UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (33)/13.20
Issue date: 21 November 2013

THIRTY-THIRD MEETING

Date: 17-19 December 2013

Venue: Executive Board room, WHO, Geneva

Agenda item 6

Next Programme Coordinating Board meetings

Document prepared by the Programme Coordinating Board Bureau

Additional documents for this item: *none*

Action required at this meeting – the Programme Coordinating Board is invited to:

See decisions in paragraphs below:

4**.** *agree* that the themes for the 34th and 35th Programme Coordinating Board meetings be respectively: “Addressing social and economic drivers of HIV through social protection” and “Halving HIV transmission among People Who Inject Drugs”;

5. *agree* to request the Programme Coordinating Board Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 36th and 37th Programme Coordinating Board meetings, as necessary;

6. *agree* the change in the date of the 36th PCB meeting to 30 June-2 July 2015; and

7. agree the dates for the 38th (28-30 June 2016) and the 39th (6-8 December 2016) meetings of the Programme Coordinating Board.

Cost implications for decisions: *none*

THEMES FOR THE 34th AND 35th PROGRAMME COORDINATING BOARD MEETINGS

1. At its 20th meeting in June 2007, the UNAIDS Programme Coordinating Board decided that future Board meetings will consist of a decision making segment and a thematic segment (ref. PCB 20/rec.10a). Further to this decision the 21st meeting of the Programme Coordinating Board in December 2007 discussed the modalities for the identification of themes and agreed on a process whereby; *"the theme for the Programme Coordinating Board thematic segments should be decided by the Board upon recommendation of the Programme Coordination Board Bureau. This recommendation should be based upon a call for proposals directed to all PCB constituencies and possibly other key actors..."* (ref. UNAIDS/PCB (21)/07.5 para.9). The Programme Coordinating Board also agreed that proposed themes should be considered on the basis of four criteria: broad relevance, responsiveness, focus, and scope for action. At its 31st meeting in December 2012, the Board requested the Programme Coordinating Board Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 34th and 35th Programme Coordinating Board meetings (ref. PCB 31/ rec.9.2).

PROCESS OF SELECTION OF THEMES FOR THE 34th AND 35th BOARD MEETINGS

2. Further to the decisions from the 20th, 21st and 31st meetings, the Programme Coordinating Board Bureau sent out a call to all Board stakeholders in June 2013 inviting proposals for themes for the 34th and 35th Programme Coordinating Board meetings to be held in June and December 2014. Proposals were to be submitted against the four criteria for selection of themes that had been previously agreed by the Board.

3. At its meeting on 17 October 2013, the Bureau considered the eight proposals that were submitted giving due consideration to a number of factors including: the level and diversity of support; urgency of the issue; whether the issue was being considered elsewhere; inclusion of the theme as a sub-issue under a broader or related theme; and, the suitability of the theme to be addressed by the Board at a particular time.

34th and 35th Programme Coordinating Board meetings

4. The Bureau acknowledged the merit of all of the proposals received and decided to retain two themes for the thematic days of the 34th and 35th Programme Coordinating Board meetings. "Addressing social and economic drivers of HIV through social protection" will be the theme of the thematic session of the 34th PCB in June 2014 and the "Halving HIV transmission among People Who Inject Drugs" will be the theme for the 35th PCB in December 2014. Both proposals were found to be of particular relevance and urgent for the Board to address. **The Bureau hence proposes the Programme Coordinating Board to: *agree* that the themes for the 34th and 35th Programme Coordinating Board meetings be respectively "Addressing social and economic drivers**

of HIV through social protection" and "Halving HIV transmission among People Who Inject Drug".

37th Programme Coordinating Board meeting

5. Given that the 37th meeting of the Programme Coordinating Board is scheduled for December 2015, **the Programme Coordinating Board is invited to:** *request* the Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 37th Programme Coordinating Board meeting.

DATES FOR THE NEXT PROGRAMME COORDINATING BOARD MEETINGS

6. At its 31st meeting in December 2012 the UNAIDS Programme Coordinating Board decided that the 36th Board meeting will be from 9-11 June 2015 (ref. PCB 31/ rec.9.3). Given that the Annual AIDS Review in the General Assembly could well be scheduled in this week and that the ongoing discussions on ECOSOC reform include an option for the agenda item on the United Nations Joint Programme on HIV/AIDS to be moved to early June, **it is proposed that the Programme Coordinating Board agrees to change the dates of the 36th PCB meeting to 30 June-2 July 2015.**

7. **The programme Coordinating Board is invited to agree the following dates for the next Board meetings:**

    38th meeting: 28-30 June 2016
    39th meeting: 6-8 December 2016

[Annex follows]

ANNEX

Proposed theme for the 34th Programme Coordinating Board meeting (June 2014)

Proposed theme: Addressing social and economic drivers of HIV through social protection.

1. Broad relevance: What is the relevance of the theme to the global AIDS response?

The global vision of an AIDS-free generation in the context of sustainable social, economic growth and global health with zero new infection, zero AIDS related deaths and zero discrimination, requires tackling the underlying structural barriers to HIV prevention, treatment, care and support services. It also calls the international community to support countries overcome economic inequalities and social marginalization challenges which increase the risk of HIV infection among key vulnerable populations. Such barriers continue to drive new HIV infection, morbidity and AIDS mortality, particularly among the most vulnerable and marginalized people, including women, children especially Orphans and Vulnerable Children (OVC) and adolescents, older persons and people with disabilities. These vulnerable populations have equal right to access HIV prevention, treatment and care services. Yet, despite the increasing availability of these services, they remain inaccessible to a significant portion of AIDS-affected communities due to structural barriers such as access to health and, HIV testing facilities and treatment, food insecurity and lack of adequate nutrition, education, housing or stable income as well as gender inequality and stigma and discrimination and costs of transportation. Meanwhile, many high risk behaviors are driven by economic insecurity and survival behavior. Structural interventions that incorporates universal access to prevention, treatment, care and support services including Anti-retroviral Therapy (ART), adherence support services, elimination of mother to child transmission, maternal and child health and psycho-social services, nutrition support and food security, education, water and sanitation, income security as well as housing are critical in preventing and mitigating the impact of HIV. , Social protection is human-rights based system that contributes to address inequality and discrimination through its preventive, promotive and transformative policies and programme measures which thus are critical enablers to reduce vulnerabilities and the negative impact of HIV.

2. Responsiveness: How is the theme responsive to the interests, concerns and information needs of a broad range of actors in the global AIDS response?

Despite significant gains in scaling up ART services and new evidence of the preventive role of treatment, many countries are still not on track in reducing sexual HIV transmission. The critical structural factors – particularly economic inequality and social marginalization have to be tackled to achieve our joint vision. HIV impact can impoverish and marginalise households, families and children, affecting those who are already excluded and marginalised even further. Social protection is made up of public and private programmes and policies that provide income or other transfers to the poor and protect the rights of the vulnerable against livelihood and social risks including prevention of HIV transmission, addressing inequalities and discrimination toward key populations such as drug users, migrants, and Men who have sex with Men. There is clearly a critical need to integrate HIV responses in the broader health and development frameworks and to eliminate parallel systems. HIV sensitive social protection means not exclusively targeting people affected by HIV, but ensuring that this population is served together with others who are equally vulnerable.

HIV-sensitive social protection has multiple benefits such as on poverty reduction, income security, social cohesion and sustainable development, improving access to treatment thus responding to the current global HIV, preventing new infections through reduced transmission, health and development challenges as we move from an AIDS-specific response towards a HIV-sensitive development response. In this last biennium before the MDG deadline, social protection, care and support measures can critically help close the gap to achieving MDG 6 but more effort must be placed on strengthening social protection systems and services within HIV affected settings.

3. Focus: How can consideration of the theme be focused to allow for in-depth consideration in one day?

It is proposed to divide the day into 3 parts focusing on the following:

1. Introduction to HIV-sensitive social protection including key evidence on its value to achieving results in HIV prevention, treatment, care and support to PLHIV and key vulnerable populations;
2. Instruments of social protection: Going to scale (Savings led micro-finance, financial incentives, predictable social transfers, employment assistance, relating to health, education, housing, insurance, HIV and social transformation (working group);
3. Recommendation of 3 priorities for post-2015 investment in HIV sensitive social protection policies and programmes (afternoon concluding plenary).

The morning plenary will set the stage for the day with an overview to frame the discussion and establishing a common understanding of the enabling and obstructive structural factors in eliminating HIV epidemic and its negative consequences.

The working groups will be divided by thematic areas – Financial Instruments, Access to Basic Social Services and Social Transformation to examine newly available evidence on successful impact of social protection on HIV based on country experiences from Africa, Asia, America and Europe reflecting different epidemic context. Relevance to key vulnerable populations will be highlighted.

The concluding plenary will consolidate the lessons and recommendations derived from the evidence-working groups to feedback to the Board members. The recommendations aim to enable UNAIDS and partners to enhance their concrete support to countries to implement evidence-informed HIV-sensitive social protection policy and programmes and to collaborate in filling evidence gaps.

4. Scope for action: How does the theme address possible and necessary action to be undertaken in the response to AIDS, rather than purely theoretical or academic issues? Social protection specifically addresses the structural factors contributing to HIV epidemics such as gender inequality, discrimination, healthcare and education access barriers, food insecurity and poverty. HIV-sensitive social protection contributes to achieving the Millennium Development Goals, Universal Access and the goals of the Political Declaration on HIV/AIDS. It also enables partnership between key actors of development and HIV in the context of limited resources to scale-up prevention, improve treatment adherence and ensure sustainability. This session will demonstrate means of taking AIDS out of isolation through public, private and civil society partnerships. Biomedical advances, when coupled with improved income and livelihood security, reduced social exclusion and gender equality. The evidential practical actions to be presented in this proposed thematic session will inform us on our programmatic decisions, the implementation of the UBRAF during the next biennium and prepare us for the post-2015 actions.

Proposed theme for the 35th Programme Coordinating Board meeting (December 2014)

Proposed theme: Halving HIV transmission among People Who Inject Drugs.

1. Broad relevance: what is the relevance of the theme to the global AIDS response?(max. 200words)

The sharing of injecting equipment is a major driver of HIV epidemics among people who inject drugs (PWID). Injecting drug use has been documented in 158 countries and territories[1], and it is estimated that between 11.2 to 22.0 million people inject drugs globally[2]. HIV infection among PWID has been reported in 120 countries[3].

The 2011 UNGASS target of 50% reduction in new HIV infections among PWID by 2015 is at severe risk of non-achievement. It is largely due to continued high rates of HIV transmission in Eastern Europe, Central Asia, and South-East Asia. There are also worrying trends of injecting drug use in parts of Sub-Saharan Africa, and of stimulant drug use in Latin America and East Asia among sub-groups of key populations, and their association with HIV transmission.

Harm reduction coverage globally remains uneven among and within regions. Globally only 2 clean needles/syringes are distributed per PWID monthly, only 8 % are on opioid substitution therapy, and only 4 % of HIV positive PWID are receiving antiretroviral therapy.

Women who use drugs face a range of gender-specific barriers to accessing HIV-related services, and continue to represent a hard-to-reach population even where harm reduction programs are in place.

Changes in the wider funding environment and the shifts in the international funding patterns have already had a serious impact on sustaining and strengthening the HIV response among PWID.

2. Responsiveness: how is the theme responsive to the interests, concerns and information needs of a broad range of actors in the global AIDS response? (max. 400words)

An effective and evidence-based response is required to curtail the rapid spread of HIV among injecting drug-using populations, but also to prevent onward transmission to other populations such as sexual partners. In addition, in some countries a disproportionate number of sex workers are also injecting drugs which may significantly expand the reach of the epidemic. In order to achieve these goals, the implementation of the comprehensive package of interventions is essential as defined by WHO, UNODC and UNAIDS[4].

[1] *The global state of harm reduction 2010*. Harm Reduction International, 2012 (http://www.ihra.net/global-state-of-harm-reduction).
[2] . World Drug Report 2013, UNODC (http://www.unodc.org/wdr/
[3] Mathers B et al. The global epidemiology of injecting drug use and HIV among people who inject drugs: a systematic review. *Lancet*, 372(9651):1733–1745
[4] *Technical guide for countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users*. Geneva, World Health Organization, United Nations Office on Drugs and Crime, Joint United Nations Programme on HIV/AIDS 2012

To reach the 2015 UNGASS target countries must make bold investments and remove any barrier hampering the delivery of harm reduction services, including the review and adaptation of legislative frameworks.

Therefore, although the severity varies from country to country, the issue of HIV transmission among people who inject drugs is one that should be of great concern to all members of the Programme Coordinating Board.

There is an urgent need for the Board members to address this issue, and to make decisions about the steps that can be taken to improve the situation.

Consideration of the most current information about the nature and scale of the epidemic (including new trends around non-opiate based injecting), what constitutes quality service delivery, and how this should be funded, will provide member states and other stakeholders with a clearer view of how the international community can work together more effectively to achieve success in the political target on reducing new HIV infections among PWID.

3. Focus: how can consideration of the theme be focused to allow for in-depth consideration in one day? (max. 200 words)

A one day session could focus on the following issues:

Policy and legislative environment
The event will articulate policy and legislative changes needed to advance countries capacity to reduce stigma and discrimination and ensure equitable access to services for people who inject drugs.

Consideration will be given to the role of law enforcement and criminal justice authorities with regard to how policy and practice in law enforcement can influence the delivery of HIV services and how this can be influenced to create the conditions for services to be successfully implemented.

Evidence informed interventions
Opportunities will exist to learn from successful practices like quality, community based service delivery and to formulate these into a short briefing note.

In addition, attention will be paid to regional/ national trends which indicate that in some places other substances (such as Amphetamine Type Stimulants) are presenting new challenges. Consideration shall be given as to what best practices exist to address these.

Resource need
A clear articulation of the financial situation should be given followed by a reflection of what can be done to address this impending crisis, and a possible decision on how this should be done and by whom.

4. Scope for action: how does the theme address possible and necessary action to be undertaken in the response to AIDS, rather than purely theoretical or academic issues? (max.400 words)

Creating an enabling environment
Member States who have adjusted their legislation and /or policies to allow for all the

interventions to be implemented and who have achieved drops in their rates of HIV transmission among this group can share learning and best practice for others.

Member States can examine how to address barriers at the international, regional and national level and specific, concrete suggestions made as to what the first steps are in achieving the necessary changes. Examples will be given from different types of environment to show that significant change can be achieved without a major overhaul of a legal system.

Countering Stigma and Discrimination.
Excellent examples exist of how law enforcement and criminal justice authorities have adapted their practice to enable PWID access services.

In addition, PWID themselves have developed and implemented many successful services and have successfully advocated for change in their countries. The PCB is an opportunity to discuss best practice and seek commitment from members to share these with their relevant authorities in country

Scaling up interventions
Member States need to discuss how to intensify the implementation of the comprehensive package of interventions and agree on focusing efforts and resources where they are most needed.

UNODC is focusing on 24 High Priority Countries (HPC), selected following a careful analysis of: epidemiological data and country readiness in terms of policy and law, as well as resource environment. Strategic interventions identified in consultation with national stakeholders including civil society organizations, like harm reduction training for law enforcement agencies as well as building the capacity of the community based organizations, are currently implemented in the 24 HPC.

Increasing access for women who use drugs
The Programme Coordinating Board meeting is a good opportunity to bring attention to policies, laws and practices that undermine the implementation of the interventions among women who use drugs in terms of an effective harm reduction response to HIV, as well as to discuss the principles that must be upheld and lists recommended actions for moving forward from the programmatic level, through to national policy and global responses

Sustainable funding for harm reduction response
The Member States need to discuss how to contribute to addressing potential mismatch/gaps between the current epidemiological trends and the funding focus, including but not limited to the international donors.
In addition, Board members and other stakeholders will discuss on t how to support countries to increase/review their domestic investment in harm reduction interventions.

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