

REPORT OF THE SPECIAL SESSION 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 2021 Special Session of the Programme Coordinating Board

Cost implications for decisions: *none*

1. Opening of the meeting and adoption of the agenda

1. The UNAIDS Programme Coordinating Board (the Board or PCB) convened virtually for its Special Session on 24 March 2021.
2. The PCB Chair, Kalumbi Shangula, Honorable Minister of Health and Social Services, Namibia, welcomed participants to the meeting. The meeting observed a minute of silence in memory of everyone who had died of AIDS, tuberculosis (TB) or COVID-19.
3. The Chair told the PCB that, despite the COVID-19 pandemic, the PCB and UNAIDS had continued to work effectively. He applauded the achievements made, but noted that inequalities had taken the HIV response off-track in many countries.
4. Mr Shangula briefed the meeting on procedures and logistics for the virtual meeting, noting the intersessional decisions that had been taken to support virtual meetings in the context of the COVID-19 pandemic ([UNAIDS/PCB \(EM\)/3.2](#)).
5. The Executive Director of UNAIDS, Winnie Byanyima, welcomed participants to the Special Session of the PCB, which, she said, came at a crucial time in the global effort to end the AIDS pandemic. It was 40 years since the first AIDS case had been detected, 25 years since the creation of UNAIDS, and 20 years since the goal of ending the AIDS epidemic was set at the United Nations (UN) General Assembly, she told participants. But time was running out and much remained to be achieved, she added.
6. AIDS remained a global crisis, Ms Byanyima said: 35 million people had lost their lives since the start of the epidemic and most countries had failed to reach the 2020 HIV targets. In 2019, 1.7 million people newly acquired HIV and almost 700 000 people died of AIDS-related causes—even though each new HIV infection and every AIDS-related death is preventable.
7. The inequalities that fuel the epidemic were getting worse, she said, which was why the new Global AIDS Strategy emphasized people-centred, community-based approaches. The COVID-19 pandemic posed a major threat to 2030 Agenda and Sustainable Development Goals (SDGs), she added.
8. Presenting a brief overview of the new Strategy, Ms Byanyima reiterated that the world knew how to end AIDS and that the Strategy would bring that goal within reach. The Strategy used an inequalities lens to identify and close the remaining gaps and it set out clear targets and priority actions, drawing on the best evidence from 40 years of the HIV response, she told the PCB.
9. Countries had to achieve full range of targets in the Strategy, she emphasized. If they did so, new infections would decrease from 1.7 million in 2019 to fewer than 370 000 by 2025, and AIDS-related deaths from 690 000 in 2019 to fewer than 250 000 in 2025.
10. Achieving the targets and goals would require annual investments in low- and middle-income countries to rise to US\$ 29 billion by 2025, with upper-middle-income countries accounting for 51% of that total. Most of the resources were expected to come from domestic sources.
11. Ms Byanyima said she was proud of the highly inclusive process in which the Strategy was developed. She called for consensus adoption of the Strategy.

She then briefly updated the meeting on the new Unified Budget, Results and Accountability Framework (UBRAF), emphasizing its importance for the Strategy.

12. The Chair invited Tedros Ghebreyesus, Director-General of the World Health Organization (WHO) and Chair of the Committee of Cosponsoring Organizations (CCO), to address the meeting. He said WHO endorsed the new Strategy and he joined the UNAIDS Executive Director in asking Member States to adopt it by consensus.
13. Mr Ghebreyesus said the world had to intensify its efforts to end AIDS by 2030, especially in the context of the COVID-19 pandemic. He reminded that one-third of AIDS-related deaths in 2019 had been due to coinfection with TB, and could have been prevented.
14. In briefly describing the main elements of the new Global AIDS Strategy, he emphasized that the most vulnerable populations were not being reached with effective service. He praised the Strategy for its vision of ending gender inequalities and fully realizing human rights. Improved data to identify gaps would also help align the respective strategies and work of Cosponsors on HIV.
15. The meeting adopted the agenda.

2. Consideration of the report of the 47th PCB meeting

16. The Board adopted the report of the 47th meeting of the PCB.

3. Global AIDS Strategy 2021–2026

17. The Chair introduced this agenda item, emphasizing the importance of UNAIDS' leadership for ending the AIDS pandemic.
18. Vinay Saldanha, Special Adviser for Policy and Transition, UNAIDS, presented the new Global AIDS Strategy 2021–2026. He thanked everyone who had participated in its development.
19. He explained that the Strategy featured new targets and evidence-based actions for 2025 to get every country and every community on- track to end AIDS as a public health threat by 2030. He then highlighted the key elements of the Strategy.
20. The Strategy used an inequalities lens to frame priorities and guide implementation, Mr Saldanha told the meeting. Prevention was being prioritized, with an emphasis on key populations and their partners. A set of 2025 targets and commitments were proposed. A fully resourced HIV response would require US\$ 29 billion by 2025, mostly from domestic budgets, he said. The Strategy also featured new or strengthened result areas for communities, human rights, youth, humanitarian settings and COVID-19.
21. Mr Saldanha stressed that, while this was not a one-size-fits-all Strategy, it also did not allow for picking and choosing. The Strategy had to be implemented as a package covering three strategic priorities and ten result areas. It applied an inequalities lens across all those priorities and areas.
22. If all the targets and commitments outlined in the Strategy were achieved, the

impact would be massive and it would put the world on-track to end the AIDS epidemic in all settings and for all populations by 2030, Mr Saldanha said.

23. The Chair opened the floor for discussion.
24. Members congratulated UNAIDS for an ambitious, evidence-based and visionary Strategy, and for the inclusive manner in which it had been developed. They noted that the process had been challenging during the COVID-19 pandemic.
25. Members emphasized that the Strategy could not be "all things for all people", and urged the PCB to present a united front by adopting it by consensus.
26. UNAIDS had a central role in supporting and guiding the Strategy's implementation, members said, and it was in a unique position to help strengthen national strategies. They expected UNAIDS to continue providing technical and other support to countries and communities.
27. The Strategy's emphasis on country ownership, with implementation adapted to local and country contexts and needs, was welcomed, as was the focus on inequalities and human rights, and the key role given to prevention. Speakers endorsed the strong emphasis on primary prevention.
28. Members said they were confident that the Strategy would help the world get back on-track to reach the 2030 goal of ending AIDS as a public health threat. They urged countries to uphold the principles and values on which the Strategy was based. They also reminded the meeting of the need to extend access to affordable services for vulnerable groups by tackling inequalities both within and between countries. Members encouraged a more robust budget planning process and a robust framework for reporting on progress in reducing inequalities.
29. COVID-19 was bringing to the fore many of the same inequalities that had driven the HIV epidemic over the decades, the meeting heard. The commitment to empower key and other priority populations, including adolescent girls and young women, was praised. Members said the Strategy recognized that the AIDS epidemic could not be ended without addressing gender inequalities and gender-based violence.
30. Noting that the HIV and COVID-19 pandemics were also highlighting the power of community-driven efforts, speakers commended the Strategy's emphasis on partnering with civil society, its people-centred approach and the pivotal role it envisaged for communities. They urged countries to adopt community-centred activities so that key populations and adolescent girls and young women are part of policy design, implementation and monitoring.
31. The need for investment in communities was highlighted. Speakers urged donors to adopt needs-based, responsive funding strategies and to use more nuanced indicators to determine eligibility for funding and to take funding decisions.
32. Members praised the Strategy's recognition that the right to health cannot be realized without upholding people's other rights. They supported the focus on removing barriers that block access to essential HIV and other health services. They emphasized the importance of an enabling environment, including the reform or removal of punitive laws, policies and practices, and ending gender inequality.

33. Members also supported the Strategy's emphasis on eliminating vertical transmission of HIV and the inclusion of targets related to children, as well as the commitment to find, diagnose and treat children living with HIV. They reminded the meeting that progress in protecting children against HIV was uneven and that children's access to treatment was still much lower than that of adults.
34. The Strategy's emphasis on integrating HIV in primary health care was welcomed, as was the call for the deeper integration of HIV services into universal health coverage. Some members endorsed the focus on sexual and reproductive health and rights, comprehensive sexuality education and the building of resilient systems in emergency situations.
35. Noting that the Strategy was based on the evidence and experiences of 40 years of the HIV response, members emphasized the need to select and support interventions that have the biggest impact. The effective use of data and technologies therefore would be key for the next phase of the response, which had to be informed by timely, fine-grained data, including at the local level, they said.
36. The Strategy's focus on science was significant, the meeting heard. Many members welcomed the emphasis on rapid and wide access to new technologies, and they supported the commitment to expand local production of medical commodities and strengthen supply chains.
37. Access to affordable medicines, including through wider production capacities, was vital to get the HIV response back on-track. The world had to act on the lessons learnt from the inequitable access to COVID-19 technologies, speakers urged. The emphasis on South-South sharing of knowledge and experience was also praised.
38. Members stressed the need for a fully-funded Strategy and urged that a clear strategy be developed to mobilize the necessary investments. They noted the importance of HIV infrastructure and other HIV investments in countries' COVID-19 responses. Strong health systems and financial investment for better preparedness for pandemics were crucial, they said.
39. Some Members expressed concerns regarding some of the terminology used in the Strategy, saying that the Strategy exceeded the mandate of the Joint Programme in some respects, which could lead to duplication of efforts with other UN system organizations.

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3. Global AIDS Strategy 2021–2026 (continued)

40. The representative of the PCB Chair who led the drafting group discussions reported back to the meeting on the outcome of the discussion and the Chair's proposed way forward. The PCB Chair thanked members for their willingness to find consensus and noted that there had been proposals for additional language to Decision Point.
41. The Chair opened the floor for comments on the proposed revision to the Decision Point.

42. Two Member States raised concerns that the Strategy contained elements that they noted were not in line with internationally agreed language and their joining consensus would require disassociating from certain parts of the Strategy.
43. The decision points on the Strategy agenda item, including the adoption of the Global AIDS Strategy 2021-2026, were adopted by consensus.¹
44. Following the adoption of the decision points, one member asked for clarification whether the guiding principles in the Strategy still applied. The PCB Chair noted that the chapeau with the guiding principles applied to all PCB decisions.
45. Concerns were also raised by some member states on the process of tabling of the final decision points, which they noted should follow the established practice of the PCB. The Chair took note of these concerns, and clarified that the Chair's proposed draft decision points had been introduced in plenary by the Chair's representative and were then adopted by consensus in accordance with the rules in the modus operandi. The Chair emphasized that he appreciated the spirit of consensus decision making.
46. Further to the clarification of the Chair, one Member State introduced an Explanation of Position on behalf of the constituencies of seven Member States and their constituencies, which the Chair noted and agreed to include in the record of the Special Session.²

4. Unified Budget, Results and Accountability Framework (UBRAF) for 2021–2026 Strategy

47. Tim Martineau, UNAIDS Deputy Executive Director, Management and External Relations, a.i., presented the planned way forward for the Joint Programme's new Unified Budget, Results and Accountability Framework (UBRAF) as per the paper submitted to the PCB. He reminded the meeting that the UBRAF was the central instrument framing and guiding the Joint Programme's action as part of the implementation of the Global AIDS Strategy 2021–2026 and its broader contribution to the SDGs.
48. The new UBRAF would have four operational-level goals, he explained. It would set and operationalize a prioritized workplan that aligns the work of the Joint Programme with the Global AIDS Strategy and the SDGs. It would also provide a framework for differentiated approaches at regional and country

¹ The Islamic Republic of Iran disassociates itself from those parts of the Global AIDS Strategy 2021- 2026, and the associated decision point 3 of the March 2021 Special Session of the PCB, that may imply, in any manner whatsoever, recognition, protection or promotion of those behaviors that are unlawful or unethical under its legal system or socio-cultural norms, or which may contradict its moral and religious values. Accordingly, the Islamic Republic of Iran shall not be bound by or committed to any recommendation related to or arising from the abovementioned parts.

The Russian Federation disassociates itself from certain parts of the Global AIDS Strategy 2021- 2026.

² The Explanation of Position submitted on behalf of United States of America, Canada, Switzerland, Denmark, France, Luxemburg, and the United Kingdom appears in the Annexes.

levels and it laid out the processes through which the Joint Programme would provide support to countries. The UBRAF will also be an important basis for the performance monitoring, reporting and accountability of the Joint Programme, he said.

49. Key shifts in the new UBRAF were highlighted. The UBRAF would cover strategic programmatic and organizational shifts, and it would include a more fully-articulated theory of change as its "backbone". The Joint Programme recognized the need for increased prioritization, with a focus on applying an "inequalities lens" to identify the populations and locations that were being left behind, Mr Martineau told the PCB.
50. Organizational shifts were expected to include innovative elements to optimize the Joint Programme's capacities, updated resource allocation processes, new joint planning tools, and streamlining and tracking those processes. That would be underpinned by a more fully articulated theory of change, which the Secretariat was working on, Mr Martineau continued.
51. There will be clearer linkages between the UBRAF indicators and the global AIDS response indicators, he added, with ways to measure progress in reducing inequalities and to enhance include community led monitoring as part of the latter.
52. A major envisaged change was the shift to a five-year cycle for the UBRAF, which would run from 2022 to 2026, Mr Martineau said. Even though this involved challenges, it appeared to be the most sensible way to align the new UBRAF cycle with the global AIDS Strategy and expected new Political Declaration one and best tradeoff for most traction to deliver on global commitments with efficient and transformative support to in line with UNAIDS mandate and accountability to the PCB as well as alignment with the Quadrennial Comprehensive Policy review (QCPR) recommended cycle.
53. A zero draft of the new overall UBRAF framework 2022-2026 would be submitted to the PCB meeting in June 2021 to allow for better consultative process and timely PCB engagement; the full UBRAF framework 2022-2026 as well as the first biennial Workplan and Budget 2022-2023 would be submitted to a Special Session of the PCB in September 2021; and the UBRAF indicators would be submitted to the PCB meeting in December 2021, he told the PCB.
54. Mr Martineau then outlined the anticipated timeframe for the UBRAF and how it would harmonize with the new Strategy and their respective targets. He explained that, by December 2025 or early 2026, the next global Strategy will have been adopted and preparations would be underway for the subsequent High-level Meeting (possibly in 2026). In anticipation, an evidence review of the current Global AIDS Strategy 2021–2026 would be done in 2024. In June 2025, the PCB would approve an exceptional 2026 annual Workplan and Budget based on the (current) Global AIDS Strategy 2021–2026. As a result, 2025 would be a transitional year. Finally, in June 2026, the PCB would be asked to approve a new UBRAF starting from 2027 (which would be based on the next Strategy) and the 2027 annual Workplan and Budget). Alignment across the Joint Programme would be also ensured through a continuous process from the CCO through operational joint work planning and budgeting at all levels.
55. The 5-year Framework, the high level strategic programme of work, budget and accountability, would reflect the Joint Programme's vision, theory of

change and result structure at the level of outcomes with prioritization and emphasis on addressing the structural drivers of the epidemic (e.g. gender-responsive action and human rights-based), Mr Martineau told the PCB. It would also explain how UNAIDS will), optimize and leverage its capacities, present resource requirements and a transparent process for allocating those resources. And it would present a coherent accountability, monitoring and reporting system.

56. There would be regular engagement with PCB members and other stakeholders throughout the process, through the PCB Bureau and other inclusive consultations, Mr Martineau continued. The UNAIDS Executive Director would also establish a UBRAF Working Group, as mandated by the Modus Operandi. Terms of reference for the Working Group and a call for expression of interest would be circulated in the near future.
57. Members congratulated UNAIDS for the work done thus far on the development of its new UBRAF to operationalize the Joint Programme's contribution and support for the implementation of the new Global AIDS Strategy 2021-2026. They stressed that the development of the UBRAF was a crucial component of the new Strategy, and it was an opportunity to enhance the Joint Programme's unique role in the HIV response. They also highlighted the importance of the UBRAF to harmonize the Joint Programme's work with the broader development agenda and to align it with new UN paradigms.
58. Speakers emphasized that the new UBRAF was a key instrument to ensure that the Joint Programme's work is streamlined, focused and prioritized to meet the urgent needs of people living with HIV. The UBRAF therefore needed to provide clarity on the roles and responsibilities across the Joint Programme, they said.
59. Appreciation was expressed for the frank discussion, the efforts to achieve the best possible alignment with Cosponsor planning cycle, and the Joint Programme's flexibility to align the UBRAF with as other related global processes as possible. These were not easy tasks, members acknowledged.
60. Members stressed that delivering on the new Strategy demanded a fully-funded UBRAF and the availability of predictable and sustainable funding.
61. Some speakers said they welcomed the introduction of robust budget planning and scenario-based budgeting and results framework in the event that the necessary resources could not be fully mobilized. They recommended that a non-core funds mobilization strategy be developed.
62. UNAIDS was thanked for presenting different timeframe options. Members stated their support for Option 2, as proposed by the Secretariat. They welcomed the proposed five-year cycle, with 2026 as bridge year. This would align the UBRAF with other UN strategic planning cycle timelines, was more realistic, provided for sufficient consultation, and allowed for a smooth transition to the next Strategy, they said. It was suggested that, in order to fully function as a prioritization tool, the UBRAF should have a mid-term review in 2024. The efforts to ensure better alignment with the UN planning cycle recommended as part of the Quadrennial Comprehensive Policy Review, was appreciated while acknowledging the complexity of doing so.
63. Members supported the proposed UBRAF scope and approach, including a high-level results framework, the incorporation of a clear theory of change, and strong reporting. This would provide a solid foundation for guiding results-

based budgeting. Members said they felt encouraged by the more robust budget planning process that was proposed.

64. Speakers suggested that higher degrees of alignment between the Joint Programme performance monitoring indicators in the UBRAF and the next global AIDS monitoring of progress against the global targets and the commitment of the upcoming High-Level Meeting's new Political Declaration should be sought.
65. The proposed process regarding PCB involvement and oversight during the development of the UBRAF was supported and the proposal for establishing a Working Group was welcomed.
66. Members applauded the proposed strengthening of mechanisms for civil society involvement for the planning, monitoring and reporting of the global response and for the new UBRAF and stressed the need for more sustainable resourcing for that critical contribution. The scaling up of community-based programming and monitoring was an exciting aspect of the new Strategy, speakers said, and should be reflected in the new UBRAF. Some speakers cautioned against prioritizing tools for efficiency over making full use of community resources, commitments and contributions and stressed the importance of 'people at the center' approaches. The importance of having continued mechanisms for cooperation with countries as well as to more properly enable (including resource) civil society to contribute through community led responses and monitoring including more full involvement in national data collection and use to monitor progress, decision-making processes and in budgeting decisions was stressed.
67. With regard to collection and use of data to monitor progress, speakers noted that it was important for the UBRAF to show how the Joint Programme would prioritize, support monitoring and reporting on whether inequalities were indeed being reduced and the gaps progressively closed. They said they expected a robust accountability framework that captures realities at grassroots level.
68. It was suggested that the UBRAF would benefit from improved articulation of the accountability of the Joint Programme and Cosponsors. It was important to develop the framework together with other tools for monitoring and evaluation, such as performance reviews.
69. Members said they looked forward to a comprehensive consultative process with all stakeholders and to reviewing the zero draft of the UBRAF at the next PCB meeting in June 2021.
70. In reply, Mr Martineau stressed the importance of prioritization and of the resourcing and funding scenarios. It was also important to refer to the UNAIDS management response to the Independent Evaluation, including on the matter of a resource mobilization strategy. He agreed that it was important to include incentives within the UBRAF for resource mobilization.
71. The emphasis on community-led responses and monitoring was vital, Mr Martineau continued. It was also important to track and measure reductions in inequalities. He acknowledged the importance of aligning the Global AIDS Strategy and UBRAF monitoring for maximum efficiency of data collection.
72. The UNAIDS Executive Director, Winnie Byanyima, said the UBRAF was an opportunity to shape the Joint Programme's critical role in implementing the

Strategy. She assured the PCB that the UBRAF would include incentives to promote innovation, take necessary risks and achieve effective joint action, and it would promote joint work. It would also include different models of support to fully harness the Joint Programme's potential.

73. There would be close attention in the UBRAF on closing the inequalities driving the epidemic and measuring related progress, including the emphasis on removing structural and social barriers to ensure better outcomes for people. The UBRAF would also outline clear funding scenarios and it would include prioritized resource allocations to encourage resources mobilization.
74. Ms Byanyima reaffirmed how much the PCB's engagement and support was highly valued including through the new UBRAF Working Group to be established. She said she was counting on the support of PCB members to fully fund the UBRAF so that the Joint Programme could deliver on its commitments.

5. Report of UNAIDS PCB to ECOSOC

75. Xungileni Chitundu, Second Secretary, Permanent Mission of the Republic of Namibia to the UN and other international organizations at Geneva, presented the PCB report to ECOSOC. She reminded the meeting of the background to the report. She noted that in E/RES/2019/33, ECOSOC had also requested the PCB to discuss governance issues and how the Joint Programme can be sustainably core funded, and report back to ECOSOC by 2021, . She explained that the PCB's report was requested in addition to the report by the Executive Director which is presented every two years to ECOSOC on progress made in implementing a joint UN system response to the HIV epidemic.
76. Ms Chitundu summarized the process for developing the report and presented a brief outline of the report. The PCB Bureau had agreed in August 2019 that the Joint Inspection Unit report and subsequent discussions would form the basis of the report. She explained that an outline for the report had been prepared by the PCB Bureau in early 2021 and comments from PCB members had been received during the PCB briefing in February 2021 and in writing. The full report had subsequently been developed and discussed at a PCB premeeting on 11 March 2021, after which the report had been further revised on the basis of comments and feedback received.
77. Ms Chitundu then recalled the key messages in the Report. These stressed the unique levels of inclusiveness in the governance structure of UNAIDS and recalled that the governance structure has been recognized as a useful example in the context of the 2030 Agenda. The report also noted the evolution of Joint Programme governance with the changing HIV epidemic, and the recent clarification of the oversight functions of the PCB. Ms Chitundu noted that the report also emphasized the role of the PCB as the most important agenda-setting forum for the global AIDS response.
78. On core funding, the report noted that a high percentage of Joint Programme funding was flexible core funding (76–98% between 2014 and 2019), which reflected donors' confidence in the oversight and accountability arrangements. However, the report also noted that underfunding was holding back the HIV response; it therefore emphasized the need for a fully funded UBRAF.

79. Ms Chitundu then briefly reviewed the recommended actions for ECOSOC, before outlining the proposed next steps and timelines.
80. Further to the PCB's discussion, the PCB Chair would submit the report to the President of ECOSOC in April 2021 and the report would be published by ECOSOC around 8 June 2021. Consultations on the text of the ECOSOC Resolution on the Joint Programme were planned for the first of week of July 2021 in Geneva, after which ECOSOC was expected to adopt a resolution at its management segment in the third week of July 2021.
81. The Chair opened the floor for discussion.
82. Members praised the work done on the report and requested that the PCB Chair transmit the report to ECOSOC accordingly. Members noted that the report captured a range of recent reviews of UNAIDS, and in particular, the report reflected the work flowing from the recommendations of the Global Review Panel and the UN's Joint Inspection Unit Review of the Management and Administration of UNAIDS. These reviews had been critical to help embed accountability and transparency throughout the Joint Programme. They welcomed the improvements made on the basis of those reviews. They also commended the work done by the PCB Working Group which had been formed to respond to the specific recommendations by the Joint Inspection Unit to the PCB.
83. The ECOSOC report was a strong reminder of the distinctiveness and ongoing importance of the Joint Programme, members told the PCB. They welcomed the report's emphasis on UNAIDS' unique and inclusive governance structure. It had stood the test of time and it set a benchmark for inclusive and transparent decision-making in the UN system, they said. Speakers also welcomed the strengthening of the PCB's oversight and accountability role detailed in the report, which aligns the PCB with best practices in the UN system. Two members of the PCB requested that the ECOSOC report reflect the Joint Programme model's lack of negotiation practice and involvement of the PCB in the development of key strategic documents.
84. Members noted in particular that they looked forward to the timely formation of the Independent External Oversight Advisory Committee, whose TORs had been approved at the 47th meeting of the PCB.
85. Speakers also stressed that underfunding of the UBRAF had challenged the Joint Programme's ability to lead and catalyze a robust HIV response. This underscored the need for new, innovative funding mobilization and for diversifying funding sources beyond the current group of core funders. Members emphasized that the Joint Programme was a worthy and sound investment.
86. The Secretariat was asked whether there had been progress on compensating UNAIDS for its role in ensuring the efficient use of Global Fund resources at country level. There were also requests for an update on implementation of the Management Action Plan.
87. In reply, Mr Martineau said the progress made toward implementing the Management Action Plan would be reflected in the human resources strategy report, to be presented at the June 2021 PCB meeting.
88. Shannon Hader, Deputy Executive Director, UNAIDS, said the Global Fund model did not allow for providing large, core funding in the manner suggested

by some speakers. However, set-asides by donor countries were compensating for some of the supportive work and roles performed by UNAIDS to boost the efficiency and impact of Global Fund funding.

89. Ms Byanyima, said UNAIDS was strengthening its collaboration with the Global Fund and was in discussions with the Fund's leadership. She said UNAIDS believed there were opportunities to work together more closely at country level and it supported efforts to find ways for the Global Fund to be more creative in resourcing supportive structures and platforms, especially at country level.

6. Any other business

90. The Executive Director paid tribute to the Chair and thanked PCB members for their support. She told the meeting that the new Strategy was the most ambitious and comprehensive strategy in the 40 years of the global AIDS response. It set the task of achieving all the stipulated targets in every country and every community by 2025 so the world would be on-track to end AIDS by 2030. She assured the meeting that the Joint Programme would work with all countries to ensure implementation, guided by the principles that underpin UNAIDS, which were clearly set out in the chapeau to the Strategy.
91. A brief video celebrating the adoption of the Strategy was screened after which the Chair invited the Deputy Director of the WHO, Zsuzsanna Jakab, Deputy Director-General of the WHO, to make a statement.
92. Ms Jakab congratulated the PCB on the constructive spirit of its deliberations and said it could look forward with confidence to the High-Level Meeting in June 2021 to ensure broader commitment to the 2025 targets and to ending AIDS by 2030. Noting that the ECOSOC report had highlighted persistent underfunding of the UBRAF in recent years, she called on members to ensure full funding so the Joint Programme could fulfil its central role in driving implementation of the Global AIDS Strategy.

7. Closing of the meeting

93. The PCB Chair told the meeting that the adoption of the Strategy marked an important milestone in the global HIV response. However, the Strategy would be meaningful only if it achieved its objectives. He called on members to ensure the Strategy was implemented by budgeting for its activities, providing adequate human resources, and creating the necessary environments for success.
94. Mr Shangula thanked the PCB Bureau, PCB members and observers, the Secretariat and support staff for their work and support.
95. The Special Session of the Board was closed.

[Annexes follow]

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (EM)/3.1

Issue date: 5 February 2021

FORTY-SEVENTH MEETING

DATE: 24–15 March 2021

VENUE: Virtual

Annotated agenda

WEDNESDAY, 24 MARCH

1. Opening of the meeting and adoption of the agenda

The Chair will provide the opening remarks to the PCB Special Session.

Document: UNAIDS/PCB (EM)/3.1; UNAIDS/PCB (EM)/3.2

2. Report of the 47th PCB meeting

The report of the 47th Programme Coordinating Board meeting will be presented to the Board for adoption.

Document: UNAIDS/PCB (47)/20.45

3. Global AIDS Strategy 2021–2026

The PCB will receive the Global AIDS Strategy 2021-2026 for consideration and adoption.

Document: UNAIDS/PCB (EM)/3.3

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3. Global AIDS Strategy 2021–2026 (continued)

The PCB will receive the Global AIDS Strategy 2021–2026 for consideration and adoption.

Document: UNAIDS/PCB (EM)/3.3

4. Unified Budget, Results and Accountability Framework (UBRAF) for 2021–2026 Strategy

The PCB will receive a paper outlining how it intends to support countries in implementing the Global AIDS Strategy 2021–2026 with greater specificity of action, contributions and accountability, through its new results and accountability framework, at the March 2021 Special Session.

Document: UNAIDS/PCB (EM)/3.4

5. PCB Report to ECOSOC

The PCB will receive the report of the PCB to ECOSOC for approval.

Document: UNAIDS/PCB (EM)/3.5

6. Any other business

7. Closing of the meeting

[End of document]

25 March 2021

Special Session of the UNAIDS Programme Coordinating Board, Geneva, Switzerland

24–25 March 2021

Decisions

The UNAIDS Programme Coordinating Board,

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

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

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

1. *Adopts* the agenda;

Agenda item 2: Report of the 47th Programme Coordinating Board meeting

2. *Adopts* the report of the 47th Programme Coordinating Board meeting;

Agenda item 3: Global AIDS Strategy 2021–2026

- 3.1 *Adopts* the Global AIDS Strategy 2021–2026;^{3 4}
- 3.2 *Reaffirms* that, in implementing the Global AIDS Strategy 2021–2026, national strategies and contexts of the countries concerned should be considered;

Agenda item 4: Unified Budget, Results and Accountability Framework (UBRAF) for the 2021-2026 Strategy

³ The Islamic Republic of Iran disassociates itself from those parts of the Global AIDS Strategy 2021- 2026, and the associated decision point 3 of the March 2021 Special Session of the PCB, that may imply, in any manner whatsoever, recognition, protection or promotion of those behaviors that are unlawful or unethical under its legal system or socio-cultural norms, or which may contradict its moral and religious values. Accordingly, the Islamic Republic of Iran shall not be bound by or committed to any recommendation related to or arising from the abovementioned parts.

⁴ The Russian Federation disassociates itself from some sections of the Global AIDS Strategy 2021–2026.

- 4.1 *Recalls* Decision Points 5.1, 6.6, 9.5, 9.7 from the 47th meeting of the Programme Coordinating Board;
- 4.2 *Takes note* of the progress update and proposed approach for the development of the new UNAIDS Unified Budget, Results, Accountability Framework (UBRAF);
- 4.3 *Requests* the Executive Director to submit for consideration a zero draft of the overall framework of the 2022–2026 UBRAF at the 48th PCB meeting in June 2021, and to submit the full 2022–2026 UBRAF and biennial workplan and budget for 2022–2023 for approval at a Special Session of the PCB in September 2021;
- 4.4 *Looks forward* to the comprehensive funding dialogue, aimed at ensuring predictable and full funding for the implementation of the 2022–2026 UBRAF; and

Agenda item 5: PCB Report to ECOSOC

5. Having considered the report included in the annex, *decides*, as requested by ECOSOC in its resolution E/RES/2019/33, to request the PCB Chair to transmit the report to the President of ECOSOC.

Intersessional Decisions:

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

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

United States of America, Canada, Switzerland, Denmark, France, Luxemburg, and the United Kingdom

Explanation of Position

Adoption of the Global AIDS Strategy 2021–2026 March 26, 2021

- The United States of America, Canada, Australia, Switzerland, Sweden, Iceland, Austria, Denmark, Norway, Finland, France, Luxemburg, Monaco, Germany and the United Kingdom are pleased to join consensus on adoption of the Global AIDS Strategy 2021–2025. We believe the strategy lays out, with clarity, what we must do together: address the inequalities that drive the AIDS epidemic.
- While we remain committed to the long tradition of consensual decision-making of this body, we were supportive of the Chair’s original Decision Point, and we need to express our discomfort with the language that we have arrived at. It is clear for some countries "contexts" include cultural and moral values. And we know that some social norms, under the guise of cultural and moral values, can be misaligned with an effective AIDS response.
- Language matters. And so we would like to underscore that the Decision Point inclusion of the terminology "national context" must mean deploying differentiated approaches to implementation of the Global AIDS Strategy, based on science and evidence, and must support interventions with a known positive effect, as articulated in the Strategy.
- In implementing this Strategy, the HIV response will use differentiated approaches that are tailored to the needs of specific contexts, populations and locations, and prioritize the people most in need. Out-dated and ineffective interventions must be dropped and replaced with those that effectively reach key populations, adolescent girls and young women, children and men. These populations—these individuals—remain at risk for HIV and have clear unmet needs. The Strategy provides the directive for change.
- We have come a long way since the early days of the HIV pandemic. We still have a ways to go. We look forward to working in partnership with UNAIDS and the PCB to seize this moment to address the needs of those that remain on the margins of the global response. They must be at the centre of the response. If we are to achieve our collective goals of ending AIDS, change is needed.

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