

# REPORT OF THE UNAIDS STRUCTURED FUNDING DIALOGUE

## Financial reporting

## Background

1. The Joint United Nations Programme on HIV/AIDS (UNAIDS) organized a Structured Funding Dialogue with members of the UNAIDS Programme Coordinating Board (PCB) on 26 March 2024.
2. The Dialogue was in line with the United Nations (UN) General Assembly Resolution 71/243 of 21 December 2016 on the Quadrennial Comprehensive Policy Review of operational activities for development of the UN system, and with the UN Funding Compact, formally agreed by the UN Economic and Social Council (ECOSOC) in May 2019 (A/74/73/Add.1-E2019/4/Add.1).
3. The primary intention of Structured Funding Dialogues for UN agencies is to enable donors, partners and stakeholders to assume full responsibility not only for deciding on the strategies and priorities of the UN System but also for ensuring that budgets are fully funded. The Structured Funding Dialogue considered resource trends, current and future funding situations for the 2022–2026 UNAIDS Unified Budget, Results and Accountability Framework (UBRAF) and the 2024–2025 budget approved by the PCB at its 52nd meeting in June 2023.
4. The specific objectives of the Structured Funding Dialogue were to:
  - create further momentum for UNAIDS priorities, mutual commitments and accountability of the Global AIDS Strategy 2021–2026, and position the Joint Programme for the future;
  - strengthen understanding of the purpose and the funding situation of the Joint Programme and launch the value proposition: and
  - galvanize actions to secure adequate flexible and predictable funding for UNAIDS.

## Introduction

5. The Chair, Ambassador Cleopa K. Mailu, Permanent Representative of Kenya to the UN Office in Geneva, welcomed participants to the Structured Funding Dialogue and noted Kenya's honour in chairing the PCB in 2024. In the global response to AIDS, he noted, progress has been faltering, available resources are shrinking and inequalities are increasing.
6. Mr Mailu emphasized that a key step in accelerating progress in the HIV response would be to ensure full funding for the approved core budget of the UNAIDS Budget, Results and Accountability Framework (UBRAF) of US\$ 210 million for 2024–2025, and at least the minimum budget threshold of the UBRAF of US\$ 160 million. Taking this action, he said, would inspire momentum through and beyond 2030.
7. He noted that core funding for the Joint Programme, in real terms, was less than 50% of the core UBRAF resources available one decade ago, limiting the capacity of the Joint Programme to deliver on its mandate. He emphasized the collective responsibility of UNAIDS stakeholders to keep the world's attention focused on ending AIDS as a public health threat, especially as a growing number of people had not witnessed the devastation caused by AIDS in earlier years.
8. After describing the format and agenda for the Structured Funding Dialogue, Mr Mailu invited Winnie Byanyima, Executive Director of UNAIDS, to make opening remarks. Welcoming participants, Ms Byanyima advised that the world was at an "inflection point"

in the response to AIDS, as governments' actions in 2024–2025 would determine whether it gets on track to meet the global AIDS targets.

9. Ms Byanyima noted that the Joint Programme had organized itself to do more with less, by reprioritizing to operate within a US\$ 160 million annual core budget. Even though this amount was less than 1% of total funding for HIV activities in low- and middle-income countries, she said that UNAIDS was still delivering outsized impact on four key priorities: advancing HIV prevention; accelerating access to HIV treatment and new health technologies; promoting community-led responses; and ensuring equitable financing and sustaining the HIV response.
10. Ms Byanyima cited the new resource mobilization strategy, which prioritizes a more systematic approach to donor cultivation, leveraging strategic partnerships and building capacity for resource mobilization across the Secretariat. In line with the resource mobilization strategy, UNAIDS has developed a value proposition which highlights three key messages for 2024–2025:
  - we know how to end as a public health threat, and it is a political and financial choice whether to take the necessary actions;
  - a modest investment in UNAIDS will deliver maximum impact; and
  - investment in UNAIDS is vital to end AIDS, fight inequalities and save lives.
11. Noting that pandemics go through cycles of neglect and panic, Ms Byanyima stressed the need to break these cycles to achieve health security. Citing the many partners scheduled to discuss the critical importance of the Joint Programme during the Structured Funding Dialogue, she said that UNAIDS can support 35 countries in reaching the 95–95–95 targets and in sustaining those gains over time. She also said that UNAIDS was leading on the HIV response sustainability agenda, would deliver a mid-term review of the Global AIDS Strategy and would revisit its operating model in advance of a report to the PCB in June 2025.

### Status of the HIV response

12. Mary Mahy, Director of Data for Impact, UNAIDS, reported on the status of the HIV response. The HIV response, she said, was trending towards, but was yet to reach, disease control. Although new HIV infections continue to decline, with 1.3 million people newly infected in 2022, the world was not on track to reach the global targets for reducing new infections to no more than 370 000 by 2025. AIDS-related mortality continued to decline, with 630 000 people dying of AIDS-related causes in 2022—which was within reach of the 2025 target of no more than 250 000 AIDS-related deaths.
13. Ms Mahy said that the global decline in new HIV infections since 2010 was primarily due to reductions in countries in sub-Saharan Africa. Outside that region, there has been no decline in new HIV infections from 2010 to 2022, and new infections were rising in some countries. Outside sub-Saharan Africa, she said, key populations—sex workers and their clients, gay men and other men who have sex with men, transgender women, people who inject drugs, prisoners and other incarcerated persons, and the (non-client) sex partners of key populations—were at elevated risk of HIV infection and accounted for the overwhelming majority of new infections. While more than 70% of new HIV infections outside sub-Saharan Africa were among men and boys, in sub-Saharan Africa, women and girls comprised more than 60% of new infections.
14. Ms Mahy reported that the impressive scale-up of antiretroviral therapy continued and that, worldwide, 71% of people living with HIV were virally suppressed in 2022.

However, the treatment scale-up was slower outside sub-Saharan Africa than in sub-Saharan Africa.

15. Ms Mahy emphasized the importance of reaching the 10–10–10 targets to end AIDS as a public health threat. Available data from 2018–2022 indicated that substantially more than 10% of key populations continued to experience sexual or physical violence and stigma and discrimination, which also led to avoidance of health-care services.
16. Ms Mahy highlighted the importance of closing inequalities in HIV services. Among people living with HIV, men were consistently less likely women to achieve viral suppression. She cited new modelling evidence from sub-Saharan Africa indicating that ensuring that men had the same treatment coverage as women would reduce new HIV infections among women by 50%. She also reported that younger people living with HIV were less likely to be virally suppressed than older people living with HIV.
17. She noted that UNAIDS had shaped the HIV response by developing ambitious but achievable targets, such as the 90–90–90 targets for 2020 and the goal of zero discrimination by 2030. The more specific 2025 targets were aimed at getting the world on track to achieve a 90% reduction in new infections by 2030 (compared to 2010). Failure to act now would have enormous consequences for the future of the HIV response, she warned. At current coverage levels for HIV services, the number of new HIV infections would increase by 2050, with about 46 million people living with HIV (compared to 29 million if the 2025 AIDS targets are achieved).
18. Ms Mahy said that a comprehensive response that prioritizes all components of combination HIV prevention was needed. Although HIV incidence had declined markedly in recent years, modelling evidence from South Africa indicated that sustaining certain elements of combination prevention while discontinuing others would allow new HIV infections to persist over the coming decades.
19. She also highlighted the importance of addressing changes to the population of people living with HIV over time, advising that it was important to “follow the virus.” People living with HIV were an ageing population, she said. While people living with HIV were on average in their twenties in the 2010s, the average age would rise into the forties by 2040. Both prevention efforts and treatment and care services would need to adjust.
20. Ms Mahy outlined key actions that are needed to accelerate and sustain the impact of the HIV response. HIV prevention efforts will need to be nimble, anticipating evolving individual needs and preferences and providing people with a choice of prevention tools that are most appropriate for them.
21. Since people with an undetectable HIV viral load cannot transmit HIV, Ms Mahy emphasized that reaching and maintaining high treatment coverage, retention and undetectable viral loads were key priorities. She also noted the importance of focusing on timely HIV diagnosis and swift treatment initiation to rapidly attain viral suppression to limit opportunities for HIV transmission. Services that meet the needs of distinct communities, such as key populations, and that are grounded in human rights and themselves were crucial, she said. In closing, she noted the need to support societal enablers and community-led responses.

### UNAIDS’s value as an indispensable partner

22. A series of partners and stakeholders lauded and described the Joint Programme’s unique added value in efforts to end AIDS as a public health threat. Speaking by video,

Peter Sands, Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), highlighted the robust and longstanding partnership between UNAIDS and the Global Fund. Mr Sands specifically noted the Joint Programme's vital convening role for key stakeholders at country level and described how the Global Fund relies on the work of UNAIDS to ensure that the voices of the communities most affected by HIV are heard and heeded and that no one is left behind. Underscoring the feasibility of the 2030 global AIDS goals, Mr Sands underscored the Global Fund's commitment to work with UNAIDS to make that happen.

23. Ruth Laibon-Masha, Chief Executive Officer of the National Disease Control Council of Kenya, said that Kenya places a high value on its relationship with UNAIDS, citing the far-reaching positive impact of UNAIDS investments in the national response. She said that UNAIDS serves as an honest broker among diverse stakeholders. The Joint Programme, she said, was especially effective in providing technical support with respect to HIV among key populations: Kenya now had one of the largest key population programmes in the region notwithstanding a restrictive legal environment. The share of new HIV infections among key populations in Kenya, she reported, had fallen from 33% in 2008 to 13% in 2023.
24. Ms Laibon-Masha said it was clear that the 95–95–95 targets could be achieved, and that this potential is one of the many reasons why a strong UNAIDS is needed. She said a strong UNAIDS is important to prevent the response from regressing. Ms Laibon-Masha asked donors to take the actions needed to ensure that the Joint Programme remains fully functional and she reaffirmed Kenya's commitment to honour its pledge to contribute funding to UNAIDS in 2024.
25. Tia Phalla, Deputy Director of Cambodia's National AIDS Authority, reported that Cambodia had the highest treatment coverage in Asia and the Pacific and that the country had benefited from the Joint Programme's longstanding support. UNAIDS was supporting the development of Cambodia's sustainability policy and played a catalytic role in supporting the country's whole-of-government and multisectoral approach.
26. Mr Phalla said UNAIDS support had been valuable in decentralizing the HIV response in Cambodia, integrating human rights and gender equality as cross-cutting priorities and accelerating the roll-out of differentiated HIV service delivery. With support from UNAIDS, Cambodia was part of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination. He expressed appreciation for the Joint Programme's assistance in strengthening strategic information and for rolling out community-led monitoring. Reaffirming Cambodia's commitment to end AIDS as a public health threat, Mr Phalla called for full funding for UNAIDS and for continued global support to enable countries to move from dependency to resilience.
27. Larissa Guerra de Figueiredo Karydakis, First Secretary of the Permanent Mission of Brazil to the Office of the United Nations and other International Organizations in Geneva, warned that the Joint Programme is at serious risk of not being able to deliver on its mandate as a result of inadequate funding. She emphasized that while the means exist to respond to HIV, unacceptable gaps in HIV prevention and treatment persist as well as inequities within and among countries. She cited the continuing unaffordability of many key technologies and the social and cultural barriers confronting key populations as factors that are slowing progress towards global AIDS targets. A fully funded UNAIDS, she said, is critical to address these gaps and to mainstream the HIV response, including social enablers, across the UN system.
28. She noted that UNAIDS is a strategic partner for Brazil, which invests more than US\$ 500 million annually to provide HIV treatment for more than 700 000 people. Brazil

provides financial support to the UNAIDS Country Office (in the amount of US\$ 180 000 in 2024), an investment that not only strengthens the Joint Programme but also supports Brazil's efforts to respond to its national epidemic. She called for further work to improve the UNAIDS's value proposition in an increasingly competitive fundraising environment and to explore joint resource mobilization with Cosponsors and ensure more balanced funding between UNAIDS the Global Fund. UNAIDS was leading important initiatives on community-led responses and social campaigns in Brazil. She called on countries to increase predictable funding to UNAIDS.

29. Joanna Herat, Global Coordinator for HIV and AIDS and chief of the UNESCO Section for Health & Education, spoke as the chair of the UNAIDS Committee of Cosponsoring Organizations. Ms Herat said that Cosponsors were working with the Secretariat on resource mobilization and in efforts to reduce transaction costs within the Joint Programme. Cosponsors were also deeply involved in the development of the resource proposition and were committed to exploring all potential avenues of resource mobilization. She said the Joint Programme continued to inspire multisectoral work on issues beyond HIV and to serve as a model for UN reform and coordination.
30. Ms Herat cited Zimbabwe as an example of how the collective efforts of the Joint Programme supported national efforts to improve health and well-being. In Zimbabwe, new HIV infections fell by 78% from 2010 to 2022, while AIDS-related deaths declined by 64%. She noted that the Government of Zimbabwe had led the way towards those remarkable achievements by improving data collection and use; strengthening linkages to scale up key HIV interventions; strengthening components of the response for key and vulnerable populations and for gender equality; integrating HIV in other health initiatives (such as the response to cholera); mobilizing traditional leaders; and addressing nutrition and other factors that affect HIV vulnerability and outcomes.
31. Ms Herat said the Joint Programme played a critical role in supporting Zimbabwe's successes. The Joint Programme supported successful mobilization of resources for community-led monitoring and service provision. She said that key initiatives by the Joint Programme—including the Global Alliance to end AIDS in children (launched by Zimbabwe's Vice-President in 2023), the Education Plus initiative, and the Spotlight initiative (which provides "one-stop-shop" centres in 17 districts)—had helped accelerate Zimbabwe's progress towards ending AIDS as a public health threat. As 70% of HIV expenditures in Zimbabwe were from external sources, the Joint Programme played an important catalytic role in making these external resources work, even though funding for the Joint Programme's work in Zimbabwe accounted for 0.1% of all HIV expenditure in the country.
32. John Nkengasong, Ambassador-at-Large, Global AIDS Coordinator and senior bureau official for Global Health Security and Diplomacy for the Government of the United States of America, recalled that the generational fight against AIDS began more than 40 years ago. He noted that when the US President's Emergency Plan for AIDS Relief (PEPFAR) reviews progress, it relies on data provided by UNAIDS. Mr Nkengasong said that the US Government remains committed to keep UNAIDS strong and credible and to enable the Joint Programme to provide sustained leadership. That, in turn, required sustained financing for UNAIDS at an appropriate level. He said the US Government would commit US\$ 50 million in core support for UNAIDS this year and would provide a similar amount next year.
33. Mr Nkengasong stressed the importance of remaining vigilant in the fight against HIV, citing marked increases in recent years in new HIV infections among young people in the Philippines. AIDS cannot be defeated if it exists anywhere in the world. He recalled the important leadership in the global HIV response provided by the UN, including the

first special session on the UN General Assembly in 2001, the UN Security Council Resolution (1308) which recognized HIV as a security and threat, and the leadership of former UN Secretary-General Kofi Annan in the creation of the Global Fund. He emphasized the importance of avoiding complacency, as the devastation of AIDS 20 years ago could return “if we take our eyes off the ball”.

### UNAIDS’s financial situation

34. Tim Martineau, Director of Management, UNAIDS, summarized the UNAIDS financial situation and the outlook over the coming two years. He reminded participants that UNAIDS is a fully voluntary funded organization, which inevitably results in a degree of unpredictability in funding levels. He described the three categories of funding for the Joint Programme—core, noncore Cosponsors, noncore Secretariat—and observed that resource mobilization efforts had to navigate a complex set of global health and economic environments.
35. In 2023, amounts mobilized for the Joint Programme were US\$ 48 million below the PCB-approved annual budget of US\$ 210 million but were roughly in line with the Joint Programme’s prioritized operating annual budget of US\$ 160 million for 2024–2025. To reach the new operating budget of US\$ 160 million, UNAIDS had undertaken a rigorous prioritization process across the workplan. He explained that the US\$ 160 million in global expenditure in 2023 included US\$ 126 million for the Secretariat and US\$ 34 million to Cosponsors. The net fund balance for UNAIDS at the end of 2023 of US\$ 91 million was US\$ 5 million higher than the balance at the end of 2022 but lower than the end-of-year balance in 2021. Mr Martineau noted that the PCB had requested that UNAIDS review the net fund balance and said UNAIDS management would present the PCB with recommendations in June 2024 regarding the fund balance.
36. Like many other voluntary funded organizations, UNAIDS relied on a limited set of key donors that have consistently provided financing over the years, he explained. The USA continued to be the largest donor. Declines in resources for the Joint Programme in recent years had been driven primarily by steady declines in contributions from Sweden, which remained a supporter of the Joint Programme.
37. Mr Martineau noted that, while core contributions have declined, noncore contributions have increased in recent years, including US\$ 61 million in noncore funding received in 2023. The US was the largest contributor of noncore funding, accounting for 40% of such funding in 2018 and for 70% in 2023. Other sources of noncore funding included other government donors, foundations, and UN pooled funds. A portion of noncore funds managed by the Secretariat was not actively mobilized but instead was earmarked by donors for priority areas that complement the UBRAF. These included technical set-asides from major Global Fund donors as well as contributions to the Robert Carr Fund, an important partner organization of UNAIDS.
38. He warned that the continuous decline in core funding risked undermining the Joint Programme’s ability to deliver on its mandate. Moving forward, he said, the Secretariat and Cosponsors were accelerating efforts to mobilize resources and expand the donor base to fully fund the UBRAF, drawing on the updated resource mobilization strategy. Key focus areas of the updated resource mobilization strategy included retaining core funding levels from existing donors, securing core resources from non-traditional donors and increasing noncore funding in ways that are in line with UBRAF priorities.

### UNAIDS’s value proposition and moving forward

39. Christine Stegling, Deputy Executive Director for Policy, Advocacy and Knowledge, UNAIDS, reported on the value proposition for the Joint Programme and the UNAIDS financing campaign through June 2025. Thanking PCB members for their prior and current support, Ms Stegling reminded participants of the three key messages highlighted by Ms Byanyima: (1) We know how to end AIDS, and whether we take needed actions is a political and financial choice; (2) A modest investment in UNAIDS results in maximum returns and impact; and (3) UNAIDS is uniquely placed to lead the global HIV response.
40. She said that ensuring full funding for the Joint Programme would result in three concrete “wins”. With robust funding for UNAIDS, she said, support by the Joint Programme would help 35 countries achieve their viral load suppression targets. These investments would also contribute to saving 1.8 million lives and preventing 5 million new infections by 2030.
41. The Joint Programme’s role in the HIV response was catalytic, Ms Stegling said. With its funding representing only 1% of total funding for HIV activities in low- and middle-income countries, UNAIDS maximized returns on investments in both the Global Fund and PEPFAR, as well as providing strategic guidance, technical expertise and country-level support.
42. Ms Stegling said the modest funding for UNAIDS resulted in substantial long-term savings for the HIV response. Advocacy and technical support provided by UNAIDS helps increase domestic financing for HIV, which reduces programme countries’ reliance on official development assistance. These savings can then be used for other international development priorities. She said that accelerating progress towards ending AIDS as a public health threat reduces health costs, boosts economic growth and improves overall prosperity.
43. Citing the Global AIDS Strategy 2021–2026, Ms Stegling noted the critical importance of focusing on inequalities. An estimated 3,100 adolescent girls and young women in sub-Saharan Africa acquired HIV each week. She told the meeting that, compared to overall populations, HIV prevalence was four times higher among sex workers, seven times higher among people who inject drugs, 11 times higher among gay men and other men who have sex with men, and 14 times higher among transgender people.
44. Ms Stegling said UNAIDS was best placed to steer the global HIV response. It remained the leading source of HIV-related data, actively strengthened community leadership (as the only UN entity with civil society on its governing body), united and synergized the collective power of 11 Cosponsors (as the UN’s only jointly co-sponsored programme), and led global efforts to tackle barriers to ending AIDS, including through legal and policy reforms. The “ask” was for partners to make a modest investment in the Joint Programme to end AIDS, fight inequalities and save lives.
45. Ms Stegling described strategic considerations and future directions. She noted that UNAIDS was leading the sustainability agenda for the global HIV response, by looking beyond 2030 while it worked to catalyse swifter progress towards the 2030 goals. An externally facilitated dialogue between the Secretariat and Cosponsors would strengthen cohesion and communication within the Joint Programme.
46. An inclusive, transparent, consultative and data-driven process was being undertaken for a mid-year review of the Global AIDS Strategy. The results would be used to inform the development of the next Global AIDS Strategy, which would be presented for approval of the PCB in 2025. The Joint Programme would also in 2025 outline a long-



term vision for the Joint Programme, which will inform further work to clarify the division of labour within the Joint Programme.

### Dialogue and discussion

47. The Chair opened the floor for discussion. Speakers thanked UNAIDS for organizing the Structured Funding Dialogue. They highlighted the Joint Programme's unique and critical role in the HIV response and acknowledged that it performed this role with less than 1% of funding for the global HIV response. Speakers applauded the unique structure of Joint Programme, which reflected and enabled a multisectoral response to HIV. The Global Fund specifically emphasized its reliance on the work of the Joint Programme to further the success of Global Fund grants.
48. The Joint Programme's second largest donor reiterated its strong, multi-year support for UNAIDS, following on the similar commitment made by Mr Nkengasong on behalf of the largest donor. Funding for UNAIDS, speakers said, would change millions of lives for the better. Speakers called for donors to consider increasing their contributions to UNAIDS. Substantial concerns were expressed by speakers regarding the impact of inadequate funding, which would reduce the capacity of the Joint Programme to address key challenges, such as strained health-care systems, inadequate funding for HIV prevention and inequalities, including the pandemic's disproportionate impact on marginalized communities.
49. Speakers welcomed the updated resource mobilization strategy and the value proposition as a sign of bold, creative thinking about strategies for navigating a challenging global health and development environment. Further efforts to streamline operations and priorities based on available funding were encouraged, along with transparency regarding expenditures and linking expenditures with results.
50. Speakers expressed appreciation for the management response to the recommendations of the Multilateral Organization Performance Assessment (MOPAN). Speakers noted that MOPAN had confirmed the important role played by UNAIDS in the global HIV response. Speakers also applauded the planned efforts to improve communication within the Joint Programme and to revisit the operating model.
51. Several speakers, noting their countries' own historic gains towards ending AIDS as a public health crisis, pointed to the Joint Programme as a key partner in their success, including as a provider of technical and financial support and as a catalyst for increased domestic investments in HIV programmes. The speakers emphasized that the job of fighting AIDS was not yet done and that robust funding for the Joint Programme was needed to accelerate progress between now and 2030 and beyond. Speakers from several low- and middle-income countries reaffirmed their commitment to strengthen their partnership and cooperation with UNAIDS.
52. The Global Fund applauded the convincing case for funding the Joint Programme, especially at a time when so many countries are poised to reach the 95–95–95 targets. The Global Fund noted that it was working with UNAIDS to update its memorandum of understanding, with a focus on scaling up HIV prevention, closing testing and treatment gaps, fully leveraging UNAIDS data, promoting sustainability, and addressing human rights and gender.
53. Speakers expressed appreciation for the Joint Programme's leadership role within the UN System on sexual and reproductive health. They noted that this leadership was

especially important at a time when anti-gender movements appeared to be gaining momentum in many parts of the world.

54. Speakers also cited the Joint Programme's unique role in strengthening and supporting community-led responses. It was noted that UNAIDS supports other strategic partners, such as the Global Fund and PEPFAR, through its country presence and its engagement with civil society and communities.

## Conclusion

55. Ms Byanyima, in her concluding remarks, said that an annual budget of US\$ 160 million was the absolute minimum needed by UNAIDS to fulfill its mandate. She expressed appreciation for the interventions of implementing countries, which confirmed the vital role played by the Joint Programme supporting national responses.
56. Ms Byanyima cited the staff of the Secretariat and Cosponsors as the Joint Programme's backbone. UNAIDS staff were on the frontlines, fighting for rights alongside people living with HIV and communities, fighting for services for children who cannot fight for themselves and addressing the needs of adolescent girls and young women, she said. Through sufficient, sustained funding to UNAIDS, we can achieve the end of AIDS together, she told the meeting.
57. The Chair said that the meeting's presentations and thoughtful interventions had clearly reaffirmed the added value of the Joint Programme, noting that "no one doubts the importance of the UNAIDS to the global fight against HIV/AIDS". Substantial progress was being made towards global AIDS goals, he said, but the progress was fragile. Recalling the intervention of Mr Nkengasong, the Chair said that UNAIDS remained "our North star" as the world moved towards 2030 and beyond. He urged PCB members "not to walk away from UNAIDS" and emphasized the need to fund UNAIDS until the world achieves the end of the global pandemic. At a time of proliferating, competing priorities, he said, it was essential to find the collective will to mobilize US\$ 160 million as the bare minimum for the Joint Programme.
58. Ms Byanyima thanked the Chair for his leadership of the PCB and expressed appreciation to the information technology staff and interpreters.

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