

19 December 2013

**33rd Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
17-19 December 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 second meeting

2. *Adopts* the report of the 32nd 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 by the NGO representative

4. *Requests* UNAIDS in collaboration with Member States and partners to:
 - a. *ensure* that any implementation/guidance on new biomedical preventative technologies proceeds with the full and meaningful engagement of key populations¹, promoting informed and voluntary adherence to ART;

¹ As defined in the UNAIDS 2011-2015 Strategy *Getting to Zero*: "Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their

- b. *further ensure* the potential impacts of treatment as prevention – as indicated by an increasing body of evidence and support of the earliest initiation of ART for people living with HIV – will be aligned to the principle of treatment being first and foremost to benefit those living with HIV;
- c. *intensify* coordinated technical support to governments, civil society, and key populations², and UNAIDS to periodically report to the Programme Coordinating Board on progress in the effectiveness of technical support interventions at the country level;
- d. *report* to the 35th PCB on concrete actions taken to reduce stigma and discrimination in all its forms consistent with the UN High Level Political Declarations of 2006 and 2011, the UNAIDS Strategy 2011-2015 and all the Programme Coordinating Board decisions related to the reduction of stigma and discrimination;

Agenda item 3: Update on the AIDS response in the post-2015 development agenda

- 5.1. *Welcomes* the update report on the AIDS response in the post-2015 development agenda and *looks forward* to discussing the findings and recommendations of the UNAIDS and Lancet Commission at its next meeting in June 2014;
- 5.2. *Recalls* the decisions from the 32nd PCB on the AIDS response on the post-2015 development agenda and *invites* the United Nations General Assembly to consider convening a High Level Meeting on HIV at an appropriate time after 2015 as part of a broader strategic effort to reaffirm and renew political commitments, and to ensure accountability towards the achievement of universal access to HIV prevention, treatment, care and support in the post-2015 era;

Agenda item 4: Strategic use of antiretroviral medicines for treatment and prevention of HIV

- 6.1. *Welcomes* the paper;
- 6.2. *Calls* upon Member States to:
 - a. *ensure* that acceleration of access to HIV treatment, particularly for key populations³ as well as women, children and adolescents living with HIV, including addressing the barriers to treatment access, are factored into all stages of HIV and health planning, implementation, monitoring and evaluation, and resource mobilization, particularly with regards to development of investment thinking approach, and support for the roll-out of the New Funding Model of the Global Fund to Fight AIDS, TB and Malaria (Global Fund) and other funding sources;

clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.”

² *Ibid.*

³ *Ibid.*

- b. *implement* the 2013 WHO Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection with the active engagement of People Living with HIV and key populations⁴;
- c. *monitor* HIV drug resistance according to the WHO Global Strategy for the Surveillance and Monitoring of HIV Drug Resistance 2012;
- d. *continue work* towards further scale-up of access to HIV services including by strengthening communities and their role in the health system for promoting and supporting informed and voluntary uptake of HIV testing and counselling, treatment, care and support, and promoting treatment adherence;
- e. *work* to ensure the sustainability of national AIDS responses recognizing the principles of country leadership and ownership through strengthening of shared responsibility, innovative sustainable financing to meet increased demand, building of strategic partnerships, strengthening health systems, including through the integration of HIV services, and multi-sectoral approaches;
- f. *ensure* that programmes to expand access to HIV treatment are fully integrated in national health strategies and offer quality HIV services, improve treatment literacy, are voluntary, non-coercive and respect the human rights of people living with HIV;
- g. *ensure* that national programmes effectively address the barriers to HIV testing and treatment faced by children and adolescents;

6.3. *Requests* the Joint Programme to:

- a. *support* on-going national and international processes led by countries and regional institutions to convene national and regional consultations for the definition of revised national targets for universal access to HIV treatment keeping in mind the need for defining new milestones and targets for the AIDS response beyond 2015, and to provide a report at a future meeting of the Programme Coordinating Board;
- b. *further support* implementation of the 2013 WHO Consolidated guidelines on the use of antiretroviral drugs for treating and preventing HIV infection ensuring the active engagement of People Living with HIV and key populations⁵;
- c. *further support* countries to monitor HIV drug resistance according to the WHO Global Strategy for the Surveillance and Monitoring of HIV Drug Resistance 2012;
- d. *support* capacity development of communities in their role in the health system for promoting and supporting informed and voluntary uptake of HIV testing and counselling, treatment, care and support, and promoting treatment adherence;
- e. *continue* to support the availability of affordable, quality, safe and effective antiretroviral medicines and harmonizing medicines regulatory systems, as well as the provision of technical support for countries to maximize utilization of the

⁴ *Ibid.*

⁵ *Ibid.*

flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and the Doha Declaration;

- f. *support* countries to effectively address and remove the barriers to HIV testing and treatment faced by children and adolescents;
 - g. *further support* countries to effectively address and remove barriers to HIV testing and treatment for key populations⁶, women and girls;
- 6.4. *Recognizing* that two out of three children do not have access to treatment:
- a. *requests* UNAIDS to prepare a discussion paper and a gap analysis on paediatric HIV treatment, care and support with specific, time-bound targets for getting all children living with HIV on treatment and a strategy on how this would be achieved to be presented at the 35th meeting of the Programme Coordinating Board.

Agenda item 5: Coordination of HIV technical support in a rapidly changing environment

- 7.1. *Welcomes* the paper on coordination of Technical Support in a rapidly changing environment;
- 7.2. *Recalls* the UNAIDS technical support coordination role for all countries and regions;
- 7.3. *Requests* UNAIDS, in light of the importance of the roll-out of the Global Fund New Funding Model, to take necessary steps to strengthen the coherence and coordination among bilateral and multilateral technical support agents based on country contexts and requirements, in particular for the implementation of this Model. In doing so, UNAIDS should continue to address other technical support as needed, retaining its focus on the 30+ priority countries and cooperate closely, within its mandate, with technical support agents for TB and Malaria as well as for health system strengthening retaining the principle of national ownership and leadership;
- 7.4. *Requests* UNAIDS to report on the UNAIDS-Global Fund Partnership Agreement and its financial implications, including for UNAIDS' Technical Support Facilities, at the 34th meeting of the Programme Coordinating Board;

Agenda item 6: Next Programme Coordinating Board meetings

- 8.1. *Agrees* that the themes for the 34th and 35th Programme Coordinating Board meetings be respectively: "Addressing social and economic drivers of HIV through social protection" and "Halving HIV transmission among People Who Inject Drugs";
- 8.2. *Further agrees* to request the Programme Coordinating Board Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 37th Programme Coordinating Board meeting, as necessary;
- 8.3. *Agrees* the change in the date of the 34th PCB meeting to 24-26 June 2014 and of the 36th PCB meeting to 30 June-2 July 2015;

⁶ *Ibid.*

- 8.4. *Further agrees* the dates for the 38th (28-30 June 2016) and the 39th (6-8 December 2016) meetings of the Programme Coordinating Board;

Agenda item 7: Election of Officers

9. *Elects* Australia as Chair and Zimbabwe as Vice-Chair for the period 1 January 2014 to 31 December 2014 and approves the composition of the PCB NGOs.

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