



## UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (37)/15.23  
Issue date: 13 October 2015

### **THIRTY-SEVENTH MEETING**

**Date:** 26-28 October 2015

**Venue:** Executive Board room, WHO, Geneva

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**Agenda item 8**

### **Next Programme Coordinating Board meetings**

**Document prepared by the Programme Coordinating Board Bureau**

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**Additional documents for this item:** *none*

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

See decisions in paragraphs below:

5. *Agree* that the themes for the 38th and 39th Programme Coordinating Board meetings be:

- a. *The role of communities in ending AIDS by 2030 (38th)*
- b. *HIV and aging (39th)*

6. *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 40th and 41st Programme Coordinating Board meetings;

7. *Agree* the dates for the 42nd (26-28 June 2018) and the 43rd (11-13 December 2018) meetings of the Programme Coordinating Board.

**Cost implications for decisions:** *none*

## THEMES FOR THE 38th and 39th PROGRAMME COORDINATING BOARD MEETINGS

1. At its 20<sup>th</sup> 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 21<sup>st</sup> 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 35<sup>th</sup> meeting in December 2014, 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 38th and 39th Programme Coordinating Board meetings (ref. PCB 35/ 14.25).

## PROCESS OF SELECTION OF THEMES FOR THE 38th, 39th, 40th and 41st BOARD MEETINGS

2. Further to the decisions from the 20<sup>th</sup>, 21<sup>st</sup> and 35<sup>th</sup> meetings, the Programme Coordinating Board Bureau sent out a call to all Board Members in June 2015 inviting proposals for themes for the 38th and 39th Programme Coordinating Board meetings to be held in June and December 2016.
3. At its meeting on 2 September 2015, 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:** *Leaving no one behind? Gender-based violence (GBV) as a persisting challenge in the HIV response*

**Proposal 2:** *Indigenous Peoples respond to HIV*

**Proposal 3:** *Young women and adolescent girls and HIV/AIDS*

**Proposal 4:** *The role of communities in ending AIDS by 2030*

**Proposal 5:** *HIV and Aging*

4. The Bureau acknowledged the merit of all the proposals received and decided, given the quality and timeliness of the proposals to propose the theme: *The role of communities in ending AIDS by 2030* for the thematic day of the 38th Programme Coordinating Board and the theme of: *HIV and Aging* for the thematic day of the 39th Programme Coordinating Board.

5. **The Bureau proposes the Programme Coordinating Board to:**  
**Agree that the theme for the 38th Programme Coordinating Board meeting be: *The role of communities in ending AIDS by 2030* and that the theme for the 39th Programme Coordinating Board meeting be: *HIV and Aging*.**
  
6. Given that the 40th and 41st meetings of the Programme Coordinating Board are scheduled respectively for June and December 2017, **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 40th and 41st Programme Coordinating Board meetings.

#### **DATES FOR THE NEXT PROGRAMME COORDINATING BOARD MEETINGS**

7. **The Programme Coordinating Board is invited to agree the following dates for the Board meetings:**  
  
42nd meeting: 26-28 June 2018  
43rd meeting: 11-13 December 2018

[Annexes follow]

## ANNEX 1

### Proposed theme for the 38th Programme Coordinating Board meeting (July 2016)

**Proposed theme:** *The role of communities in ending AIDS by 2030*

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

Since the beginning of the HIV/AIDS epidemic, communities have played a key role in the HIV/AIDS response. People living with HIV, their families, and communities were the first who responded, in organizing themselves to care for those in need. Today, people with personal experience of the epidemic are very often the most active members of civil society and are present at national, regional and global levels of the response. AIDS activism has also evolved over time, as more community organizations are involved in advocacy work and in direct service delivery, e.g., community-based treatment, care and support programmes.

Scientific evidence shows that community response was and can be effective at combatting the HIV epidemic by improving knowledge and behavior, increasing access to and use of health services and contributing to social transformation.<sup>1</sup> Community organizations<sup>2</sup> interact with affected communities, react to community needs and issues, identify new, emerging, and urgent situations, and engage with affected vulnerable and marginalized groups. They not only play an important part in prevention, treatment, care and support to communities and in bridging the possible gap between communities and the formal health system but are also relevant advocates for improved programming and policy environments.

The importance of including, mobilizing, funding and empowering communities and community-based organizations, especially those coming from key populations and women's organizations, in order to fight the HIV/AIDS epidemic has been acknowledged by a majority of actors on the global and on the national levels and the recent Ebola crisis has only underscored to what extent communities are paramount. As the global community strives to reach the end of AIDS by 2030, examples of community engagement need to be further documented and shared so as to enhance the understanding of the different roles of communities, the opportunities and limitations of their involvement as well as to identify successful examples worth scaling-up in other contexts.

<sup>1</sup> Rosalía Rodríguez-García, David Wilson, Nick York, Corinne Low, N'Della N'Jie, Rene Bonnel (2013): *Evaluation of the community response to HIV and AIDS: Learning from a portfolio approach*, AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV, 25: sup1, p. 7.

<sup>2</sup> The Global Fund in its Community Systems Strengthening Framework differentiates, inter alia, between: community (a term with no single of fixed definition, "communities are formed by people who are connected to each other in distinct and varied ways"); community organizations and actors ("all those who act at the community level to deliver community-based services and activities, and to promote improved practice and policies"); community systems ("community-led structures and mechanisms used by communities through which community members and community-based organizations and groups interact, coordinate and deliver their responses"), and community systems strengthening (CSS) ("an approach that promotes the development of informed, capable and coordinated organizations").

**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)

Recognizing the importance of including the perspectives, experience and voice of civil society and communities, including people living with HIV/AIDS, continues to be at the centre of the strategies of many stakeholders active in the global AIDS response. Within the Executive Boards of UNAIDS and the Global Fund (GF), the voices of civil society and communities are represented, as well as in some national planning processes. During the recent regional consultations as well as the global consultation on the updated and extended UNAIDS strategy 2016-21, community involvement and community services delivery were mentioned repeatedly, showing the relevance of the topic. PEPFAR, as example of a bilateral partner, has highlighted in its “Blueprint for an AIDS-Free Generation” (2012) the need for an increased engagement of civil society and communities in the country-level planning and implementation of HIV/AIDS programming.

The role of communities could be examined through the following lenses:

- Leaving no one behind – the importance of community-level activities: Even though the global AIDS response has delivered remarkable results, many people continue to be left behind. Among key populations, the number of people acquiring HIV infection has not decreased. Stigma, discrimination and punitive laws remain rife in many parts of the world, which deters millions of people, very often key and vulnerable populations, from seeking essential HIV services.<sup>1</sup> In order to reach as many people as possible, combination prevention and treatment interventions must be tailored to marginalized and affected communities and populations most at risk. Communities have and should continue to play an important role in the design, but also in the implementation and monitoring of projects and programs in order to ensure that interventions respond to their needs.

*What role can/should communities play in the next 15 years in community-level activities? (ex. direct provision of health services, supporting activities for individuals to access health-related services, advocacy for the creation and improvement of enabling environments, etc.) How can actors at the global and regional level support and improve the engagement of communities? (ex. financial resources and capacity building; monitoring, evaluation and planning) What are the community “game changing mechanisms” that could be scaled-up (e.g. technology/communication tools)?*

- Communities in a changing global landscape and challenging environments: The global landscape for health and development has and will continue to evolve. Many countries moved or are moving from LIC to MIC status, some others are moving in the opposite direction from MIC to LIC. Most of the world’s poor live today in MIC countries and the burden of HIV is also concentrated in MICs (57%).<sup>2</sup> Increased calls for most MICs to transition to domestic financing to fund their respective AIDS responses will potentially imperil community organizations and key population networks, who are often dependent on external resources to

<sup>1</sup> UNAIDS: UNAIDS Strategy for 2016-2021: Fast-tracking to zero, Draft for Review, 3 August 2015, p. 9.

<sup>2</sup> The Global Fund: Evolving the Global Fund for Greater Impact in a Changing Global Landscape: Report of the Development Continuum Working Group, March 2015, p. 11.

sustain their programmes and services. In other settings, civil society spaces are shrinking with legal restrictions and barriers to their meaningful political participation. Furthermore, the world is facing an unprecedented number of multiple humanitarian crises. Increased differentiation will thus be key to the global response.

*What roles can/should communities play in these different contexts, including in transitioning MICs? How to further support the involvement of communities in emergency contexts? How might civil society networks be linked across countries and regions to support local community responses in challenging environments? How to work in less enabling environments?*

- The AIDS response as a model of a whole-of-society-approach and partnerships: Support to communities in the HIV/AIDS response should go far beyond the global HIV/AIDS community: The AIDS response in general and the engagement and cooperation of civil society and communities at global and national levels, can serve as models of a whole-of-society-approach with inclusive governance and action across sectors. The AIDS response can thus serve as a pathfinder not only for health but for all other sectors relevant to sustainable development. The 2030 Agenda for Sustainable Development is a result of such inclusive partnership and engagement with civil society and communities and is calling for multi-stakeholder partnerships.

*How to further support the building of efficient networks, linkages and partnerships between communities and national programs in order to improve coordination and decision-making, in the AIDS response as well as in other sectors of development? What can be learnt from past experience of communities in the global AIDS response for other sectors? What are the opportunities, but also the limitations of working with communities? How can the challenges that communities face, be overcome to enable their meaningful and effective engagement in the AIDS response? Where is it most relevant for communities to be in the driver's seat and where and when should communities act in a more supportive role?*

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

In-depth consideration in one day could for example be achieved with focus on three of the above-mentioned themes:

1) Leaving no one behind – the importance of community-level activities

Topics: (a) role of communities in prevention, treatment, care and support as well as advocacy; (b) How to ensure efficient linkages between community systems and the health system (c) role of stakeholders at the global level in community strengthening.

Ideas: invite representatives of different contexts in order to demonstrate experiences and various challenges and that there is no one-size-fits-all-approach; inviting someone from an LDC, a MIC as well as a high-income country in order to demonstrate and acknowledge that there are people left behind across the globe; highlight successful examples of community-based advocacy and services from different regions and of community-health system partnerships.

2) Communities in a changing global landscape and challenging environments

Topics: different contexts (emergencies, stable contexts, rural and urban areas, MIC, LICs.), displaced people, migrants

Ideas: invite community representative who works with migrants and refugees;

3) The AIDS response as a model of a whole-of-society-approach and partnerships

Topics: lessons learnt from the AIDS response, whole-of-society approach;

partnerships (e.g. communities and governments); opportunities, limitations of working with communities,; how – and under what conditions - HIV communities have created solidarity across significant differences (gender, sexual orientation, minority status, etc.);

Ideas: success stories of good partnership between governments and communities; among different communities; between communities and the private sector; across borders; etc.; lessons learnt from CCMs (partnership GFATM- UNAIDS-civil society/communities),

**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)

As already indicated, at global level, the importance of civil society and community engagement in the AIDS response is uncontested and seems to even have gained in importance (ex. Ebola crisis). In its annual reports on the Global AIDS Epidemic, UNAIDS acknowledges and continuously calls for civil society involvement in the AIDS response; the Global Fund developed in 2010 a Community System Strengthening Framework which has been reviewed twice since; UNAIDS in its draft Strategy 2016-21 calls for a greater role of community in prevention and treatment services.

Although experts and communities agree on the key role of communities in the HIV/AIDS response, contributions and innovative approaches of communities to HIV prevention, treatment, care and support have not yet been the focus of systematic and rigorous evaluations.<sup>1</sup> In this regard, a thorough analysis of the issue is definitively worthwhile. The topic is also of high relevance in light of the 2030 Agenda for Sustainable development which calls, inter alia, for multi-stakeholder partnerships. Success stories of the AIDS community involvement and response can thus be shared with co-sponsors and governments and will shed light on this important issue and give concrete examples of how communities can make a significant difference. Representatives of communities will not only present success stories but also challenges and their vision for the next 15 years. With concrete examples it will be shown, that there is no one-size-fits-all approach.

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<sup>1</sup> Rodriguez-Garcia, David Wilson, Nick York, Low, N'Jie, Bonnel: AIDS Care: Psychological and Socio-medical Aspects of AIDS/HIV, New York, 2013, S. 7. 10 country-level evaluations, including Burkina Faso, India, Kenya, Lesotho, Nigeria, Senegal, South Africa and Zimbabwe, p. 7.



## ANNEX 2

### Proposed theme for the 39th Programme Coordinating Board meeting (December 2016)

**Proposed theme:** HIV and Aging

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

- Many of the infected now live longer to late ages
- In the context of Less Developed Countries many are left caring for the sick and the orphaned children
- The elderly are the testimony for successful programs and
- The elderly are seen to develop other Chronic non-communicable diseases earlier which have not as yet received much attention
- In most societies, the elderly have a special and revered role for passing on good practices – HIV prevention included

**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)

At the start of the epidemic more than 30 years ago, people who were diagnosed with HIV/AIDS could expect to live only 1-2 years after that diagnosis. This meant that the issues of aging were not a major focus for people with HIV disease. But today, thanks to improvements in the effectiveness antiretroviral therapy (ART), people with HIV who are diagnosed early in their infection, and who get and stay on ART can keep the virus suppressed and live as long as their HIV-negative peers. Over 10% of the adult population living with HIV in low- and middle-income countries is aged 50 or older, and in high-income countries, over 30% of all adults living with HIV are aged 50 years and over. In sub-Saharan Africa, recent modelling indicates that people aged 50 years and older will account for a steadily growing proportion of people living with HIV in the years ahead. With an aging HIV-infected population – and suggestions that HIV itself may cause conditions normally associated with aging – there is a pressing need for more multi stakeholder dialogue on this topic. People aged 50 years and over are a growing part of the HIV epidemic and this requires new responses

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

The theme could address the following major issues

- Growing older with HIV- Complications associated with aging and with long-term HIV infection
- Late HIV diagnosis
- The importance of support services

**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)

Few HIV strategies in low and middle-income countries currently address this previously hidden dimension of the HIV epidemic, yet populations 50 years and older hold important implications for HIV responses. HIV prevention and treatment services – and other services, such as tuberculosis screening – need to place increased emphasis on people 50 years and older and their specific realities and needs. Such adaptation should reflect the needs of key populations in this age group as well.

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