

27 June 2024

**54th Meeting of the UNAIDS Programme Coordinating Board  
Geneva, Switzerland**

**25–27 June 2024**

**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 non-discrimination;

*Intersessional Decisions:*

Recalling that, it has decided through the intersessional procedure (see decisions in UNAIDS/PCB(54)/24.2:

- *Agrees* that, health situation permitting, the 2024 PCB meetings will be held in-person with optional online participation in accordance with the modalities and rules of procedure set out in the paper, Modalities and Procedures for the 2024 PCB meetings;

**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 53rd PCB meeting**

2. *Adopts* the report of the 53rd meeting of the 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 Chair of the Committee of Cosponsoring Organizations**

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

## **Agenda item 3: Follow-up to the thematic segment from the 53rd PCB meeting**

- 5.1 *Takes note* of the background note (UNAIDS/PCB (53)/23.35) and the summary report (UNAIDS/PCB (54)/24.5) of the Programme Coordinating Board thematic segment on “Testing and HIV”;
- 5.2 *Requests* Member States, in collaboration with community-led HIV organizations and other relevant HIV-related organizations, with the support of the Joint Programme, to fast-track targeted and measurable actions towards the 2025 targets to:
  - a. Accelerate the implementation of evidence-based programmes and people-centred differentiated approaches that include facility-based, community-based, and self testing in line with national testing algorithms and WHO guidance, focusing on key<sup>1</sup> and other priority populations, taking into consideration the national context;
  - b. Ensure quality of facility-based, community-based and self testing to prevent misdiagnoses;
  - c. Strengthen prevention and treatment of HIV, including through implementation of community-led service provision, as appropriate, through the participation and meaningful engagement of community and other civil society organizations in HIV testing services and in increasing demand for testing, and by using community-generated data as a complement to data that are sourced from national monitoring and evaluation systems to inform decision-making around service quality improvement in line with national testing programmes;
  - d. Update relevant policies to enable and support trained lay-providers, especially people living with HIV and members of key and other priority populations, to perform HIV rapid diagnostic testing and facilitate linkage to HIV prevention and treatment services;
  - e. Implement HIV testing programmes as part of a holistic and integrated package of prevention, treatment and care services for HIV and other health services, including for sexual and reproductive health and reproductive rights, within the framework of primary health care, and encourage HIV testing as a means of reducing stigma and discrimination, promoting treatment and ART adherence and empowering persons living with HIV, including by promoting U=U messaging, as appropriate, taking into account WHO guidance, while continuing scientific research on the role of viral suppression on HIV transmission;

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<sup>1</sup> As defined in the Global AIDS Strategy 2021-2026: Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

- f. Consider reviewing legal and administrative provisions on the age-of-consent for HIV testing to ensure that they respond to the needs of children and adolescents in different national contexts in line with international human rights treaties;
- g. Increase efforts to reduce HIV-related stigma and discrimination experienced by people living with and affected by HIV including those from key populations, promote service approaches that are led and monitored by key and other priority populations to increase equitable access to HIV testing and appropriate linkage to integrated and comprehensive HIV and related services, and implement gender responsive, gender sensitive differentiated approaches in HIV service delivery;
- h. Close the HIV testing gap, including by addressing gaps in funding, research and quality data and increasing efforts for the development of new and effective HIV testing tools, as well as promote equitable, timely, and unhindered access to safe, quality, and affordable HIV diagnostic tests;
- i. Promote increased access to affordable, safe, effective and quality diagnostics, reaffirming the World Trade Organization Agreement on Trade-Related Aspects of International Property Rights (TRIPS Agreement) as amended, and also reaffirming the 2001 WTO Doha Declaration on the TRIPS Agreement and Public Health which recognizes that intellectual property rights should be interpreted and implemented in a manner supportive of the right of Member States to protect public health and, in particular, to promote access to essential health tools for all, and notes the need for appropriate incentives in the development of new health products;
- j. Consider increasing domestic resource allocations to HIV testing services, including diagnostic, CD4, and viral load testing, as part of essential health services to be included in the national health benefits packages, and enhance programme design and health system functions, including procurement and supply chain management, for uninterrupted supply of testing commodities as needed to achieve greater efficiency;

**Agenda item 4: Unified Budget, Results and Accountability Framework (UBRAF) 2022–2026**

**Agenda item 4.1: Performance monitoring reporting**

- 6.1 *Takes note*, with appreciation, of the 2022–2023 Performance Monitoring Report, including its scope and depth;
- 6.2 *Encourages* all constituencies to use UNAIDS' annual performance monitoring reports to meet their reporting needs;

**Agenda item 4.2: Financial reporting**

- 6.3 *Accepts* the financial report and audited financial statements for the year ended 31 December 2023;

- 6.4 *Takes note* of the interim financial management update for the 2024–2025 biennium for the period 1 January 2024 to 31 March 2024, including the replenishment of the Building Renovation Fund;
- 6.5 *Encourages* donor governments to release their contributions towards the 2022–2026 Unified Budget, Results and Accountability Framework as soon as possible and to make multi-year contributions;
- 6.6 *Recalling* decision point 7.7 from the 36th meeting of the Programme Coordinating Board in June 2015 that approved a minimum level for the Unified Budget, Results and Accountability Framework net fund balance equivalent to 22% of UNAIDS biennial budget, corresponding to US\$ 70 million for the 2024–2025 revised operating biennial budget of US\$ 320 million;
- 6.7 *Takes note* of the plan to cover the funding gap of US\$ 45–50 million for the 2024–2025 biennium and maintain an annual core budget of US\$ 160 million:
- a. By using the available fund balance, respecting the minimum level of US\$ 70 million;
  - b. By returning to the core fund balance the US\$ 25.1 million set aside for the Staff Benefits Fund in 2012, following decision point 7.4 from the 30th meeting of the Programme Coordinating Board to fully fund the organizational staff-related liabilities from the fund balance;
  - c. Noting that this would leave UNAIDS' accrued ASHI funding at US\$ 129.5 million compared to the 2023 actuarial requirement of US\$ 104.7 million;

#### **Agenda item 5: Update on strategic human resources management issues**

- 7.1 *Takes note* of the update on strategic human resources management issues;

#### **Agenda item 6: Statement by the representative of the UNAIDS Secretariat Staff Association**

- 8.1 *Takes note* of the statement by the representative of the UNAIDS Secretariat Staff Association;

#### **Agenda item 7: Organizational oversight reports and Management response**

- 9.1 *Takes note* of the Internal Auditor's report for the financial year ended 31 December 2023;
- 9.2 *Accepts* the External Auditor's Report for the financial year ended 31 December 2023;
- 9.3 *Takes note* of the report of the Ethics Office;

- 9.4 *Welcomes* the report of the UNAIDS Independent External Oversight Advisory Committee and *looks forward* to the next report in 2025;
- 9.5 *Takes note* of the Management response to the Organizational oversight reports;

**Agenda item 8: Report on the selection process for new members of the UNAIDS Independent External Oversight Advisory Committee**

- 10.1 *Recalling* decision point 11.2 from the 53rd meeting of the Programme Coordinating Board in December 2023 approving the renewal of terms of the UNAIDS Independent External Oversight Advisory Committee membership as submitted by the PCB Bureau;
- 10.2 *Takes note* of the report prepared by the PCB Bureau on the selection process for new members of the UNAIDS Independent External Oversight Advisory Committee;
- 10.3 *Approves* the new membership of the UNAIDS Independent External Oversight Advisory Committee for 2025–2026 as submitted by the PCB Bureau;
- 10.4 *Encourages* the Executive Director, in consultation with the PCB Bureau, to continue efforts to improve the selection process for the membership of the UNAIDS Independent External Oversight Advisory Committee, in line with the Terms of Reference, including by maintaining the use of regular open calls for expressions of interest and considering the lessons learned from previous selection cycles and provide recommendations to the PCB;

**Agenda item 9: 55th meeting of the Programme Coordinating Board**

- 11.1 *Recalling* the intersessional decisions on modalities and procedures of the 2024 PCB meetings;
- 11.2 *Agrees* that the 55th meeting of the Programme Coordinating Board (10–12 December 2024) shall be held in Nairobi, Kenya.

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