability. He also noted that the tools and processes used to capture and analyze results would need to be improved further and simplified.
73. The three country case study presentations provided an overview of the role of UNAIDS in Ghana, Malawi and Uganda. The case studies described the way in which the contributions of the Cosponsors and Secretariat are coordinated, funded and managed through the Joint Programme and Joint Team on AIDS at national level. The case studies highlighted successes and ways in which UNAIDS can further contribute to setting national priorities and supporting countries in achieving results.
74. In their presentation on Ghana, Dr El-Adas and Ms Sandhu-Rojon stressed the critical need to ensure that women can exercise their full sexual and reproductive health and rights and that all babies must be born HIV free. In line with this vision, Ghana has prioritized the elimination of mother-to-child transmission of HIV and keeping their mothers alive, and with the technical support of UNAIDS and the Joint UN Team on AIDS, the country has expanded treatment access to reach more pregnant women living with HIV, helping to substantially lower the mother-to-child transmission rate by 31 percent in two years. Dr El-Adas stressed that despite Ghana having reached lower middle-income status, it was critical that bilateral partners, including the World Bank, continue to support and invest in Ghana's response.
75. Presenting the viewpoint of the UN system in Ghana, Ms Sandhu-Rojon referenced several areas in which the UN family has supported Ghana in its national AIDS response. As one example, she highlighted the UN Development Assistance Framework for 2012-16 that strongly supports continued and sustainable support to Ghana's national response. She underlined that although the UN agencies in the country have different mandates, they all rallied around the elimination of mother-to-child transmission, the prevention of HIV among key populations and young people and the elimination of stigma and discriminations. Ms Sandhu-Rojon concluded that through the multi-sectoral approach, different UN agencies were mobilized based on their comparative advantages, citing the example of how by working with UN Women and UNFPA, HIV was included in the national gender policy.
76. Uganda's case study, introduced by Dr Watiti, focused largely on the support UNAIDS has provided to civil society. He gave context to Uganda's epidemic, stating that despite an impressive response at the beginning of the epidemic, new epidemiological data, gathered with the support of UNAIDS, showed that HIV prevalence is on the rise. This data, which was being presented at the highest level to government officials and political, religious and cultural leaders, was helping bring about renewed commitment to address the situation. Dr Watiti

said that the rollout of the People Living with HIV Stigma Index in Uganda would help advocate for the elimination of HIV-related stigma and discrimination. With regard to ensuring an enabling legal and social environment, UNAIDS has supported the Ugandan Network on HIV/AIDS and the Law to lobby and advocate against the passing of punitive bills, citing the support provided in relation to the Anti-Homosexuality Bill that sought to criminalize same-sex relations and impose the death penalty for some offences. As a result of concerted efforts, the President of Uganda announced that nobody in Uganda would be killed or jailed for being homosexual. Dr Watiti concluded that continued support for the Ugandan AIDS response was critical.

77. In his presentation of the Malawi case study, Mr Safari provided two examples of how the UN system is helping civil society in the AIDS response, beginning with the rollout of HIV treatment. Despite being a resource-constrained country, Malawi had managed to put close to half a million people on HIV treatment. This result, he noted, had been possible as a result of civil society-led advocacy with the support of the UNAIDS family. In addition, he cited two examples of joint efforts: the provision of technical support in the development of Global Fund proposals and the intervention of UNAIDS to address a key programmatic bottleneck without which treatment scale-up in Malawi would not have been possible. Mr Mbeve spoke of the support provided to MSM and sex workers and how high-level advocacy, underpinned by the UN family, led to an enabling environment in which the government announced a moratorium on the criminalization of same-sex relations, opening up an unprecedented national debate on the subject. Furthermore, with the support of UNAIDS, the Malawian Network of People Living with HIV conducted a Stigma Index study that confirmed high levels of stigma and discrimination against people living with HIV. This information, he shared, was being used to engage the government in addressing the issue.
78. Following the country case study presentations, the presenters engaged in an interactive question and answer session. In response to a question on the role of the UN in the post-2015 era, the country representatives responded by reaffirming the need for on-going UN support including with regard to the UN playing a critical political brokering role in ensuring the continued support of partners; fostering South-South cooperation and learning from countries such as Brazil and India in terms of the production of quality and affordable HIV treatment; reducing resource gaps in national responses; eliminating stigma and discrimination; and providing strategic and catalytic funding. The country representatives highlighted the need for greater support from the UN in terms of capacity building in the areas of advocacy and 'quiet diplomacy'. For example, to promote and create enabling legal environments that make it possible to remove laws and policies like mandatory testing and the criminalization of transmission of HIV.
79. Several Board members were encouraged by the three country case studies presented and thanked the presenters for their insightful remarks and thoughtful assessment of the impact of the Joint Programme in supporting their national AIDS responses. Many members requested that similar case country studies be presented at future meetings, and some members expressed interest in supporting the development of such case studies in their own countries. Several members pointed out that keeping in mind the differing epidemics and situations

in different parts of the world, it would be important to make studies more representative to include best practices.

80. A number of Board members expressed their appreciation for the comprehensive UBRAF and Performance Monitoring Report summaries and presentations, stating that they recognize the challenges that come with the transformed approach that the UBRAF represents. However, it was noted that more work is required to simplify Joint Programme monitoring and reporting on results and achievements. Related to this, there was a need to enhance and improve the quality of the UBRAF indicators to ensure stronger links between resources, results and indicators, as well as harmonize the number of documents (i.e. budget, performance, financial reports) to better capture Cosponsor and Secretariat activities. Here, a request was made for a single summary document for the PCB on progress towards the three zeros. In addition, as one of the decision points for the agenda item, the Board requested UNAIDS to carry out a mid-term review of the 2012-2015 UBRAF and report key findings back to the Board at its 34th meeting in June 2014.
81. Some members noted that the breakdown of targets by each cosponsor should more precisely reflect different country contexts. They suggested strengthening of coherence between country and global goals.
82. Work plans for various development partners are useful tools for planning activities for the coming year and these should be made for each partner. Each development partner must know what is the allocation they will get from their global headquarters in order to be able to do effective planning. It was requested that a process be established to translate global goals to country level goals.
83. The inclusion of UN Women in the UBRAF was welcomed by many members and several noted that they look forward to future discussions on how UN Women and UNAIDS can further strengthen and intensify programmatic action for women and girls and gender equality. Additionally, a request was made to clarify the amount of funding going to the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV. More broadly on gender, there was consensus on the importance of mainstreaming gender across the UBRAF including explicit tracking and reporting on efforts to address violence against women and girls and the prevention of new infections among adolescent girls. Furthermore, concern was expressed with regard to the limited or absence of disaggregated data by sex and age when reporting on women and girls.
84. The PCB NGO Delegation welcomed the document on engagement with civil society, highlighting the activities of the Joint Programme with civil society, which, importantly, helped provide clarity on the obstacles that civil society partnerships can remedy through sustainable and joint action. Other issues raised by the Board included: the capacity of the Joint Programme to support countries in the Global Fund's new funding model; what efforts would be undertaken by UNAIDS to address the slow progress in scaling up treatment access for children living with HIV, especially in view of the new WHO Treatment Guidelines; and the need to improve comprehensive sexuality education for young people, underscored as a key contributor to achieving long-term and sustainable progress in the response.

85. Following the questions and comments raised by the Board, Cosponsor representatives were invited to respond and provide additional inputs to the topics raised during the discussion. In response to a query on the safety and effectiveness of Option B+, the UNICEF representative stated Malawi's efforts have guided the approach of UNICEF and WHO to Option B+ and that a review of the safety of the one-pill regime demonstrates that up to now it is safe to use. However, the representative noted that it would be important to continue monitoring the impact of treatment on women and children. The UNICEF representative added that it is critical that communities, including women living with HIV, are involved in Option B+ programme design, monitoring and delivery in countries, as well as in actively expanding the engagement of communities. On the issue of children's access to treatment, the UNICEF representative said main technical challenges will be addressed through new point-of-care diagnostics and palatable drug formulations.
86. Combination prevention was discussed during the 31st PCB meeting as theme for the thematic segment. It was recorded that a "one size fits all" approach would not be appropriate and that there would be particular considerations for "concentrated epidemics" and in low prevalence countries. Some delegations suggested that use of treatment by people who are not HIV positive and who are non-symptomatic could lead to problems of drug adherence and consequential drug resistance and could also lead to decrease in condom usage. Other members stressed the importance to examine the impact and cost effectiveness of such interventions in different epidemiological settings.
87. A special target has been set for access to PMTCT services in settings of low level and concentrated epidemics. Keeping in mind the urgency of this matter, some members urged that these targets should be set at the earliest.
88. Some members stressed the need to further develop the output relating to strengthening national systems to make use of TRIPS flexibilities. This should include capacity building in patent legislations, support for reduction of prices and increasing transparency and competition.
89. The UNESCO representative reiterated that the stagnant levels of young people's knowledge of HIV were of great concern and the UBRAF has helped to place a spotlight on the issue. The representative stressed that it is critical to continue to focus attention on the new generation of young people and increase access to youth-friendly information and services. In line with this, UNESCO welcomed the upcoming focus on young people as part of the PCB thematic session in December 2013 to help highlight the need for more progress in comprehensive sexuality education.
90. In closing, Mr Loures, Deputy Executive Director, Programme, UNAIDS, reaffirmed UNAIDS' commitment to countries in developing their grant proposals for the Global Fund's new funding model, referring to the recent support provided to El Salvador, Myanmar and Zimbabwe in submitting early applications. He acknowledged challenges with regard to the provision of technical support and stated that a review would take place in July 2013 to find ways to strengthen UNAIDS' efforts in this key area. In addition, Mr Loures underscored the importance of strengthening cooperation with the World Bank to spearhead innovation in technical support. On the issue of better understanding epidemiological trends and the subsequent reporting of epidemiological data, the Deputy Executive Director added that UNAIDS would

be focusing on 'showing the new face of the epidemic' in terms of geography, populations, disaggregation by age and gender, as well as acquiring a better understanding of treatment access for women and children.

4.2 FINANCIAL REPORTING

91. Mr Rehnstrom provided an overview of the financial situation of UNAIDS, highlighting that the 2012 financial statements were, for the first time, prepared in accordance with the International Public Sector Accounting Standards (IPSAS) and that UNAIDS received a "clean" unqualified audit opinion.
92. Mr Rehnstrom stated that UNAIDS' financial situation remains stable with over 90 percent of the resource mobilization target for 2012 reached; in total, US\$ 220 million was mobilized against the target of US\$ 243 million. In 2012, expenditures amounting to US\$ 240 million were incurred against the UBRAF, with the funding shortfall covered by the fund balance, which remains in accordance with the PCB approved ceiling of 35 percent of the budget.
93. On the adoption of IPSAS, Mr Rehnstrom briefly outlined the main benefits of moving to the Standards, highlighting the key advantages of accrual accounting by providing more comparable financial data over different periods and a more complete picture of UNAIDS' financial situation, in particular related to staff-related liabilities. Focusing on this issue in greater detail, Mr Rehnstrom presented an overview of UNAIDS' staff-related liabilities, noting that currently two thirds of liabilities are funded and one third is unfunded. Overall, he said UNAIDS is moving in the right direction in terms of funding unfunded liabilities.
94. Turning to UNAIDS' financial situation, Mr Rehnstrom provided a breakdown of financial figures highlighting that US\$ 342 million has been raised against the UBRAF to date, representing 70 percent of the biennium budget of US\$ 485 million. Mr Rehnstrom added that 30 governments have contributed 97 percent of this amount, with the World Bank providing two percent and the remainder covered by interest. He encouraged existing donor countries to help fill the budget gap and those countries who have not yet funded UNAIDS to become donors and support the Joint Programme in expanding its resource mobilization base.
95. Mr Rehnstrom stated that the Secretariat has been working on a comprehensive strategy to mitigate any risks due to currency fluctuations, in response to a request by the Board. In this regard, a survey was conducted of Geneva-based UN organizations to determine the measures others put in place and their applicability to UNAIDS. Mr Rehnstrom shared that the survey highlighted that the initiatives implemented by other organizations cannot be easily adopted to UNAIDS given the nature and expenditure patterns of the Joint Programme, as well as the currency in which the budget is denominated and expenditures made. One option proposed, which is being adopted by WHO, is to split the contributions, i.e. US dollars and Swiss francs. However, such an approach would not necessarily be beneficial to UNAIDS' donors, with the currency fluctuation risk being falling largely on the donors. Board members were invited to continue sharing ideas with the Secretariat on ways to hedge against currency fluctuations.
96. Focusing on progress in reducing costs and achieving efficiency gains, Mr Rehnstrom stated that the Secretariat in 2012 realized a net decrease in total

expenditures of almost US\$ 42 million, or 13 percent, compared to 2011. These gains were made in areas such as contractual services, travel and staff costs, where significant savings resulted from the redeployment of staff from Geneva to other locations.

97. On UNAIDS' commitment to accountability and risk management, Mr Rehnstrom recalled efforts to strengthen internal controls and the capacity of Secretariat staff in financial management. He outlined the key external reviews and assessments that were conducted since 2008 e.g., accountability enhancement reviews of UNAIDS' operations across the Secretariat including Headquarters, Regional Support Teams and UNAIDS Country Offices. In terms of implementation of internal audit recommendations, the Secretariat has invested considerably in audit follow up, and as of June 2013, 70 percent of the audit recommendations were closed, in comparison to 51 percent in June 2012. Mr Rehnstrom added that the external audit report was for the first time this year included in the financial report submitted to the PCB, reflecting the adoption of IPSAS.
98. Mr Rehnstrom highlighted developments with regard to enterprise risk management, stating that a comprehensive strategy is under development to: (i) mitigate exposure to risks; (ii) add value to decision making; (iii) provide assurance to the Board and other stakeholders; (iv) and ensure the achievement of UBRAF goals and targets. Mr Rehnstrom concluded by outlining the key steps to be undertaken by the Secretariat over the next year and a half as part of the enterprise risk management process.
99. The Board expressed its appreciation to the Secretariat for the financial report and audited financial statements for 2012, as well as for the comprehensive financial management update. The Board welcomed the adoption of IPSAS and that 2012 financial documents were IPSAS compliant. In particular, several Board members noted that the move to IPSAS will bring about greater quality, transparency, accountability, consistency and comparability, as well as a higher standard to the Secretariat's financial reporting. In addition, it was highlighted that IPSAS will enable the Secretariat to identify unfunded liabilities and to proactively move to fully funding them in the future.
100. The update on the enterprise risk management strategy was welcomed by a number of members and they requested the Secretariat to provide more information on how implementation will move forward. On the 2011 and 2012 audit reports, several members asked for more clarity on what actions have been or will be taken to address outstanding issues identified in the audit recommendations, with specific interest expressed to staff advances, procurement, fixed-asset disposal and recruitment. Measures to address the impact of currency fluctuation were noted and the Secretariat was encouraged to remain alert on this issue in order to manage currency risks over time.
101. Several members expressed satisfaction with the efforts made by the Secretariat to reduce expenditures by realizing costs savings and efficiency gains and managing resources in a prudent manner, especially at the regional and country level. Progress in reducing the fund balance from 45 percent as at 31 December 2009 to 31 percent as at 31 December 2012, in line with the approved level of 35 percent of the biennial budget as approved by Board in June 2010, was noted. The Secretariat was encouraged to continue diversifying its funding base and to increase its resource mobilization efforts.

Attention was drawn to the fact that expenditure exceeded income in 2012, and while improvements in closing the deficit were welcomed, members encouraged the Secretariat to take further cost-effectiveness measures in the year ahead. On the budget, several members inquired about the feasibility of expressing the approved biennial budget in annual terms to facilitate comparison.

102. Mr Rehnstrom acknowledged the comments from the Board and provided clarification on several of the issues raised. On the feasibility of expressing the budget on an annual basis, the Secretariat will explore the issue and discuss with the UN system-wide IPSAS implementation task force, and the Secretariat will continue to provide updates on the implementation of the enterprise risk management strategy. With regard to balancing income and expenditure, Mr Rehnstrom stated that the deficit cited by members is part of the Secretariat's strategy to bring the fund balance in line with the PCB decision to use staff and resources in the most optimal way. He agreed with comments that efforts should intensify to fully fund the current biennium budget, but noted that the projected shortfall is relatively small and expressed confidence in the Secretariat's ability to mobilize resources and, if necessary, shift resources to the core budget before the end of the current biennium. Overall, Mr Rehnstrom encouraged the Board and donors to support UNAIDS in this endeavour.
103. Focusing on the outstanding audit recommendations from 2011, Mr Rehnstrom highlighted that all recommendations related to recruitment have been closed or are in the process of being closed, adding that it took longer than expected due to the need to develop and finalize the Secretariat's overall human resources strategy. Mr Rehnstrom shared that the audit recommendations on procurement will soon be closed following the adoption of IPSAS and the move to a single administrative system including a single set of contracting modalities at global, regional and country level.
104. Following the comments and questions raised and answers provided, the Board accepted the 2012 financial report and took note of the interim financial management update for the 2012-13 biennium. The Board also took note of the partial funding of staff-related liabilities and the replenishment of the Building Renovation Fund. Finally, the Board encouraged donor governments to release as soon as possible their contributions towards the 2012-2015 UBRAF.

4.3 BUDGET FOR 2014-2015

105. The Board was presented with the proposed budget for the second biennium (2014-2015) of the UNAIDS 2012-2015 UBRAF. Mr Rehnstrom provided a brief summary of the main elements of the UBRAF—the business plan, the results and accountability framework and the budget—and UNAIDS support to the achievement of the three zeros. He covered the several factors that guided the development of the proposed budget for 2014-15, including progress against the goals, targets and lessons learned in implementing the UBRAF to date; guidance from the PCB and advice from the Monitoring and Evaluation Reference Group (MERG); recommendations of external reviews, such as the Multilateral Organization Performance Assessment Network (MOPAN); and the alignment with the Quadrennial Comprehensive Policy Review (QCPR) of UN development activities. Mr Rehnstrom gave an overview of how UNAIDS is responding to the QCPR recommendations, namely the repositioning of the UN

system in support of national priorities; introducing integrated budgeting and results frameworks and strong accountability mechanisms; promoting simplified and harmonized business models and “Delivering as One”; and instituting a strong Resident Coordinator system and good interagency collaboration. The QCPR also included a request for each organization to hold structured dialogues on financing with a view to make resource flows more predictable and less restricted and to broaden the donor base. Ms Beagle indicated that the Secretariat welcomed such an opportunity and will be discussing with the PCB Bureau in the coming months the format and timing of such a financing dialogue.

106. Mr Rehnstrom introduced the 2014-15 budget at US \$485 million, presented on a zero growth basis. He added that holding the core budget to zero nominal growth over eight years represents a considerable decrease in real terms. The 2014-15 budget mirrors that of 2012-13 with some modifications made to better reflect programmatic priorities and the addition of UN Women. He stated that 60 percent of resources are for country level activities and 40 percent for the global level, adding that of all the UN system resources for AIDS projected for the next biennium, less than 10 percent of resources are for global level activities.
107. Mr David Wilson, Director of the World Bank’s Global HIV/AIDS Program, was invited to share a Cosponsor perspective on the role of UBRAF funding. Mr Wilson highlighted three key areas of how UBRAF and World Bank resources reciprocally capitalize and amplify each other: (i) Leverage – the UBRAF helps to leverage World Bank resources and enables the strengthening of investments and the integration of HIV components into World Bank activities; (ii) Evidence and evaluation – as the largest development evaluation institution, the UBRAF enables the World Bank to undertake HIV evaluations; and (iii) Economics and financing – two of the greatest priorities in the global AIDS response are economics and financing, making the reciprocal relationship between the UBRAF and World Bank resources and capacity more relevant than ever. Mr Wilson highlighted an example of how the World Bank, supported by strategic UBRAF contributions, is spearheading a significant work programme on investment cases.
108. Mr Wilson noted more countries are turning to the World Bank for assistance in planning for orderly-phased and sustainable and domestically-financed HIV programmes. In this important area, the World Bank helps countries assess their fiscal space and financial planning requirements to integrate and sustain their HIV services, citing several studies underway in a number of countries. Mr Wilson emphasized that while UBRAF resources may seem relatively modest in relation to the overall contribution of the World Bank, they play an important and catalytic role in enabling the World Bank to integrate HIV into its multisectoral activities. He said that without UBRAF resources, the World Bank would find it challenging to integrate HIV services into its health and development activities.
109. Mr Rehnstrom concluded the budget presentation by highlighting the key areas of concentration for the Secretariat with regard to strengthening budget development: further simplification of the UBRAF indicator set and improvement of indicator quality; establishment of stronger linkages between resources, results and indicators; and continued emphasis on case studies, in-depth reviews and evaluations to complement indicator reporting.
110. The Board approved the core budget for 2014-15 of US\$ 485 million and the

proposed allocation between the 11 Cosponsors and the Secretariat. The Board commended the Secretariat for realizing cost reductions of 13 percent in 2012 compared to 2011 and welcomed the continued focus on optimizing resources and delivering results, in particular at the country level. While several members appreciated the presentation of the 2014-15 on a zero nominal growth basis, many expressed concern in terms of the impact of decreases in funding on the activities of the Joint Programme.

111. The NGO Delegation commented on the funding situation in several regions, notably Eastern and Central Europe and requested UNAIDS to increase its efforts in the region, citing the growing epidemic as a cause for concern. In addition, the NGO Delegation reminded the Board of the importance of funding civil society and recalled decision point 5.5 from the 30th Programme Coordinating Board (under Agenda item 1.5) requesting UNAIDS to support efforts to address the documented decreases in civil society funding.
112. Several Board Members welcomed the focus on responding to the QCPR recommendations and the opportunities presented in the 2014-15 budget to bring UNAIDS closer in line with the QCPR, including through more effective support to the Resident Coordinator system. While a number of members acknowledged the gains with regard to continued simplification and refinement of the UBRAF indicators, the Secretariat was encouraged to further streamline indicators and show clearer linkages between investments and results in order to heighten accountability and facilitate the Programme Coordinating Board in executing its oversight role.
113. A number of members highlighted specific areas or interventions where continued attention and additional support by UNAIDS is needed, such as on-going assistance to all countries in knowing their epidemics and tailoring responses to national contexts; addressing the growing knowledge deficit among young people with regard to HIV prevention; and continued emphasis on Global AIDS Response Progress Reporting.
114. The Secretariat was commended for organizing the March 2013 multi-stakeholder consultation on UBRAF implementation and the 2014-15 budget development process. The consideration of the recommendations from the MOPAN and other external assessments were noted as an important element in the development of the budget. The first-time inclusion of UN Women in the 2014-15 budget was welcomed, as well as the added focus for women, girls and gender equality across the Joint Programme.
115. In response to the questions and comments raised by the Board, Mr Rehnstrom captured the main concerns and issues expressed. On the issue of UBRAF indicator refinement, Mr Rehnstrom said that it was envisaged to continue improving the indicators using a multi-stakeholder approach, and he shared information on a consultation scheduled for later in 2013 to foster a participatory dialogue on streamlining the UBRAF. With regard to the impact in real terms of the zero nominal growth budget on the activities of the Joint Programme, Mr Rehnstrom stressed that the subsequent reduction in the budget, of an estimated US \$50 million over the eight years, has translated into less purchasing power, but he underlined that it was a conscious decision to 'do more with less'. He added that the budget for 2014-15 is realistic in terms of the level of effort and ambition needed to execute the activities of the Joint Programme and equally realistic in terms of what is feasible to mobilize.

116. Ms Beagle thanked the Board for its engagement across all aspects of the UBRAF and for the confidence expressed in the Joint Programme by the adoption of the 2014-15 budget. She welcomed the constructive discussion on the UBRAF and the debate on ways to improve the framework, adding that it is a living document that would be modified in light of experience. She thanked all stakeholders who were involved in the UBRAF development processes.
117. Mr Sidibé concluded the segment by expressing gratitude to the Board for its support during the past five years in guiding the transformation of UNAIDS. In recognizing the progress made, the Executive Director also spoke to the work that remains ahead in ensuring that UNAIDS is a model of UN reform that goes beyond 2015 and contributes to shaping the role of the UN in the future.

5. UPDATE ON STRATEGIC HUMAN RESOURCES MANAGEMENT ISSUES

118. Mr Julian Fleet, Director, Human Resources and Management, UNAIDS, presented the first annual *Update on strategic human resources management issues*, in follow up to a request by the Board at its 30th meeting in June 2012. Mr Fleet stated that for the UNAIDS Secretariat, the staff are its main asset. He added that a strong, diverse Secretariat workforce with the right competencies and expertise is essential to the successful implementation of the UNAIDS vision, strategy and mandate in support of the ten global AIDS targets.
119. The update described the strategic approaches to human resources management in the organization, focusing on: the UNAIDS Secretariat Human Resources Strategy; the organizational realignment of the Secretariat; the strengthening of human resources management; the Secretariat workforce profile; and priorities for 2013 and beyond. It was noted that the information presented in the update was as of 1 April 2013 unless otherwise indicated.
120. The UNAIDS Secretariat Human Resources Strategy provides the guiding strategy and strategic underpinning for all activities within human resources management, and integrates a series of key elements for effective management, such as workforce planning, recruitment and staffing, staff well-being and performance management. Mr Fleet highlighted that a key aspect of the Human Resources Strategy is the UNAIDS Secretariat Competency Framework, which sets the corporate standards for performance by defining the values and core competencies that staff must demonstrate through their work. Implementation of the Human Resources Strategy is supported by a Human Resources Advisory Committee, a consultative body comprised of staff from across the Secretariat and the UNAIDS Secretariat Staff Association (USSA) that reviews and helps to shape human resource policies before they are issued. Mr Fleet added that a milestone in the harmonization of the Secretariat's human resources systems, as well as its financial systems, was the adoption of a single administrative system that brought all staff onto a single set of contracts, administered through a single framework of staff regulations and rules.
121. Focusing on the organizational realignment, Mr Fleet provided the Board with a brief overview of the initiative and its objectives. He stated the exercise, launched by the Executive Director in mid-2011, had three overarching objects: (i) align the internal structure with the UNAIDS vision, strategy and the 2011 Political Declaration targets; (ii) strengthen staff skills and deployment with a

stronger country focus; (iii) and lower operating costs and value for money. Mr Fleet presented some of the main outcomes of the realignment, highlighting the Headquarters presence has been simplified and the Programme Branch strengthened to focus on key programmatic areas aligned to the 2011 Political Declaration targets, for example in rights, gender and community mobilization, as well as increased capacity in strategic information and data synthesis and analysis. At the regional and country level, a number of staff positions were re-profiled to better respond to programme priorities and to provide the most effective technical and operational support. Throughout the organizational realignment process, Mr Fleet noted efforts have continued to maintain the “human face” of the organization, including a career transition support programme and inclusion of staff affected by the realignment in the annual mobility process and other placement exercises.

122. The update captured highlights of progress in implementing the Human Resources Strategy through the development and rollout of important human resources activities. Actions include strengthened tracking and reporting of both positions and staff and other relevant information (e.g., contractual status, recruitment timeline) to inform management decisions on workforce needs and issues; development of a new online performance and learning management system; launch of a UNAIDS Secretariat Gender Action; and improved staff safety and security with a focus on ensuring offices comply with the minimum UN security standards and the provision of security awareness training. Mr Fleet emphasized that throughout the implementation of the Human Resources Strategy, a close partnership between senior management and the USSA has been essential, and he highlighted, as an example, a recent joint initiative focused on improving staff health and wellness, co-hosted by the Deputy Executive Director of Management and Governance and the Chair of the USSA. Both UN Plus and UN Cares were involved in the session, reflecting the important role and contribution of these two UN system-wide initiatives.
123. Mr Fleet provided a breakdown of staff deployment according to location. The Secretariat has a presence in seven geographic regions, and about half of the field workforce is based in sub-Saharan Africa, followed by the Asia and Pacific region. With regard to contractual modalities, the Secretariat has moved away from the long-term use of staff appointed on temporary contracts, reserving such contracts for time-limited needs.
124. On the issue of gender, Mr Fleet presented statistics on the representation of women and men in the Secretariat. He noted that while overall gender balance has been achieved, with women representing 52 percent of staff, the representation of women in higher-level positions, such as P5 and above and in heading regional and country offices, needs to be improved. He outlined the components of the UNAIDS Secretariat Gender Action Plan that was launched on International Women’s Day, 8 March 2013.
125. Mr Fleet concluded by summarizing human resources priorities for 2013 and beyond, referring in particular to the on-going implementation of the organizational realignment and ensuring the Secretariat workforce is equipped and deployed to deliver results.
126. The Board took note of the update on strategic human resources management issues and expressed its appreciation and compliments to the Secretariat in preparing a comprehensive update and presentation. Several members

commended the Secretariat across a number of the areas highlighted in the human resources update, notably the strengthening of country focus; cost savings achieved; launch of the Gender Action Plan and efforts to increase women in management positions; continued emphasis on staff mobility; the single administrative system; effective relationship between senior management and the USSA; and the importance given to maintaining the “human face” throughout the organizational realignment process.

127. Several questions were raised in response to the information presented, including the impact of the realignment on ensuring adequate staff and financial resources for strategic information, monitoring and surveillance and technical support, with reference to the new Global Fund funding model; the specific initiatives planned by the Secretariat to increase gender balance; and the longer-term human resources strategy after 2015 and workforce projections.

128. In response to the questions and comments raised by the Board, Mr Fleet addressed the main points and concerns expressed. On the issue of gender, Mr Fleet shared that UNAIDS ranks among the top in the UN system with regard to gender balance and representation, and in 2012 was one of the first UN organizations to pilot the *UN System-wide Action Plan on Gender Equality and the Empowerment of Women* (UN-SWAP). In terms of concrete measures to advance the Gender Action Plan, he outlined efforts to provide regular monitoring and reporting on gender; keeping gender at the forefront of recruitment and selection processes, including ensuring a minimum number of women in selection panels and on vacancy shortlists; and developing learning and career support initiatives. On plans to update the human resources strategy after 2015, the strategy will be revised to reflect emerging needs and demands, as well as to ensure it addresses the priorities and areas that will emerge in the post-2015 development agenda. Regarding the impact of the realignment on ensuring adequate resources for technical support, including to the Global Fund, the Secretariat is positioned and equipped to provide strategic assistance to the new funding model, at the Headquarters, regional and country levels, highlighting specifically the heightened focus on investment approaches and support to closing the global AIDS resource gap, as well as the reinforcement – particularly in countries – of strategic information capacity.

129. Mr Loures emphasized that UNAIDS is about its staff and underlined their central role in moving the response forward. He stressed strategic information remains a core business and it will continue to play an even greater role in ensuring countries and communities have reliable and accurate information. He added the Secretariat will strengthen its support to the Global Fund and across many key areas such as strategic investments and planning, human rights, community support and policy engagement. He concluded by underscoring the role of Regional Support Teams in advancing policy dialogue and mobilizing political engagement.

6. STATEMENT BY THE REPRESENTATIVE OF THE UNAIDS STAFF ASSOCIATION

130. Mr Jason Sigurdson, chair of the USSA, provided an overview of staff priorities and the impact of changes to the Secretariat since the last USSA report in June 2012. As a starting point, Mr Sigurdson highlighted results of a recent staff survey which indicated that Secretariat staff were confident in the overall direction and impact of the organizational realignment exercise, which is

strengthening the organisation's flexibility and capacity to adapt to the evolving needs of the AIDS response.

131. Although the realignment process has been tasking on many staff, he expressed that the Secretariat has used all measures available to retain staff, reflected in an open, transparent and fair process that has helped the organization to maintain a "human face". He highlighted the effective cooperation between senior management and the USSA and cited its membership on key advisory groups, like the Mobility and Reassignment Committee, as a key contributor to the success of the organizational realignment.
132. On the issue of staff health and well-being, Mr Sigurdson shared that a number of staff have reported work-related stress and anxiety and that efforts are underway between the USSA and senior management to provide support and gain a better understanding. He underlined that UNAIDS continues to have a zero tolerance for the ill-treatment and harassment of staff.
133. Turning to WHO Staff Health Insurance (SHI) services, Mr Sigurdson reported that many Secretariat staff, predominantly those in the field, continue to be affected by inadequate service provision, mainly from lengthy reimbursement processes resulting in high out-of-pocket expenditures. Notwithstanding, he shared that progress is being made and referenced on-going discussions with WHO on 'quick wins', the establishment of a UNAIDS Task Force on Health Insurance and encouraging field-based staff to submit SHI claims by courier. Mr Sigurdson ended by emphasizing to the Board the open dialogue with senior management and said the relationship represents a 'critical enabler' for organizational excellency, transparency and efficiency.
134. The Board took note of the report and commended the USSA and senior management for the effective relationship that resulted in a realignment process that protected the interests of both staff and the organization. Members of the Board suggested that more attention be paid to the issue of harassment and to urgently remedy the issues related to staff health insurance. Mr Sigurdson thanked the Board for its support and interest in the welfare of staff. He stressed that health insurance was of paramount concern for the USSA and senior management and both parties were looking for broader solutions.

7. FOLLOW-UP TO THE THEMATIC SEGMENT FROM THE 31ST PROGRAMME COORDINATING BOARD MEETING – NON DISCRIMINATION

135. For a summary report (UNAIDS/PCB (32)/13.12) on the outcome of the thematic segment see the links under the heading "Non-Discrimination" on the 32nd PCB meeting archive page.
136. Ms Susan Timberlake, Chief, Human Rights and Law Division, UNAIDS, presented the summary report to the thematic segment from the 31st PCB. The report underlined that high levels of HIV-related discrimination continue to impact the lives of people living with HIV and other key populations and undermine the effectiveness of national AIDS responses. It confirmed the discussion during the Thematic Day that HIV-related discrimination should be addressed in key sectors where it is experienced: health care settings, employment, justice, education and communities. It underscored that, while there are positive examples of initiatives to reduce HIV-related discrimination in

these sectors, such efforts often remain isolated and at a project level. The report concluded that all stakeholders involved in the AIDS response, from Member States to civil society organizations to UNAIDS, should, as a priority, increase their focus on and commitment to reducing HIV-related discrimination.

137. Ms Timberlake highlighted the three key strategies that were discussed during the Thematic Day by which to achieve non-discrimination in the context of national HIV responses more holistically: (i) integrating HIV-related discrimination reduction as critical elements of national AIDS responses; (ii) fully funding programmes to reduce HIV-related discrimination; (iii) and putting people living with HIV and other key populations at the centre of such efforts.
138. The Board took note of the summary report of the thematic session on non-discrimination and welcomed the focus on placing human rights at the centre of the global AIDS response. Some members expressed the view that the key concern was elimination of discrimination in terms of access to health care services. Several Board members felt that that HIV-related discrimination goes beyond health, and emphasized the need to intensify efforts to eliminate discrimination in all its forms and manifestations. Some board member highlighted particularly the need to eliminate discrimination in the workplace; remove of HIV-related restrictions on entry, stay and residence (“HIV travel restrictions”); and remove laws and discriminatory practices that hamper marginalized and key populations, such as men who have sex with men, sex workers, people who use drugs and prisoners in the context of HIV. Another member added that education should be at the forefront of efforts to address non-discrimination and aimed at young people and other important stakeholders. In addition, a NGO representative stated that, unless punitive approaches to drug use are removed, countries will not achieve the 50 percent reduction target of HIV infection among people who inject drugs by 2015.
139. While many Board members understood the decision not to include decision points for the thematic segment on non-discrimination, several members expressed that, in future, follow up to PCB thematic segments should lead to specific guidance from the Board. Some members expressed concern over an apparent growing disconnect between widely-recognized and accepted policies and programmes to address non-discrimination and actual progress on the issue. One delegation cited as an example the removal of an agenda item at the May 2013 WHO Executive Board that was focused on the health and well-being of lesbian, gay, bisexual and transgender people.

8. ANY OTHER BUSINESS

No new business was presented.

9. CLOSING OF THE MEETING

140. Mr Loures reminded the Board of the upcoming 2014 International AIDS Conference to be held in Melbourne, Australia, and highlighted that it will be an important moment to address many of the issues discussed during the PCB and to bring the Asia and Pacific region in focus in the global AIDS response.
141. The representative of the Republic of the Congo, on behalf of the Africa Group constituency, presented its congratulations to the Chair, the Executive Director and the Secretariat for the excellent conduct of the meeting, and to the Board

Members for the rich and fruitful discussions.

142. The representative of the Islamic Republic of Iran extended congratulations to the Chair for the conduct of the meeting and to the Secretariat for preparations before and during the PCB. The representative thanked the Board for keeping a spirit of compromise and cooperation through the meeting.
143. Ms Beagle thanked the Chair for his skilful chairing and the facilitation support provided by India in all aspects of the Board, including the Bureau. She said the UNAIDS family has been pleased to provide highlights of the last six months and to have discussed some key issues, including the approval of the 2014-15 budget, as well as ways to strengthen the UBRAF as an instrument that can promote joint work, sharpen focus on results, draw on the comparative advantages of each Cosponsor and show the real added value of a Joint Programme.
144. On the discussion around the AIDS response and the post-2015 agenda, Ms Beagle said UNAIDS welcomed the important contribution of the Board and would count on Board members to carry forward the ideas raised and language agreed during the session in other UN fora. She said efforts will continue to make the PCB more interactive and reflective of country reality.
145. The Chair closed the 32nd PCB meeting and shared the dates of the 33rd PCB meeting to be held 17-19 December 2013.
146. The 32nd meeting of the UNAIDS PCB made a number of decisions, recommendations and conclusions (Annex 2).

[Annexes follow]



Annex 1

UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (32)/13.1

Issue date: 16 May 2013

THIRTY-SECOND MEETING

DATE: 25-27 June 2013

VENUE: Executive Board Room, WHO, Geneva

TIME: 09h00 - 12h30 | 14h00 - 18h00

Draft Annotated Agenda

TUESDAY, 25 JUNE

1. Opening

1.1 Opening of the meeting and adoption of the agenda

The Chair will provide the opening remarks to the 32nd PCB meeting.

1.2 Consideration of the report of the thirty first meeting

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

Document: UNAIDS/PCB (31)/12.26

1.3 Report of the Executive Director

The Board will receive a written outline of the report by the Executive Director.

Document: UNAIDS/PCB (32)/13.2

1.4 Report by the Chair of the Committee of Cosponsoring Organizations

The Committee of Cosponsoring Organizations Chair will present an oral statement under this item supported by a written report.

Document: UNAIDS/PCB (32)/13.3

2. Leadership in the AIDS response

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

3. AIDS response in the Post-2015 Development Agenda

The Board will receive a report on progress to date and stakeholders' roles in moving forward to ensure the prominent positioning of AIDS in the Post-2015 Development Agenda.

Document: UNAIDS/PCB (32)/13.4

WEDNESDAY, 26 JUNE

4. UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework

4.1 Performance monitoring

The Board will receive a report on progress in implementing UNAIDS Unified Budget, Results and Accountability Framework in 2012.

Document UNAIDS/PCB (32)/13.5, UNAIDS/PCB (32)/13.CRP1, UNAIDS/PCB (32)/13.CRP2, UNAIDS/PCB (32)/13.CRP3

4.2 Financial reporting

The Board will receive the financial report and audited financial statements for 2012 as well as a financial management update as at 31 March 2013, which includes the issue of mitigation of currency fluctuation risks, as requested by the Board at its 30th meeting in June 2012.

Document: UNAIDS/PCB (32)/13.6, UNAIDS/PCB (32)/13.7

4.3 Budget for 2014-2015

The Board will receive a proposed budget for the second biennium of UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework.

Document UNAIDS/PCB (32)/13.8, UNAIDS/PCB (32)/13.9

THURSDAY, 27 JUNE

5. Update on strategic human resources management issues

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

Document: UNAIDS/PCB (32)/13.10

6. Statement by the representative of the UNAIDS Staff Association

Document: UNAIDS/PCB (32)/13.11

7. Follow-up to the thematic segment from the 31st Programme Coordinating Board meeting

The Board will receive a summary report on the outcome of the thematic segment on "Non-Discrimination".

Document: UNAIDS/PCB (32)/13.12

8. Any other business

9. Closing of the meeting



Annex 2

27 June 2013

**32nd Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
25-27 June 2013**

Decisions, Recommendations and Conclusions

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;

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

1. *Adopts* the agenda;

Agenda item 1.2: Consideration of the report of the thirty first meeting

2. *Adopts* the report of the 31st meeting of the UNAIDS Programme Coordinating Board;

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 Committee of Cosponsoring Organizations (CCO)

4. *Takes note* of the report of the Committee of Cosponsoring Organizations;

Agenda item 3: AIDS Response in the Post-2015 Development Agenda

Welcomes this paper and

- 5.1 *Stresses* the importance of ensuring that HIV and AIDS are central to the post-2015 UN development agenda and of *advocating for* the inclusion of targets under relevant goals towards achieving zero new HIV infections, zero AIDS-related deaths and zero discrimination;
- 5.2 *Recognizes* the progress made towards meeting the Millennium Development Goals, in particular Goal 6, and that progress has in many cases been uneven within and between countries and much work remains; as the foundation is being laid for the post-2015 development agenda, the focus must remain on meeting or exceeding the current Millennium Development Goals' targets;
- 5.3 *Recognizes* the value of the lessons learned from the global HIV and AIDS response for the post-2015 development agenda, such as the lessons learned from the Joint Programme's approach;
- 5.4 *Stresses* the importance of working towards ensuring that the critical elements in the HIV and AIDS response are considered in the post-2015 development agenda, and the importance of international cooperation to all regions and countries, tailored to different epidemiological profiles, in achieving them;
- 5.5 *Affirms* commitment to work to lay the evidence-informed foundation for the end of the AIDS epidemic, including getting to the Three Zeros, and any associated targets and specifically defined indicators, including those related to prevention, and also through the UNAIDS and Lancet Commission: From AIDS to Sustainable Health.
- 5.6 *Calls* on the Joint UN Programme to:
 - a. *Strengthen* leadership and advocacy for the consideration of HIV and AIDS issues in the post-2015 development agenda, including beyond health, in areas such as inequality and gender, education, governance, and on building effective partnerships;
 - b. *Continue* work towards further scale up of HIV and AIDS services and improved access to prevention, treatment, care and support, strengthening the health and community systems and enhancing synergies;
 - c. *Advocate*, for consideration, as appropriate, a multi-sectoral Joint Programme approach, based on the positive experience of UNAIDS and "Delivering as One", to unite and strengthen UN, Member State and civil society efforts to tackle other complex global development challenges in the post-2015 era;
 - d. *Advocate* for intensified mobilization of financial and technical resources, in the spirit of the Busan Declaration for Effective Development Cooperation, in order to support Member States in accelerating their attainment of the HIV and AIDS and health-related Millennium Development Goals' targets by 2015.
- 5.7 *Calls* on Member States to:

- a. *Honour* their commitments towards agreed targets and goals and to sustain and accelerate efforts towards the achievement of the HIV and AIDS and health-related Millennium Development Goals;
- b. *Accelerate* international cooperation to support countries that may not achieve the HIV and AIDS and health-related Millennium Development Goals by 2015;
- c. *Work to ensure* the sustainability of national HIV and AIDS responses recognizing the principle of country ownership including through strengthening management, building strategic partnerships, shared responsibility, and multi-sectoral approaches;
- d. *Build on* the lessons learned from the HIV and AIDS response in addressing other complex health and development challenges in the post-2015 era, including through membership in the Open Working Group on Sustainable Development Goals, taking into consideration relevant elements as contained in the 2011 United Nations General Assembly Political Declaration.

Agenda item 4: UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework

Agenda item 4.1: Performance Monitoring Report 2012

- 6.1 *Takes note* of the report and request UNAIDS to continue to refine and improve performance measurement and reporting taking into account lessons learned and views expressed by the Board;
- 6.2 *Requests* UNAIDS to carry out a mid-term review of the 2012-2015 Unified Budget, Results and Accountability Framework and report key findings back to the Board at its 34th meeting;

Agenda item 4.2: Financial Reporting

- 7.1 *Accepts* the financial report and audited financial statements for the year ended 31 December 2012;
- 7.2 *Takes note* of the interim financial management update for the 2012-2013 biennium for the period 1 January 2012 to 31 March 2013;
- 7.3 *Encourages* donor governments to release their contributions towards the 2012-2015 Unified Budget, Results and Accountability Framework as soon as possible;
- 7.4 *Takes note* of the partial funding of staff-related liabilities and the replenishment of the Building Renovation Fund;
- 7.5 *Takes note* of the actions taken by the Executive Director to mitigate the long term impact of currency fluctuations;

Agenda item 4.3: Budget for 2014-2015

- 8.1 *Approves* US\$ 485 million as the core budget for 2014-2015 and the proposed allocation between the 11 Cosponsors and the Secretariat;
- 8.2 *Endorses* the continued simplification and refinement of the indicators, with the support of UNAIDS Monitoring and Evaluation Reference Group;
- 8.3 *Reminds* all constituencies to use UNAIDS 2012-2015 Unified Budget, Results and Accountability Framework to meet their reporting needs;

Agenda item 5: Update on strategic human resources management issues

9. *Takes note* of the update on strategic human resources management issues;

Agenda item 6: Statement by the UNAIDS Secretariat Staff Association

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

Agenda item 7: Follow-up to the thematic segment from the 31st PCB meeting: Non-Discrimination

11. *Takes note* of the summary report of the thematic session on Non-Discrimination.

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