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. Adopt the agenda;

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

2. Takes note of the report of the 29th meeting of the UNAIDS Programme Coordinating Board;

Agenda item 1.3: Report of the Executive Director

3.1 Takes note of the report of the Executive Director;

3.2 Approves UN Women as a Cosponsor of UNAIDS;
Agenda item 1.4: Report by the Chair of the Committee of Cosponsoring Organizations

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

Agenda item 1.5: Report by the NGO representative

5.1 Approves the new Programme Coordinating Board NGO: AMSHeR (The African Men for Sexual Health and Rights);

5.2 Recognises the critical role that civil society organisations play in the HIV response;

5.3 Requests UNAIDS, in collaboration with Member States, to advocate that existing funding for civil society be continued and that mechanisms for civil society support and accountability be enhanced within the new Global Fund to fight AIDS, Tuberculosis and Malaria architecture including through the national Global Fund to fight AIDS, Tuberculosis and Malaria Country Coordination Mechanisms;

5.4 Requests UNAIDS, in coordination with Member States, to improve civil society capacity to advocate for efficient, culturally-sensitive and effective responses to HIV and AIDS in alignment with the 2011 Political Declaration and to build knowledge focused on HIV funding mobilization, and mobilising to address barriers to the AIDS response, especially in the field of prevention, treatment, care and support in particular those addressed in paragraph 71 of the 2011 Political Declaration;

5.5 Requests UNAIDS to propose ways forward and options to address the documented decreases in funding especially affecting developing countries and to support Member States’ and civil society’s capability to meet the goals laid out in the 2011 Political Declaration on HIV and AIDS and the HIV-related Millennium Development Goals by 2015;

Agenda item 2: Follow-up to the thematic segment from the 29th PCB meeting

6.1 Calls upon States, in implementation of the 2011 Political Declaration and bearing in mind its paragraphs relevant to this decision, with the support of UNAIDS and civil society, to1:

i. Work towards achieving an enabling legal environment supportive of effective national AIDS response by intensifying national efforts to create enabling legal frameworks through law, law enforcement, and access to justice;

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1 Disassociation: “The Arab Republic of Egypt and the Islamic Republic of Iran disassociate themselves from those parts of this Decision Point that may be interpreted as recognition, protection or promotion of unethical/illegal behaviours; or may contradict with cultural, moral and religious values, national sovereignty, and legal and social systems of the countries concerned. Accordingly, the Arab Republic of Egypt and the Islamic Republic of Iran shall not be bound by any results related to or arising from the abovementioned parts.”
ii. **Review**, as appropriate, laws, law enforcement and access to justice and policies that adversely affect the successful, effective and equitable delivery of HIV prevention, treatment, care and support programmes to people living with and affected by HIV and to consider their review in accordance with relevant national review frameworks and time frames;

iii. **Implement** programmes to support police, lawyers, parliamentarians, religious leaders, and judges (including labour judges, labour administration authorities and labour inspectors) to be sensitized to and informed about HIV-related issues and protect people living with, vulnerable to or affected by HIV from discrimination and violence and support their access to HIV services;

iv. **Implement** programmes to ensure that national responses to HIV and AIDS meet the specific needs of women and girls, including those living with and affected by HIV, across their lifespan, by providing sexual and reproductive health care services and, by strengthening legal, policy, administrative and other measures for the promotion and protection of women’s full enjoyment of all human rights and the reduction of their vulnerability to HIV through the elimination of all forms of discrimination, as well as all types of sexual exploitation of women, girls and boys, including for commercial reasons, and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

v. **Increase** access to justice for people living with, and affected by HIV, including their families, women, young persons, children, and key populations;

vi. **Expand** programmes to reduce stigma and discrimination with a view to ensure confidentiality and informed consent in health care settings and remove barriers to HIV prevention, treatment, care and support; as well as to improve legal literacy and provision of legal services;

vii. **Commit** to remove before 2015, where feasible, obstacles that limit the capacity of low- and middle-income countries to provide affordable and effective HIV prevention and treatment products, diagnostics, medicines and commodities and other pharmaceutical products, as well as treatment for opportunistic infections and co-infections, and to reduce costs associated with life-long chronic care, including by amending national laws and regulations, as deemed appropriate by respective Governments, so as to optimize:

(a) The use, to the full, of existing flexibilities under the Agreement on Trade-Related Aspects of Intellectual Property Rights specifically geared to promoting access to and trade in medicines, and, while recognizing the importance of the intellectual property rights regime in contributing to a

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2 As defined in the UNAIDS 2011-2015 Strategy ‘Getting to Zero’, footnote n. 41: ‘Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context’.
more effective AIDS response, ensure that intellectual property rights provisions in trade agreements do not undermine these existing flexibilities, as confirmed in the Doha Declaration on the TRIPS Agreement and Public Health, and call for early acceptance of the amendment to article 31 of the TRIPS Agreement adopted by the General Council of the World Trade Organization in its decision of 6 December 2005;

(b) Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help to reduce costs associated with life-long chronic care and by encouraging all States to apply measures and procedures for enforcing intellectual property rights in such a manner as to avoid creating barriers to the legitimate trade in medicines, and to provide for safeguards against the abuse of such measures and procedures;

(c) Encouraging the voluntary use, where appropriate, of new mechanisms such as partnerships, tiered pricing, open-source sharing of patents and patent pools benefiting all developing countries, including through entities such as the Medicines Patent Pool, to help to reduce treatment costs and encourage development of new HIV treatment formulations, including HIV medicines and point-of-care diagnostics, in particular for children;

6.2 Calls upon UNAIDS to enhance its support to Member States in their efforts to implement the recommendations under this agenda item;

Agenda item 3: Financial and performance reports for the biennium 2010-2011 and 2012-2015

7.1 Accepts the financial report and audited financial statements for the financial period 1 January 2010 to 31 December 2011;

7.2 Takes note of the interim financial management update for the 2012-2013 biennium for the period 1 January 2012 to 31 March 2012;

7.3 Encourages donor governments to release their contributions towards the 2012-2015 Unified Budget, Results and Accountability Framework as soon as possible;

7.4 Endorses the Executive Director’s recommendation to fully fund the organizational staff-related liabilities from the fund balance and approve the funding of an initial amount of US$ 20 million;

7.5 Authorizes the remaining estimated US$ 29 million shortfall in the organizational liabilities for employees to be covered from the fund balance over a period of five years or less, subject to availability of funds;

7.6 Endorses the establishment of a Building Renovation Fund with an initial amount of US$ 2.6 million and approves replenishment of the Building Renovation Fund on an annual basis out of the fund balance for the amount of accumulated depreciation to
the UNAIDS building, or such other amount as might be determined by the Programme Coordinating Board;

7.7 **Authorizes** the Executive Director to use the Building Renovation Fund to meet the costs of major repairs of, alterations to, and investments in, the UNAIDS office building and report on the use of the Fund to the Programme Coordinating Board;

7.8 **Takes note** of the Executive Director’s approach to mitigate the long term impact of currency fluctuations;

7.9 Recognizing the need for a comprehensive strategy to mitigate risk due to currency fluctuations, requests UNAIDS to conduct further analysis of the shorter and longer term financial and programme implications including planned changes in staffing patterns and the options for currency fluctuation risk mitigation, including the potential for splitting the currency of contributions and to provide this analysis to the 32nd meeting of the Programme Coordinating Board for its consideration;

7.10 **Requests** UNAIDS at its 31st meeting to report on development concerning the Monitoring and Evaluation Reference Group (MERG) following the adoption of the 2011 Political Declaration on HIV and its associated goals and targets;

**Agenda item 4: Statement by the representative of the UNAIDS Staff Association**

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

**Agenda item 6: UNAIDS Technical Support**

9.1 **Takes note** of the report;

9.2 **Considers** that technical support should be in consultation with country partners. Technical support should be planned and carried out in consultation with national governments and aligned with national plans and priorities consistent with the principles of the Three Ones;

9.3 **Urges** UNAIDS to exercise its convening role to facilitate a more strategic, country driven, and better coordinated technical support, in light of the multiple number of technical support mechanisms that can be brought to bear to support country needs, the changing economic environment, the work of the Global Fund to fight AIDS, Tuberculosis and Malaria, the emphasis on priority countries within the UNAIDS Strategy, and the wide range of Technical Support needs which can be unique to each country;

9.4 **Calls for** UNAIDS to explore the rationale and options for establishing a Virtual Steering Group on technical support based on the lessons learned, including from the Global Implementation Support Team (GIST) that includes all stakeholders in technical support including representatives from the global south and civil society. This should be a light touch mechanism that reinforces country priorities;
9.5  *Requests* UNAIDS to report to the 33rd PCB, drawing on the relevant UBRAF indicators, describing progress on the coordination of technical support across all stakeholders. The Secretariat should provide interim progress reports on this unfolding piece of work to the PCB Bureau allowing for accountability in this challenging but critical area to the HIV response;

**Agenda item 8: AIDS, Security and Humanitarian Response**


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