



UNAIDS/PCB(24)/09.15
5 October 2009

25th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
8-10 December 2009

Report of the Twenty-fourth Meeting of the PCB

1. OPENING

1.1 Opening of the meeting and adoption of the agenda

1. The twenty-fourth meeting of the UNAIDS Programme Coordinating Board took place at the Geneva International Conference Center (CICG) in Geneva, Switzerland, on 22-24 June 2009. The agenda for the meeting is attached as Annex 1.
2. Ethiopia, as chair of the Programme Coordinating Board, opened the meeting and welcomed all members and others in attendance. A moment of silence was observed in memory of those who had passed away from AIDS since the last Board meeting.
3. The provisional agenda (UNAIDS/PCB(24)/09.1.Rev.1) was adopted without amendments.
4. The regular segment was suspended to give way to the thematic segment "*People on the move – forced displacement and migrant populations.*" (Discussion during the thematic segment is summarized below under Agenda Item 1.3.)

1.2 Consideration of the report of the twenty-third meeting

5. The Programme Coordinating Board considered and approved the report of the twenty-third meeting with no changes (UNAIDS/PCB(23)/08.34).

1.3 Outcome(s) of the thematic segment

6. Dr Paul De Lay, UNAIDS Deputy Executive Director, Programme, opened the plenary session by noting two key lessons learnt regarding HIV and people on the move. First, that the HIV-related vulnerability experienced by many people on the move does not stem from mobility itself but rather from the circumstances under which mobility often occurs. Those circumstances, he noted, are issues that governments, communities and the UN organizations can influence and help improve. Second, many myths surround people on the move, including the erroneous assertion that migrants and refugees are bound to have higher rates of HIV than non-migrant populations. Evidence indicates that people on the move do not typically experience higher levels of HIV infection than their home or host country communities.
7. Ms Ndioro Ndiaye, Deputy Director General of the International Organization for Migration, emphasized that universal access to HIV prevention, treatment, care and support will not be achieved without reaching populations that traditionally have been overlooked, such as migrants and people displaced by conflict or natural disaster. Worldwide, migrants represent more than 200 million people, with women making up half of all migrants. These figures do not include the much larger number of internally displaced people or those living in irregular situations. The negative impact of the circumstances in which migration occurs is especially severe for people who migrate involuntarily. Even where health services are made available to migrant communities, meaningful access may be limited by linguistic or cultural barriers or due to inadequate awareness of their availability. Certain groups of migrants appear to be at greater risk of HIV, including those who are subjected to abuse or individuals who migrate for work but fail to find employment. Addressing the HIV-related needs of migrants requires a common strategy and broad cooperation among governments, civil society, employers,

people living with HIV, and other stakeholders within and across national borders. Efforts to reduce social exclusion and discrimination are needed, and improvements are required in access to HIV prevention, treatment, care and support. Service providers' attitudes, skills and capacities to effectively include migrants should be strengthened in countries of destination and origin. The collection of relevant data on migrants should be improved. Ms Ndiaye emphasized that advocacy is required to persuade policy-makers that HIV testing and counseling should not be obligatory for people who enter another country.

8. Ms Emilienne Jayet, a founding member and president of the *Association Solidarité Femmes Africaines de Genève* (ASFAG), described her personal history of migration and her involvement in the creation of ASFAG. Founded in 2002, ASFAG provides HIV-related support to approximately 140 women from 29 different countries in Africa. Supported by the government of Geneva, the organization addresses the many issues that migrant women living with HIV face, including barriers to health care access, housing, and immigration issues.
9. Mr Jerico Balauag Paterno, of the Pinoy Plus Association in Manila, Philippines, shared his personal experience as a migrant worker. Mr Paterno reported that after traveling to Dubai in search of work in 2005, he tested HIV-positive and was transferred to medical isolation for three weeks. He returned to the Philippines, where he received the support of an association of people living with HIV. Mr Paterno said he would have accepted his HIV status much sooner had he received counseling at the time of his diagnosis.
10. Mr António Guterres, United Nations High Commissioner for Refugees, applauded the commitment of UNAIDS to universal access to HIV prevention, treatment, care and support and the leadership role of Mr Michel Sidibé. Mr Guterres also acknowledged the contributions of Dr Peter Piot, former UNAIDS Executive Director. Migration is often associated with circumstances that increase vulnerability to HIV. Some migrants engage in risky behaviours in order to survive, while others are subjected to gender-based violence and other forms of mistreatment. Meeting the needs of people on the move is critical to the achievement of universal access.
11. Mr Guterres noted that significant progress has been made in addressing the HIV-related needs of people on the move in humanitarian situations. It has been demonstrated that antiretroviral therapy is feasible and affordable in humanitarian settings, with comparable rates of adherence. Approximately 75 per cent of refugees currently have access to antiretroviral therapies in settings where treatment access exists in the surrounding host community. The number of countries that integrate refugees into national strategic plans has actually declined in recent years. Moreover, 44 per cent of countries with more than 5,000 refugees do not mention them in their national plans against HIV and AIDS. The human rights of people on the move must be respected and protected, including in humanitarian situations. Differences in culture and values can no longer be accepted as grounds for intolerable behaviour such as violence against women or children. Improvements are needed in the magnitude and quality of HIV-related information available in refugee settings. Joint rapid assessments have proven to be a useful first step in collecting and analyzing relevant information in particular situations.

Although a strong commitment exists within the United Nations to improve collaboration on HIV and refugees, additional efforts are needed to enhance cooperation among UN

partners who work in the area of humanitarian assistance. Although the long-term impact of the global financial and economic crisis remains unclear, it is apparent that strong advocacy will be required to keep AIDS at the forefront of the global political agenda.

12. During parallel morning and afternoon sessions, Board members and other participants attended four panel discussions regarding various aspects of people on the move. Panels respectively focused on (1) Universal access and HIV-related restrictions on entry, stay and residence; (2) Universal access, mobility and labour; (3) Universal access, forced displacement, and humanitarian situations; and (4) Universal access, economic drivers, and pull factors for mobility. Participants in each panel discussion were asked to identify barriers to universal access, potential solutions, conclusions and recommendations. Selected rapporteurs from each panel discussion presented respective findings to the Programme Coordinating Board.
13. The panels identified several key actions to improve the AIDS response with respect to people on the move. It was recommended that countries include migrant populations in their national strategic plans, budgets and grant proposals. Specific focus on heavily affected groups within migrant populations and on key factors that increase vulnerability was recommended. The participation and engagement at all levels of diverse economic sectors is critical to an effective AIDS response for people on the move. Regional and inter-governmental collaboration is needed to avert HIV-related service interruptions for migrant populations. Additional efforts are required to integrate HIV in the work of migrant and humanitarian organizations and to encourage ethical data collection. It was recognized that accountability could be strengthened through the establishment of standardized indicators to measure progress, and adding an indicator on HIV and people on the move to UNGASS reporting. Capacity-building was stressed as a priority in both source and destination countries. The Programme Coordinating Board emphasized the need for greater advocacy to encourage countries to repeal HIV-related travel restrictions and to persuade additional countries from adopting such practices.
14. The Programme Coordinating Board took note of the outcomes of the thematic segment and asked UNAIDS to include these outcomes in its future work. UNAIDS was requested to report to a future Board meeting in line with its general reporting on activities. The UNAIDS Secretariat and Cosponsors were requested to facilitate at global, regional and national levels the incorporation of people on the move, including migrants and forcibly displaced persons, into regional and national AIDS strategies to achieve universal access. The Board also asked the Secretariat and Cosponsors to support governments in harmonizing laws and policies on HIV testing and counseling to ensure adherence to internationally accepted standards.
15. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 3.1-3.3 of the "Decisions, Recommendations and Conclusions" in Annex 2.

1.4 Report of the Executive Director

16. Delivering his first address to the Programme Coordinating Board as UNAIDS Executive Director, Mr Michel Sidibé acknowledged the outstanding leadership and courage of his predecessor, Dr Piot. Thanks were offered to the Government of Norway for allowing Ambassador Sigrun Mogedal to assist UNAIDS during the leadership transition, as well as to UNAIDS Cosponsors and numerous countries and donors for their contributions to this process. Mr Sidibé expressed particular thanks to United Nations Secretary-General Ban-Ki Moon for his support and guidance.
17. Although 2009 is a year of new crises—ranging from the global economic crisis to the emergency of the H1N1 pandemic—it is critical to remember that still 2 million deaths are occurring each year as a result of AIDS. It is also a new era in the AIDS response, with nearly US\$ 14 billion devoted to HIV-related programmes in 2008. While the world can no longer afford to keep the AIDS response in isolation from broader development and health challenges and responses, it is equally vital to ensure that leaders remain focused on the AIDS response. In a time of historic challenges, UNAIDS must not only learn to do more with less but also to leverage its resources to produce better results.
18. Consultations with hundreds of stakeholders—including through the Second Independent Evaluation of UNAIDS and other review processes—have delivered a clear message that the world is looking to the Joint Programme for leadership, now more than ever. To meet this challenge, Mr Sidibé committed UNAIDS to increase results and impact, optimize and expand partnerships, and transform UNAIDS into a more efficient and effective organization. The UNAIDS Outcome Framework for 2009-2011 with its 9 priority areas for action was cited as an example of United Nations reform in action, drawing on the contributions of all Cosponsors and the Secretariat to achieve results in specific areas where progress has lagged.
19. In relation to the aim of delivering results and improving impact, the UNAIDS Outcome Framework recognizes that antiretroviral treatment programmes are at risk. To address this challenge, the Joint Programme will urgently revise its treatment guidelines, work to end the use of outmoded treatment regimens in resource-limited settings, and explore ways to maximize the flexibility allowed by intellectual property agreements to enhance treatment access. At the same time, the Outcome Framework addresses the systematic under-investment in HIV prevention. UNAIDS will support wiser, targeted investments in “combination HIV prevention,” including the implementation of harm reduction and substitution therapy to prevent HIV transmission among injecting drug users. Mr Sidibé proposed that UNAIDS and partners rally around a comprehensive effort to eliminate mother-to-child transmission by 2015. To further strengthen the Joint Programme’s capacity to provide needed leadership on HIV prevention, Mr Sidibé proposed the addition of a new priority work area focusing on prevention of sexual transmission, with particular attention to the urgent need to strengthen prevention efforts in sub-Saharan Africa. Under this new priority work area, UNAIDS will work to accelerate estimations of HIV incidence; focus prevention programmes on those populations most at risk; forge a new movement of positive health, dignity and prevention; transform the 4 million people on HIV treatment into agents for HIV prevention; as well as engage in high-level HIV prevention diplomacy. UNAIDS will also provide renewed support for efforts to develop a cure and a preventive vaccine as well as for the integration of Tuberculosis and HIV services.

20. The need for greater progress on human rights was also stressed, including the removal of punitive laws that discriminate against men who have sex with men, sex workers and their clients, injecting drug users, people on the move, and people living with HIV. Mr Sidibé cited the recent decision of the Government of Senegal to release from prison nine men, charged for homosexual acts, as an example of strong leadership on AIDS prevention and protection of human rights. UNAIDS intends to establish a high-level task team, led by UNDP, to focus on the decriminalization of HIV transmission.
21. With respect to the strategic aim of optimizing and expanding partnerships, Mr Sidibé stressed continuing efforts to build and strengthen partnerships with people living with HIV, as well as forging similar partnerships with injecting drug users, young people, men who have sex with men, people on the move, as well as other civil society constituencies. UNAIDS has taken steps to intensify its partnerships with women's groups, releasing in March 2009 a new guidance document on sex workers and preparing a new action framework on women and girls. Mr Sidibé pledged that UNAIDS would transform its Memorandum of Understanding with the Global Fund to fight AIDS, Tuberculosis and Malaria into practical steps to ensure that funding proposals are based on credible national strategic plans and evidence-based gap analyses. Mr Sidibé stressed the importance of the "AIDS+MDGs" movement, supported by the UN Secretary-General and more than 70 health ministers, to link the AIDS response to the broader global effort to achieve the Millennium Development Goals.
22. To help transform UNAIDS into a more efficient and effective organization, Mr Sidibé said that UNAIDS should focus on a limited set of priorities that are linked to concrete objectives. UNAIDS must better clarify the linkages between its country, regional and global offices and define clear objectives and metrics for measuring impact. Steps have been taken to improve the effectiveness of UNAIDS staff and business practices, and additional steps are likely to follow the findings of UNAIDS Second Independent Evaluation and the results of an ongoing review of the optimal structure of the Secretariat. UNAIDS is also examining strategies to address the difficulties created by the dual administration of UNAIDS staff by WHO and UNDP.
23. The ability to "deliver as one" is the litmus test of the Joint Programme's effectiveness. Mr Sidibé said that UNAIDS will work in the coming months to strengthen UNAIDS' presence in countries. To ensure that UNAIDS is an employer of choice, the Joint Programme is working to improve professional development, offer flexible working arrangements, combat stigma and discrimination in the workplace, and work towards recognition of same-sex domestic partnerships. Above all, UNAIDS will further strengthen its commitment to support staff members who are living with HIV.
24. In the midst of a global financial and economic crisis, Mr Sidibé noted that UNAIDS proposed to maintain the Unified Budget and Workplan for 2010-2011 at its current level. Within the biennial budget, the proposed Unified Budget and Workplan increases amounts allocated to the Cosponsors by US\$ 16 million. This reallocation reflects a commitment by the UNAIDS Secretariat to do more with less, in part by identifying savings through improved efficiency. In this regard, Mr Sidibé pledged to reduce the cost of meetings and travel by the Secretariat by 25 per cent. UNAIDS will also reorient its publications towards electronic means and take steps to become a "paperless organization" by 2012. Mr Sidibé thanked the Joint Programme's donors for their consistent support and expressed the hope that such support would continue.

25. The Programme Coordinating Board took note of Mr Sidibé's report and congratulated him on the start of his tenure as UNAIDS Executive Director. The Board urged an intensification of efforts on HIV prevention and welcomed the emphasis on preventing sexual transmission, implementing evidence-informed measures to prevent transmission via injecting drug use, and uniting around the goal of eliminating mother-to-child transmission by 2015. Concerns regarding the sustainability of HIV treatment were expressed, particularly in light of the growing need for more costly second- and third-line antiretroviral regimens. The Programme Coordinating Board welcomed a renewed focus on maximizing utilization of flexibilities permitted under the WTO Agreement on Trade-Related Aspects of Intellectual Property (TRIPS) to enhance the affordability and accessibility of essential medicines.
26. Support was expressed for taking AIDS "out of isolation" by linking the AIDS response to broader international health, human rights and development initiatives. The Board welcomed the UNAIDS Outcome Framework and applauded the priority given to human rights in the Executive Director's remarks. It was recommended that continued emphasis should be placed on advocacy to encourage countries to avoid punitive laws that criminalize HIV transmission or otherwise burden populations most heavily affected by the epidemic. Concern was voiced regarding perceived "AIDS fatigue", particularly as the global economic crisis will increase competition for resources. It was recommended that a subcommittee of the Programme Coordinating Board be established to examine the work of the Board and make recommendations for improving its operation.

1.5 Report by the Chairperson of the Committee of Cosponsoring Organizations

27. The Programme Coordinating Board took note of the report of the Committee of Cosponsoring Organizations. Dr Margaret Chan, Director-General of WHO and Chair of the Committee of Cosponsoring Organizations. She expressed appreciation for the work of Mr Sidibé to facilitate intensified cooperation among Cosponsors and the Secretariat. In April 2009, Executive Heads of the Cosponsors and the Secretariat met to review the work of the past year, approve a proposed UNAIDS Unified Budget and Workplan for submission to the Programme Coordinating Board, and examine new strategic directions for UNAIDS. As a result eight priority work areas and six cross-cutting strategies were endorsed as the UNAIDS Outcome Framework¹.
28. Dr Chan emphasized the importance of strengthening efforts to address the HIV-related needs of vulnerable populations, intensifying strategic focus on HIV prevention, and strengthening health systems to support an optimally effective AIDS response. Technical interventions must be supported by action to address the social determinants of vulnerability and to promote human rights and gender equality. Although the Board meeting occurred in the midst of multiple crises on diverse fronts, Dr Chan emphasized the importance of continuing a robust AIDS response, observing that the lives of millions of people now depend on uninterrupted access to medication.

¹ An additional priority work area focusing on sexual transmission was added during the Programme Coordinating Board meeting (see paragraph 19).

1.6 Report by the NGO representative

29. The Programme Coordinating Board noted with appreciation the report of the NGO representative. To apprise the Board of current issues and concerns of civil society, PCB NGOs had collectively undertaken a much more extensive consultation process in 2009. An online survey was completed by 380 respondents, and 35 individual interviews and/or focus groups were conducted among key constituencies to identify key barriers to universal access. Results were summarized in a written report submitted to the Programme Coordinating Board.
30. More than two-thirds of respondents rated stigma and discrimination as the most important barrier to universal access. PCB NGOs encouraged UNAIDS to increase its capacity to address punitive laws and to support the implementation of enabling legal frameworks. The Programme Coordinating Board approved the PCB NGOs' proposal to add non-discrimination as a sixth guiding principle for UNAIDS and also asked that the issue of non-discrimination be discussed as a substantive agenda item at a Board meeting in 2010. Other issues addressed in the report included the importance of evidence-based HIV prevention, especially for people who use drugs (including non-injectors); the growing burden of hepatitis co-infection among people living with HIV; and the urgent need for improved partnerships to address HIV-related needs of people on the move.
31. Appreciation was expressed for the inclusive and transparent explanation of the PCB NGOs' methodology for assessing the concerns of civil society. The Programme Coordinating Board shared PCB NGOs' concerns regarding laws criminalizing HIV transmission and other punitive legal frameworks. Mr Sidibé expressed his appreciation for a strong and active NGO presence on the Programme Coordinating Board.
32. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 6.1– 6.2 of the "Decisions, Recommendations and Conclusions" in Annex 2.

2. 2010-2011 Unified Budget and Workplan and 2008-2009 Reports

33. Mr Joel Rehnstrom, Chief of Budget, Finance and Administration presented the proposed 2010-2011 Unified Budget and Workplan. The Unified Budget and Workplan for the next biennium was developed with the purpose of operationalizing the priority work areas in the UNAIDS Outcome Framework, as well as to continue support for a comprehensive response and to ensure organizational coherence and results. The 2010-2011 budget maintains the core funding level of the Joint Programme for 2008-2009 at US\$ 484 million, but allocates a further US\$ 16 million from the Secretariat to the Cosponsors.
34. The UNAIDS Budget and Workplan has evolved over more than a decade, rising from a core budget of US\$ 120 million to the current level of US\$ 484 million. The Unified Budget and Workplan has succeeded in its primary function of leveraging additional resources for the AIDS response, as funding for HIV-related programmes in low- and middle-income countries has risen 40-fold since the establishment of UNAIDS. The Budget and Workplan for 2010-2011 builds on lessons learnt from earlier versions of the Unified Budget and Workplan.

35. In the interests of accountability and transparency, the Unified Budget and Workplan links each result with specific indicators, benchmarks and performance targets. A Performance Monitoring Framework for 2010-2011 was also presented to the Programme Coordinating Board for endorsement. The Framework incorporates the taxonomy of the Development Assistance Committee of the Organisation for Economic Co-Operation and Development and is aligned with the respective monitoring protocols of Cosponsors. The Framework includes both quantitative and qualitative indicators, building on core indicators developed to measure progress in implementing the 2001 Declaration of Commitment on HIV/AIDS.
36. Mr Rehnstrom also presented results of the mid-term review of progress in implementing the 2008-2009 Unified Budget and Workplan. As of the date of the Programme Coordinating Board meeting, UNAIDS had received core income of US\$ 421.7 million out of the budgeted amount of US\$ 484.4 million, with the expectation that UNAIDS would eventually receive income at or near the budgeted amount by the end of 2009. As of 31 March 2009, the Joint Programme reported an overall implementation rate of 72 per cent for the 2008-2009 Unified Budget and Workplan. With respect to performance against principal outcomes and key results, the mid-term report demonstrated strong progress by UNAIDS, although a more detailed analysis of results must await the completion of the current biennium, when a comprehensive report will be prepared for the Board. The Board took note of the performance monitoring report for 2008, the unaudited interim financial report and related financial statements for the year that ended 31 December 2008, as well as interim financial management information and the financial update through 31 March 2009. Donor governments and others were encouraged to release their contributions towards the 2008-2009 Unified Budget and Workplan as soon as possible.
37. The Chair of the subcommittee *ad interim* of the Programme Coordinating Board that had focused on the preparation of the 2010-2011 Unified Budget and Workplan, Mr Laroque, presented a report on the operation. The subcommittee composition included two member states per regional constituency as well civil society representatives, Cosponsors and the Secretariat. Two regions were not represented due to the lack of candidates. The subcommittee faced a number of organizational challenges, but these were generally overcome. The subcommittee examined the proposed 2010-2011 Unified Budget and Workplan, as well as the draft 2010-2011 Performance Monitoring Framework and recommended a number of modifications and improvements which were incorporated in the documents. The subcommittee recommended adjustments to technical support strategies in individual regions and countries to address specific challenges. Additional information was solicited regarding implementation and responsibilities within the Joint Programme. The subcommittee recommended that its status should be changed from interim to standing; a decision on this proposal is expected to be taken by the Programme Coordinating Board at its twenty-fifth meeting, when the findings and recommendations of the Second Independent Evaluation will be considered. The subcommittee invited the Programme Coordinating Board to approve both the 2010-2011 Unified Budget and Workplan and the Performance Monitoring Framework.
38. The Board thanked the Secretariat for its presentations on the Unified Budget and Workplan. Particular appreciation was expressed for the success in making a complex budget structure as comprehensible as possible. Requests were made to report

spending in the future to the greatest extent feasible by individual countries and regions, although it was also noted that magnitude of spending per country was often an imperfect indicator of effort or impact. Support was expressed for maintaining the core Unified Budget and Workplan at its current resource level, although concerns were also voiced regarding the long-term implications of the current financial crisis on resource mobilization prospects. Some Board members stated a desire to see the Unified Budget and Workplan relate more clearly to other key funding mechanisms, including the Global Fund to fight AIDS, Tuberculosis and Malaria and the United States' President's Emergency Plan for AIDS Relief.

39. Concerns were voiced regarding the growth over time in the size of the fund balance under the Unified Budget and Workplan to which the Executive Director responded that a certain level of working capital was required to immediately start implementation of the Unified Budget and Workplan in the early months of a new biennium, but he also pledged to monitor the size of the fund balance and prevent it from becoming excessive. The Board also expressed concerns regarding implementation rates for populations most at risk and for women and girls under the 2008-2009 Unified Budget and Workplan, which primarily reflected a delay in implementation. Questions were raised as to whether the Unified Budget and Workplan had succeeded in averting duplication and overlap among Cosponsors. In response it was noted that while multiple Cosponsors may work on particular issues (e.g., commodity supply chain management, prevention of mother-to-child transmission), care had been taken to ensure that such activities were complementary rather than duplicative.
40. The Programme Coordinating Board endorsed the action agenda and priority areas of the 2010-2011 Unified Budget and Workplan to accelerate progress towards universal access. The Board also approved the Unified Budget and Workplan for 2010-2011, including the proposed distribution of resources as follows: US\$ 161.0 million to be shared among 10 Cosponsors; US\$ 182.4 million for the UNAIDS Secretariat; US\$ 136.4 million for interagency activities; and US\$ 5.0 million as a contingency fund. The Board took note of the planned Cosponsor supplemental and global/regional resource budget, endorsed the UNAIDS 2010-2011 Performance Monitoring Framework, and took note of UNAIDS Performance Monitoring Report for 2008.
41. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 7.1– 7.14 of the “Decisions, Recommendations and Conclusions” in Annex 2.

3. HIV prevention among injecting drug users

42. Mr Christian Kroll, Global Coordinator on AIDS for UNODC, presented the findings and conclusions of a review of HIV prevention issues among injecting drug users. He emphasized that HIV transmission among injecting drug users can be prevented by making available a comprehensive package of nine effective interventions. Implementation of this comprehensive package has virtually halted injecting drug use-related HIV transmission in the Netherlands and Switzerland, while substantial transmission continues to occur in Eastern Europe, Southeast Asia and other regions.
43. An emerging prevention challenge is the need to target interventions to sub-groups of drug users. Globally, there is a growing number of women who inject drugs; many drug users also engage in sex work; significant drug use occurs in prison settings; and

various people on the move and men who have sex with men also use drugs. Some settings are experiencing notable increase the use of stimulants and poly-drug use. Injecting drug use also appears to be on the rise in Africa.

44. Insufficient prevention coverage for injecting drug users – less than 5 per cent in some countries – is caused by several important obstacles to a more effective response to HIV among injecting drug users. Many countries exhibit major inconsistencies between drug control and public health policies. Stigmatization of drug use is often intense and operates as a serious deterrent to service utilization and uptake. Legal and policy restraints exist in many settings regarding the use of opioid substitution therapy for drug dependence. In addition, certain non-injection drug use is also contributing to significant sexual HIV transmission.
 45. The Programme Coordinating Board welcomed the report, thanked Mr Kroll for the presentation, and acknowledged the important progress that UNAIDS had made in addressing HIV prevention among injecting drug users since the adoption in 2005 of the Joint Programme's policy on harm reduction. It was noted that a number of countries had made important strides in implementing comprehensive harm reduction. Strong support was expressed for comprehensive harm reduction strategies, and the Board called on Member States to further harmonize national laws governing HIV and drug use to encompass both a public health and human rights perspective, taking into account relevant national circumstances. Countries were asked to reaffirm their commitment to harm reduction, in line with the UNAIDS/UNODC/ WHO "*Technical Guide for countries to set targets for Universal Access to HIV prevention, treatment and care for injecting drug users.*" The Board asked UNAIDS to expand and strengthen its work to increase prevention coverage for injecting drug users, to build capacity to implement a comprehensive prevention package, and to collaborate with diverse partners to enhance service access and address the issue of stigmatization and discrimination.
 46. The importance of involving affected communities was stressed. The Board called on UNAIDS to work with Member States and civil society organizations to develop and implement guidance and programme models to respond to the needs of key sub-groups of drug users. Particular attention is needed for people who use crack cocaine, amphetamine-type stimulants, alcohol or other non-injection drugs. It was observed that in many settings, the magnitude and quality of data on HIV among injecting drug users must be improved to inform a sound policy and programmatic response; the Board asked UNAIDS to support greater investment in data collection. The Board noted the particular burden posed by co-infections with hepatitis and tuberculosis among drug users, and UNAIDS was asked to support improved surveillance of co-infections.
 47. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 8.1– 8.11 of the "Decisions, Recommendations and Conclusions" in Annex 2.
- 4. Cooperation with the Global Fund to fight AIDS, Tuberculosis and Malaria and the PCB: Support mechanisms for African states**
47. Mr As Sy, UNAIDS Deputy Executive Director for Management and External Relations, a.i. presented a proposed way forward to follow up from the Programme Coordinating Board's request to the Secretariat to provide options to strengthen mechanisms to facilitate consultation and networking among African States to meaningfully participate in

the governing bodies of UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria. Numerous factors constrain efforts to improve the participation of African States in these governing boards, including a lack of strategic interaction and dialogue with African States, differing representational and constituency approaches of the Programme Coordinating Board and the Global Fund Board, linguistic barriers, and the relatively small number of Geneva-based African missions with dedicated health focal points. To address these constraints, steps were proposed to improve communication between key stakeholders, conduct regional consultations to improve participation in UNAIDS governance and programmes, ensure the participation of a critical mass of delegates from African regions, and promote the availability and use of the French language in interaction in the governance and programmes of UNAIDS and the Global Fund.

48. The Global Fund remains engaged in close dialogue and collaboration with the UNAIDS Secretariat on these matters. The Global Fund is in the process of developing a policy paper on participation and constituency support in its governance, which will be presented to the Global Fund Board for consideration at its meeting in November 2009. The Programme Coordinating Board asked the UNAIDS Secretariat to continue its discussions with the Global Fund in order to seek coherent approaches and possible cost savings and cost sharing.
49. The Programme Coordinating Board congratulated UNAIDS on its presentation and lauded the collaborative and participatory process used to develop the proposed initiatives. Support was expressed for enhancing the linguistic diversity of interactions in the governance of UNAIDS, with particular emphasis on the use of French in full respect of established UN procedures. The Board welcomed the proposal to improve the meaningful participation of African States in the governance of UNAIDS. It was observed that this pilot initiative, if successful, could be a model for other regions. The Board noted the need for indicators to measure the successful implementation of these initiatives before extending them to other regions. It was also recommended that UNAIDS seeks ways to rationalize planned regional consultations with other health-related meetings to help mitigate costs.
50. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 9.1– 9.5 of the “Decisions, Recommendations and Conclusions” in Annex 2.

5. UNAIDS participation in “One UN” Country Pilots

51. Mr Tim Martineau, UNAIDS Director for Technical and Operational Support, offered the example of Mozambique as an illustration of the Joint Programme’s participation in eight “One UN” pilot projects to improve system-wide coherence. Mr Ndolamb Ngokwey, United Nations Resident Coordinator for Mozambique, reported on a stocktaking exercise in January 2009 that had assessed progress in the “One UN” pilot in that country. In Mozambique, UNAIDS is helping to lead efforts to promote greater system-wide coherence for the UN. All pillars for the initiative to deliver as one are in place in Mozambique, joint programming has been designed and is being implemented, and mechanisms for coordination, conflict resolution and the like are now in place.
52. Experience in Mozambique has generated several lessons learnt. Government leadership and ownership have proven to be critical to the success of efforts to promote

greater UN system coherence and effectiveness. Through “learning by doing”, the UN system has seen the emergence of a culture of working together. Engagement of staff, as well as leaders, has been an important ingredient of success in Mozambique. Joint missions have demonstrated their usefulness in promoting greater results.

53. HIV is a serious problem in Mozambique, with 16 per cent of pregnant women testing HIV-positive. The Government of Mozambique has declared HIV to be the single greatest impediment to development. Through the Joint UN Team on AIDS, significant progress has been made in strengthening UN support for national efforts. With a clear division of responsibility derived from each agency’s comparative advantage, the Joint UN Team has enabled the UN system to speak with a single voice on AIDS. Support from the Joint Team facilitated the National Assembly’s adoption in 2009 of anti-discrimination legislation.
54. Although the UN system is perceived as working better together at country-level, the “One UN” pilots and other related initiatives have also identified several challenges. Efforts to improve UN system coherence and effectiveness are associated with certain transaction costs, as improving coordination and collaboration are inherently labour-intensive. In addition, while progress has been made, such initiatives continue to confront an institutional mindset that primarily focuses on agency-specific priorities over system-wide effectiveness.
55. Mr Eammon Murphy, UNAIDS Country Coordinator in Viet Nam, reported on the “One UN” pilot in that country. In Viet Nam, as in Mozambique, government leadership has proven to be an important element of the initiative’s success. Civil society, the Global Fund, other donors and other partners and stakeholders come together to review the job UNAIDS is doing and to make recommendations to improve effectiveness.
56. The Programme Coordinating Board took note of the report and encouraged continued progress towards greater UN system coherence and effectiveness at country level. Concerns were expressed that the momentum for UN reform appeared to be decreasing. The Board called on the Executive Heads of Cosponsoring Agencies to reaffirm their commitment to UN reform, and the UNAIDS Cosponsors and Secretariat were asked to strengthen their individual and collective efforts to deliver as one. No additional funds were sought by UNAIDS for “One UN” activities; the Board requested that UNAIDS ensure that Unified Budget and Workplan resources support the AIDS component in “One UN” countries. UNAIDS was asked to document transaction costs associated with the Delivering As One pilot and to continue to assess the performance of Joint UN Teams on AIDS in all countries. Donors and partners were called upon to adhere to their commitments to the Three Ones principles and the Paris Declaration on Aid Effectiveness, IHP+ and the Accra Agenda for Action.
57. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 10.1– 10.7 of the “Decisions, Recommendations and Conclusions” in Annex 2.

6. Second Independent Evaluation of UNAIDS

58. Ms Catherine Hodgkin, Chair of the Oversight Committee of the Second Independent Evaluation of UNAIDS, updated the Programme Coordinating Board on progress towards completing the evaluation, referring Board members to a written report

submitted as part of the documentation for the twenty-fourth meeting. The first six months of 2009 had been primarily devoted to intensive gathering of evidence, with completion of country visits, consultants in all regions and among Member States, interviews and web surveys of key stakeholders, interviews with the current and former Executive Director of UNAIDS, and discussions with the UNAIDS Secretariat and Cosponsors. A stakeholder consultation during which preliminary findings were presented offered another opportunity to gather information and perspectives. The Evaluation Team had also engaged in numerous exercises to analyze, synthesize and verify information. The Oversight Committee is scheduled to receive a final report during the first week of August and will have three weeks to review the draft. The final report will be available for submission to the Chair of the Programme Coordinating Board by 30 September. UNAIDS will then coordinate the response for the Board's discussion of the Second Independent Evaluation at its December 2009 meeting.

59. The stakeholder consultations in early June 2009 had attracted approximately 100 participants. Ms Hodgkin emphasized that the draft findings circulated to stakeholders did not constitute a final report but were instead designed to determine whether preliminary findings resonated with stakeholders and to elicit additional information relevant to the final report. Ms Hodgkin reported that the feedback regarding the findings was generally positive, although participants approached the consultation with widely varying expectations. It was reported that the Second Independent Evaluation is on schedule and within the budget.
60. The Programme Coordinating Board took note of the report by the Chair of the Oversight Committee. In response to questions raised about the language to be used for the final report, Ms Hodgkin indicated that the report will be issued in English and also translated into French. In recognition of the likelihood that the Second Independent Evaluation would raise important governance issues, the Programme Coordinating Board agreed to establish an interim working group to review the working methods of the Board and to prepare proposals for the twenty-fifth Board meeting, taking into consideration the conclusions and recommendations of the Second Independent Evaluation.
61. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 11.1– 11.2 of the “Decisions, Recommendations and Conclusions” in Annex 2.

7. Gender-sensitivity of AIDS responses

62. Mr Jeffrey O'Malley, Director of HIV/AIDS Practice at UNDP, introduced an oral update of UNAIDS' efforts to promote gender-sensitive AIDS responses. UNAIDS has worked on two tracks. The first has focused on HIV, women and girls, and gender equality. The second concerns men who have sex with men and transgender people and links to the gay, lesbian, bisexual and transgender movements.
63. Dr Mandeep Dhaliwal, Cluster Leader for Gender, Human Rights and Sexual Diversities in the HIV/AIDS Group of UNDP, summarized ongoing work and results achieved for women and girls as part of the accelerated support to countries, strengthening UN staff capacity, additional dedicated resources and strengthening technical support capacity and delivery. Dr Dhaliwal reported on efforts efforts to develop an inter-agency framework on women and girls. More than 160 people from 76 countries had participated in three in-person consultations undertaken by the Joint Programme to

inform this key inter-agency policy framework. The framework promotes action in three distinct but mutually reinforcing areas: (1) Knowing your epidemic and response in gender terms; (2) Addressing women and girls in national plans and budgets; and (3) Strengthen advocacy, capacity and resource mobilization for effective action for women and girls. The framework - a tool for the UN - aims to build on the comparative advantage of different members of the UNAIDS family, strengthen UNAIDS partnerships on work relating to women and girls, and provide clear mechanisms for accountability through performance monitoring. Dr Dhaliwal said comments on the draft framework would be solicited through 10 July 2009. Mr Sidibé has allocated US\$ 1.17 million for an initiative called Universal Access for Women and Girls Now! – which aims to jumpstart implementation of the action framework and deliver results for women and girls.

64. Dr Cheikh Traore, Senior Policy Advisor, Sexual Diversity, HIV/AIDS Group, UNDP, reported on implementation of the *UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People*. The framework aims to strengthen and promote human rights, enhance the evidence base for action, and ensure better AIDS responses for sexual minorities. In the human rights area, UNAIDS has supported activists facing persecution, promoted the rule of law, support discussions regarding sexual diversity at the African Commission on Human and People's Rights, and worked with other regional bodies to build capacity and address discrimination against sexual minorities. UNAIDS has supported a multi-country study to identify enabling and disabling political factors for sound AIDS responses for sexual minorities in the Middle East and North Africa region. A four-country study in southern Africa will collect information regarding HIV-positive women who have sex with women. To build national capacity, UNAIDS has worked to increase the attention to issues relating to men who have sex with men and transgender communities in national strategic plans. The Programme Coordinating Board welcomed the promulgation of the Action Framework for men who have sex with men and transgender people.
65. The Programme Coordinating Board noted with appreciation the update on UNAIDS' efforts to assist countries to accelerate action on women, girls and gender equality. The Board also applauded the consultative process used to inform development of the Action Framework. Some PCB NGOs expressed concerns regarding the degree to which women working at the grassroots level had been included throughout the process of developing the Action Framework for women, girls and gender equality. Mr Sidibé's strong commitment to UNAIDS leadership on women, girls and gender equality was cited, including the dedication of new resources to accelerate implementation of the Action Framework for women, girls and gender equality. The need to recognize the diversity of women and girls affected by HIV was noted.
66. The Board noted that there had been a long process for developing the framework for women, girls and gender equality and encouraged UNAIDS to finalize it and quickly move forward with action. The Board requested Mr Sidibé to appoint a representative advisory working group, with participation of women's organizations and women living with HIV – especially from the South, to assist in developing, implementing and monitoring an operational plan for the Action Framework for women, girls and gender equality. UNAIDS was asked to begin operationalizing the Action Framework for women, girls and gender equality by October 2009 and to report on initial implementation at the twenty-sixth Programme Coordinating Board meeting and provide a comprehensive progress report to the twenty-seventh Programme Coordinating Board meeting on activities relating to the gender dimensions of the AIDS response.

67. Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 12.1– 12.8 of the “Decisions, Recommendations and Conclusions” in Annex 2.

8. Statement by the representative of the UNAIDS Secretariat Staff Association

68. On behalf of the UNAIDS Staff Association, Mr Manuel da Quinta noted that a written report had been submitted to the Programme Coordinating Board. The staff association welcomed the appointment of Mr Sidibé as UNAIDS Executive Director and reported that it had held two face-to-face meetings with Mr Sidibé since the beginning of 2009. The appointment of two new Deputy Executive Directors was also welcomed.

69. Mr da Quinta noted the need in the near future for a clear organizational structure to take account of recent staff departures and to reflect the new Executive Director’s priorities. Hope was expressed that any restructuring of the Secretariat would take the views of the Staff Association into account. Difficulties associated with the Secretariat’s dual administrative structure and the need for better dissemination of information, including release of an organigram, were cited. The Staff Association indicated its desire to support implementation of new policies on work-life balance and environmental initiatives. Support was expressed for recognition of domestic and same-sex partnership within UNAIDS staff, and it was noted that Mr Sidibé had committed to strive towards such recognition.

70. The Programme Coordinating Board took note of the statement of the representative of the UNAIDS Secretariat Staff Association.

9. Next Programme Coordinating Board meetings

71. The Programme Coordinating Board agreed that the themes for the twenty-sixth and twenty-seventh meetings would be “*Linking Sexual and Reproductive Health (SRH) services with HIV/AIDS interventions in practice*” and “*Food and nutrition security and HIV: how to ensure food and nutrition security are integral parts of HIV programming*”, respectively. The Programme Coordinating Board Bureau was asked to initiate a process to identify themes for the twenty-eighth and twenty-ninth meetings.

72. The following dates were agreed for upcoming meetings of the Programme Coordinating Board:

- Twenty-sixth meeting: 22-24 June 2010
- Twenty-seventh meeting: 7-9 December 2010
- Twenty-eighth meeting: 21-23 June 2011

10. Any other business

73. No new business was presented.

11. Adoption of decisions, recommendations and conclusions

74. Mr Sidibé thanked the Programme Coordinating Board for the frank, friendly and productive discussions during the previous three days. He noted that the AIDS response

is in the midst of an historic effort to achieve universal access to HIV prevention, treatment, care and support. Particular acknowledgement was made to the work of the Ethiopia as Chair of the Board.

75. The decisions, recommendations and conclusions of the twenty-fourth meeting of the Programme Coordinating Board are attached as Annex 2.
76. The meeting was adjourned.

ANNEX 1

29 May 2009



UNAIDS/PCB(24)/09.1.Rev.1

PROGRAMME COORDINATING BOARD

Twenty-fourth meeting

Date: 22-24 June 2009

Venue: CICG, Geneva, Switzerland

Time of meeting: 09h00 - 12h30 and 14h00 - 18h00

Draft Annotated Agenda

Monday 22 June

1. Opening

1.1 Opening of the meeting and adoption of the agenda

The Chair will provide opening remarks to the 24th Programme Coordinating Board meeting.

Thematic segment: “People on the move – forced displacement and migrant populations”

Tuesday 23 June

1. Opening (continued)

1.2 Consideration of the report of the twenty-third meeting

The report of the twenty-third PCB meeting will be presented to the Board for adoption.

Document: UNAIDS/PCB(23)/08.34

1.3 Outcome(s) of the thematic segment

The Chair will provide a brief summary of the outcome(s) of the Thematic Segment.

1.4 Report of the Executive Director

The Executive Director will present an oral statement under this item. The UNAIDS Annual Report, providing an overview of UNAIDS' activities in 2008, will also be submitted to the PCB as a background document.

1.5 Report by the Chairperson of the Committee of Cosponsoring Organizations

The CCO Chair will present an oral statement under this item. Highlights of the joint and specific Cosponsors' activities will be reflected in the UNAIDS Annual Report.

1.6 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(24)/09.2

(Lunch: 12.30-14.00)

2. 2010-2011 Unified Budget and Workplan and 2008-2009 Reports

The draft Unified Budget and Workplan for the 2010-2011 biennium including a performance monitoring framework will be presented for adoption by the Board. The Board will also receive a performance monitoring report for 2008 as well as an interim financial report for the 2008-2009 biennium and financial management update as at 31 March 2009 for information. The subcommittee ad interim on the preparation of the 2010-2011 Unified Budget and Workplan will also report to the Board under this item.

Documents: UNAIDS/PCB(24)/09.3, UNAIDS/PCB(24)/09.4, UNAIDS/PCB(24)/09.5, UNAIDS/PCB(24)/09.6, UNAIDS/PCB(24)/09.7, UNAIDS/PCB(24)/09.8, UNAIDS/PCB(24)/09.CRP.1, UNAIDS/PCB(24)/09.CRP.2

Wednesday 24 June

3. HIV prevention among injecting drug users

The PCB will receive a report on UNAIDS efforts to work at the global, regional and national levels to assist countries to scale up HIV prevention among injecting drug users, in line with the decisions of the PCB on the UNAIDS Policy Position Paper on Intensifying HIV Prevention.

Document: UNAIDS/PCB(24)/09.9

4. Cooperation with the Global Fund to fight AIDS, Tuberculosis and Malaria and the PCB: Support mechanisms for African States

The PCB will receive a paper for decision on options to strengthen mechanisms to facilitate consultation and networking among African States to meaningfully participate in the PCB and the Board of the Global Fund to fight AIDS, Tuberculosis and Malaria with a view to its subsequent expansion to other regions.

Document: UNAIDS/PCB(24)/09.10

(Lunch: 12.30-14.00)

5. UNAIDS participation in “One UN” Country Pilots

The PCB will receive a report that details UNAIDS’ participation in the “One UN” country pilots.

Document: UNAIDS/PCB(24)/09.11

6. Second Independent Evaluation of UNAIDS

The Board will receive a progress report on the Evaluation from the Chair of the Oversight Committee.

Document: UNAIDS/PCB(24)/09.12

7. Gender-sensitivity of AIDS responses

The PCB will receive an oral update on progress by UNAIDS in assisting countries in developing gender equality including needs assessments for women and girls and for lesbian, gay, bisexual and transgender communities separately, emphasizing country level action, as well as follow-up actions, including the establishment of an inter-agency strategy to address HIV and women and girls in line with the strategy undertaken with lesbians, gays, bi-sexuals and transgender.

Document: UNAIDS/PCB(24)/09.CRP.3, UNAIDS/PCB(24)/09.CRP.4

8. Statement by the representative of the UNAIDS Staff Association

Document: UNAIDS/PCB(24)/09.13

9. Next Programme Coordinating Board meetings

The Board will be asked to agree the theme of the 26th and 27th PCB meetings and dates for the 28th and 29th meetings.

Document: UNAIDS/PCB(24)/09.14

10. Any other business

11. Adoption of decisions, recommendations and conclusions

The draft decisions, recommendations and conclusions prepared by the drafting group will be presented for adoption by the meeting plenary.

ANNEX 2

24 June 2009



**24th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
22-24 June 2009**

Decisions, Recommendations and Conclusions

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 1.1: Opening of the meeting and adoption of the agenda

1. *Adopts* the agenda;

Agenda item 1.2: Consideration of the report of the twenty-third meeting

2. *Adopts* the report of the 23rd meeting of the UNAIDS Programme Coordinating Board;

Agenda item 1.3: Outcome(s) of the Thematic Segment

- 3.1 *Takes note* of the outcomes of the thematic segment on "*People on the move – forced displacement and migrant populations*" as contained in the rapporteurs' reports to the Board plenary and requests UNAIDS to include such outcomes in its future work and to report on progress to a future Programme Coordinating Board meeting in line with its general reporting on activities;

- 3.2 *Requests* the UNAIDS Secretariat and Cosponsors to ensure that staff at global, regional and national levels facilitate the incorporation of mobile populations, including migrants and forcibly displaced persons, into regional and national AIDS strategies to achieve universal access to prevention, treatment, care and support services, paying particular attention to HIV-specific restrictions on entry, stay and residence to ensure that people living with HIV are not excluded, detained or deported on the basis of HIV status;
- 3.3 *Requests* the UNAIDS Secretariat and Cosponsors to support governments in harmonizing all laws and policies on HIV testing to ensure adherence to internationally accepted standards that include: informed consent, confidentiality, pre and post-test counseling, and proper referral to treatment, care and support services;

Agenda item 1.4: Report of the Executive Director

4. *Takes note* of the report of the Executive Director;

Agenda item 1.5: Report by the Chairperson of the Committee of Cosponsoring Organizations

5. *Takes note* of the report of the Chairperson of the Committee of Cosponsoring Organizations;

Agenda item 1.6: Report by the NGO representative

- 6.1 *Takes note* with appreciation of the report of the NGO Representative which highlights the importance of human rights and tackling barriers to an effective response such as stigma and discrimination and gender inequality and *requests* that the issue of non-discrimination be discussed at a Programme Coordinating Board meeting in 2010 as a substantive agenda item;
- 6.2 *Recalling* decision 7.1 of the 19th Programme Coordinating Board meeting *agrees* the addition of a sixth guiding principle as intrinsic in all Programme Coordinating Board recommendations, decisions and conclusions, to read: "*Based on the principle of non-discrimination*";

Agenda item 2: 2010-2011 Unified Budget and Workplan and 2008-2009 Reports

- 7.1 *Endorses* the action agenda and priority areas of the 2010-2011 Unified Budget and Workplan to accelerate progress towards universal access;
- 7.2 *Approves* the 2010-2011 Unified Budget and Workplan and the proposed distribution of those resources as follows: US\$ 161.0 million to be shared among 10 Cosponsors; US\$ 182.4 million for the UNAIDS Secretariat; US\$ 136.4 million for interagency activities and US\$ 5.0 million as a contingency fund;
- 7.3 *Takes note* of the planned Cosponsor supplemental and global/regional resource budgets;
- 7.4 *Endorses* the UNAIDS 2010-2011 Performance Monitoring Framework;
- 7.5 *Takes note* of the UNAIDS Performance Monitoring Report for 2008;

- 7.6 *Takes note* of the unaudited interim financial report and related financial statements for the year ended 31 December 2008;
- 7.7 *Takes note* of the interim financial management information for the 2008-2009 biennium and the financial update for the period 1 January 2008 to 31 March 2009;
- 7.8 *Encourages* donor governments and others to release their contributions towards the 2008-2009 Unified Budget and Workplan as soon as possible;
- 7.9 *Takes note* of the recommendation of the subcommittee that – following the inclusion of a number of modifications and improvements in the documents – the 2010-2011 Unified Budget and Workplan and Performance Monitoring Framework be approved by the Board at its 24th meeting;
- 7.10 *Agrees* that the 2010-2011 Performance Monitoring Framework should be used by all constituencies – member States, donors and other constituencies – to meet the reporting needs for UNAIDS;
- 7.11 *Requests* the UNAIDS Secretariat to carry out a review ahead of the 2012-2015 planning period of how the 2010-2011 Unified Budget and Workplan and the Performance Monitoring Framework have been operationalized, and accountability has been enhanced;
- 7.12 *Takes note* of the conclusion of the subcommittee that the establishment of a standing subcommittee on budgetary issues could help strengthen budget preparation and monitoring of achievements, but that a decision on this is scheduled to be taken by the Programme Coordinating Board at its 25th meeting, taking into consideration the findings and recommendations of the Second Independent Evaluation;
- 7.13 *Requests* UNAIDS, with relevant global institutions, to report on spending on AIDS linked to outcomes by region and by country taking into account other Unified Budget and Workplan processes;
- 7.14 *Requests* the UNAIDS Secretariat and Cosponsors to report at the 25th Programme Coordinating Board meeting on the anticipated impact that the financial crisis will have on countries' ability to meet their universal access targets and to include recommendations and mitigation strategies;

Agenda item 3: HIV prevention among injecting drug users

- 8.1 *Requests* the UNAIDS Secretariat and the Cosponsors, in particular UNODC, to significantly expand and strengthen the work with national governments to address the uneven and relatively low coverage of services among injecting drug users and to develop comprehensive models of appropriate service delivery for injecting drug users in line with relevant national circumstances and the UNAIDS/UNODC/WHO *“Technical Guide for countries to set targets for Universal Access to HIV prevention, treatment and care for injecting drug users”*;
- 8.2 *Recognizing* that resources should be expanded for service delivery and capacity development to enable communities to provide prevention, care and support services to drug users living with HIV on a larger scale whilst, at the same time, tackling the issue of

stigmatization and discrimination *requests* UNAIDS and its stakeholders to work with multilateral donors, and national governments, to facilitate greater resource mobilization on this issue, consistent with the level of identified need;

- 8.3 *Requests* UNAIDS to intensify its assistance to, and work with, all groups of civil society, including those affected by drug use and those that provide services to people who use drugs, aimed at advocating for anti-stigmatizing, anti-discriminating, and evidence-based approaches to HIV and Hepatitis C Virus (HCV) epidemics at national, regional and global levels;
- 8.4 *Calls upon* Member States to further harmonize national laws governing HIV and drug use, in accordance with relevant national circumstances both from a public health and a human rights perspective;
- 8.5 *Requests* the UNAIDS Secretariat and the Cosponsors, in particular UNODC, to support national authorities to align policies, clarify roles and responsibilities of various national entities - including drug control, the penitentiary system, public health and civil society - and support increased capacity and resources for provision of a comprehensive package of services for injecting drug users including harm reduction programmes in relation to HIV as enumerated in the UNAIDS/UNODC/WHO "*Technical Guide for countries to set targets for Universal Access to HIV prevention, treatment and care for injecting drug users*";
- 8.6 *Calls upon* UNAIDS, Member States and civil society organizations, in addition to specific interventions that target injecting drug users, to develop and implement guidance and programme models to respond to the needs of other sub-groups of drug users, including female drug users, drug users who also exchange sex for money or drugs, drug users who end up in prison settings, underage and young drug users, migrant drug users, drug users amongst refugees and other displaced populations, stimulant and poly-drug users and men who have sex with men who use drugs, spouses and partners of people who use drugs, as well as interventions that target broader health needs of people who use drugs;
- 8.7 *Calls upon* Member States, civil society organizations and UNAIDS to increase attention to certain groups of non-injecting drug users, especially those who use crack cocaine and amphetamine type stimulants, and those who abuse alcohol, and their link to increased risk of contracting HIV through high-risk sexual practices, as well as to responses to emerging epidemics of injecting drug use in many African countries;
- 8.8 *Recognizing that* existing data on HIV and drug use are far from adequate in both quality and quantity, *requests* UNAIDS to support greater investment in data collection required to inform the development of HIV prevention, treatment, care and support initiatives, resource allocation and comprehensive service delivery, including a system of regular and rapid assessments of the risk potential for new epidemics where anecdotal evidence indicates an emerging problem, and *calls upon* Member States to ensure accurate estimates are made of the size of IDU populations, while taking into consideration the shifting patterns of injection;
- 8.9 *Encourages* governments to reaffirm commitment to, and intensify harm reduction efforts in relation to HIV as enumerated in the UNAIDS/UNODC/WHO "*Technical Guide for countries to set targets for Universal Access to HIV prevention, treatment and care for injecting drug users*"; including needle and syringe programmes and opioid substitution programmes, essential for reaching universal access to comprehensive HIV prevention,

care, treatment and support for people who use drugs in accordance with relevant national circumstances;

- 8.10 *Requests* the UNAIDS Secretariat and WHO to support countries in the implementation and improved surveillance of hepatitis B and C including co-infection with HIV in all countries, and to develop the necessary guidelines for Member States to elaborate policies, strategies and other tools to prevent and control hepatitis co-infection in people living with HIV;
- 8.11 *Recognizing* that stimulant drug use is a rapidly growing health problem, *requests* UNAIDS to strengthen its work on HIV and stimulant drugs;

Agenda item 4: Cooperation with the Global Fund to fight AIDS, Tuberculosis and Malaria and the PCB: Support mechanisms for African States

- 9.1 *Welcomes* the effort and pilot initiative to strengthen the meaningful participation of African States in the Programme Coordinating Board and, to the extent possible the Board of the Global Fund to fight AIDS, Tuberculosis and Malaria, including the establishment of an independent communications focal point, and *notes* the need for indicators to measure the successful implementation of these initiatives before consideration of extension to other regions;
- 9.2 *Recognizing* that the Global Fund has its own process under way on this issue, requests the UNAIDS Secretariat to hold further discussions with the Global Fund to seek coherent approaches and possible cost savings and cost sharing;
- 9.3 *Requests* UNAIDS, when piloting this in the African region, to seek ways of facilitating regional consultation meetings and to the extent possible rationalizing such meetings with ongoing health related meetings with a view to mitigating costs;
- 9.4 *Recognizes* the necessity of language diversity and of providing Board related documents in languages other than English, particularly French in full respect of established UN procedures, and possibly in other languages dependent on logistical and financial feasibility;
- 9.5 *Reaffirms* that national and regional level processes in relation to this proposal - and broadly to the development of national policy positions in relation to HIV/AIDS - continue to uphold the core principle of the effective and meaningful participation of civil society;

Agenda item 5: UNAIDS participation in “One UN” Country Pilots

- 10.1 *Calls upon* the Executive Heads of Cosponsoring Agencies to reaffirm their commitment to UN Reform and make all efforts to put actions in place to achieve these objectives;
- 10.2 *Requests* the UNAIDS Secretariat and Cosponsors to strengthen their individual and collective capacity for effective involvement in, and contribution to, the Delivering as One agenda, and to prioritize processes that give a clearer and stronger strategic focus for the Joint United Nations Programme on HIV/AIDS;

- 10.3 *Requests* UNAIDS to ensure that Unified Budget and Workplan resources support the AIDS component of the One Programme in the Delivering as One pilot countries;
- 10.4 *Requests* UNAIDS to apply lessons learned in the Delivering As One in all countries where it has a presence;
- 10.5 *Requests* the UNAIDS Secretariat to continue to assess the performance of Joint Teams on AIDS in all countries, and examine the outcomes and impact of UNAIDS participation in the Delivering As One for application in all countries where it has a presence;
- 10.6 *Requests* UNAIDS to document transaction costs relating to the AIDS component of Delivering As One in pilot countries;
- 10.7 *Calls upon* donors and partners to adhere to their commitments to the Three Ones and the Paris Declaration on Aid Effectiveness, IHP+ and the Accra Agenda for Action;

Agenda item 6: Second Independent Evaluation of UNAIDS

- 11.1 *Takes note* of the progress report from the Chair of the Oversight Committee for the Second Independent Evaluation of UNAIDS;
- 11.2 *Recognizing* the need to stream-line the working methods of the Programme Coordinating Board in line with existing resolutions establishing the Joint Programme as well as implementing decisions by the Programme Coordinating Board, and respecting the role and responsibility of the Executive Director, *decides* to establish a working group *ad interim* to review the working methods of the Programme Coordinating Board and prepare proposals for the 25th Board meeting taking into consideration the conclusions and recommendations of the Second Independent Evaluation. The group shall be established by the PCB Bureau aiming at the following composition: two Member State representatives per region; and two NGO representatives;

Agenda item 7: Gender-sensitivity of AIDS responses

- 12.1 *Welcomes* the promulgation of the “UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People”, and the follow-up action that is already underway, and *urges* UNAIDS and other partners to support further action, particularly on decriminalization as part of the agreed Unified Budget and Workplan priorities, and also in other areas of policy and practice both inside and beyond the health sector;
- 12.2 *Takes note* with appreciation of the update on progress by UNAIDS in assisting countries to accelerate action on women, girls and gender equality within the context of AIDS, including the establishment of an inter-agency strategy (UNAIDS Action Framework) to address HIV and women and girls in line with the strategy undertaken with lesbians, gays, bisexuals and transgender;
- 12.3 *Recognizes* the need to further strengthen the framework on women, girls and gender equality by creating enabling environments for upholding women's human rights and addressing the needs of women living with HIV, including by providing a strong focus on comprehensive prevention approaches to HIV, Sexual and Reproductive Health, and

Violence against Women, and through resource allocation and capacity building of women's organizations and networks of women living with HIV;

- 12.4 *Recognizing* the need to urgently move to implementation of the UNAIDS Action Framework as a tool for accelerated UN action, and the need to garner the necessary support for the document from the Programme Coordinating Board, requests the Executive Director of UNAIDS to, appoint an advisory working group, made up of experts on women and HIV, with representation of women's organizations and women living with HIV, to work with the Executive Director in developing, implementing, and monitoring an operational plan and *further requests* UNAIDS to begin operationalization of the document by October 2009, incorporating feedback from the two technical dialogues held on 20 and 29 May respectively, and from the UNAIDS Human Rights Reference Group and the Inter-Agency Expert Group on Women and Girls. Such operationalization being undertaken without prejudice to the outcomes of the Second Independent Evaluation as they relate to the gender dimensions of the UN response to the AIDS epidemic;
- 12.5 *Further requests* UNAIDS to provide a comprehensive progress report to the 27th Programme Coordinating Board on UNAIDS activities in relation to the gender dimensions of the AIDS response, including a review of the Action Framework;
- 12.6 *Recalling* decision 12.1 from the 20th Programme Coordinating Board *urges* Governments, donors and UNAIDS to significantly expand efforts to address inequality and inequity between men and women, gender based violence including sexual and physical abuse of women, men, girls and boys, and harmful gender-based practices and social and cultural norms as major drivers of the HIV epidemic, including through increased and better coordinated funding to national programs and civil society partners;
- 12.7 *Further urges* UNAIDS and other partners to support actions on laws and policies that promote gender equality and sexual and reproductive health and reduce vulnerability of women and girls to HIV including those that prevent and eliminate violence against women, prevent child marriage, give women equal rights to property and inheritance, and that decriminalize and/or regulate sex work;
- 12.8 Taking into consideration the initial stages of implementation, *requests* UNAIDS to report back on the progress of implementation by the 26th Programme Coordinating Board meeting and an assessment of this at the 27th Programme Coordinating Board to include the recommendations from the Second Independent Evaluation;

Agenda item 8: Statement by the representative of the UNAIDS Secretariat Staff Association

13. *Takes note* of the statement by the representative of the UNAIDS Secretariat Staff Association;

Agenda item 9: Next Programme Coordinating Board meetings

- 14.1 *Approves* the themes for the 26th and 27th meetings of the Programme Coordinating Board as “*Linking Sexual and Reproductive Health (SRH) services with HIV/AIDS interventions in practice*”, and “*Food and nutrition security and HIV: how to ensure food and nutrition security are integral parts of HIV programming*”, respectively;

14.2 *Requests* the Programme Coordinating Board Bureau to initiate a process for the identification of themes for the 28th and 29th Programme Coordinating Board meetings;

14.3 *Agrees* the dates for the next Programme Coordinating Board meetings as:

- 26th meeting – 22-24 June 2010
- 27th meeting – 7-9 December 2010
- 28th meeting – 21-23 June 2011