

## UNAIDS PCB Bureau

### MEETING SUMMARY

DATE: Thursday, 1 September 2016

### PARTICIPANTS

Ms Nadia Isler (Switzerland: chairing); Ms Laila Heward-Mills (Ghana); Ms Monica Martinez (Ecuador), Ms Laurel Sprague and Mr Musa Lumumba (PCB NGO Delegation); Ms Divya Mehra and Ms Alli Miikkulainen (WFP: Representing UNAIDS Cosponsors).

**UNAIDS Secretariat:** Ms Jan Beagle (DXD), M. Joel Rehnstrom (PFA), M. Morten Ussing (GMA), Ms Samia Lounnas (GMA)

### MEETING AGENDA

#### 1. Preparation of the 39th PCB meeting

*The Bureau will consider possible agenda items for the agenda of the 39th PCB meeting taking into account decisions from the 38th and previous meetings*

#### 2. Update on the follow-up actions on the decisions points under the UBRAF agenda item at the 38th PCB meeting

*The Bureau will receive an update on the follow-up actions on the UBRAF 2016-2021*

#### 3. Preparation of the thematic segment of the 39th PCB meeting: HIV and ageing

*The Bureau will receive an update on preparation for the thematic segment on HIV and ageing*

#### 3. Any other business

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### SUMMARY

Ms Isler welcomed the members of the PCB Bureau to the first meeting to prepare the 39th PCB meeting.

Switzerland added two points to be discussed under any other business:

- Feedback on the International AIDS Conference (Durban 2016); and
- Visit to AIDS programmes in Geneva following the PCB meeting (9 December).

The Secretariat presented the possible agenda items for the 39th Programme Coordinating Board meeting, which will be held in Geneva from 6-8 December 2016, based on the attached table in annex 1.

## 1. Preparation for the 39th PCB meeting

The Secretariat recalled that the Bureau had already agreed at its first meeting on 3 February 2016 on many of the agenda items to be included in the agenda of the 39th PCB meeting (see notes posted on the PCB website:

[http://www.unaids.org/en/resources/documents/2016/Bureau\\_Summary\\_first\\_meeting\\_report\\_with\\_Annexes](http://www.unaids.org/en/resources/documents/2016/Bureau_Summary_first_meeting_report_with_Annexes)).

The Secretariat presented the possible agenda items for the 39th PCB meeting and the Bureau decided as follows:

### **Standing agenda items**

- **Report of the 38th PCB meeting:** *Confirmed for the 39th PCB meeting.* The Secretariat informed that the report is being finalized and will be circulated to the Bureau for final clearance before posting on the PCB website.
- **EXD report:** *Confirmed for the 39th PCB meeting.* The Secretariat informed that the outline of the report will be made available on the web site shortly before the PCB, in accordance with usual practice.
- **PCB NGO report 2016:** *Confirmed for the 39th PCB meeting.* The PCB NGO indicated that the focus of the report will be “*HIV and financing communities*”.
- **Leadership in the AIDS response:** The item provides the possibility for the UNAIDS Executive Director to invite a guest speaker.
- **Follow-up to the thematic segment from the 38th PCB meeting on the role of communities in ending AIDS by 2030:** *Confirmed for the 39th PCB meeting.* A summary report is being finalized and will be circulated to the Bureau for clearance.
- **Next PCB meetings:** *Confirmed for the 39th PCB meeting.* The paper for this agenda item is prepared by the Secretariat on behalf of the PCB Bureau; it describes the process of selection of the themes for the 40th and 41st PCB meeting in 2017 and will request the Board to approve the selected themes. The deadline to submit proposals has been extended. The proposals will be discussed at the next meeting of the Bureau. The paper will also propose dates for the PCB meetings in 2019: 44th (June 2019) and 45th (December 2019).
- **Election of Officers:** *Confirmed for the 39th PCB meeting.* The Board will elect the PCB officers for 2017 (Chair, Vice-Chair and Rapporteur) and approve possible new members of the PCB NGO Delegation.
- **Thematic segment:** HIV and ageing: *Confirmed for the 39th PCB meeting.*

### **Other issues to be added to the agenda of the 39th PCB meeting.**

- **Gap analysis on paediatric HIV treatment, care and support.** *Confirmed for the 39th PCB meeting.* The Secretariat recalled that Bureau had already discussed and agreed at its first meeting in 2016 on 3 February that this agenda item would be discussed at the 39th PCB meeting (see notes posted on the PCB website: [http://www.unaids.org/en/resources/documents/2016/Bureau\\_Summary\\_first\\_meeting\\_report\\_with\\_Annexes](http://www.unaids.org/en/resources/documents/2016/Bureau_Summary_first_meeting_report_with_Annexes)).
  - **Synthesis report of existing research and literature on intellectual property (IP)-related and other factors impacting the availability, affordability, and accessibility of treatment and diagnostics for HIV and co-infections in low and middle-income countries:** *Confirmed for the 39th PCB meeting.* The Secretariat recalled that Bureau had already discussed and agreed that this agenda item would be discussed at the 39th PCB meeting at its first meeting in 3 February 2016 (see notes posted on the PCB website: [http://www.unaids.org/en/resources/documents/2016/Bureau\\_Summary\\_first\\_meeting\\_report\\_with\\_Annexes](http://www.unaids.org/en/resources/documents/2016/Bureau_Summary_first_meeting_report_with_Annexes)).
  - **Follow-up actions on the decisions points under the UBRAF agenda item at the 38th PCB meeting:** *Confirmed for the 39th PCB meeting.*
2. **Update on the follow-up actions on the decision points under the UBRAF agenda item at the 38th PCB meeting**

The Secretariat advised that, as requested by the Board:

- An update on how UNAIDS intend to manage the Joint Programme's budgetary shortfall, bearing in mind decision point 6.8 from the 37th Programme Coordinating Board would be provided to the PCB in October.
  - A comprehensive report on all follow-up actions and decisions by the PCB on the UBRAF, including the impact of the budgetary shortfall on the implementation of the 2016-2021 UNAIDS Strategy, would be presented at the 39th PCB meeting.
3. **Preparation for the thematic segment of the 39th PCB meeting: *HIV and ageing***

The Secretariat provided the Bureau with the following update:

On 24 August, an Invitation to express interest to be part of the PCB Working Group (WG) on the thematic segment was sent to all PCB constituencies with Terms of Reference (ToRs) and a draft outline of the background note. The deadline for members to express interest is 7 September.

The next steps are as follows:

- ✓ By the third week of September: First Working Group (WG) meeting during which members of the WG will discuss the draft outline of the background note and the timeline of the WG.
- ✓ By the fourth week of September: The Secretariat will send a call for submission of country best practices on successful programmes to respond to the theme.

- ✓ By the first week of October: the Secretariat will share the revised draft of the Background Note with the members WG.
- ✓ By the first week of October: Second WG meeting during which the WG will discuss the revised draft Background Note and the draft agenda.
- ✓ First week of November: Background Note finalized and cleared – sent for Translation
- ✓ By Second week of November: Third meeting of the WG (discussion on draft agenda, format of the day and inputs for suggested speakers)

#### 4. Any other business

##### **Possible visit to Swiss programmes on HIV/AIDS in Geneva**

- The Bureau chair proposed to organize a visit for interested PCB members to Swiss programmes on HIV/AIDS following the 39th Board meeting on 9th December. The visit would include site visits to different HIV services in Geneva (people who inject drugs, sex workers, etc.)
- The Bureau members welcomed the proposal of the chair to organize such visit on 9th December 2016.

##### **Feedback on the International 2016 AIDS Conference in Durban**

The Secretariat provided a briefing on the International AIDS Conference:

- The AIDS Conference had returned to Durban after the 2000 Durban Conference had radically changed the response to HIV.
- The Joint Programme is a permanent partner of the conference and participates in the planning committees. In addition to this role, the IAS looked to UNAIDS to ensure presence of political leaders which is a major challenge in the month of July, but which was successful for this conference – in particular in terms of African ministers attending.
- This conference was also a possibility to pay tribute to South Africa's leadership in the response, the second investor in the response after the US, and a stark example of how political leadership (and change of political leadership) can change everything-From total denial, the Government has now the largest treatment programme in the world and with explicit intentions of moving to test and treat – a bold ambition with 5.7 million South Africans living with HIV.
- A key role for UNAIDS was to help set the agenda by evidence-based reports of latest data, released immediately before the conference. The UNAIDS Prevention Gap Report was referenced by numerous speakers throughout the conference.
- The Joint Programme organized a number of satellites and side events. Amongst the Joint Programme satellites, the one organized by UNDP and the World Bank on the sustainability of the financing of the fast track was highlighted. It provided a very good picture of the many different perspectives on strategies to resource the response.
- UNAIDS hosted the Red Ribbon Award and the Community Dialogue Space and UNAIDS offices served as the key meeting venue for many civil society meetings including with PEPFAR on the USD 100m key populations fund.

Key messages from the conference included:

1. Financing is fragile, UNAIDS/Kaiser report shows that 13 of 14 international donors decreased funding for HIV in 2015. This pushes to some of the foundations for the fast track. Political mobilization to sustain investment in the response is more critical than ever.
2. Prevention gap – tremendous results in treatment provision since Durban 2000 – but despite treatment scale up limited drop in new infections – essentially only occurring in Southern Africa at scale – many explanations – but clear that prevention reinvigoration must happen.
3. Communities must be seen as key and integral part of HIV service delivery (in addition to the important advocacy role): community provided services are more targeted, they have the trust of stigmatized populations and they deliver effectively.