



UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (35)/14.25
Issue date: 3 December 2014

THIRTY-FIFTH MEETING

Date: 9-11 December 2014

Venue: Executive Board room, WHO, Geneva

Agenda item 8

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:

7. Agree that the themes for the 36th and 37th Programme Coordinating Board meetings be: *HIV in emergency contexts (36th) and Shared responsibility and global solidarity for effective, equitable and sustainable HIV responses for the post-2015 agenda: transitions to domestic funding that ensure GIPA and address key populations (37th)* and that the issue of *HIV in prisons and other closed settings* be considered as a regular agenda item at the Programme Coordinating Board meeting in December 2015.

8. *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 38th and 39th Programme Coordinating Board meeting;

9. *Agree* the dates for the 40th (27-29 June 2017) and the 41st (12-14 December 2017) meetings of the Programme Coordinating Board.

Cost implications for decisions: *none*

THEMES FOR THE 37th PROGRAMME COORDINATING BOARD MEETING

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 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). 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 33rd meeting in December 2013, 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 37th Programme Coordinating Board meetings (ref. PCB 33/ 13.20).

PROCESS OF SELECTION OF THEMES FOR THE 37th, 38th AND 39th BOARD MEETINGS

2. Further to the decisions from the 20th, 21st and 33rd meetings, the Programme Coordinating Board Bureau sent out a call to all Board stakeholders in July 2014 inviting proposals for themes for the 37th Programme Coordinating Board meeting to be held in December 2015.
3. At its meeting on 31 October 2014, the Bureau considered the five proposals (listed below) that were submitted, 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: Shared responsibility for effective, equitable and sustainable HIV responses: transitions to domestic funding that address key populations;

Proposal 2: The AIDS response and the health architecture post 2015;

Proposal 3: HIV in emergency contexts;

Proposal 4: GIPA principles manifest in prevention, treatment and care, with a particular focus on health care settings;

Proposal 5: HIV in prisons and other closed settings – A population left behind.

4. The Bureau acknowledged the merit of all the proposals received and decided, given the quality and timeliness of the proposals, to consider the feasibility of having an additional thematic segment at the 36th PCB meeting in July 2015. In the light of the timeliness of the topic *HIV in emergency contexts*, including the Ebola crisis, the Bureau decided to propose this theme for the thematic day of the 36th Programme Coordinating Board.
5. Given the linkages between the issues in proposals 1, 2 and 4, the Bureau proposed to combine these proposals under the theme *Shared responsibility and global solidarity for effective, equitable and sustainable HIV responses for the*

post-2015 agenda: transitions to domestic funding that ensure GIPA and address key populations. This theme could be considered for the thematic day at the 37th Programme Coordinating Board meeting.

6. The Bureau further proposed that the issue of *HIV in prisons and other closed settings* be considered as a regular agenda item at the Programme Coordinating Board meeting in December 2015.
7. **The Bureau proposes the Programme Coordinating Board to: Agree that the theme for the 36th Programme Coordinating Board meeting be *HIV in emergency contexts* and that the theme for the 37th Programme Coordinating Board meeting be *Shared responsibility and global solidarity for effective, equitable and sustainable HIV responses for the post-2015 agenda: transitions to domestic funding that ensure GIPA and address key populations* and that the issue of *HIV in prisons and other closed settings* be considered as a regular agenda item at the Programme Coordinating Board meeting in December 2015.**
8. Given that the 38th and 39th meetings of the Programme Coordinating Board are scheduled respectively for June and December 2016, **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 38th and 39th Programme Coordinating Board meetings.

DATES FOR THE NEXT PROGRAMME COORDINATING BOARD MEETINGS

9. **The Programme Coordinating Board is invited to agree the following dates for the Board meetings:**

40th meeting: 27-29 June 2017

41st meeting: 12-14 December 2017

[Annexes follow]

ANNEX 1

Proposed theme for the 36th Programme Coordinating Board meeting (July 2015)

Proposed theme: HIV in emergency contexts

Broad relevance: what is the relevance of the theme to the global AIDS response?

End of 2015 is very timely for a thematic session on HIV in emergency contexts, as the Post 2015 agenda for development will have been adopted, with a likely powerful push for an integrated and strategic approach to ending AIDS, including through an integrated and strategic UN response. Additionally, the 3rd *World Conference on Disaster Risk Reduction* (Sendai, March 2015) will be a rich source of information to guide the discussions and the outcomes of the PCB thematic session will inform key political and programmatic fora, including, (i) the progress report to the Security Council on the implementation of its resolution 1983 due in 2015; and (ii) the *1st Global Humanitarian Summit* (Istanbul 2016) which will focus on reducing vulnerability, managing risk and transformation through innovation, and serving the needs of people in conflict.

Emergency contexts continue to subsist and their impact is evident. In 2006, 1.8 million people living with HIV were affected by conflict, disaster, or displacement and 930,000 women and 150,000 children living with HIV were affected by emergencies. The number of displaced persons increased by nearly 25 percent from 2006 to 2013; and by the end of 2013, there were over 50 million people forcibly displaced worldwide, the highest level on record. This situation is correlated to the AIDS response as it negatively affects access to HIV services and may also heighten risks and vulnerabilities due to large movements of people, uncertainty of conditions and sexual/gender based violence. Women, children and girls are particularly vulnerable in such environments. Countries with strained health systems as well as countries and regions which have made very important strides in the HIV response can suddenly see their systems dramatically eroded due to a change in context. The public health, economic and development consequences are also often significant and can dramatically set back national, regional and global levels of progress in the AIDS response.

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 is of global interest due to the fact that such emergency contexts can arise anywhere, irrespective of a county or a region's development situation. In addition, these contexts bring particular challenges and responsibilities to the entire "chain of stakeholders" of the global AIDS response, such as national governments or authorities, UN organizations and other multilateral partners, civil society, donor countries or UN peace keeping operations .

Stakeholders frequently have to revisit their priorities to address the emergency, often with limited amounts of human and financial resources and severely affected health systems (human resources, procurement, commodities etc.) This can have direct effect on maintaining HIV prevention activities and dramatically limit access to treatment. In such contexts, the specific needs and comparative advantages of the different actors involved have to be explicit and **an effective and coordinated action** of all actors is of key importance. The PCB is thus a particularly opportune setting for an open dialogue on the topic, as all these central stakeholders are around the table and have a

common interest in sharing experiences and bringing to the forefront the many different and varied perspectives/angles of HIV related challenges in emergency contexts (migration, nutrition, child protection, security, displacement, logistics, procurement and supply management etc.) and prospective effective solutions.

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

The challenge of this theme will be to demonstrate the diversity of emergency contexts (“one size doesn’t fit all”) and the complexity and differentiated approach of operating in such environments, while ensuring that some common and strong messages do come out of the conversation:

- First, we would suggest a diverse representation of panelists to share the various angles/perspectives of the HIV related challenges in such contexts. This would allow the PCB to appreciate the complexity of the matter and also to ensure that some policy level messages are captured¹.
- Second, we would suggest delving into a more practical-operational exchange (format to be settled) through concrete examples of successful and less successful country and regional experiences which would allow to introduce concrete and existing legal, programmatic and operational Tools & Guidelines (such as HIV needs assessment tool, PMTCT in emergencies, Delivering ART for migrants etc.), as well as identify the operational, programmatic and policy gaps that would need to be addressed.

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?

Through broad-based dialogue on the current landscape of HIV in emergencies and the sharing of best practices, this thematic day will advance a more unified multisectoral response, in line with the paradigm shift towards **an integrated approach** to HIV, health and development of the Post 2015 development agenda.

The dialogue will allow opportunity to identify **concrete policy, programmatic and operational gaps**, on the basis of concrete country and regional examples. The thematic debate will bring some useful theoretical background (legal frameworks, resolutions, previous PCB decisions etc.) to give the framework but will also very much focus on what the practicality of working in such contexts actually means.

¹ Wealth of information is available from UNAIDS GAP report, 2014

ANNEX 2

Proposed theme for the 37th Programme Coordinating Board meeting (December 2015)

Proposed theme: Shared responsibility and global solidarity for effective, equitable and sustainable HIV responses for the post-2015 agenda: transitions to domestic funding that ensure GIPA and address key populations¹

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

Sustainable financing is key to the ongoing viability of the global HIV response and for broader health solutions in the post-2015 agenda. Since 2010 domestic contributions to the HIV response have exceeded donor contributions, comprising over 50 per cent of funding globally. In many cases, this reflects countries' economic growth and reduced availability of, or eligibility for donor funding.

UNAIDS projections show that donor funding for HIV is plateauing, and that alternative funding is needed to fill this gap. However, increased domestic funding will not add value to the response unless it is targeted to areas and populations of greatest need. Globally, key populations experience higher HIV prevalence than the general population – 12 times higher among sex workers and 19 times higher among men who have sex with men. Yet only 10 percent of HIV funding is spent on these populations, mainly comprising donor funding.

Previous spending assessments suggest that national governments are willing to spend on drugs, treatment and prevention for the general population but have been reluctant to spend on prevention or services for key populations, although these are low cost and high impact.

Similarly, civil society organizations, including networks of people living with HIV and key populations, have mostly relied on external funding, now diminishing, to do their critical work to ensure transparency, accountability, effective public policies, and services to those most vulnerable.

Challenges include how to increase domestic funding for areas and populations of greatest need using a rights-based and GIPA approach and manage the transition from donor to government funding. Stronger partnerships at all levels will be required to ensure that people living with and most affected by HIV, as well as civil society organizations in the fields of HIV and human rights, are able to meaningfully partner with governments and inform and influence domestic HIV responses. Such a cooperative dialogue between government and civil society leading to effective and appropriate responses to HIV will be critical to the achievement of targets and ending AIDS.

¹ 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'.

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)

The need to prepare for a transition from external funding is an issue which will affect most stakeholders in the international HIV response, although it will affect countries experiencing rapid economic growth and reduced eligibility for donor funding, (particularly Global Fund funding post 2016) soonest. The likely impact of reductions may be greatest for key populations as these targeted programmes are most dependent on donor funding.

In Asia and the Pacific, of the US\$ 186 million invested in HIV prevention activities by 15 reporting countries, only 36% of this amount was directed towards MSM, people who inject drugs, transgender people and sex workers.

Global spending for key populations is disproportionately reliant on external funding: only 11 per cent of global spending on programmes for men who have sex with men (131 countries reporting, 2005-2013) and 14 per cent of funding for HIV services for sex workers came from public domestic sources.

People who use drugs face an even more precarious situation: globally, the majority of funding for harm reduction programmes comes from the Global Fund to Fight AIDS, Tuberculosis and Malaria or other donors. UNAIDS reports that countries with significant HIV epidemics among this population include many newly middle-income countries. As international funding of their HIV response reduces, services for people who inject drugs are not always funded by domestic sources.

A UNAIDS survey in 2014 showed that 59% of the civil society organizations implementing human rights programmes are reporting decreases in another 24% had no change in funding levels. Nearly 70% of the organizations are not accessing domestic funding for their activities

As countries graduate from bilateral donor funding and/or Global Fund grants a transition process is required and it is critical that the essential services for key populations are scaled up, based on human rights approaches in this process.

There are many examples of targeted programs which have transitioned successfully, such as India's Avahan HIV prevention program previously funded by Bill and Melinda Gates Foundation, and China's and Indonesia's Methadone Maintenance Clinics previously funded by Australian aid.

Participation in governance, involvement in the development of treatment and care strategies, and peer-led engagement and support by people living with HIV successful leadership by people living HIV and key population that shifted government support toward increased funding, is critical for effective HIV treatment and care. Client participation and empowerment, including both the design and implementation of interventions is critical for the kind of service models that will be successful in "getting to zero" - in all contexts.

This is a cost efficient approach that can easily be customized any region and country. This approach will enhance the synergetic effect between healthcare providers, patients, community and research. This approach will improve the information base for all actors in the global HIV / AIDS response

There are many practical challenges for transition that require a planned phased approach, including development of investment cases to support increased budget allocations to these areas, advocacy and capacity building for line ministries, support for the meaningful involvement of people living with HIV and key populations in advocacy and programme development and implementation, technical assistance for integration of non-traditional activities into the health sector and the legal barriers and the lack of mechanisms for funding alternative service providers such as civil society organizations and community networks.

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

1. The rationale for sustainable HIV responses in context of the post-2015 agenda: changed economic context, epidemiological significance of key populations, especially in concentrated epidemics and the social and humanitarian impact of reduced funding- gaps in programing and discontinued services leading to new infections and more AIDS deaths and illnesses. Link to ensuring strong focus (and impact) HIV and health in post-2015 development agenda.
2. Avenues for increasing domestic financing - examples of investment cases which have successfully enabled treasuries to increase allocations to health expenditure on HIV including services for key populations; adoption of efficient management practices which have achieved savings, successful leadership by people living HIV and key populations that shifted government support toward increased funding, and political leadership to address sensitive issues.
3. Transition of interventions and funding: Examples of successful transitions of services originally supported by external funding, technical assistance and management, where donors and national governments have been able to transfer responsibility, management, skills and fill funding and capacity gaps.
4. Lessons learnt and recommendations for national governments and development partners developed to guide future planning, including practical applications of the GIPA principle and factors that facilitate successful transition such as those identified in the Avahan transition (early planning with government involvement, alignment of programs with government structures and funding mechanisms beforehand, capacity building for government personnel including management and technical assistance, allowing for support during and after transition, and phasing transition to enable adjustments and improvements). The Day should include presentations of best practice examples of GIPA and key population-led programming, and include clients as well as clinicians and administrators who can speak to their experience, including the development of the model, key features, obstacles barriers and lessons learned, as well as outcomes, cost effectiveness and adaptability of the model. Where possible, presentations should emphasize the 'multiplier' impact of HIV responses to broader health and development arenas.

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)

The theme addresses practical aspects of public financing and avenues increasing budget allocations for HIV including non-traditional components of targeted services for key populations, as well as providing an epidemiological and economic rationale for this approach – particularly within the post-2015 context for HIV and broader health and development. It also encompasses the challenges of transitioning targeted programmes for key populations to government funding and management, including mechanisms for governments to work collaboratively with people living with HIV and key populations to develop and implement effective programs and to support alternative models of service delivery via civil society organizations, particularly community organizations of people living with HIV and key populations. It will present best practice and examples in this area from around the world and capture factors that contribute to successful transitions as well as obstacles that need to be overcome.

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