

REPORT OF THE 45TH MEETING 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 45th Programme Coordinating Board meeting.

Cost implications for decisions: *none*

1. OPENING

1.1 Opening of the meeting and adoption of the agenda

1. The UNAIDS Programme Coordinating Board (the Board or PCB) convened for its 45th meeting on 10 December 2019 at the World Health Organization (WHO) headquarters in Geneva.
2. The PCB Chair welcomed participants. A moment of silence was observed in memory of all people who had died of AIDS.
3. The Chair thanked Gunilla Carlsson, Deputy Executive Director, for her service as acting Executive Director, and welcomed the new Executive Director, Winnie Byanyima.
4. The Board adopted the draft annotated agenda.

1.2 Consideration of the report of the 44th PCB meeting

5. The Board adopted the report of the 44th meeting of the Board.

1.3 Report of the Executive Director

6. Winnie Byanyima, Executive Director of UNAIDS, presented her first report to the PCB.
7. She thanked people living with HIV for their leadership in the struggle for health and social justice. She also noted that UNAIDS was unique in the UN system for explicitly including communities and civil society.
8. Enormous progress had been made, she told the meeting. For example, AIDS-related deaths had fallen dramatically, with more than double the number of people on treatment in 2019 than in 2012. However, the world was not yet on-track to meeting the 2020 targets.
9. In 2018, 770 000 people died of an AIDS-related illness. Treatment was not reaching the people who needed it the most, Ms Byanyima said. She urged countries to address this inequality.
10. HIV prevention was also off-track, she told the meeting. There had been impressive reductions in new HIV infections in some countries, but infections were increasing in others. Only 12 countries and territories had achieved elimination of vertical transmission of HIV. Each week, 6000 adolescent and young women acquired HIV, which was an outrage.
11. In many regions, a disproportionate number of new HIV infections were among key populations, she continued. This stemmed from violation of rights and it pointed to serious gaps in the HIV response, gaps which reflected a collective failure to put equality at the centre of the response. Too many countries continued to criminalize people living with HIV and key populations, even though those approaches had been proven to be counterproductive.

12. UNAIDS was a powerful example of solidarity and multilateralism at work, Ms Byanyima said, and 2020 was an opportunity to make the Joint Programme work even better. UNAIDS planned to step up its work in 4 areas:
 - transform the internal culture of the Secretariat;
 - develop the next UNAIDS strategy;
 - increase and maximize the use of resources; and
 - push forward programmatic priorities for action.
13. After commending the work of UNAIDS staff, Ms Byanyima announced that Ms Carlsson would be leaving UNAIDS at the end of her contract in early 2020. She thanked Ms Carlsson for her services to UNAIDS and wished her success in her future endeavours.
14. She assured the PCB that the Management Action Plan provided a foundation for transformative change to restore trust among staff and partners and to ensure that UNAIDS never tolerates abuse of power. The Secretariat would use a feminist approach to challenge power imbalances in the workplace and in its operations, she added. An immediate priority would be to bring closure to outstanding investigations. She reminded, though, that some challenges required UN system-wide changes.
15. After noting that 9.4 million people were still waiting for HIV treatment and that there were 1.7 million new HIV infections annually, Ms Byanyima said that the next phase of the HIV response would be even more challenging. AIDS was sliding off the development agenda in some places, and there was "push-back" against sexual and reproductive health and rights and against the rights of lesbian, gay, bisexual, transgender and intersex (LGBTI) people. Civil space was shrinking in many countries.
16. The next UNAIDS strategy would provide a bridge to get from 2020 to 2025, and towards SDG 3 by 2030, she said. UNAIDS was leading a target-setting process for 2025 and planned to integrate those targets in the new strategy. The structure of UNAIDS would then have to be realigned to ensure that the right staff were in the right places for maximum effectiveness.
17. Turning to the issue of resources, Ms Byanyima said that the Global Fund to fight AIDS, Malaria and Tuberculosis; UNAIDS and the United States President's Emergency Plan for AIDS Relief (PEPFAR) needed each other to deliver results. She reminded the PCB of the of the significant underfunding of the Unified Budget, Results and Accountability Framework (UBRAF) since 2015. A 30% gap in core resources made it difficult for UNAIDS to deliver the required support to national AIDS programmes, ensure successful development and implementation of Global Fund grants and provide country support for programmes such as PEPFAR.
18. The Joint Programme remained heavily reliant on a small number of donors, whom she thanked for their support. She emphasized the need to diversify funding sources and for UNAIDS to stay within its financial envelope.
19. Ms Byanyima reflected that UNAIDS's structure and focus must reflect the changing epidemic. Work had to be stepped up in four key areas:
 - (i) Urgent progress was needed on women, girls and gender equality, including acting on violence against women and girls, guaranteeing their access to basic

services (including schooling) and ensuring that all schools provide comprehensive sexuality education. Sexual and reproductive health rights and HIV services had to be integrated. UNAIDS would intensify its work with Cosponsors to address these issues.

(ii) Laws must protect everyone's rights, including key populations, and treat them as equal citizens. More had to be invested in human rights and population organizations, and in using rights-based approaches to deliver services. Those services had to be fully integrated, as well, she said.

(iii) The HIV response has been at the forefront of innovation but it was important to ensure that everyone benefited from innovations. For example, pre-exposure prophylaxis was working for far too few people at the moment. UNAIDS had a major role to help countries leverage the power of science to save lives. There would be particular focus on speeding up the distribution of innovations, on getting packages of integrated HIV services to all clinics in high-burden settings, on making prevention and treatment simpler and more accessible.

(iv) Financing was the fourth priority. Ms Byanyima welcomed the successful Global Fund replenishment, which saw 23 implementing partners contribute to the Fund, many for the first time. She called for greater effectiveness in making the case for funding and in maximizing the use of funding. PEPFAR's continued support remained critical for the HIV response and for UNAIDS.

20. She noted that African countries are facing major financial crises, many of them related to debt, tax avoidance and difficulties mobilizing revenue. This limited their potential to invest in health. She called on donors and other partners to remain committed to the principle of shared responsibility. UNAIDS would strengthen its capacity to assist countries on these fronts.
21. In conclusion, Ms Byanyima outlined some of emerging priorities for 2020. She intended to create an advisory group (with three co-chairs, whom she named). The group would help ensure that the strategy development process was evidence-based, consultative and involved all affected. It would assist in ensuring that UNAIDS has the biggest possible impact at country level.
22. The Chair thanked the Executive Director for her report and invited comments from the floor.
23. PCB members congratulated the Executive Director on her appointment, thanked her for the report, and welcomed the clear articulation of priorities and the people-centred approach in her report. Cosponsors said they had discussed the UNAIDS mission with Ms Byanyima and were more committed than ever to the Joint Programme.
24. Speakers supported the expressed commitment to strengthen transparency and accountability, and to bring about the necessary internal reforms. They welcomed the Executive Director's recognition that UNAIDS staff were at the centre of the Joint Programme's work. Staff should be able to work in a safe and healthy environment, they insisted, and urged UNAIDS to undertake the necessary reforms to ensure zero tolerance for harassment and abuse of power.
25. Members thanked UNAIDS staff for their professionalism and commitment, and

thanked Ms Carlsson for her hard work to bring about positive changes in the Joint Programme.

26. Several speakers welcomed Ms Byanyima's feminist approach and her commitment to work towards ending inequalities and stigma. The new strategy was an opportunity to address the structural factors that generate inequalities and fuel discrimination, and which require a rights-based approach. Strong support was expressed for rights-based approaches, for strengthening gender equality (in particular prioritizing the rights of women and girls, including in Africa) and for a stronger focus on key populations.
27. Other speakers noted that the world was off-track for meeting the 2020 targets and called for recognition of that fact. HIV trends among key populations and women and girls in Africa were especially troubling. The root causes of the epidemic, including various forms of discrimination and inequality, had to be addressed.
28. There was emphasis on the need to accelerate progress and focus on meeting the needs of the most vulnerable. Several speakers expressed concern about attacks on people's rights, including in some countries that have been champions in the HIV response. Public policies must protect the human rights of all people, the meeting was told. Speakers said they expected UNAIDS to continue encouraging countries to promote universality and the life-cycle approach, and enhance their focus on prevention.
29. Members said they looked forward to working with UNAIDS to develop its next strategy, which had to be visionary, ambitious and evidence-based. Some speakers noted that it was important to understand why some countries had been successful and others less so in implementing the current UNAIDS strategy. That knowledge was important for developing a new strategy. They emphasized the need for consultations with all stakeholders. Further details regarding the process for developing the strategy were requested.
30. Speakers expressed their support for UNAIDS and underscored its leading role in the global HIV response. They also reiterated their support for multilateralism and for the UNAIDS model, which remained an example for the UN system.
31. Success would depend on obtaining and efficiently using resources, innovating and coordinating effectively around key issues, speakers said. They requested more information on how UNAIDS intended to engage new donors and on further developing its partnership with the Global Fund. Poland announced that it was doubling its financial contribution to UNAIDS.
32. Some Member States reported on progress made in their national or regional responses, and on factors that inhibited or weakened their responses.
33. Ms Byanyima thanked the speakers for their support and remarks, and said she felt energized by the progress many countries had reported.
34. The next UNAIDS strategy, she said, had to build on existing commitments and had to be informed by lessons from the current strategy. "Reinventing the wheel" was not the aim, she said. The current strategy was working for many countries, though not for all.
35. The timeline and process for developing the strategy were still being

considered, she told the meeting. A multistakeholder consultation would be held with PCB members in the first part of 2020 and the PCB would receive an update at June 2020 meeting.

36. Consultations regarding the process would occur in the first quarter of 2020, which would lead to options and timelines being proposed at the June 2020 PCB meeting. At that point, new data would facilitate an updated understanding of the status of the HIV response, which would enable the Board to advise UNAIDS on taking the next strategy forward.
37. UNAIDS was an indispensable partner for the Global Fund and PEPFAR, enabling them to have maximum impact, Ms Byanyima said. That support could be strengthened further with improved data for designing effective responses, and by using UNAIDS's in-country presence to support governments to fully own their HIV responses, reach long-term self-financing of those responses, and become more efficient.
38. Every dollar must be stretched as far as possible, she said, reminding the meeting of estimates that up to 30% of national health expenditures in some countries was being used inefficiently. She also encouraged the Global Fund to allocate more resources to communities and community-led responses.
39. In answer to questions about Latin America, she noted some progress made in the region but added that the use of pre-exposure prophylaxis could be accelerated. In the Caribbean, punitive laws against homosexuality were an important barrier. UNAIDS was willing to work with countries to help remove such barriers.

1.4. Report by the NGO representatives

40. Jules Kim, CEO, Scarlet Alliance, Australian Sex Workers Association, and NGO Delegate for Asia and the Pacific presented a summary of the report by the NGO representatives, titled "If It Is To Be Truly Universal: Why Universal Health Coverage Will Not Succeed Without People Living With HIV And Other Key Populations, Women, and Young People".
41. Ms Kim told the PCB that implementation of commitments and strategies on universal health coverage was key. The principle to "leave no one behind" was generally accepted, but translating it into practice was a challenge. The NGO report drew on evidence from around the world to show how universal health coverage (UHC) could be effectively and equitably achieved—if it included communities and people from key populations, women and young people.
42. A first step was to identify and reach people and communities who are most marginalized and vulnerable. Existing organizations and networks have accumulated decades of experience and knowledge and they have strong reputations and trust among people living with HIV and key populations, she said.
43. The report examined how social determinants of health could be addressed as part of UHC. These were not "optional extras" but core elements of UHC, that are essential to a human beings' health and wellbeing, Ms Kim emphasized. Her own experiences had taught her that groups could not access services when they were discriminated against, judged or fearful of arrest. Yet those

same people could bring rich experience, knowledge and passion to programmes. There was an obvious need for person-centred, integrated and community-led responses, she told the meeting.

44. One-size fits all approaches do not work, Ms Kim said. Interventions had to be user-friendly and culturally competent. Cost was an unavoidable topic of discussion, she added, but it was often forgotten that affected communities are well-placed to support the development of cost-effective models.
45. She then highlighted six major contributions that key populations, people living with HIV, women and young people could add to the HIV response:
 - identifying and reaching people who are most marginalized or in conditions of vulnerability;
 - addressing the social and economic determinants of health;
 - providing person-centred, integrated, and community-led services;
 - developing cost-effective and sustainable models;
 - securing affordable and accessible medicines; and
 - ensuring multisectoral governance and accountability.
46. UHC that works for everyone would also help achieve the HIV targets, but it had to be universal, Ms Kim reminded the meeting. Action on the social and structural drivers of the epidemic was important, in order to both further address HIV and to reach the world's broader global health goals. The report called on the UNAIDS Joint Programme to continue supporting Member States in creating an enabling environment for people living with HIV and other key populations, women and young people by addressing and overcoming relevant economic, social, structural and regulatory barriers- including stigma, discrimination and criminalization- that prevent their access to comprehensive HIV services and health-related programmes. Action was required to ensure the continued provision of all elements of comprehensive HIV programming under Universal Health Coverage.
47. The NGO report called on the Joint Programme to ensure the development of approaches to monitor and report on the engagement of organizations of and for people living with HIV and other key populations, women and young people in the strategies and frameworks for Universal Health Coverage. The report also called on PCB members to take new steps, to boost support to countries so they could pursue truly comprehensive HIV strategies and programmes and ensure that no one is left behind.
48. The Chair thanked the NGO delegation for the report and opened the floor for discussion.
49. Speakers thanked the NGO delegation for the report and for reminding the meeting of the crucial contributions of community and key population-led organizations and networks, especially in taking the HIV response beyond the biomedical paradigm. They reaffirmed their commitment to UHC.
50. The HIV response had to overcome the remaining social and structural determinants and barriers, including gender and other inequalities, harmful gender norms, stigma and discrimination, and criminalization, several speakers insisted.

51. Efforts to reach the 90-90-90 targets should not obscure the importance of the 10-10-10; those being left behind had to be made priorities, and stronger NGO involvement was essential.
52. Speakers asked UNAIDS to support Member States to create enabling environments for key populations. They called on members to embrace a comprehensive approach that includes equitable access to treatment and other services, and support for sexual and reproductive health and rights.
53. The meeting was reminded that the basic purpose of UHC was to ensure that everyone benefits from health-care services. UHC could only be achieved with the active participation of key populations and adolescent girls and young women, speakers emphasized. Speakers agreed that, despite the progress made, much more had to be done to achieve the inclusion of civil society and community stakeholders in UHC.
54. Some speakers expressed reservations about the manner in which sexual and reproductive health and rights was referred to in the report.
55. Some members updated the meeting on their efforts to realize UHC.
56. NGO speakers shared their experiences of trying to provide essential HIV and other health services to key populations in the context of harassment, punitive laws and insufficient funding.

AGENDA ITEM 2: LEADERSHIP IN THE AIDS RESPONSE [POSTPONED]

AGENDA ITEM 3: ANNUAL PROGRESS REPORT ON HIV PREVENTION 2020

57. Natalia Kanem, Executive Director of the UN Population Fund (UNFPA), presented the annual progress report on HIV prevention.
58. After reminding the meeting of the SDG commitment to end the AIDS epidemic, she presented an overview of the status of HIV prevention progress, highlighting the considerable variation within and between regions.
59. The annual number of new HIV infections had declined by 13% in 2010–2018, against a 75% target by 2020. This reflected slow progress, she said. The steepest declines were in eastern and southern Africa, where there had been a 25% decline in new infections among adolescent girls and young women (15–24 years) during that period. Overall, though, the world was off-track to meet the target of fewer than 500 000 new HIV infections by 2020.
60. The importance of HIV prevention for key populations was highlighted. More than half (54%) of new HIV infections globally were among members of key populations and their sexual partners, Ms Kanem told the PCB.
61. Cosponsors were working to address the needs of adolescent girls and young women, Ms Kanem said. Examples include the TOGETHER programmes and various community-based sexuality education programmes. She briefed the meeting on the High-Level Meeting of the Prevention Coalition at the ICPD+25 summit in Nairobi, held in November 2019.

62. The High-Level Meeting had been preceded by national consultations and included presentations from countries of good practices in the use of data to improve prevention programmes.
63. Ms Kanem said a set of commitments had been agreed to at the meeting, including: reflecting priority prevention actions in upcoming National Strategic Plans and ensuring funding for them; scaling-up prevention for adolescent girls, young women and key populations; expanding access to PrEP; and ensuring the engagement of civil society organizations and communities in designing, implementing and monitoring prevention programmes.
64. She provided examples of country-level commitments on key populations made at the High-Level Meeting (including from Brazil, Ghana, Namibia and Pakistan). Governments also proposed to include more young people in their prevention planning. UNFPA had decided to create a new high-level commission to drive that agenda. A monitoring mechanism would be recommended. She reiterated the importance of sexual and reproductive health and rights, which should be available as part of UHC.
65. The commitments made at the Coalition High-Level Meeting were promising, she said, and would hopefully include community-led interventions. She reminded the meeting that the 10-point Action Plan of the Coalition remained relevant and that proven approaches existed for those actions.
66. Shannon Hader, Deputy Executive Director at UNAIDS, presented highlights from the annual report on HIV prevention.
67. Countries had transformed the ways in which they frame, measure and organize their national prevention responses, she told the PCB. Since the 2017 baseline, there had been some progress against targets for each of the five pillars (HIV prevention for adolescent girls and young women, key populations, condoms, voluntary medical male circumcision, and PrEP).
68. She highlighted that legal and policy barriers could be very difficult to overcome, but said there were several recent examples of success in creating supportive and protective legal environments (including in Argentina, Brazil, Chile, Colombia, Eswatini, Mexico and Pakistan).
69. Ms Hader presented specific examples to illustrate progress for each of those pillars. In Lesotho, for example, each of the 10 districts with very high HIV incidence among adolescent girls and young women had programmes providing comprehensive packages of services for those girls and women-- and the effects were becoming evident. She noted that recent reductions in new infections were larger among young people than among adults.
70. Generally, key populations were not getting the services they needed, Ms Hader told the PCB. Yet it was clear that when services were scaled up (for example, for sex workers in Zimbabwe), condom use increased, treatment access and outcomes improved and access to PrEP expanded.
71. Condom use varied widely between and within countries, the meeting was told. Successful programmes went beyond procurement and benefited from strong government leadership, investment in demand creation, and used data analytics to guide distribution.

72. Voluntary medical male circumcision was showing strong progress after a drop-off in 2015–2016 in the annual number of circumcisions in the 15 priority countries. About 4 million voluntary male circumcisions were performed in 2018 (with Zambia achieving its national target).
73. An increasing number of countries were adopting PrEP guidelines and making it available. Ms Hader said. However, actual access remained limited. In the 28 Global Coalition countries, only 87 000 people received PrEP in 2018 (compared with the estimated 1.2 million new infections that occurred in those countries). Among the Coalition countries, PrEP coverage was highest in Kenya, Lesotho and Namibia.
74. Investments in HIV prevention still fell short, she said, with international development assistance for HIV prevention having decreased by 44% between 2012 and 2017. The successful Global Fund replenishment was a major opportunity to address those investment gaps, though domestic financing also had to increase, she suggested.
75. Efficient and effective use of the money was crucial, as well. UNAIDS would work closely with partners to improve understandings of the actual use and outcomes of prevention financing. It was important to reinforce the need for multisectoral investments (since the HIV response never had been a narrow health response).
76. Ms Hader ended her presentation by outlining key areas of UN support to tackle the prevention barriers, particularly around leadership, policies, scaled-up implementation and financing gaps.
77. Members expressed their thanks for the comprehensive presentations.
78. Members congratulated UNAIDS on its contributions to the progress made in the past decade, which had led to a decrease in new HIV infections. Several speakers described steps their countries had taken recently to invigorate prevention responses, including wider availability of PrEP in public health systems (e.g. Brazil).
79. Some members remarked that more funding was going towards voluntary medical male circumcision than for prevention for girls and young women, and that condom programmes were focused largely on male condoms, and much less on female condoms. HIV prevention was focused largely on men, they said.
80. Prevention should remain at the heart of the HIV response, speakers said. The prevention report underscored the need for a clear understanding of specific regional and local conditions.
81. Noting that about one third of countries were likely to achieve their 2020 prevention targets, speakers said it was important to understand what they were doing right. Similarly, one third of countries were experiencing rising numbers new infections, making it important to understand those experiences, as well. However, it was not clear whether the country scorecards spoke to those kinds of questions.
82. Members noted that the prevention targets were not being reached overall and that progress was slow or absent in some regions. The uneven progress

reflected ongoing stigma and discrimination, punitive legal and policy environments, harmful gender norms, gender inequalities and gender-based violence. They stressed that much greater efforts were needed to prevent new infections among key populations and for adolescent girls and young women.

83. Countries had to do better at addressing the underlying legal, social and political barriers to behavioural change, speakers said. Concerns were also raised about shrinking civic space.
84. There was a need to differentiate prevention strategies to reflect the various key populations (including indigenous peoples) and take account of cultural and structural barriers. The knowledge and involvement of communities are essential for success.
85. Several speakers said communities were still not being involved sufficiently in prevention responses and that funding for community-led programmes was inadequate. In some countries, funding for prevention had decreased, they said.
86. Speakers thanked the NGO representatives for their frank appraisals of the state of the prevention response, particularly the ongoing neglect of key populations in many national programmes. They stressed the importance of communities and insisted on the need for greater support for community-led activities and initiatives, and for the removal of obstructive laws.
87. To be successful, prevention programmes have to tackle many factors (e.g. socioeconomic status, education, discrimination and stigma), which requires a multisectoral approach.
88. Preventing new HIV infections went hand in hand with ensuring sexual and reproductive health and rights were upheld, speakers said. Integrated approaches to prevention—including sexual and reproductive health rights, family planning services and comprehensive sexuality education—were needed, along with steps to ensure greater access to PrEP.
89. The meeting was reminded that a similar discussion had occurred three years earlier at the PCB; although there had been progress, it was not yet decisive enough. Important commodities such as condoms remained inaccessible to many people in many countries, as did harm reduction services, speakers said. Adolescents and young people must have the information and services they need to stay healthy. That includes being able to stay in school, access counselling and sexual education and access needed services outside the health-care system.
90. There were suggestions that programme management could be made more efficient and systems could be made more cost-effective, e.g. by integrating HIV with other health and development services. The political momentum associated with UHC was an opportunity to promote closer coordination across sectors.
91. The Global Fund's successful replenishment was seen as an opportunity to increase funding for prevention. Speakers also felt the Global Fund had an important role advocating for stronger political support to remove barriers that block quicker progress around HIV prevention.

92. Additional funding for prevention was important but not the sole solution: strong leadership and political commitment was essential.
93. In response, Ms Kanem thanked the speakers for their remarks. She agreed on the need for greater effectiveness and efficiency, on the importance of multisectoral interventions, and on the need to analyse, country-by-country, whether investments matched the needs. Complacency was a risk, she added. It was important to convey, in "human" terms, the benefits of HIV prevention with respect to wellbeing, dignity and happiness. She issued a plea for strong, continued investment in prevention.
94. Ms Hader thanked the speakers and said that the sense of urgency should drive the prevention response. There was an opportunity to recalibrate the costs of inaction and the benefits of success. We should be thinking, she said, in terms of millions of lives saved and transformed in addition to incrementally working towards 2030 targets. Rather than focus on the expense of investing in educating adolescent girls and young women or in poverty reduction, the focus should be on the cost of not doing so.
95. Key population epidemics were important in every region of the world and much more had to be done, she said. Although incomplete or imperfect data were posing barriers in some respects, data issues should not excuse inaction. Criminalization was a major barrier, she told the PCB. Service platforms that address all key populations had to be considered. The scale of service provisions was also very important.
96. Noting the remarks that focused on youth, Ms Hader said young people had to be respected and incorporated into the design, delivery and monitoring of services and interventions.
97. The Joint Programme was deeply concerned about the rises in HIV infection rates in several countries, she said. It counted on the political will and financial investments of PCB members to take the HIV prevention response forward.

AGENDA ITEM 4: PROGRESS REPORT ON THE BARRIERS TO EFFECTIVE FUNDING OF COMMUNITY-LED RESPONSES BY INTERNATIONAL AND PRIVATE FUNDERS AS WELL AS BETTER UNDERSTANDING OF CHALLENGES FACED BY NATIONAL GOVERNMENTS IN ALLOCATING FUNDING TO COMMUNITIES' RESPONSES

98. Laurel Sprague, senior advisor, UNAIDS, presented this progress report. She began by sharing her personal experiences with HIV and the major roles that community-led organizations played in her survival and that of her son.
99. She reminded the meeting that community-led responses differ between places and across time and described the wide range of functions and activities they perform. Their formal status also varies, with some informally constituted and not officially registered.
100. The 2016 Political Declaration on Ending AIDS included a commitment that 30% of the HIV response should be community-led by 2020, she said. That commitment also recognized that the HIV response had to go beyond a strictly biomedical response and had to be human rights-based. The Political Declaration also called for ensuring that at least 6% of all global AIDS

resources be allocated to social enablers (e.g. advocacy, community and political mobilization, community monitoring, human rights programmes etc.).

101. Ms Sprague told the PCB that, when UNAIDS in 2019 examined the data on community-led responses, it found a lack of shared definitions which made it difficult to monitor performances and achievements.
102. She then briefly described the various monitoring processes UNAIDS was managing or assisting. For example, monitoring of national and global progress in the HIV response occurs mainly via Global AIDS Monitoring (GAM) and the National AIDS Spending Assessments. The indicators are grounded in the existing evidence base and expert knowledge. A UNAIDS Monitoring Technical Advisory Group provides guidance on the GAM framework and reviews the indicators ahead of each annual round.
103. Ms Sprague outlined the current status for developing indicators on community-led responses. The development of definitions began in June 2019, when candidate definitions were proposed at expert and multistakeholder consultations to guide the development of indicators. The initial indicators were reviewed by UNAIDS Monitoring Technical Advisory Group as part of the annual GAM review process.
104. A new disaggregation was integrated into the guidelines for 2020 GAM reporting for field testing in 2020. As a next step and as requested by the PCB at an earlier meeting, UNAIDS will also convene a multistakeholder task team to review the performance and recommend best practices.”
105. In discussion from the floor, speakers lauded the important contributions made by communities. They called on members to support and scale-up the involvement of communities in the design, implementation and monitoring of programmes.
106. Speakers agreed on the need to have standardized definitions and tools for monitoring community-led activities and supported a technical process that reflects the needs of populations and facilitates collecting more comprehensive information. There was continued support for the establishment of a multistakeholder task team to ensure PCB and Member State engagement.
107. Cosponsors expressed interest in becoming more systematically involved in the process and offered to support the Secretariat in convening future consultations, including those related to women-led responses.
108. Some speakers expressed concern about certain aspects of the definitions (e.g. the definition of community-led organizations) which had been developed and which, they suggested, diverted from decisions reached at the 43rd PCB meeting. There were particular concerns about ensuring that the phrasing does not potentially conflict with existing national laws and guidelines.
109. Speakers agreed that community-led organizations are often most successful at reaching marginalized populations and communities. The 2016 Political Declaration recognized that reality by calling for expanded community-led service delivery, as did the 2018 PCB decision calling for the development of a standardized definition and for recommendations of good practices.
110. Members said they were committed to support community-led responses and

strengthen their synergies with health systems. The importance of faith-based community organizations and programmes was highlighted.

111. Members said the power of community-led responses was one of the major lessons learnt in the HIV response and noted that the Global Fund also included communities in their governing structures.
112. Shrinking fiscal space was a major concern. While it was vital to channel funding to community-led organizations through entities such as the Global Fund, it was also important for donor countries to provide funding directly to those organizations. Some speakers sketched the financing and other mechanisms they were using to support community-led responses, and shared examples of success.
113. The development of the proposed indicators hopefully would help increase funding to community-led responses, speakers suggested. They asked UNAIDS to continue monitoring the shrinking financial space for community-led populations.
114. They also noted the other obstacles (including criminalization) which prevent key populations from managing community organizations. They criticized the criminalization of same-sex relations and other key populations, which blocks access to health-care information and services. They also expressed concern about a "pushback" in some countries around sexual and reproductive health and rights.
115. In response, Ms Sprague noted the constructive remarks and the commitments expressed. She reassured the meeting that the process followed in the previous year had included consultations with national HIV programmes, UN agencies, academia and other civil society organizations as required in the decision point. She further explained that it will be important to include the full range of community-led organizations when measuring national progress toward the Political Declaration commitments. Otherwise, Member States will appear, wrongly, to fall short compared to their actual status. This means that there should be recognition of the different types of legal status held by these organizations from formally registered service providers to informally organized volunteer groups, such as many faith-based groups.
116. Ms Sprague told the meeting that the monitoring and technical advisory group would continue working on the indicators. Noting the interest expressed in supporting the process, she said a task team was being convened to bring additional inputs and ideas into a collaborative and representative space.

AGENDA ITEM 5: FOLLOW-UP TO THE THEMATIC SEGMENT OF THE 44th MEETING, DELIVERING SDG 3

117. Tim Martineau, Director of Fast-Track Implementation at UNAIDS, began by noting the strong coherence between this segment and the NGO report presented on the previous day. He praised the PCB working group's efforts in preparing the thematic segment agenda and report.
118. The aim of the thematic segment, he said, was to provide a clear picture of what UHC entails and to gain clarity about the next steps. The background note

and conference room paper had included many examples of how the HIV response was being integrated into health systems.

119. The current report was aligned with the structure of the thematic segment, Mr Martineau explained. He recalled some of the issues highlighted by speakers, including the importance of multisectoral coordination and of focusing on people rather than strictly on systems. The principle "nothing about us, without us" had been emphasized, he reminded the PCB.
120. Key messages that had emerged during the presentations and discussions included the need to put people at the centre of UHC; the fact that UHC was an approach, not an outcome; and that UHC entailed a comprehensive problem-solving approach.
121. There had been clear agreement that all countries can pursue UHC and that HIV had to be included in those processes. Speakers had emphasized that UHC required the removal of legal barriers and ensuring that health-relevant services are people-centred, rights-based and gender-sensitive, and that they promote inclusive health governance. Human rights had to guide UHC.
122. Some presentations had highlighted one-stop-shop models to provide integrated sets of services, while others had emphasized that governments had to address the needs for adolescent girls and young women and avoid overburdening health-care systems.
123. Speakers had also discussed the difficulties experienced in expanding programmes and had emphasized the need for quality care and for eliminating stigma and discrimination in health-care services. Multistakeholder engagement and community-led and human rights-based approaches were highlighted as priorities.
124. The second panel of the segment had discussed the need for training, stigma-free health services and improved access points for key populations, along with the Greater Involvement of People Living with HIV principle. The meeting had heard examples (from Brazil) of how the dynamic involvement of a social movement could boost a health system.
125. Also discussed were the financing and integration challenges and opportunities presented by UHC (including the need to invest in HIV as part of overall health financing), country examples of reducing stigma and discrimination in health-care settings, and the need to eliminate out-of-pocket payments and remove obstructive age-of-consent and harmful criminalizing laws. Facilities for general health services could be used to provide HIV services with engagement of key populations in service provision. Speakers had also stressed that UHC required an activist movement and clarity about the purpose and benefits of integration, along with the removal of legal barriers.
126. In discussion, members welcomed the report and reiterated their support for the principle of UHC. The HIV response held important lessons for UHC, speakers said, including the benefits of engaging civil society and communities.
127. They called on Member States to invest in HIV prevention and treatment as a contribution to UHC and to integrate HIV with other health services and health system improvements.

128. The meeting was reminded that a UN General Assembly political declaration on UHC had been adopted since the previous PCB meeting. There was recognition that governments had to prioritize health in their national budgets and focus on primary health services, and that international assistance should be available to support those efforts. Civil society had to participate in UHC and be able to hold governments to account. They endorsed a request to the Joint Programme to monitor who was being left behind and why this was happening.
129. Speakers recognized UNAIDS' role in providing advice and support for integration of HIV interventions with other health services, and agreed on the need to also address noncommunicable health issues, including mental health.
130. UHC has to include and involve key populations, including drug users and sex workers, refugees and migrants, speakers insisted. There was an urgent need to work with civil society organizations and communities to ensure rights-based and gender-responsive services and systems that are free of stigma and discrimination. Some speakers shared examples of initiatives taken in their countries.
131. They reminded the meeting that health was not a commodity and that UHC had to reflect that principle. The meeting heard examples where UHC was being implemented but where healthcare nevertheless was being treated as a commodity that was available to some but not to others. They called on Member States to ensure that health is not commodified within UHC and that the rights of key populations are respected and integrated in UHC.
132. The meeting heard that the costs of providing UHC in the poorest 54 countries had been estimated and that greater commitments to health were needed to close the funding shortfall, along with reducing out-of-pocket spending (which was expensive and inefficient). Rising, often hidden debt (especially in sub-Saharan Africa) was undermining countries' capacities to fully finance UHC.
133. A speaker noted that the average person in low- and middle-income countries had a less-than-50% chance of benefiting from an encounter with a health-care provider. This also highlighted the need for improvements outside health system, e.g. in sanitation, education and others areas that contribute to positive health outcomes. A recent study in Eswatini, for example, found that enabling girls to stay in school reduced HIV incidence by almost 40%.
134. Responding to the comments, Mr Martineau said there was agreement around the synergistic benefits of engaging on these issues as a Joint Programme. Referring to comments about accountability, he suggested that the GAM could be a useful model or resource.
135. After a brief discussion, the decision point was adopted.

AGENDA ITEM 6: REPORT ON PROGRESS ON ACTIONS TO REDUCE STIGMA AND DISCRIMINATION IN ALL ITS FORMS

136. Luisa Cabal, Director a.i. of the Community Support, Social Justice and Inclusion Department at UNAIDS, presented this report, an update of the report presented to the 41st meeting of the PCB.

137. She reminded the meeting that human rights provided the framework for understanding and addressing stigma and discrimination, and that the 2016 Political Declaration had emphasized the promotion of laws, policies and practices to enable access to services and end HIV-related stigma and discrimination. Since then, other multilateral bodies had endorsed similar commitments.
138. The most recent data pointed to slow progress in reducing stigma and discrimination, she said. Large percentages of people in all regions still reported experiencing discrimination due to their HIV-positive status.
139. Stigma and discrimination are commonly reinforced by laws, and evidence clearly shows the effects this has on access to HIV services. Ms Cabal shared some of those data with the meeting. She said decriminalization of sex work, for example, would have a major positive impact on the HIV epidemic: it could avert 33–46% of HIV infections among sex workers and their clients within a decade. In countries with strong anti-LGBTI laws, HIV testing and knowledge of status were lower for gay and other men who have sex with men than in countries with less severe legislation. In Africa, age of consent laws were also shown to act as barriers to HIV testing.
140. She reminded the meeting that the GAM and the National Commitments and Policy Instrument include indicators that measure experiences of people living with HIV of HIV-related discrimination in healthcare settings and avoidance of health care among key populations due to stigma and discrimination. UNAIDS was developing a platform to view data on HIV-related laws and policies in countries compiled from official sources and supported by both national authorities and civil society to UNAIDS and the World Health Organization. UNAIDS had also launched a stigma and discrimination repository webpage. Data and evidence were vital to drive change, but it had to lead to action, she stressed. UNAIDS was focusing on advocating for and mobilizing action at national level to eliminate stigma and discrimination in different settings.
141. Ms Cabal shared some highlights from the report, e.g. on levels of stigma and discrimination in the workplace, on comprehensive sexuality education, support provided for various networks, sensitization activities (including in the Democratic Republic of Congo), and catalytic investments to eliminate barriers to service from the Global Fund.
142. Nazneen Damji, Senior Policy Advisor at UN Women, briefed the meeting on the progress of the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination.
143. She said the Partnership would disseminate evidence-based data to inform policy and programming and measure progress. It would seek to galvanize political will and accountability, and support governments to act effectively on the legal, policy and programmatic fronts. The Partnership would work with donors to support the scale-up of investments to remove barriers, and it would work to empower communities for advocacy, programme implementation and community-led monitoring.
144. The Partnership would prioritize tackling stigma and discrimination in 6 key settings: health-care, education, workplace, justice, household (communities, families and individuals), emergency and humanitarian.

145. To join the Partnership, governments had to pledge to tackle stigma and discrimination in 3 of those settings in the first year and the rest over a 5-year period. In doing so, they are expected to partner with civil society, communities and other sectors (including academia), assess stigma and discrimination status allocate resources, and monitor and evaluate their activities. The Joint Programme is working with civil society and other leaders to develop a new "summary metric" to measure stigma and discrimination, she added.
146. The PCB was told that crucial gaps were apparent, including a need for stronger leadership and increased resources at a national level and greater support for community organizations. The issue was not a lack of evidence but a need for stronger leadership, political courage and action, she emphasized.
147. Speakers praised the report and welcomed the update on actions taken to eliminate stigma and discrimination. They reaffirmed their support for eliminating all forms of stigma and discrimination towards people living with or affected by HIV and key populations and to address the unfinished human rights agenda.
148. Stigma and discrimination infringe on human rights, and they block achievement of the 2030 SDGs, members said. They reminded the PCB that the AIDS epidemic was being fueled by inequalities and that it thrived on injustice and intolerance. Stigma and discrimination and violence remained especially acute for people living with HIV, criminalized and marginalized populations.
149. Eliminating stigma and discrimination was a complex and long-term task requiring society-wide action and participation. Stigma and discrimination were often tied in with social and cultural factors, making it difficult for governments alone to address the issues. The involvement of the Joint Programme was therefore doubly important.
150. Members commended the work of the Joint Programme and appealed to all members to increase their support and investments for eliminating stigma and discrimination.
151. Speakers applauded the fact that the Global Partnership had been developed jointly with civil society organizations. They noted that it had involved wide consultation and included efforts to identify community-led initiatives which could complement or inform government-led actions. Interventions had to be multisectoral and had to combine top-down with bottom-up efforts, including community-led activities, to achieve effective and sustainable outcomes.
152. These issues had to be central in the next UNAIDS Strategy, speakers insisted, and the important roles of community organizations had to be recognized and reflected. Enabling legal environments were needed to remove barriers for all people living with or affected by HIV and key populations to services. A more harmonized legal approach would help in those processes.
153. The need for strong political and financial support to the Partnership was highlighted, along with concerns about declining funding for human rights activities in some countries. The Global Fund 2019 replenishment was an opportunity to invest in scaling up efforts against stigma and discrimination, speakers said.

154. Speakers drew attention to other findings in the report, including the unevenness of progress across regions and the fact that stigma and discrimination affected specific population groups most severely. Key populations were still marginalized and harassed and were unable to access services in some countries due to criminalization and punitive laws.
155. Some members shared information about their efforts to reduce stigma and discrimination.
156. Urgent actions were needed to remove stigma and discrimination from health-care settings. Brazil, for example, has increased funding for tackling stigma and discrimination. The Ministry of Health and the national UNAIDS office are collaborating on a zero-discrimination initiative which includes capacity building interventions. UNAIDS would certify healthcare services that were deemed to be stigma- and discrimination-free.
157. The Secretariat was asked to routinely update the PCB on progress with the Global Partnership. Some speakers noted that limited information about actual results was currently available. Monitoring and measurement should be enhanced and should include gender-disaggregated results.
158. Ms Cabal said an initial 30 countries had been approached to join the Partnership . Stronger synergies, e.g. with the Global Fund, were important. She thanked speakers for their contributions and agreed with the calls for stronger action and accountability. Important lessons were being learnt and they should be shared, she said.

AGENDA ITEM 7: REPORT ON THE JOINT INSPECTION UNIT ON THE MANAGEMENT AND ADMINISTRATION REVIEW OF UNAIDS

159. Eileen Cronin and Keiko Kamioka of the Joint Inspection Unit (JIU) of the UN System presented this review. After introducing her team, Ms Cronin briefly described the role of the JIU in assisting governing bodies of 28 participating organizations; assessing governance, accountability, effectiveness and efficiency; promoting coordination and coherence across the UN system; and identifying good practices and facilitating information sharing across that system.
160. The JIU conducts two management and administration reviews per year, she said. A review had been scheduled for 2016. Following a request for delay, it was implemented in 2018 and restarted in January 2019.
161. Ms Cronin outlined the approach and methods used in the review, including a desk review of relevant documents, audits, interviews, focus groups, questionnaires and more.
162. The review focused on strategic and operational planning, governance, oversight and accountability, and human resources management and administrative services.
163. She urged PCB members to read the entire report, which is available (along with the UNAIDS management response) at https://www.unaids.org/en/resources/documents/2019/PCB45_JIU_Report and

<https://www.unjiu.org/>. It includes a range of conclusions along with 8 formal and 25 informal recommendations, and good practices.

164. Strategic and operational planning: The review noted that the context of the HIV response and the funding landscape had changed and that targets for SDG 3 were not being met. It found a need to reassess the "jointness" of the Joint Programme.
165. UNAIDS strategic planning should focus primarily on the 2030 Agenda and adopt longer term planning, the review suggested. It recommended that the PCB develop a new long-term UNAIDS strategy to meet 2030 Agenda. This should take account of possibly outdated guiding principles and reduced funding, and may include a reassessment of Cosponsor roles. It was also recommended that the Executive Director develop operational plans that reflect the longer-term strategy.
166. Governance: The governance of UNAIDS was complex, Ms Cronin said. The Joint Programme had been set up to respond to a health crisis. Since then, the context of the HIV response had changed and various crises in UN system organizations in the early to mid-2000s had led to stronger oversight by governing bodies. However, UNAIDS's governance had not kept pace with those changes. More recently, governance gaps at UNAIDS had led to financial and reputational damage.
167. Referring to findings from other independent assessments of UNAIDS that had been conducted in the past two decades, she said several gaps and oversights in governance had been identified. The term limit and performance expectations of the Executive Director function were also unclear.
168. Earlier assessments had noted "blurred lines of responsibility", and there had been recommendations that the PCB should assume greater responsibility for the oversight of UNAIDS and should be able to hold the Executive Director accountable. The Independent Expert Panel report in 2018 had noted that UNAIDS was governed in ways that created a vacuum of accountability.
169. The JIU review suggested that two ECOSOC Resolutions (RES/1994/24 (Para16) and RES/2019/33 (Para 12)) offered pathways for sustainable change around governance issues. It also noted that Paragraph 32 of the Modus Operandi stated that the PCB "may amend or supplement its modus operandi".
170. The JIU found that the PCB should exercise oversight and accountability roles and responsibilities over UNAIDS, and that it should bring the Joint Programme into alignment with other UN organizations to avoid further reputational and financial setbacks. The best way for doing so was through changes to the Modus Operandi. The JIU recommended that the PCB revise its Modus Operandi to clarify its roles and responsibilities and embed oversight and accountability mechanisms in a sustainable manner.
171. The PCB had to ensure that functions were independent and impartial, and that the PCB's roles and responsibilities for handling allegations against the Executive Director were clearly defined. Term limits and performance expectations of the Executive Director also had to be discussed. Good governance was paramount, the JIU emphasized.
172. Oversight and accountability: Ms Cronin described the "three lines of defence"

model, which had been adopted widely in the UN system, including by UNAIDS. The first line involves management controls and internal control measures, while the second involves risk and quality management, financial controls and compliance. It was recommended that UNAIDS consider setting up an in-house legal advisory function.

173. The third line of defence provides independent and impartial feedback to the PCB, and involves internal audits, ethics, various evaluations and internal investigations. This line currently has the most gaps, which Ms Cronin described in greater detail. Oversight and accountability reports should be stand-alone and should be assessed in a more critical manner by the PCB. The JIU recommended that the Executive Director set up a regular, stand-alone agenda item at PCB meetings on oversight and accountability issues. It also recommended that the PCB consider creating a standing oversight committee.
174. Human resources management: Addressing the JIU recommendations would increase system-wide coherence and accountability, Ms Cronin said. Human resources management had suffered from a credibility gap, and human resource practices at the Secretariat had to be made more transparent and consistent.
175. The JIU recommended that the Executive Director develop and implement a new human resources strategy for the Secretariat. The Executive Director was also asked to include an annex in the next report to ECOSOC on governance, oversight and accountability reforms. The Inspectors also encouraged the secretariat and co-sponsors to document valuable lessons learned and good practices of UNAIDS as a model to inform future programmatic and United Nations reform efforts currently under way, especially at the country level.
176. In closing, Ms Cronin highlighted the main goals of the JIU assessment: assist the new Executive Director in as she implements reforms, provide an independent and impartial assessment, and provide the PCB with guidance on governance issues and on taking appropriate action. The overall aim was to improve the Joint Programme's effectiveness.
177. Ms Carlsson presented the UNAIDS management response, which the Secretariat had prepared with input from Cosponsors. She thanked the JIU for its review and for the clarity the report sought to achieve. UNAIDS was pleased that the review noted UNAIDS' good practices, both in the engagement of civil society in governance and as a model for UN development system reform, she said.
178. UNAIDS agreed overall with the review, its findings and the recommendations, she told the meeting. However, UNAIDS was concerned with the view that the epidemic was no longer an emergency. She reminded the meeting of the high numbers of new HIV infections and the ongoing vulnerability of key populations, young people and girls. A sense of urgency was needed.
179. UNAIDS had focused on the eight formal recommendations (three for the PCB and five for the Executive Director), though it also welcomed the informal recommendations, Ms Carlsson explained. In implementing recommendations (pending PCB discussion and decisions), it would be important to ensure that their scope and intentions were clearly understood and that they were sequenced correctly given their high inter-relatedness, she noted.

180. Regarding the development of a long-term strategy for achieving the 2030 targets and goals, Ms Carlsson said UNAIDS' Strategy beyond 2021 would demonstrate UNAIDS's alignment to the 2030 Agenda. She reminded the meeting that work was also underway on setting interim targets for 2025
181. The recommendation that the Modus Operandi be clarified lay within the purview of the PCB, Ms Carlsson said, while noting that the most recent revision had occurred in 2011. UNAIDS welcomed stronger oversight from the PCB, she added.
182. The PCB was assured that UNAIDS and the Executive Director would work to implement all the recommendations, subject to the decisions from the PCB. UNAIDS agreed on the need to improve operational planning, which would be informed by UN reform and other imperatives, and which would be linked to UNAIDS' strategy.
183. The current review of arrangements with WHO would explore ways of best meeting UNAIDS' legal needs. UNAIDS agreed that greater human resource legal and policy capacity was needed, and this was already taking place under the Management Action Plan.
184. UNAIDS also welcomed the recommendation of a stand-alone PCB agenda item for audits, ethics and other accountability topics. Ms Carlsson noted that audit reporting was part of annual reporting and said it would not be difficult to separate it in the recommended manner.
185. The review of the current human resources strategy (2016–2021) would be informed by the JIU findings. Work was already underway on the delegation of authority framework and a review of the mobility policy was being conducted. Ms Carlsson said the current strategy provided solid foundations for empowering staff colleagues and for improving accountability.
186. Regarding a status update to ECOSOC about the substantive JIU recommendation (as an annex to the 2021 biennial report), Ms Carlsson said UNAIDS would work with the ECOSOC Secretariat to ensure that the relevant information is brought to the Council.
187. Ms Carlsson noted that many of the recommendations were linked to a range of important drivers for change, including internal and external audits, donor expectations, JIU reviews, the UNAIDS Management Action Plan, UN reforms, the ICT review and ECOSOC. The various elements had to be brought together in a single change programme. This would strengthen the Joint Programme and boost its ability to support countries in their achievement of 2030 Agenda goals.
188. Ms Carlsson noted in closing that the JIU had reaffirmed the importance of the Management Action Plan. She reminded the meeting that a conference room paper providing an interim update on progress was available. Twenty-two actions were underway or had been completed, she said, and four more would begin in 2020. High workloads and risk of staff burn-out, however, continued to be a problem, partly because staffing levels did not match the expectations and ambitions the Joint Programme was working to meet.
189. Discussion from the floor followed. Members welcomed the thorough and timely JIU report and UNAIDS's positive response. They were pleased that the

review had acknowledged the strengths of the Joint Programme and its unique model. The JIU report and the Management Action Plan provided a solid basis for improving UNAIDS's governance in the context of wider UN reform, they said.

190. Some members said it was that governance gaps existed and reminded that some of the challenges and gaps had been brought to the PCB's attention previously but had not been addressed sufficiently. PCB members and the Joint Programme were collectively accountable for those omissions, it was suggested.
191. The costs of not acting swiftly were high—for UNAIDS and for the global HIV response, several members said. They acknowledged that some of the recommendations could not be implemented "overnight" due to legal complexities, but said a sense of urgency was needed.
192. There was strong support for implementation of most the recommendations, though views differed on the need to revise the Modus Operandi. Some speakers remarked on specific recommendations and suggested alterations or improvements. They also noted that some items had not been addressed in the UNAIDS management's response.
193. UNAIDS had to become more accountable, speakers said. UNAIDS had an opportunity to restore confidence. There was support for a suggestion that a working group be set up to review the recommendations directed to the PCB. UNAIDS was asked to report to the PCB on progress in implementing the recommendations.
194. The Executive Director was asked to draft and implement a new human resources strategy that would create a working environment where everyone can fully contribute, and ensure the elimination of harassment and abuse of authority.
195. Speakers noted that the JIU had highlighted the declining trends in funding for the HIV response. They reminded the meeting that one of the aims of the Joint Programme model had been to harness and channel existing Cosponsor funding towards HIV activities. New, independent funding had not been regarded as a prerequisite for those activities. However, Cosponsors had experienced large budget cuts recently, which created substantial difficulties. PCB members were urged to join forces and think about how Cosponsors could be engaged and supported more effectively.
196. Cosponsors reiterated their commitment to UNAIDS and noted that their respective roles had been clarified in the revised UNAIDS division of labour in 2018. However, stronger links may be needed between the PCB and the perspectives of members in Cosponsor governing bodies.
197. Ms Cronin thanked the speakers for their comments and said the JIU looked forward to close collaboration with UNAIDS and to the PCB's response to the recommendations.
198. Ms Byanyima thanked the meeting for the views expressed on the JIU's report and the UNAIDS management response. She also thanked Ms Carlsson for leading the latter process.

199. She said it was up to the PCB to consider its oversight role. In her view, effective oversight was a prerequisite for good stewardship and management of resources and people. Different views had been shared about how those areas could be strengthened; the Board could reconcile those through discussion. She said that oversight issues were a standing item on governing body agendas at many UN organizations.
200. Ms Byanyima assured PCB members that the next UNAIDS strategy would be a consultative and evidence-based process aimed at filling the gaps and fixing what was not working. Member States, civil society and Cosponsors would be closely involved. The process would include a thorough review of the current strategy.
201. She added that her meetings with the Cosponsors had revealed a strong desire to take the Joint Programme to the next level. Responding to an earlier query, she said the respective roles of WHO, UNAIDS and the Global Fund were clear and highly complementary. However, UNAIDS's role could improve further in some respects, including by helping the Global Fund ensure that HIV funding achieves the maximum impact. This may require a strengthened on-the-ground presence. She would be meeting with WHO and the Global Fund to discuss these and related matters.
202. Ms Byanyima told the PCB that UNAIDS was taking the Management Action Plan forward and that it had exciting ideas for engaging staff in that process to change the culture of the organization. UNAIDS had grown, she said, and required greater delegation of authority. Those and other management rules and frameworks would be examined. She underscored remarks about the Joint Programme's need to remain agile and flexible.

AGENDA ITEM 8: LESSONS LEARNT FROM THE NOMINATION PROCESS OF UNAIDS EXECUTIVE DIRECTOR

203. H.E. Yury Ambrazevich, Ambassador extraordinary and plenipotentiary at the Permanent Mission of the Republic of Belarus, introduced this agenda item.
204. He recapped the search process, which had begun after the PCB, at its 43rd meeting, had called for the initiation of the process to select the next Executive Director. The search committee had met nine times; a record of each meeting was available online. The committee had been supported by an independent senior consultant and executive search firm. Due diligence had been performed on the candidates.
205. The process had yielded valuable lessons, he told the PCB. First, the detailed terms of reference developed by the PCB had served as a touchstone for the process. Future searches would benefit from similarly or even more detailed terms of reference. In future, the search committee should continue to comprise representatives from all regional groups, two NGO delegates and four Cosponsors (including the Chair of the Committee of Cosponsoring Organizations), he recommended.
206. A second lesson was the importance of having a dedicated consultant and working with an executive recruitment firm. The consultant had helped the committee meet deadlines, acting as focal point with the search firm and thereby allowing the Secretariat to remain in an advisory capacity. The firm's support was vital for attracting and liaising with top-quality applicants.

207. A third lesson related to spending. Mr Ambrazevich presented an overview of expenditures, which had totaled USD 137 000, considerably less than the budgeted USD 254 000. Much of the savings had been made through teleconferencing; a similar approach was advised for future processes.
208. Fourth, a strategic approach to advertising was recommended. The search committee had sought to publicize the position in a wide range of online advertising, and had complemented that with a targeted approach which had attracted highly qualified individuals.
209. A further lesson was the need to continue prioritizing gender and geographical balance at each stage of the process and to routinely monitor that balance. Mr Ambrazevich noted that Ms Byanyima was UNAIDS's first female Executive Director. Strong language skills (principally in UNAIDS working languages English and French) were a priority, while confidentiality had to be guaranteed throughout the process. The search committee had found it useful using a shared portal, which allowed for online edits and comments, while maintaining restrictions on downloading, copying and printing to protect confidentiality.
210. Sufficient time should be allocated for full and well-defined due diligence on the candidates, Mr Ambrazevich said. He suggested that the PCB consider soliciting supplemental information on candidates, such as vision statements, or arrange direct contact with short-listed candidates at a PCB meeting (if feasible). Finally, it was considered a best practice that the Chair of the Committee of Cosponsoring Organizations be present during PCB deliberations to accurately reflect the opinions of the PCB at the subsequent stages of the hiring process.
211. Commenting from the floor, members welcomed the report and thanked the committee for having managed a thorough and professional process and for meeting tight deadlines. The meeting was reminded that the 2019 process had built on lessons learned from the 2008 process. In agreeing with the lessons as presented, speakers highlighted the need to strike a balance between transparency and confidentiality in the process.
212. Some speakers said the PCB should be able to engage with short-listed candidates (e.g. via interviews). One member suggested that the recommendations of members states should be paramount, and the lead role of the PCB in the selection process could mean the PCB recommending directly to the Secretary-General rather than the CCO as per the founding ECOSOC Resolution. While this suggestion was not supported by other members there was broad support for the submission of vision statements by short-listed candidates to the PCB. The need for gender and regional balance throughout the process was emphasized.
213. In response, Mr Ambrazevich said a merit-based process had been followed. There had been requests to share the due diligence findings with PCB members, he said, but doing so may have compromised candidates' rights to confidentiality and privacy of data. Regarding Members' roles and possibly greater engagement in the selection process, this was a matter for the Board to resolve, he said.
214. Ms Byanyima told the meeting that two issues had been particularly important to her when she put her name forward as candidate: the confidentiality of the process and that it was merit-based. Both are important for attracting a wide

pool of highly qualified candidates.

AGENDA ITEM 9: EVALUATION PLAN

215. The Chair reminded the meeting that the UNAIDS evaluation policy had been approved at the 44th PCB session. An evaluation Expert Advisory Committee had been formed and had approved the Evaluation Plan for consideration by the PCB.
216. Joel Rehnstrom, Director of Evaluation at UNAIDS, explained that this agenda item was focused on approving the UNAIDS 2020–2021 Evaluation Plan, with annual reporting on implementation by the UNAIDS Evaluation Office. He then summarized the evolution of the UNAIDS evaluation function, noting that UNAIDS had been slow in establishing this function; the priority had been to monitor the HIV epidemic and monitor the performance of the Joint Programme.
217. Mr Rehnstrom said the evaluation policy approved in June 2019 had been developed through a consultative process and had been reviewed by the PCB Working Group to strengthen the PCB's monitoring and evaluation role on zero tolerance against harassment, including sexual harassment, bullying and abuse of power at the UNAIDS Secretariat and peer-reviewed by the Evaluation Offices of Cosponsors. Among the main issues considered were: the institutional architecture of the function; the composition of the Expert Advisory Committee; and the budget (equivalent to 1% of annual organizational expenditures). The Plan provided for Secretariat-specific evaluations, as well as joint and system-wide evaluations related to AIDS, he added.
218. The Evaluation Office would be functionally independent. It would be guided by the policy and would report to and be accountable to the PCB, he explained. The Joint and system-wide evaluations for 2020 and 2021 would focus on:
- preventing and responding to gender-based violence;
 - engaging and supporting key populations;
 - promoting efficiency and sustainability;
 - the UN system response to AIDS in 2016-2019 (ongoing); and
 - UN Development Assistance Frameworks.
219. The Secretariat evaluations for 2020 and 2021 would focus on:
- support to Fast-Track cities;
 - support to country situation rooms;
 - global advocacy and communications;
 - Partnership with the Global Fund;
 - the Gender Action Plan (2018–2023);
 - partnership with the Centers for Disease Control to strengthen public health capacity and strategic information systems (ongoing); and
 - regional and country evaluations.
220. Budget breakdowns for the various evaluations were provided on slides. Mr Rehnstrom discussed the criteria used for selecting the evaluations. They included strategic significance, risk associated with the subject, levels of investment, knowledge gaps, feasibility and organizational requirements.

221. The UNAIDS Evaluation Office was responsible for the implementation of and for reporting on the evaluations, Mr Rehnstrom explained. The Office was positioned independently from management functions and would receive adequate resources to perform its work, he said.
222. A short-term objective was for the evaluations to inform the next Strategy and UBRAF by examining whether UNAIDS was doing the right things in the right ways and achieving the right results. The evaluations would also help increase accountability and transparency, and would improve governance. The Evaluation Office expected to have a draft report of the evaluation of the UN system response to AIDS in 2016-2019 ready in February.
223. In discussion from the floor, speakers stressed the importance of robust, independent evaluation and noted with approval that UNAIDS had increased its commitment to such a process. There was broad support for the proposed Plan and agreement on the need for formal management responses to UNAIDS evaluations. The evaluation of the UN system response to HIV from 2016–2019 would be an important input into the next Strategy, members suggested.
224. Speakers appreciated the focus on key populations, gender equality and human rights in the Plan. They also commended the balance struck between Secretariat-specific and system-wide evaluations. UNAIDS was asked to ensure that the required staffing and funding was available to properly implement the Plan.
225. Speakers noted with appreciation the consultative nature of the development of the policy and the creation of the independent Expert Advisory Committee. They also noted the need for clarity about what was being evaluated (the Joint Programme or the Secretariat) and for engaging civil society to enrich the findings and to facilitate and promote learning. Issues that were difficult to measure (e.g. activities related to structural barriers) should not be ignored.
226. Speakers commended UNAIDS for allocating 1% of annual expenditure to evaluation and asked for further details on the allocation of that budget. There were requests for more information on how Cosponsors' evaluation resources could be harnessed and on why country-level evaluations did not seem to feature in the current plan.
227. More information was requested on how the topics/issues for evaluation had been chosen and what role the PCB would have in selecting those issues. There was also request for greater clarity about the earmarked funding. Some speakers said they had hoped preliminary findings would be shared so as to inform Strategy development. Sustainability was highlighted as an important issue for evaluation.
228. Mr Rehnstrom thanked speakers for their comments and replied to their questions. He noted the need to ensure that evaluations are clear on the distinction between the Joint Programme and Secretariat and the importance of evaluating areas of work which may be difficult to measure.
229. He reminded the PCB that the criteria used to select evaluations had been developed with the Cosponsors, and briefly mentioned some of the topics which had been considered but not selected. In some cases, evaluation of a specific intervention or issue (e.g. a humanitarian crisis) may be considered as part of a broader evaluation (e.g. of multistakeholder partnerships or initiatives).

230. There was a need to build flexibility into the Plan, he added. New priority topics for evaluation might emerge and it should be possible to accommodate them without making major changes to the Plan. New topics would be decided in a consultative manner and the PCB would be informed of possible changes.
231. Regarding resources, Mr Rehnstrom said the evaluations would also leverage Cosponsors' resources, mainly through contributions of staff time and engagement. For example, five Cosponsors had volunteered to participate in the management group of the evaluation of the UN system response to AIDS in 2016-2019.
232. He also replied to questions about how the budget would be allocated. The budget breakdown and the total amount were estimates at this stage and would be updated as work proceeded.

AGENDA ITEM 10: NEXT PCB MEETINGS

233. Morten Ussing, Director, Governance and Multilateral Affairs at UNAIDS, described the process for soliciting and deciding on the thematic segment themes selected for the 46th and 47th PCB meetings, and announced the dates for the 50th and 51st meetings of the PCB in 2022.
234. The main criteria used to select the themes were: broad relevance, responsiveness, focus and scope for action. Mr Ussing then listed the proposals, two of which had been similar and had been merged. The proposals selected for consideration by the PCB were:
- Cervical cancer and HIV—addressing linkages and common inequalities to save women's lives (thematic segment of the 46th PCB meeting in June 2020); and
 - What does the regional and country-level data tell us, are we listening, and how can we better leverage that data and related technology to meet our 2020 and 2030 goals? (thematic segment of the 47th PCB meeting in December 2020).
235. The 50th PCB meeting would be held on 21–23 June 2022, while the 51st meeting would be held on 13–15 December 2022.
236. Asked whether PCB meeting dates could be changed, Mr Ussing said this was possible and could occur, if required, through intersessional decision-making.

AGENDA ITEM 11: ELECTION OF OFFICERS

237. Mr Ussing introduced the agenda item by displaying a slide showing the Member States that would be eligible for election as an Officer of the Board in 2020.
238. The Modus Operandi provided for the current Vice-Chair (the United States of America) to be elected to the position of PCB Chair, starting in January 2020. The current session would also elect a new Vice-Chair and a Rapporteur. Namibia had expressed interest in the Vice-Chair position, while India had expressed interest in the Rapporteur position.
239. The item also provided for the selection of new delegates to the NGO

delegation. Mr Ussing described the selection process and announced the new delegates: Eurasian Key Populations Health Network (Europe); Bolivian Network of People Living with HIV and AIDS, with the Jamaican Network of Seropositives as alternate (Latin America & Caribbean).

240. Speakers thanked China for chairing the PCB during 2019 and congratulated the United States, Namibia and India on their new roles. They reminded the meeting that a challenging year lay ahead, including the development of the next Strategy and responding to calls for enhanced oversight and governance.

AGENDA ITEM 12: THEMATIC SEGMENT: REDUCING THE IMPACT OF AIDS ON CHILDREN AND YOUTH

241. The Thematic Segment was designed to examine the impact of AIDS on children, adolescents and youth; showcase notable progress in HIV-related outcomes and discuss the factors that led to success; and identify the priority actions to scale-up rights-based HIV programmes for children, adolescents and youth.
242. Chewe Luo, HIV Section Chief and Associate Director, UNICEF, introduced the session by noting that reductions in new HIV infections among children were steeper than among adults. Even though the pace of the decline was slowing, important lessons were being learnt. But too many children were still acquiring HIV, she added, and too many of them remained undiagnosed and were not on HIV treatment. Current approaches were not working for everyone, partly because of structural barriers.
243. Winnie Byanyima, Executive Director of UNAIDS, reminded the PCB that the Convention of the Rights of the Child applied to all children, including adolescent girls and key populations. New infections among children were declining, but there were still 160 000 new infections among children aged 0–14 years in 2018, and 300 children living with HIV died each day, she said. Many women struggled to stay on antiretroviral therapy. Social and structural barriers were often the cause, including poverty, gender-based violence and other human rights violations.
244. HIV services also were not diagnosing and treating all children living with HIV. Of the estimated 1.7 million children (0–14 years) living with HIV in 2018, almost half did not receive treatment, Ms Byanyima said. Even when diagnosed and on treatment, children often had poorer health outcomes than adults.
245. Large numbers of young women were acquiring HIV infection, especially in sub-Saharan Africa, she said, where 3 in 4 adolescents (10–19 years) who acquired HIV in 2018 were girls. Their vulnerability was due to gender inequality and inequity, gender-based violence and because HIV prevention and sexual and reproductive health services are not reaching them. Young people also accounted for a large number of new infections among key populations.
246. It was not good enough to offer services and assume that people would use them, Ms Byanyima told the meeting. People's rights must be upheld. Parental consent laws that block access to reproductive services and supplies should be

removed. Children should be able to remain in school and should receive comprehensive sexuality education. The tools for doing all this existed, but they must be taken to scale and the barriers must be removed.

247. Henrietta Fore, Executive Director of UNICEF, then addressed the meeting via video message. She said the Thematic Segment came at a critical time. Large numbers of children were dying due to lack of access to services and new HIV infections were declining too slowly to end the AIDS epidemic by 2030. She appealed to countries to work together more effectively to close the gaps for everyone.
248. A young woman living with HIV from Honduras described her struggles to obtain HIV treatment as an HIV-positive teenager. Widespread misconceptions about HIV transmission persisted, she said, as did stigma and discrimination against people living with HIV even within their own wider families. It was important to involve young people, especially those living with HIV, because they knew how to communicate with their peers, she said.
249. Shannon Hader, Deputy Executive Director, Programme, at UNAIDS, introduced the overview session. She said that coverage of programmes to prevent vertical transmission had increased dramatically since 2010 but progress was uneven and had stalled in the past couple of years.
250. Coverage had reached 92% in eastern and southern Africa, but was much lower (59%) in western and central Africa. Fewer children were acquiring HIV during pregnancy and breast-feeding, but the 160 000 new infections in 2018 were four times the target of 40 000. Every new paediatric infection represented a failure of the system, she said.
251. Different programmes were struggling with different issues, but three main reasons stood out: pregnant women were not accessing services; they were dropping out of care; or women were acquiring HIV during pregnancy or breast feeding. Programmes had to determine who the "missed" women were and how to provide them with the services they needed, Ms Hader said.
252. Children exposed to HIV or newly infected were not being diagnosed early enough. Finding and testing all HIV-exposed infants, including those exposed to HIV during breastfeeding, was a priority. Globally approximately 700 000 children (0–14 years) were not receiving antiretroviral therapy in 2018. Treatment coverage had increased, but not quickly enough. It was especially low in western and central Africa (28% compared with the global average of 54% and with 62% coverage in eastern and southern Africa).
253. Rates of viral load suppression among children were also not as high as for adults, partly due to the use of suboptimal antiretroviral medicines. Improved paediatric treatment options were a necessity, Ms Hader insisted.
254. Case-finding had to improve (e.g. by using point-of-care testing technologies) so children living with HIV were diagnosed and put on treatment quickly. The best-possible HIV treatment should be provided. Community-centred, decentralized, differentiated services models should be used, and they should include actions to reduce stigma and discrimination.
255. Among young women, new HIV infections were declining more quickly than among older women. However, the epidemic varied across settings and time:

in Africa, young women were at highest risk, whereas in Indonesia, for example, young men in key populations were at highest risk. Programmes had to be appropriate for their settings and had to deliver services that young people wanted: community-led interventions were therefore crucial. Wider adoption of innovations such as pre-exposure prophylaxis and self-testing for adolescents and young people at high risk of HIV infection would also speed up progress, she said.

256. Structural factors affecting service access and use had to be tackled (including changing parental consent requirements, reducing gender-based violence, and ensuring access to sexual and reproductive health services and to education).
257. Ren Minghui, Assistant Director-General at the World Health Organization, focused on six ways to reach the paediatric and adolescent treatment targets: eliminate new paediatric infections; quicker and better-targeted diagnosis; improved antiretroviral drugs; strengthened differentiated care; stronger primary prevention; and dealing with structural factors.
258. HIV testing had to occur throughout pregnancy and women who tested HIV-positive had to receive and stay on the best-possible treatment. Quicker infant diagnosis was needed, using new testing technologies (including at diverse entry points, e.g. tuberculosis clinics). Family-based index case testing had to be promoted, along with HIV self-testing for adolescents. Children found to be living with HIV needed the best-quality treatment and care, Mr Minghui said. This called for treatment monitoring and support for adherence; provision of optimal antiretroviral regimens for different age groups; and prevention and treatment of diseases associated with HIV (e.g. tuberculosis).
259. "One-size-fits-all approaches" did not work, he emphasized. Services had to be tailored for different age groups and communities, who had to be engaged in designing the services. The specific needs of children and adolescents had to be addressed, and this was best achieved by drawing on community leadership and knowledge. Structural barriers, such as gender inequalities and laws hindering access to services, had to be removed, Mr Minghui said in conclusion.

Panel 1: Preventing new HIV infections and finding children, adolescents and young people living with HIV

260. Angela Mushavi, National PMTCT and Paediatric HIV Care and Treatment Coordinator at Zimbabwe's Ministry of Health and Child Care, said her country had achieved high coverage of services to prevent mother-to-child transmission, but rates of vertical transmission of HIV remained higher than expected. The country was using "stacked bar" analysis to identify gaps and finetune its programmes, she said.
261. New infections in children were due mainly to three factors: some pregnant women living with HIV were not receiving antiretroviral therapy, some interrupted their treatment, and some women were acquiring HIV during pregnancy or lactation. Ms Mushavi said interventions had to be scaled up and the quality of people's interactions with clinics had to improve. Pre-exposure prophylaxis and couples counselling and testing had to be scaled up.
262. The moderator introduced Jennifer Cohn, Senior Director for Innovation at the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), which is piloting point-

of-care HIV testing for children with same-day linkage to treatment. Ms Cohn said major barriers existed along the testing, treatment and care cascade. Testing rates among infants were very low and linkage to treatment was poor. EGPAF data show that, even when HIV-exposed children were tested at 6 weeks, only 19% of them received their test results within the WHO-recommended period and a small percentage of those children were started on treatment within 60 days.

263. Point-of-care testing and treatment could dramatically improve the situation, she said. In pilot projects in sub-Saharan Africa, the percentage of children diagnosed with HIV infection who started antiretroviral therapy within 60 days increased from 41% to over 93%, Ms Cohn said. She predicted that improved paediatric antiretroviral formulations would be available in the next few years but stressed that sustainable access had to be ensured. She also highlighted the importance of point-of-care viral load testing to facilitate same-day, life-saving treatment decisions. Political, programmatic and financial commitments were needed to seize these opportunities, she said.
264. The moderator introduced Doan Thanh Tung, director of the Lighthouse Social Enterprise in Viet Nam, and a young LGBT and HIV activist. Mr Tung said it was vital to engage young key populations in Asia and the Pacific in designing, implementing, monitoring and documenting interventions. Programmes had to understand the communities they were meant to serve. Services had to meet people's different needs: one size did not fit all, he said.
265. Macanjana Motsa, from the Ministry of Education and Training in Eswatini, told the meeting that her country was making it easier for girls to remain in school, e.g. by providing free primary education in grades 1 and 2, by adding mechanisms to reduce violence, and by reintegrating young mothers into the school system. Students could report cases of violence on a toll-free line or at schools, and school chiefs were obliged to investigate the cases and report the findings. Comprehensive sexual education was being offered in grades 8–12. It was evidence-based but also took local culture into account.
266. In discussion from the floor, speakers thanked the panelists and presenters, and reminded the meeting that children and youth remained among the most vulnerable in the HIV epidemic. High infection rates persisted among young women and girls and among key populations. They emphasized approaches that address societal, economic and structural barriers, and as well as gender inequalities and gender-based violence. The solutions were not simple, which was why affected populations had to guide the approaches, they said. The impact of social protection programmes was highlighted, e.g. school feeding schemes, cash transfers programmes and education subsidies.
267. Speakers said that all young people must receive comprehensive sexuality education and all women must have access to sexual and reproductive health services. This required removing discriminatory laws, including parental consent laws, and expanding community-based services. Financial barriers to service use also had to be removed.
268. Members were reminded that high HIV incidence rates among adolescent girls and young women were partly due to HIV-positive men not being diagnosed and linked to treatment. If more men knew they were living with HIV and received and stayed on treatment, women would not be as vulnerable to infection.

269. Speakers emphasized the need to diagnose infants and young children living with HIV and to link them rapidly to treatment and care. They noted the impact of point-of-care testing technologies and called on countries to introduce these innovations much more widely. UNAIDS was asked to address the issue in its next strategy. Speakers also demanded that access to optimal antiretroviral medicines for children be fast-tracked.

Panel 2: Retaining children and young people in treatment and care

270. Job Odoyance Akuno, programme manager at Jielimishe Uzazi na Afya in Kenya, shared his experiences helping young people navigate the health system and remain in care. His programme provided adolescent girls with needs-based assessments and assisted in overcoming barriers at the individual, household and community levels. It worked with households and schools, as well as with individuals, he said. Women and girls received support to remain in or return to school, for example. The active engagement of adolescents in the design of the programme had proved very important. It had highlighted, for example, the impact of stigma (including within households) and the need to involve male partners in positive ways.
271. Eleanor Namusoke-Magongo, Coordinator of Paediatric and Adolescent HIV Care & Treatment in Uganda's Ministry of Health, said Uganda had revised its paediatric treatment guidelines and had put in place mechanisms to ensure the required drugs were procured and distributed. The Ministry of Health had also strengthened the capacities of health-care providers, including for using monitoring tools. A core team in the Ministry met once a week to review the optimization of the process, she explained.
272. Dolutegravir was now the preferred antiretroviral drug, a decision which had required engaging the drug regulatory system (to speed up approval) and performance of active pharmacovigilance. Ms Namusoke-Magongo said Uganda had developed an advanced care package (including treatment for tuberculosis, malaria and other bacterial infections), which it was rolling out nationally. HIV-related services were being integrated with routine childhood services, with the goal to provide "one-stop-shop" services or, when not possible, to ensure strong linkages and referral pathways.
273. The moderator handed the floor to Father Rick Bauer who told the PCB that strong retention in care for children required comprehensive, holistic services. He described an example of such a holistic service, which involved a complete assessment (including for nutrition) by a nurse, as well as screening of the entire family for mental health issues, gender-based violence and abuse. Social work staff conducted interviews to understand the needs of children and to provide appropriate psychosocial support. The support took many forms, he said, including day-long activities, peer support, participation in Whatsapp groups, weekly meetings, and home visits by assigned community health workers.
274. Aaron Zea, from the Network of Young People Living with HIV, Latin America and the Caribbean, said young people had to be heard and involved, but it was important to recognize that they were preoccupied with issues and concerns other than HIV. Health-care systems did not seem to factor that into their services, he said. The language used by doctors and nurses, for example, felt alien to youth, and issues of sexuality were not discussed openly enough. Stigma and discrimination were ongoing concerns, Mr Zea added, as was the

momentum of conservative and religious movements and their impact on public health policies, including access to accurate sexuality education.

275. Hu Yiyun, Director of the Division of Exchange and Cooperation at China's National Center for AIDS/ STD Control and Prevention, described a programme for reaching out to college and university students. The programme featured strong collaboration among relevant government sectors, which together developed tailored plans based on local epidemic contexts. A national knowledge-building programme was implemented at over 7000 universities, and student associations were being supported to provide sexual health education through peer educators. Off-campus, he said, computer and mobile phone apps, social media platforms, and internet and video games were being used.
276. Speaking from the floor, members stressed that it was important to base decisions and strategies on the actual needs of communities and to involve them in designing and implementing programmes. They underscored the need for wider use of point-of-care HIV diagnostics for infants and for age-appropriate, optimal antiretroviral regimens for children. An accelerated response needed strong, smart collaboration between key stakeholders, they emphasized.

Interactive dialogue: scaling up interventions to address structural barriers and to help children, adolescents and young people thrive

277. Jayathama Wickramanayake, UN Secretary-General's Envoy on Youth, addressed the PCB via video message. She said young people demanded change and accountability. The HIV response among adolescents and young people had lagged consistently, with women and girls and young key populations especially affected. Changing this required adjusting programmes to the needs of young people and engaging them in decision-making—not to "tick the box", but to draw on their experience and expertise. Around the world, young people were proving they can be crucial partners, leaders and implementers of the HIV response, Ms Wickramanayake said. Comprehensive youth programmes that addressed multiple Sustainable Development Goals (SDGs) were important and had to be mainstreamed. Digital technologies had to be used to reach young people and harmful norms had to be confronted and changed.
278. The final panel focused on ways to overcome some of the challenges identified in the earlier panel discussions.
279. Lucie Cluver, Professor of Child and Family Social Work at the University of Cape Town, said that providing antiretroviral therapy to adolescents living with HIV was essential but not enough. Data from a major four-year study showed that large percentages of adolescents who had been linked to HIV treatment programmes failed to remain on antiretroviral therapy, with adolescent mothers struggling especially. Other needs also had to be addressed.
280. To understand the poor retention rates, researchers grouped the likely factors into five categories: if the clinics stocked with medications; if the staff allotted enough time to teens during consultations; if women accompanied to clinics; if they had cash for transport to clinics; and if staff were kind and considerate. When all five needs were met, Ms Cluver said, levels of retention in care rose to 70%, compared with only 3% when none of the factors was met.

281. Study findings also showed that combinations of peer and parenting support, and food support increased treatment adherence to 82% (compared with 46% when no such support was available). Violence perpetrated by parents, teachers or at clinics dramatically affected antiretroviral therapy adherence. Similarly, HIV incidence among adolescent girls declined steeply if the girls were protected from violence, could access school subsidies, had supportive parenting and received HIV education.
282. Well-planned HIV interventions interacted powerfully with actions aimed at other SDG priorities (e.g. reduced violence, improved nutrition and educational achievement). This fitted with the idea of "development accelerators", Ms Cluver explained. Studies had identified three such "accelerators": cash transfers, parenting support and safe schools (without violence). Each was associated with a range of other desirable outcomes; when combined, the effects were magnified across seven SDG targets, she said.
283. Legee Tamir, a law student who works with Youth LEAD in Mongolia, highlighted the importance of nongovernmental organizations for engaging and supporting young people in HIV responses. She described the support her organization provided, including training, peer education, mentoring and coaching. However, legal or policy restrictions were affecting the delivery of certain services, including age of consent requirements, which hindered HIV testing.
284. Ousmane Diaby, Director International Cooperation in Cameroon's Ministry of Health, discussed his country's decision to remove user fees after programme data had shown that the fees were preventing people from using treatment services and remaining in care. Women and children were the focus of the first phase. Stakeholders, including UNAIDS and USAID, assisted in costing the removal of user fees and in lobbying for funding to finance the move. The decision was credited with increasing diagnoses among women living with HIV and with improvements in linking them to treatment and care services.
285. Michelle Madamombe, a teenage DREAMS Ambassador in Zimbabwe, told the meeting that her parents had died when she was very young and that her relatives had seized the family's assets, leaving her in dire straits. Her life changed, she said, when the DREAMS programme was implemented at her high school, providing girls with guidance, counselling and other support. DREAMS also paid her school fees, enabling her to successfully complete high school. She said interventions to support teenage girls were needed in-school, out-of-school and in communities. Gender-based violence, for example, affected girls in all those settings and had to be tackled in all of them. Teachers needed training so that they could provide comprehensive sexual education with an emphasis on HIV and violence. Girls needed safe spaces in their communities where they could share their experiences, receive information and support, and be linked to services (e.g. for economic empowerment activities and training).
286. In discussion, speakers reiterated the need to remove barriers and make it much easier for young people to get the information and services they needed and wanted, including comprehensive sexuality education and sexual and reproductive health and rights services. Gender equality was highlighted. Women and girls had to be able to choose whether, when and with whom to have children, speakers insisted. Community and other norms that disempowered young people had to be challenged, they said. Young people

had to be engaged in real and meaningful ways; there was no room for tokenism. The need for funding support to youth movements was emphasized.

287. Members described steps they were taking to tailor services for different age groups and settings. In Mexico, for example, women living with HIV could access transport subsidies for their clinic visits, which had increased treatment retention rates by 52%. Another programme paid impoverished young people a stipend while they attended skills-building training. The experiences showed the importance of linking HIV and health interventions to other forms of support, such as food, housing and jobs training.
288. Speakers emphasized the need to think and act holistically, and to "layer" services and support. They recalled the evolution of the DREAMS programme and described its growth into the multicountry programme with major impact (including significant declines in HIV incidence among adolescent girls and young women). A modest investment was having a huge impact, the meeting was told.
289. The meeting received an update on recommendations made by a WHO-convened advisory group of women living with HIV. The recommendations included strengthening the research agenda on paediatric HIV; prioritizing tailored interventions for young key populations and linking them with policy interventions; building critical awareness of gender and power dynamics; linking HIV services with other health services (e.g. mental health and sexual and reproductive health and rights); and recognizing that community engagement was crucial for unlocking the potentials of biomedical and other interventions.

Summary and conclusion

290. Ms Hader thanked the PCB and the panellists for the insightful and powerful session. UNAIDS was looking at ways to incorporate the kinds of "layered" interventions mentioned during the session into its next strategy, she said. She said the Joint Programme would redouble its efforts to uphold the rights of the child and to help young people thrive.
291. The PCB Chair closed the Thematic Segment of the 45th PCB meeting.

13. ANY OTHER BUSINESS

292. The delegate of Uganda read a statement disputing remarks made by a speaker during Agenda Item 3. The delegate stated that the country's HIV response had made strong progress, that key populations were well-represented in the national HIV strategy, and that allegations of mistreatment and violence against sexual minorities were unfounded.
293. The Chair asked the Secretariat to take note of the statement.

14. CLOSING OF THE MEETING

294. Ms Byanyima thanked the PCB for the thoughtful interventions and perspectives. There was clear commitment to address the unequal progress towards ending the AIDS epidemic, she said, which required putting women

and girls and key populations at the centre.

295. Political commitments and resources had to align with the realities of the epidemic, including the structural and legal barriers that were blocking quicker and more equitable progress. She said she was delighted to hear the strong support for addressing sexual and reproductive health rights and for protecting human rights. UNAIDS would place great emphasis on strengthening HIV prevention and would drive efforts to increase the influence of young people in decision-making. She added her voice to concerns raised about shrinking civic space for communities.
296. Ms Byanyima highlighted the importance of good stewardship of resources, and the need for strong accountability and oversight. Staff and their wellbeing were among the most important issues discussed at the meeting. She assured the PCB that the Management Action Plan provided the basis for creating the work environment that staff deserved. Staff at all levels would be involved in the strategy process and in realignment efforts to reach the goal of ending the AIDS epidemic.
297. In closing, she thanked China for chairing the PCB during 2019 and said she looked forward to working with the United States as the next Chair.
298. The Chair thanked the members of the PCB Bureau and the Secretariat for their support, and declared the 45th meeting of the PCB closed.

[Annexes follow]

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (45)/19.23

Issue date:

FORTY-FIFTH MEETING

DATE: 10–12 December 2019

VENUE: World Health Organization headquarters, Geneva

Annotated agenda

TUESDAY, 10 DECEMBER

1. Opening

1.1. Opening of the meeting and adoption of the agenda

The Chair will provide the opening remarks to the 45th PCB meeting.

Document: UNAIDS/PCB (45)/19.23

1.2. Consideration of the report of the forty-fourth meeting

The report of the forty-fourth Programme Coordinating Board meeting will be presented to the Board for adoption.

Document: UNAIDS/PCB (44)/19.22

1.3. Report of the Executive Director

The Board will receive a report by the Executive Director.

Document: UNAIDS/PCB (45)/19.24

1.4. Report by the NGO representative

The report of the NGO representative will highlight civil society perspectives on the global response to AIDS.

Document: UNAIDS/PCB (45)/19.25

2. Leadership in the AIDS response [postponed]

A keynote speaker will address the Board on an issue of current and strategic interest.

3. Annual progress report on HIV prevention 2020

The Board will receive the annual progress report on HIV prevention 2020.

Document: UNAIDS/PCB (45)/19.26; UNAIDS/PCB (45)/CRP1

4. Progress report on the barriers to effective funding of community-led responses by international and private funders as well as better understanding of the challenges faced by national governments in allocating funding to communities' responses

The Board will receive a progress report on the barriers to and best practices on effective funding of community-led responses.

Document: UNAIDS/PCB (45)/19.27

5. Follow-up to the thematic segment from the 44th Programme Coordinating Board meeting

The Board will receive a summary report on the outcome of the thematic segment on Delivering on SDG3: Strengthening and integrating comprehensive HIV responses into sustainable health systems for Universal Health Coverage.

Document: UNAIDS/PCB (45)/19.28

WEDNESDAY, 11 DECEMBER

6. Report on progress on actions to reduce stigma and discrimination in all its forms.

The Board will receive a progress report on actions taken to reduce stigma and discrimination in all its form.

Document: UNAIDS/PCB (45)/19.29

7. Report of the Joint Inspection Unit on the Management and Administration Review of UNAIDS

The report of the Joint Inspection Unit on Management and Administration Review of UNAIDS will be presented to the Board. The Board will receive the UNAIDS management response to the JIU report for consideration.

Documents: UNAIDS/PCB (45)/19.30; UNAIDS/PCB (45)/19.37; UNAIDS/PCB (45)/CRP2

8. Lessons learned on the nomination process of UNAIDS Executive Director

The Board will receive a report on the lessons learned on the nomination process of the UNAIDS Executive Director.

Document: UNAIDS/PCB (45)/19.31

9. Evaluation Plan

An Evaluation Plan will be presented to the Board for adoption.

Document: UNAIDS/PCB (45)/19.32

10. Next PCB meetings

The Board will agree on the topics of the thematic segments for its 46th and 47th PCB meetings in June and December 2020, as well as the dates for the 50th and 51st meetings of the PCB.

Document: UNAIDS/PCB (45)/19.33

11. Election of officers

In accordance with Programme Coordinating Board procedures, the Board shall elect the officers of the Board for 2020 and is invited to approve the nominations for NGO delegates.

Document: UNAIDS/PCB (45)/19.34

THURSDAY, 12 DECEMBER

- 12. Thematic segment:** *Reducing the impact of AIDS on children and youth*
Documents: UNAIDS/PCB (45)/19.35; UNAIDS/PCB (45)/19.36; UNAIDS/PCB (45)/CRP3
- 13. Any other business**
- 14. Closing of the meeting**

[End of document]

12 December 2019

**45th Session of the UNAIDS Programme Coordinating Board Geneva,
Switzerland**

10–12 December 2019

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;

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

1. *Adopts* the agenda;

Agenda item 1.2: Consideration of the report of the forty-fourth meeting

2. *Adopts* the report of the 44th Programme Coordinating Board meeting;

Agenda item 1.3: Report of the Executive Director

3.1 *Takes note* of the report of the Executive Director;

3.2 *Requests* the Executive Director to:

- a. Undertake a review of the current strategy and its implementation, and the results obtained;
- b. Convene a multistakeholder consultation, with participation of Member States, to present the results of the review and consider the strategic priorities beyond 2021;
- c. Present, for consideration by the Board at its 46th meeting in June 2020, options, and their respective processes and timelines, to ensure that the UNAIDS strategy remains ambitious, visionary, and evidence based beyond 2021; and
- d. Consult the United Nations Secretary-General to consider options for the timing of the UN General Assembly High-Level Meeting on HIV and AIDS and advise the 46th meeting of the Programme Coordinating Board in June 2020;

Agenda item 1.4. Report by the NGO Representative

4.1 Recognizing that:

- a. The future global response to HIV should focus on, and accelerate gains made in protecting and supporting people living with HIV and other key populations, women and young people, and;
- b. Addressing the social, economic, and structural drivers of the AIDS epidemic further contributes to reaching broader global health goals and ensuring progress across the 2030 Agenda for Sustainable Development, in order to leave no one behind;

4.2 Recalling:

- a. The 39th Programme Coordinating Board decision points 5.1 through 5.4, on the essential role of communities in ending AIDS by 2030 and decision point 8.4 which recognizes “the urgent need to integrate HIV response programming with other health programming... in order to seek mechanisms for better multilateral support of civil society and communities as independent development actors”, and;
- b. The commitments outlined in the United Nations political declaration of the high-level meeting on universal health coverage adopted on 10 October 2019;

4.3 Takes note of the report;

4.4 Requests the UNAIDS Joint Programme to continue supporting Member States in creating an enabling environment for people living with HIV and other key populations, women and young people by addressing and overcoming relevant economic, social, structural and regulatory barriers – including stigma, discrimination and criminalization – that prevent their access to comprehensive HIV services and health-related programmes;

4.5 Requests the UNAIDS Joint Programme, and in collaboration with civil society and community-led organizations, to recommend approaches for monitoring and reporting on the engagement of organizations of and/or for people living with HIV and other key populations, women and young people in Universal Health Coverage strategies and monitoring and evaluation frameworks;

4.6 Calls on the UNAIDS Joint Programme to continue supporting Member States in ensuring all the elements of comprehensive HIV programming, as set out in the UNAIDS Strategy (2016-2021), remain or become available and accessible to in accordance with the division of labour and the mandates of its different organizations, people living with HIV and other key populations, women and young people under Universal Health Coverage frameworks and policies; and

4.7 Calls on Member States to contribute to the attainment of the Agenda 2030 for Sustainable Development commitment to leave no one behind and placing people living with HIV and other key populations, women and young people as critical partners and stakeholders in Universal Health Coverage design and implementation, and relevant policies and programmes, in order to promote approaches that are accountable, people-centered and community-led;

Agenda item 3: Annual progress report on HIV prevention 2020

- 5.1 *Recalling* the decisions from the 41st Programme Coordinating Board meeting on the follow-up to the thematic segment on HIV prevention 2020: *a global partnership for delivery*;
- 5.2 *Takes note* of the 2019 progress report on HIV prevention 2020;
- 5.3 *Requests* Member States, in collaboration with community-based organizations, civil society and partners, to accelerate a scaled-up prevention response in line with the commitments in the 2016 Political Declaration on HIV and AIDS and the HIV Prevention 2020 Road Map, taking on board lessons learned to date through the work of the Global HIV Prevention Coalition and its focus countries;
- 5.4 *Underlines* the importance for Member States and donors to increase investments in HIV prevention, with no less than one quarter of HIV spending to be invested in prevention programmes, and requests that Member States, with the support of the Joint Programme, move expeditiously to develop and submit funding proposals to the Global Fund that reflect the key elements described in this report, including a full expression of priority gaps for HIV prevention, optimizing resource allocation and leaving no one behind in the national response; and
- 5.5 *Requests* the Joint Programme to support countries in developing and implementing robust prevention plans that are comprehensive, equitable and people-centred and that address key persistent obstacles, including the need to overcome implementation barriers, further reduce stigma and discrimination, and strengthen community engagement in prevention service delivery, and report back to the Programme Coordinating Board in 2020 on progress made in HIV prevention, including the measurable outcomes and efficacy of the Global HIV Prevention Coalition since its inception;

Agenda item 4: Progress report on the barriers to effective funding of community-led responses by international and private funders as well as better understanding of the challenges faced by national governments in allocating funding to communities' responses

- 6.1 *Takes note* of the diverse views expressed in the discussion at the Programme Coordinating Board meeting, including support for and reservations on the progress report; and
- 6.2 *Recalling* decision point 10.4b of the 43rd Programme Coordinating Board meeting¹, *requests* the Joint Programme to convene a geographically balanced

¹ Requests the Joint Programme to convene a task team with diverse donors, implementing countries, and civil society representatives, including representatives of people living with HIV, women and adolescent girls and young women, youth and key populations, to standardize the use of definitions, including, "community-led AIDS response" and "social enablers" and to recommend good practices and improved modalities to ensure access to funding for community-based organizations and constituency-based networks;

multistakeholder task team open to all Member States, and to report back on the process to the Programme Coordinating Board in its 46th Session;

Agenda item 5: Follow-up to the thematic segment from the 44th Programme Coordinating Board meeting

- 7.1 *Takes note* of the background note (UNAIDS/PCB (44)/19.21) and the summary report (UNAIDS/PCB (45)/19.28) of the Programme Coordinating Board thematic segment on Delivering on SDG3: Strengthening and integrating comprehensive HIV responses into sustainable health systems for Universal Health Coverage (UHC);
- 7.2 *Recalls* the commitments outlined in the political declaration of the high-level meeting on universal health coverage, adopted on 10 October 2019;
- 7.3 *Requests* the UNAIDS Joint Programme to:
 - a. Promote coordinated and synergistic actions to achieve ending AIDS and other relevant SDG 3 targets, as well as contributing to other health-related SDGs as part of a coherent UHC agenda; and
 - b. Continue to support countries to monitor who is being left behind in the provision of HIV services and to support countries to remove barriers to HIV services ensuring that UHC is people-centred, rights-based, gender responsive, and free of stigma and discrimination;
- 7.4 *Calls* on the UNAIDS Joint Programme to continue to advocate for and support the meaningful participation of community and civil society in implementing and monitoring national HIV responses and critical aspects of UHC, including by contributing to guidance on civil society engagement and to community-friendly UHC monitoring tools, and to advocate for domestic and international financing for HIV and health as part of the UHC agenda; and
- 7.5 *Calls* on Members States to:
 - a. Utilize lessons learned from the HIV response, including the focus on equity, outcomes and accountability, and responsiveness to human rights principles and the inclusion of the vulnerable and marginalized segments of the population to guide efforts towards UHC;
 - b. Invest in HIV as part of overall health financing and as an important enabler for broader development and a key contributor to UHC, and include both HIV prevention and treatment interventions as part of essential health care services;
 - c. Where applicable, integrate HIV prevention and treatment services with other relevant services and broader health systems efforts in order to address HIV, co-infections, comorbidities and gender-based violence to promote improved health outcomes;
 - d. Strengthen health systems and accelerate multisectoral responses to address the determinants of health, including through addressing legal barriers, striving to eliminate stigma and discrimination and implementing social protection programmes; and
 - e. Renew efforts to identify, address and overcome regulatory and cultural barriers to the effective involvement of civil society and ensure the meaningful inclusion of civil society, including people living with HIV and other key populations, young people and women at all levels of planning, as well as

national and donor policy and programming frameworks, to ensure full involvement, quality participation and influence in the design, implementation and evaluation of policies and programmes; and to systematically and strategically include community-based social and health service delivery as part of comprehensive systems for health.

Agenda item 6: Report on progress on actions to reduce stigma and discrimination in all its forms

8.1 *Takes note* of the report;

8.2 *Requests* the UNAIDS Joint Programme to:

- a. Support Member States, civil society, networks of key populations and other partners, including national, regional and international human rights institutions and bodies, to set national targets and programmatic indicators to track progress and report impact of stigma and discrimination reduction programmes in routine monitoring and reporting mechanisms;
- b. Coordinate and increase technical assistance, and develop synergies between the Global Partnership for action to eliminate all forms of HIV related stigma and discrimination and bilateral and multilateral donors and other stakeholders investing in programmes to eliminate stigma and discrimination in all its forms at national, regional and global level;
- c. Continue to strengthen capacities of civil society, women and adolescent organizations, networks of people living with HIV and key populations at country level to demand discrimination-free services and participate in the design, implementation and tracking of programmes to end discrimination; and
- d. Report back to the Programme Coordinating Board on progress made on reducing HIV-related stigma and discrimination;

8.3 *Calls on* Member States and donors to:

- a. Increase political support and investments in the implementation of the key human rights programmes and in the minimum package of evidence based interventions to end HIV related stigma and discrimination faced by people living with and affected by HIV in six settings: health-care, workplace, education, justice, household, emergencies and humanitarian; and
- b. Engage civil society, networks of people living with HIV and key populations in the design, implementation and monitoring of programmes to end discrimination;

Agenda item 7: Report of the Joint Inspection Unit on the Management and Administrative Review of UNAIDS

9.1 *Takes note* with appreciation of the review of the Joint Inspection Unit on the Management and Administration of the Joint United Nations Programme on HIV/AIDS (UNAIDS), as contained in UNAIDS/PCB (45)/19.37, including the recommendations on governance, and affirms its resolve to strengthen oversight and accountability;

9.2 *Decides* to establish, through its Bureau, a geographically balanced, time-bound PCB working group with a non-extendable mandate to review the relevant JIU recommendations addressed to the Programme Coordinating Board, and to

provide an initial report on progress to the 46th meeting of the Programme Coordinating Board and to provide its final report with implementation options for the consideration of the Programme Coordinating Board at its 47th meeting;

- 9.3 *Takes note* with appreciation of the Management Response and *requests* the Executive Director to respond, in close collaboration with the cosponsors as relevant, to the JIU recommendations directed at the Secretariat and the Joint Programme as part of a single programme of change, and provide an update on progress made in this regard to the 47th meeting of the Programme Coordinating Board in December 2020;
- 9.4 *Welcomes and affirms* the commitment of the Executive Director to establish a regular stand-alone agenda item, in consultation with the Bureau of the Programme Coordinating Board, to cover internal and external audits, ethics, and other topics on accountability presented by the appropriate independent functions in their respective reports to the Board starting at the 46th Programme Coordinating Board meeting; and
- 9.5 *Requests* the cosponsors to bring the report to the attention of their respective governing bodies;

Agenda item 8: Lessons Learned on the nomination process of UNAIDS Executive Director

10. *Takes note* with appreciation of the recommendations of the Search Committee and *notes* the views expressed in the discussion at the 45th Programme Coordinating Board meeting, which should both be taken into consideration for future searches and the discussions on governance issues;

Agenda item 9: Evaluation Plan

11. *Recalls* its decision at the 44th session of the UNAIDS Programme Coordinating Board (decision 6.6) and *approves* the UNAIDS 2020-2021 Evaluation Plan with annual reporting on implementation by the UNAIDS Evaluation Office;

Agenda item 10: Next PCB meetings

- 12.1 *Agrees* that the themes for the 46th and 47th Programme Coordinating Board meetings will be:
 - a. Cervical Cancer and HIV—addressing linkages and common inequalities to save women's lives (46th Programme Coordinating Board meeting); and
 - b. What does the regional and country-level data tell us, are we listening, and how can we better leverage that data and related technology to meet our 2020 and 2030 goals? (47th Programme Coordinating Board meeting);
- 12.2 *Requests* the Programme Coordinating Board Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 48th and 49th Programme Coordinating Board meetings; and
- 12.3 *Agrees* on the dates for the 50th (21st, 22nd, and 23rd June 2022) and the 51st (13th, 14th, and 15th December 2022) meetings of the Programme Coordinating Board;

Agenda item 11: Election of Officers

13. *Elects* the United States of America as the Chair, the Republic of Namibia as the Vice-Chair and India as the Rapporteur for the period 1 January to 31 December 2020 and *approves* the composition of the Programme Coordinating Board NGO Delegation.

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