

NEXT PCB MEETINGS

Additional documents for this item: N/A

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

- Agree that the themes for the 56th and 57th PCB thematic segments will be:
 - a) *Beyond 2025: Addressing health inequities through sustained HIV response, human rights, and harm reduction for people who use drugs (June 2025);*
 - b) *Beyond 2025: Long acting antiretrovirals: potential to close HIV prevention and treatment gaps (December 2025);*
- Request the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 58th and 59th PCB meetings; and
- Approve the dates and venue of the 60th and 61st PCB meetings in 2027 as follows:
 - a) *60th PCB meeting: 29 June–1 July 2027, Geneva, Switzerland;*
 - b) *61st PCB meeting: 14–16 December 2027, Geneva, Switzerland.*

Cost implications for the implementation of the decisions: none

Themes for the 56th and 57th Programme Coordinating Board meetings in 2024

1. The UNAIDS Programme Coordinating Board (PCB) decided at its 20th meeting in June 2007 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 PCB in December 2007 discussed the modalities for the identification of themes and agreed on a process whereby: “[T]he theme for the Programme Coordinating Board thematic segments should be decided by the Board upon recommendation of the Programme Coordinating 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).
2. The PCB also agreed that proposed themes should be considered on the basis of four criteria: broad relevance, responsiveness, focus, and scope for action. At its 53rd meeting in December 2023, the Board requested the PCB Bureau to take appropriate and timely steps to ensure that due process was followed in the call for themes for the 56th and 57th PCB meetings (ref. [UNAIDS/PCB \(53\)/23.32](#)).

Process of selection of themes for the 56th and 57th Programme Coordinating Board meetings

3. Accordingly, the PCB Bureau sent out a call to all Board Members in July 2024 inviting proposals for themes for the 56th and 57th PCB meetings to be held in June and December 2025.
4. At its [meeting on 4 November 2024](#), the Bureau considered the five submitted proposals (listed below), giving due consideration to criteria in paragraph 1 above, as well as other 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.
 - **Proposal 1:** Beyond 2025: Addressing health inequities through sustained HIV response, human rights and harm reduction for people who use drugs;
 - **Proposal 2:** Comprehensive care for people living with HIV, including co-infections (e.g. hepatitis C), co-morbidities, and other life cycle-related conditions;
 - **Proposal 3:** From crisis to resilience: The HIV response in the Middle East and North Africa;
 - **Proposal 4:** Next steps for the revisited operating model and next Global AIDS Strategy;
 - **Proposal 5:** Universal access to injectable antiretrovirals for HIV prevention (PrEP) and treatment (ART).
5. Members noted the strength and relevance of all submitted proposals. After discussing in detail the proposed themes, the Bureau agreed on the proposal “Beyond 2025: Addressing health inequities through sustained HIV response, human rights and harm reduction for people who use drugs” for June 2025. For the second theme for 2025, all Bureau members supported the proposal “Universal access to injectable antiretrovirals for HIV prevention (PrEP) and treatment (ART)”.

Dates and venue for the next Programme Coordinating Board meetings

6. The following dates are proposed for the Board meetings in 2027:

- 60th meeting: 29th June, 30th June, 1st July 2027, Geneva, Switzerland
- 61st meeting: 14th, 15th and 16th December 2027, Geneva, Switzerland

Draft decision points

The PCB is invited to:

7. Agree that the themes for the 56th and 57th PCB thematic segments will be:
 - a) *Beyond 2025: Addressing health inequities through sustained HIV response, human rights and harm reduction for people who use drugs (June 2025)*
 - b) *Beyond 2025: Long acting antiretrovirals: potential to close HIV prevention and treatment gaps (December 2025);*
8. Request the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 58th and 59th PCB meetings; and
9. Approve the dates and venue of the 60th and 61st PCB meetings in 2027 as follows:
 - a) *60th PCB meeting: 29th June – 1 July 2027, Geneva, Switzerland.*
 - b) *61st PCB meeting: 14th – 16th December 2027, Geneva, Switzerland.*

[Annexes follow]

Annex 1. Proposed theme for the 56th Programme Coordinating Board meeting (June 2025)

Title: Beyond 2025: Countering health inequities through sustaining the HIV response, human rights and harm reduction for people who use drugs

Broad relevance: What is the theme's relevance to the global AIDS response?

As a key population, people who use and inject drugs are central to the HIV response and to reaching global AIDS targets. UNAIDS data show that people who inject drugs are 14 times more likely to acquire HIV than people in the overall population. Structural and social inequities, including criminalization and the stigma and discrimination it engenders, as well as poverty and marginalization, shape the experiences of people who use drugs, limiting access to harm reduction services, including antiretroviral therapy and social protection measures. In 2019, it was estimated that nearly half a million people died from drug-related causes, with 15% of these deaths attributable to HIV.

Globally, 153 countries criminalize drug use, compared with only five countries that provide high coverage of harm reduction services. Current funding for harm reduction is inadequate, with only US\$ 151 million allocated in low- and middle-income countries, compared with an estimated annual need of \$2.7 billion.

On the current trajectory, the AIDS targets will not be met. It is necessary to take stock of the progress made towards ending AIDS among people who use drugs.

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

This theme responds to the interests, concerns and information needs of people who use and inject drugs (PWUID), alongside people living with HIV and key and priority populations, given the intersectionality among communities. More broadly, in-depth exploration of how the global HIV community will reduce health, social and political inequalities experienced by PWUID also responds to multilateral and governmental concerns about public health and human rights and about the overall sustainability of the HIV response.

Current drug policies have significant effects on public health, social integration and the environment. Therefore, a thematic segment focused on countering health and other inequities experienced by PWUID under contemporary drug policies and practices would be relevant to a broad range of actors in the global HIV response. Moreover, this planned thematic segment aims to draw and build on the previous two thematic segments, which focused on priority and key populations and on sustaining the gains of the global HIV response, with a specific focus on PWUID, drug policies and harm reduction.

In the context of a world affected by conflict, climate and economic challenges, this theme will consider and discuss what the political, programmatic and financial response for PWUID should look like in the future. The thematic segment aims to link to pathways of sustainability, as sketched out in the most recent PCB thematic segment, and it will consider how to position the response for people who use drugs within the broader Universal Health Coverage and Pandemic Prevention, Preparedness and Response agendas. The role, status and envisioning of community leadership of PWUID will be centered throughout the segment.

People who use drugs are key for covering the “last mile” towards ending AIDS, which requires addressing the inequities and inequalities that place key populations at elevated risk. Doing so require us to strategize on sustaining the gains made in HIV response and on

ensuring that the health and human rights of key populations—including PWUID—are upheld, so that marginalized and underserved communities are not pushed further behind.

Finally, this thematic segment aims to conclude with actionable recommendations and pathways that will be responsive to the interests, concerns and information needs of affected communities, United Nations agencies, governments and donors. These will serve as signposts for the harm reduction and people who use drugs response in the lead-up to the Global AIDS Strategy 2026–2030.

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

To enable in-depth consideration of the proposed theme, the thematic segment day will focus on:

- a) **Status update since the 2014 UNAIDS PCB thematic segment.** Particular emphasis will be placed on coverage of harm reduction programmes, including needles and syringes, opioid agonist maintenance therapy, overdose prevention and actions needed to scale up implementation—all in collaboration with drug user-led organizations.
- b) **Human rights and inequities.** Since the 2016 UNGASS on Drugs, there have been several normative developments. Drug policies have become more prominent within the human rights architecture, alongside growing calls for decolonization of drug policies, given their impact on Indigenous communities. Additionally, the intersections of drug policy, climate change, war and humanitarian crises warrant further exploration. This theme will emphasize the critical roles played by nongovernmental organizations and drug user-led networks.
- c) **Sustainable futures.** Future responses will necessarily entail grappling with shrinking resources and civic space, as well as with the growing anti-rights backlash. Harm reduction will need to be defined better and more robust service delivery models—including strong community systems—will have to be promoted.
- d) **Way forward.** This section will chart actionable, time-bound recommendations for Member States, civil society and communities, donors, multilateral agencies, the private sector, and the Joint Programme.

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?

By taking stock of the political, financial, and social shifts in the decade since the last PWUID-focused PCB thematic segment, this iteration will set out a vision and strategic direction for sustaining the HIV response for this community. The segment will draw from lived experiences, on-the-ground evidence, and normative and norm-setting guidance and reports.

As outlined above, the thematic segment will be divided into four key thematic areas.

The first will address the gaps in the 2014 thematic segment on PWUID, including drug use patterns, gender and geography. It will analyze progress on prior PCB decision points from June 2015 regarding halving HIV transmission among people who inject drugs and considering people, policies and programming in the context of a rapidly changing world. This will set the stage for identifying pathways and directions for developing actionable recommendations.

The second section—on human rights and inequities—will feature case studies of rights-based policies, including decriminalization models that align with global norms, targets and

standards. Identifying these will provide further nuance and specificity to shape decision points and future societal enabler targets regarding laws and policies that impact key populations. Furthermore, discussions on the impact of colonial-era laws, climate change, war and humanitarian crises on policies and programming will inform consideration for future actions and strategies from the Joint Programme.

The third section—on sustainable futures—will aim to inculcate action on investing and prioritizing funding from international and domestic sources to support PWUID and harm reduction at the global, regional and country levels. Particular attention will be paid to funding community-led responses on advocacy and programming, given the lack of progress on the 80–60–30 targets. It is also aimed at drawing attention to service delivery models that are cost-effective, person-centered, scalable, sustainable and designed with communities.

Finally, the fourth section will consider the future of harm reduction in a changing world. It will focus on charting a vision for how services for PWUID can be accommodated within the wider sustainability and integration agenda. This thematic area will demonstrate the importance of incentivizing countries to act on evidence and to do so with ambition. It will engage communities and leadership to promote the sustainability of programming that is tailored and aligned with the needs and priorities of people who use drugs, and the broader HIV response. All inputs and content will feed into the development of the next Global AIDS Strategy.

Annex 2. Proposed theme for the 57th Programme Coordinating Board meeting (December 2025)

Title: Beyond 2025: Long acting antiretrovirals: potential to close HIV prevention and treatment gaps (December 2025);

Broad relevance: What is the theme's relevance to the global AIDS response?

The recent clinical studies Purpose 1 and Purpose 2 have indicated 100% efficacy of injectable antiretrovirals (ARVs) for HIV prevention, which marks a ground-breaking advance in HIV care. The findings highlight the potential of long-acting injectable ARVs not only as a specific prevention strategy (i.e. as pre-exposure prophylaxis) but also as a transformative treatment option for people living with HIV. By expanding therapeutic choices with long-acting ARVs, adherence rates can be significantly improved, as patients no longer need to adhere to daily oral medications, which can be difficult due to stigma and access or personal challenges. Reducing treatment interruptions enhances viral suppression, preventing onward HIV transmission and improving health outcomes.

This milestone is a vital step towards accelerating the global effort to eliminate AIDS as a public health crisis. For these injectable solutions to be fully effective, equitable access is essential. Ensuring that all who can benefit—particularly in high-risk or marginalized populations—can indeed access this revolutionary medication is key for accelerating and sustaining the global reduction in HIV transmission rates. In this context, long-acting injectables are a potentially powerful tool in the broader drive to end the AIDS epidemic by enhancing both prevention and treatment outcomes worldwide.

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

The proposed thematic segment will respond to the interests, concerns and information needs of various stakeholders in the global HIV response by addressing key issues around efficacy, equity and health system sustainability. Brazil and South Africa's participation in clinical trials demonstrates their engagement in adopting innovative health solutions, but significant challenges remain—particularly around equitable access to these life-saving technologies in developing countries.

For governments and policymakers, the high cost of injectable ARVs (estimated at US\$ 40 000 per person annually) raises concerns about financial sustainability. Universal access to injectables is aligned with the goals of improving public health outcomes, reducing HIV transmission and ending AIDS as a public health threat by 2030. However, clear strategies are needed for negotiating lower prices and leveraging international partnerships to secure equitable pricing models.

For international health organizations and donors, ensuring equitable access to injectable ARVs fits with their core mission of improving global health equity. Organizations like the World Health Organization and UNAIDS, as well as major donors like the United States President's Emergency Plan for AIDS Relief and the Global Fund, are deeply invested in scaling up HIV prevention and treatment in high-burden areas. They need reliable data from ongoing trials and additional studies to provide normative guidance on the roll-out of long-acting injectables. At the same time, they must advocate for global mechanisms to reduce prices and ensure these therapies are affordable.

Civil society groups are particularly concerned about the gap between the availability of new technologies and their affordability for populations that are particularly at risk of HIV infection.

Their focus is on ensuring that marginalized and high-risk groups—such as sex workers, gay men and other men who have sex with men, and transgender people—are not left behind. Universal access to injectable ARVs addresses concerns about treatment adherence and reduces the stigma often associated with daily oral medications.

Finally, people living with HIV and populations at high risk of HIV infection need timely and accurate information on the efficacy and safety of injectable ARVs. The prospect of long-acting injectable options offers them hope for more discreet and manageable treatments, but they need assurances about long-term access, affordability and availability in their health care systems.

Universal access to injectable ARVs, if successfully implemented, would represent a major step forward in the global HIV response. It requires concerted efforts from governments, global health organizations, advocacy groups and the pharmaceutical industry to ensure equitable, affordable, global and sustained access for all.

Finally, this thematic segment aims to conclude with actionable recommendations and pathways that will be responsive to the interests, concerns and information needs of affected communities, UN agencies, governments and donors.

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

It is proposed that the theme of eliminating AIDS as a public health threat through access to new technologies should be a priority discussion agenda for the health sector, considering the characteristics of the populations, HIV prevalence, and the potential for new drug production in the countries involved in the PCB.

In-depth discussions should prioritize the impact of these new technologies on efforts to end AIDS as public health threat, addressing the use of these tools according to the characteristics of the populations who face both higher HIV risks and significant barriers to care.

Furthermore, the potential for local production of injectable ARVs should be explored, as it could reduce costs and increase access in developing countries. Discussions could also address regulatory hurdles, financing needs and other strategies for affordable pricing.

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?

The proposed topic can foster concrete discussions by focusing on actionable steps for cost reduction strategies, through discussions on production, pricing and availability of products to sustain public health policies based on their use; regulatory barriers; local manufacturing and supply chains; tailored strategies to cater to the needs and challenges in delivery to different groups; and funding mechanisms.

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