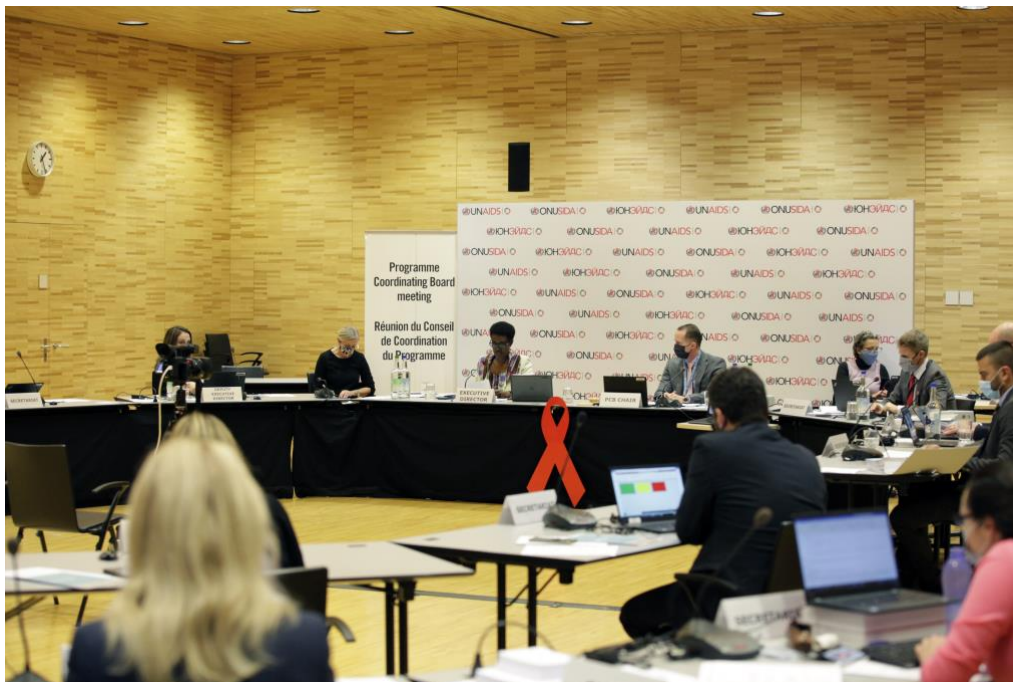




# THE PCB NGO DELEGATION'S COMMUNIQUE VIRTUAL 47<sup>TH</sup> PROGRAMME COORDINATING BOARD MEETING



DECEMBER 15-18, 2020

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## Chapeau

### *Jules Kim, Asia and the Pacific Delegate*

The 47th UNAIDS Programme Coordinating Board (PCB) meeting, held online between 15-18 December 2020 was the second virtual PCB meeting to be ever held due to the COVID-19 crisis. Chaired by the US, the virtual meeting was held on the zoom platform with interpretation available in the six official UN languages. As with the previous online meeting for the 46th PCB, the 47th PCB meeting was reduced to 3 x 3.5 hour days, with an additional day for the Thematic Segment. It was preceded by themed pre-meetings between November 18 to December 9, with an additional day to consult and discuss all decision points on the 10th of December, as well as virtual drafting rooms held on the 15th and 16th.



In order to manage the reduced times and the large number of agenda items, the agenda items on the follow-up to the thematic segment from the 45th PCB meeting (Mental Health and HIV) and the report of the Task Team on Community-led AIDS responses were discussed during the pre-meetings, and only briefly presented at the PCB with accompanying decision points. In place of the debate at the PCB, the papers on these agenda items were circulated to PCB participants with a deadline to submit written comments by the 15th of Jan 2021.

Although the virtual PCB meeting format continued to provide challenges and present inequities to participation, the meeting appeared to run somewhat more smoothly than the June meeting. Perhaps this was a consequence of us all having had prior experience of an online PCB meeting, not to mention almost a year of other virtual meetings. Despite the difficulty of managing varied time zones, with a number of the NGO Delegates having to attend meetings at untenable times, the NGO Delegation managed to conduct bilateral meetings with Member States, Cosponsors, UNAIDS Secretariat, and civil society observers to ensure full participation and representation at the 47th PCB meeting.

## Agenda 1.3: Report of the Executive Director

*Jonathan Gunthorp, Africa Delegate*



The UNAIDS ED's [report](#) spoke to a UNAIDS navigating a world in crisis. Winnie Byanyima focused internally, externally, and looking forward.

Internally, she focused on the difficulties of culture transformation, rebuilding trust after trying times, issues of justice, and bedding down new policies and procedures.

From the NGO Delegation's dialogue with the UNAIDS Secretariat Staff Association (USSA), we're aware that all of these are difficult and often controversial areas and that staff wish that progress was swifter.

Externally, focusing on the context, the ED spoke to the current COVID-19 crisis, its impact on service disruptions and supply chains, and how it has highlighted global inequality and weaknesses in health systems. She emphasised the point made extensively and over time by the Delegation that the HIV response has set in place systems and relationships of value to wider health. Also of importance for civil society is that COVID-19 has re-ignited global urgency and Joint Programme focus on intellectual property (think vaccines) and equitable access to medicines.

Looking forward, she reiterated that the response will miss all 2020 targets and emphasized, among many other areas, the need for integrated services and access, the primacy of human rights and gender equality, and the need for resilience, people-centeredness, and agility in times of crisis.

## **Agenda 1.4: Report by the NGO Representative**

*Alexander Pastoors, Europe Delegate*

This year the NGO Delegation chose a different kind of subject for the [NGO report](#) than usual. We decided to make a report that highlighted our accomplishments and contributions to the PCB since UNAIDS was established as a joint program by the ECOSOC in 1995. The reason behind this choice was to



have the PCB, through clear decision points, reaffirm the value of active participation of civil society on the governing body of UNAIDS to the Joint Programme as a whole.

Although the position of the NGO Delegation is enshrined in the resolution that founded UNAIDS, over the past years, several stakeholders have been overtly and covertly pushing an agenda that would diminish the meaningful participation of civil society in shaping the HIV-response.

With the support of our excellent consultant Sarah Middleton-Lee, we constructed a report based on six key areas in which the delegation has contributed significantly to the joint program. We shaped the decision points in such a way that they reaffirmed and strengthened our position on the PCB. Furthermore, through decision point 4.6, we managed to secure the financial support we, as a delegation, and especially the communication and consultation facility (CCF), need in order to fulfill our tasks as representatives of civil society in all its diversity on the PCB. There was some discussion around the wording of decision point 4.2 which led us to go into the drafting room. But with the help of our outgoing Asia Pacific delegate Aditia Taslim Lim and the Secretariat, we were able to reference the correct previously negotiated language around the role of civil society.

The report was well-received and complimented by member states and Cosponsors alike. The Cosponsors were especially happy with the decision point in which the participation

of the NGO Delegation in the governing body of an organization was labeled best practice. It will hopefully open doors for civil society in other governance bodies in the UN.

### **Agenda 3: Annual Progress Report on HIV Prevention 2020**

*Aditia Taslim Lim, Asia and the Pacific Delegate*



The prevention agenda was a critical topic as the continuous challenges in scaling up prevention efforts were also highlighted and discussed in different agenda items such as, the [Report of the Executive Director](#), [Report by the NGO representative](#), [Community-led AIDS Responses](#), the [Global AIDS strategy 2021-2026](#) and [COVID-19 and HIV](#). A lot of attention towards scaling-up the efforts on prevention to meet the 2020 targets had been drawn in PCB

meetings since 2015. These ongoing and repeated calls for urgency however have only contributed 1% more reduction from the previous decade, where new HIV infections were reduced by 22% between 2000 and 2009, and 23% between 2010 and 2019.

The Global HIV Prevention Coalition inception came with a hope to bring the numbers down. However, it is important to note that the progress so far has left several key population groups behind, including people who use drugs and transgender people. Additionally, despite the comprehensive approach of combined-prevention, structural and legal issues remain as the major barriers in meeting the needs of key populations.

The current score card produced by members of the Coalition does not reflect the current situations on the ground and donor's transition, as well as funding redirection. As the COVID-19 pandemic continues to cripple health systems around the world, it will only create further barriers in accessing these life-saving commodities.

The NGO Delegation calls to re-dedicate political leadership to achieve more progress and impact. The new Global AIDS Strategy and its new UBRAF should reflect what we have learned from only making such a small impact in the last 10 years.

## **Agenda 7: Evaluation**

*Andrew Spieldenner, North America Delegate*

The [Report of the Independent Evaluation](#) showed key successes and shortfalls of the Joint Programme. The Joint Programme has had impact at the local and regional levels, especially in terms of Cosponsors and Member States activities across several program areas, in particular those related to treatment access and adherence. The challenges include: shared understandings and policies around key populations; the relationship of social protection to the HIV Responses; and - at a global level - how Cosponsors and Member States demonstrate a common concern, language, and policies around key populations and the HIV response. The Management Response to the Report claimed the Unified Budget, Results and Accountability Framework (UBRAF) as the solution to nearly all of the highlighted challenges.



The NGO Delegation [intervention](#) focused on the UBRAF and the role of key populations in the Evaluation of the Joint Programme. The UBRAF is often inaccessible in terms of clarity, and it remains an imperfect tool that is over-reliant on Member States and Cosponsors self-reporting. The NGO Delegation has made interventions in the past about the UBRAF where we have criticized the self-reporting of Member States, especially as it relates to social protections, treatment adherence, and anti-stigma work. The NGO Delegation intervention for the Report of the Independent Evaluation also recommended that, since the majority of new HIV diagnoses is amongst key populations globally, then the Joint Programme should always include key populations as an integral component. The Independent Evaluation Unit 2021 report will focus on key populations.

## **Agenda 8: UNAIDS Strategy beyond 2021**

*Jonathan Gunthorp, Africa Delegate*



We came out of the December PCB meeting with some interesting agreements and unexpected disagreements. Broad areas of the strategy were largely agreed, there is enormous support for the role of communities, for key populations, focus on adolescents and young people, and people-re-centred approaches. Surprising disagreements arose as to whether the framework covered too much, or was just right. A summary/elevator pitch will come out in the next few weeks, which we must all check for

comprehensiveness of values and principles and focus on communities.

What, then, are some of the dangers we're monitoring as the final shape of the full strategy becomes clear and we head towards the adoption of a new strategy? In terms of content, there are many, but four to watch out for are: a push by a few member states to excise all language on human rights; a further push by many of the same players to specifically not name key populations so as to 'supposedly' allow national priorities to determine these; linked to this, seriously retrogressive and oppressive moves on gender & identity; and, a more widely supported push to excise sexual and reproductive health and rights (SRHR) language. In March 2021, the first indications of key elements of a new UBRAF will come out, and sharp eyes must be cast to ensure that what is strategized is both funded and monitored. A final process danger are those potentially hinting at delaying adoption of the Global AIDS Strategy beyond March.



## **Agenda 9: Statement by the Representative of the UNAIDS Staff Association**

*Andrew Spieldenner, North America Delegate*

UNAIDS has been the focus of several inquiries in its recent history, including the treatment of its staff and the organization's work culture. The UNAIDS Secretariat Staff Association (USSA) [Report](#) was surprising for a couple reasons. First, the USSA generally presents in the summer meeting (June) which covers administrative matters of the Joint Programme. Second, the report highlighted the persistent lack of transparency at the organization. It was clear from the USSA Report and the Executive Director response that there were different perspectives about how the organization and work culture was shifting. The USSA felt a quiet "realignment" was underway at the organization, but the Executive Director denied this was happening.



The NGO Delegation [intervention](#) recognized the USSA as the valid voice of the staff. We also discussed the importance of staff morale and transparency in the organization. As leaders in our various communities, we know that change takes time, but these concerns must be addressed urgently. As organizations interested in social justice, how we do business in terms of our practices and policies demonstrate our key values. We also insisted that there be transparent processes for realignment at UNAIDS.

## Agenda 10: COVID-19 and HIV

*Dr. Karen Badalyan, Europe Delegate*



We acknowledged the efforts of UNAIDS and national health systems in the COVID-19 response in the HIV/AIDS context. Nevertheless, we urged UNAIDS to address these dual epidemics—not by taking away from the HIV response for the COVID-19 response, but rather by being agile and innovative to support the continuation of HIV services while also appropriately leveraging and expanding on key elements from HIV. We raised several key messages highlighting that the COVID-19 response must:

- 1) be guided by Human rights and gender equality principles and practices
- 2) benefit from learning from the HIV responses
- 3) use the strategic information data to guide actions, increase accountability, and improve programme performance
- 4) put community and Key population leaders and representatives in a central role since community-led organizations are key infrastructure elements of resilient health response systems, e.g., in governance and planning, direct service delivery, and community monitoring and accountability.

We also raised the importance of granular and real-time data collection and analysis to improve the efficiency and impact of health system responses. In our [interventions](#), we mentioned that effective and sustained political will is vital to the success of COVID-19 epidemic responses.

**Agenda 11: Report of the PCB Working Group on the Joint Inspection Unit Management and Administration Review of the United Nations Joint Programme on HIV/AIDS (UNAIDS); and Agenda 12: Update on progress on implementation of JIU Recommendations**

*Jumoke Patrick, Latin America and the Caribbean Delegate*

This agenda item presentation and [report](#) represented the work of the Working Group which included representatives from Member States, Cosponsors and the NGO Delegation to the PCB.



The report gave detailed information on the agreed way forward which included decisions to clarify the oversight and accountability roles of the PCB, establish an independent, external oversight advisory committee, strengthen the risk management to the PCB, and call on the UNAIDS Executive Director to provide a periodic status update on the JIU recommendations implementation.

As well, the presentation took note of the revised guiding principles of the Cosponsors, which encourages implementation of the principles with focus being on evidence-based approaches. Substantively, it was recommended that the PCB report to ECOSOC should include a request for ECOSOC to the UN Secretary-General to submit a report on the establishment of two four-year term limits for the position of UNAIDS Executive Director, in line with the best practices of the UN system.

This agenda item followed mere formalities and did not have an extensive floor discussion or any disagreement. PCB members were largely in agreement with the recommendations and provided commendation to the working group for its work and report. The NGO delegation supported the decision points and did a floor [intervention](#) to reaffirm the NGO delegation position to support the restoring of faith of donors in a

Joint Programme that secures the future of an indispensable organization to support governments, civil society, and communities in the fight to end AIDS.

### **Agenda 15: Thematic Segment: Cervical cancer and HIV- addressing linkages and common inequalities to save women's lives**

*Violeta Ross, Latin America and the Caribbean Delegate*



The Thematic Segment, *Cervical cancer and HIV: addressing linkages and common inequalities to save women's lives* was held on December 18, 2020. As NGO Delegation, we organized a Civil Society Advisory Group (CSAG), to provide comments on the [Background Note](#) provided by UNAIDS, which was a summary of issues to be discussed in the thematic segment and suggest panel speakers. We are thankful to all the civil society speakers for their active and substantive contribution and interventions to the discussion.

Based on the inputs of the CSAG and especially the speakers, the NGO Delegation focused on these key messages:

- Women living with HIV are **more exposed** to developing cervical cancer.
- Human Papilloma Virus transmission can happen to sexually active people, regardless of their gender or sexuality.
- Cervical cancer can affect any individual with a cervix – including women, girls, transmen, non-binary and intersex people. Transmen living with HIV who still have their uterus and cervix should have access to the same level of service.
- Women (young women and those living on the margins), face the **intersection of vulnerabilities** such as institutional violence, financial barriers, poverty, and their impacts on access to prevention, treatment, support and care.

UNAIDS should coordinate a **combination prevention approach**, and an **integrated and intersectional response** to stigma and discrimination and its outcomes, bearing in mind diversity and multiple identities brought about by race, gender, sexual orientation, ethnicity, and economic status, among others. The Joint Programme also has to provide technical support for countries and support advocacy for sustainable funding. The response to the intersections of cervical cancer and HIV has to include the exposition of **unfair gender systems** that limit our autonomy for sexual health.

The decision points of this thematic segment are due for the next PCB meeting in June 2021.

*The NGO Delegation would like to extend our deepest gratitude to our Delegates who ended their term in 2020: Aditia Taslim Lim (Rumah Cemara – Asia and the Pacific), Lucy Wanjiku Njenga (Positive Young Women Voices – Africa), and Wangari Tharao (Women’s Health in Women’s Hands CHC – North America).*

*We would also like to give a warm welcome to our new Delegates: Charanjit Sharma (Indian Drug Users Forum – Asia and the Pacific), Iwatutu Joyce Adewole (African Girl Child Development and Support Initiative – Africa), and Maureen Owino (Committee for Accessible AIDS Treatment – North America). You may get to know a little bit more about them by visiting this [feature](#) on our website.*