

12 December 2024

**55th Meeting of the UNAIDS Programme Coordinating Board
Nairobi, Kenya**

10 – 12 December 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 54th PCB meeting

2. *Adopts* the report of the 54th 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 by the NGO representative

4.1 *Takes note* of the report by the NGO representative;

4.2 *Reaffirms* the essential role of communities in the HIV response, and *requests* Member States, in close collaboration with community-led HIV organizations and other relevant civil society organizations and partners, with the support of the Joint Programme, to fast-track targeted and measurable actions towards the 2025 targets;

4.3 Noting with concern that reaching the goal of ending AIDS as a public health threat by 2030 is negatively impacted by declining HIV funding to community-led HIV responses, restrictions on civic space and regression of gender equality and human rights as recognized by international human rights law, and persistent stigma and discrimination in the HIV response, calls upon Member States and the Joint Programme to:¹

- a. Increase and facilitate sustainable, long-term and core financing mechanisms for community-led organizations engaged in the HIV response, with transparent reporting on this financing;
- b. Facilitate support, including emergency support, for communities facing human rights violations in the context of HIV;
- c. Strengthen collaboration within the Joint Programme and with communities of people living with, affected by and most at risk of HIV to increase support for civic space and human rights, and advance gender equality, noting the importance of the Global Partnership for Action to Eliminate all Forms of HIV-Related Stigma and Discrimination;
- d. Reiterate commitment to prioritizing the meaningful involvement of communities, people living with HIV, affected by, or most at risk of HIV, including key² populations, and adolescent girls and young women in high burden regions, in the development of the Global AIDS Strategy 2026-2031 and the preparations for the 2026 United Nations General Assembly High Level Meeting on HIV and AIDS;
- e. Reaffirm the importance of and accelerate progress towards the achievement of the 30-80-60 targets;

¹ The Russian Federation disassociates itself from decision point 4.3.

² 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.

Agenda item 3: Follow-up to the thematic segment from the 54th PCB meeting

- 5.1 *Takes note* of the background note (UNAIDS/PCB (54)/24.22) and the summary report (UNAIDS/PCB (55)/24.27) of the Programme Coordinating Board thematic segment on “Sustaining the gains of the HIV response to 2030 and beyond”;
- 5.2. Noting the importance of sustainable, resilient, well-resourced, health systems and an equitable, multisectoral approach to reach and sustain the end of AIDS as a public health threat by 2030 and beyond, and also noting the difficult health financing context, including high debt-servicing costs, faced, in particular, by developing countries, *encourages* Member States to:
- a. Advance, in collaboration with communities and partners, as appropriate, the development of country-owned HIV response sustainability roadmaps;
 - b. Advance long-term HIV sustainability planning, especially through the integration of HIV responses into adequately resourced Primary Health Care that includes synergies with sexual and reproductive health and reproductive rights, tuberculosis and other relevant programmes, to meet the needs of all, including key populations;³
 - c. Scale up domestic and international funding for the response, and emphasize that action is needed to ensure political, programmatic and financial accountability and sustainability at all levels, while integrating social contracting models for community-led HIV responses and monitoring;
 - d. Ensure enabling policies and legal environments that support equitable, accessible, affordable and high-quality HIV services that leave no one behind, supported by community leadership and societal enablers to end HIV-related stigma, discrimination, and gender inequalities and health inequities;
 - e. Promote sustainable and equitable access to safe, effective and affordable interventions to prevent, diagnose and treat HIV and its co-infections and comorbidities, including to innovative health technologies, for all people, especially in developing countries, facilitating the advancement of local and regional production of HIV diagnostics and therapeutics;
 - f. *Reaffirms* the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS Agreement) as amended, and also *reaffirms* 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

³ The Islamic Republic of Iran disassociates itself from decision point 5.2, b that may imply 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.

health tools for all, and notes the need for appropriate incentives in the development of new health products;

5.3 *Requests* the Joint Programme to:

- a. Continue to support and facilitate countries' efforts to develop and implement holistic, country-owned long-term HIV response sustainability roadmaps;
- b. Provide a progress update to the Programme Coordinating Board in December 2025 on the HIV response sustainability roadmaps;
- c. Advance timely access to cost-effective, affordable, high-quality, and effective long-acting antiretrovirals worldwide;

Agenda item 4: Findings of the mid-term review of the Global AIDS Strategy 2021–2026

- 6.1 *Takes note* of the report on the findings of the mid-term review of the Global AIDS Strategy 2021–2026 (UNAIDS/PCB (55)/24.28);
- 6.2 On the basis of the findings of the mid-term review of the Global AIDS Strategy 2021-2026, the 2030 target-setting process, and the ongoing review of the Joint Programme operating model, and acknowledging the need for coherence and transparency between these parallel processes, *requests* the Executive Director to:
 - a. Present the annotated outline of the Global AIDS Strategy 2026-2031, to be developed through an inclusive and transparent multistakeholder consultative process, for consideration by the Programme Coordinating Board at the 56th PCB meeting in June 2025;
 - b. Present the one-year transitional UBRAF Workplan and Budget for 2026, within the framework of the current UBRAF at the 56th PCB meeting;
 - c. Recalling decision 7.5 of the 50th PCB meeting, establish a working group for the development of the next UBRAF to be operational by September 2025;
- 6.3 Recalling decision 6.5 of the 53rd PCB meeting, *looks forward* to the report of the Executive Director and the Committee of Cosponsoring Organizations at the 56th PCB meeting on the recommendations from the review of the Joint Programme operating model supported by the High-Level Panel on a resilient and fit-for-purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response.

Agenda item 5: Update on HIV in prisons and other closed settings

- 7.1 *Takes note* of the report on HIV in prisons and other closed settings;
- 7.2 *Notes with concern* the lack of progress on HIV prevention, treatment and care and the remaining challenges related to HIV-related stigma and discrimination for people in prisons and other closed settings;

- 7.3 Recalling the decisions from the 49th PCB meeting in 2021, *urges* Member States to renew their commitments to fast-track the implementation of priority actions on HIV in prisons and other closed settings, where applicable, in order to meet the 2025 targets;
- 7.4 *Further calls on* Member States, with the support of the Joint Programme and civil society organizations engaged and working in the context of HIV and/or prisons and other closed settings to:
- a. Collect disaggregated data on epidemiological trends on HIV and related service provision and, as appropriate, report progress through the Global AIDS Monitoring system;
 - b. Further improve collaboration between prison and public health departments, community-led services and other relevant stakeholders to strengthen comprehensive and integrated HIV, tuberculosis, sexually transmitted infection and viral hepatitis prevention, including the use of pre-exposure prophylaxis, diagnostic and treatment services, and ensure protection of human rights and comprehensive care for people in prison;
 - c. Create a social, legal and policy framework that contributes to improving prison conditions, including through reducing overcrowding, to reduce HIV transmission and improve HIV and related health outcomes;
 - d. Increase efforts to eliminate stigma, discrimination, all forms of violence and other human rights violations experienced by key populations and people living with HIV, while expanding care for survivors of violence and promoting equitable access to HIV prevention, testing, treatment and other health care services in prison settings;
 - e. Adequately prioritize the allocation of resources for comprehensive HIV prevention, testing, treatment and care in prisons and other closed settings as part of national Sustainability Roadmaps;
- 7.5 *Requests* the Joint Programme to:
- a. Scale up technical support to Member States by building capacity, developing standardized data collection tools, where appropriate, in collaboration with national statistical agencies, and establishing monitoring frameworks to ensure the routine collection of disaggregated data in prisons. Promote collaboration between prison health services and national HIV programmes to assess progress towards the 2025 targets and address data gaps for consistent, data-driven interventions;
 - b. Provide technical support to Member States for improving the availability and quality of comprehensive, evidence-informed and gender-responsive interventions addressing HIV prevention, treatment and care in prisons;
 - c. Report to the Programme Coordinating Board, if appropriate, through the annual UBRAF performance reporting, on progress related to HIV among people in prisons and other closed settings;

Agenda item 6: Evaluation report and management response

- 8.1 *Recalls* decision 7.5 of the 53rd session of the Programme Coordinating Board approving the UNAIDS 2024–2025 Evaluation Plan, as well as decision point 7.10 of

the 53rd session of the Programme Coordinating Board requesting the next annual report to be presented to the Programme Coordinating Board in 2024;

- 8.2 *Welcomes* continued progress in the implementation of the 2024–2025 Evaluation Plan (UNAIDS/PCB (53)/23.30) and the role of the Evaluation Office in generating evidence of the UNAIDS Joint Programme’s contributions to results;
- 8.3 *Takes note* of the summary of the main findings of the evaluations conducted in 2024;
- 8.4 *Takes note* of the management response to the 2024 annual report on evaluation (UNAIDS/PCB (55)/24.31);
- 8.5 Recalling decision 7.7 of the 53rd PCB meeting, *appoints* the candidate nominated by the PCB NGO delegation and *agrees* to the full composition of the Expert Advisory Committee proposed by the PCB Bureau for 2025 as mentioned in Annex 1 of the annual report on evaluation (UNAIDS/PCB (55)24.30);
- 8.6 *Takes note*, with appreciation, in accordance with provision 73 of the evaluation policy, that the UN Evaluation Group peer review will be undertaken in 2025;
- 8.7 *Looks forward* to the annual report on evaluation to be presented to the Programme Coordinating Board in 2025;

Agenda item 7: Next PCB meetings

- 9.1 *Agrees* that the themes for the 56th and 57th PCB thematic segments will be:
 - a. *Beyond 2025: Countering health inequities through sustaining the HIV response, human rights and harm reduction for people who use drugs* (June 2025);⁴
 - b. *Beyond 2025: Long acting antiretrovirals: potential to close HIV prevention and treatment gaps* (December 2025);
- 9.2 *Requests* the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 58th and 59th PCB meetings;
- 9.3 *Approves* the dates and venue of the 60th and 61st PCB meetings in 2027 as follows:
 - a. *60th PCB meeting: 29 June–1 July 2027, Geneva, Switzerland;*
 - b. *61st PCB meeting: 14–16 December 2027, Geneva, Switzerland;*

Agenda item 8: Election of Officers

⁴ The Russian Federation disassociates itself from decision point 9.1a.

10. *Elects* Brazil as the Chair, the Netherlands as the Vice-Chair and Kenya as the Rapporteur for the period 1 January to 31 December 2025 and *approves* the composition of the PCB NGO Delegation.⁵

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⁵ The Russian Federation disassociates itself from this decision point with regards to the approval of the composition of the NGO delegation.