



## UNAIDS PROGRAMME COORDINATING BOARD

UNAIDS/PCB (39)/16.24  
Issue date: 17 November 2016

### **THIRTY-NINTH MEETING**

**Date:** 6-8 December 2016

**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 40th and 41st Programme Coordinating Board meetings be:

- a. *HIV Prevention 2020: a global partnership for delivery (40th)*
- b. *Zero discrimination in health care settings (41st)*

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 42nd and 43rd Programme Coordinating Board meetings;

7. *Agree on* the dates for the 44th (25-27 June 2019) and the 45th (10-12 December 2019) meetings of the Programme Coordinating Board.

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

## THEMES FOR THE 40th and 41st 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 37<sup>th</sup> meeting in October 2015, 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 40<sup>th</sup> and 41<sup>st</sup> Programme Coordinating Board meetings (ref. PCB 37/ dec.9.2).

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

2. Further to the decisions from the 20<sup>th</sup>, 21<sup>st</sup> and 37<sup>th</sup> meetings, the Programme Coordinating Board Bureau sent out a call to all Board Members in July 2016 inviting proposals for themes for the 40<sup>th</sup> and 41<sup>st</sup> Programme Coordinating Board meetings to be held in June and December 2017.
3. At its meeting on 31 October 2016, the Bureau considered the nine 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: HIV Prevention 2020: a global partnership for delivery**

**Proposal 2: HIV among Adolescents and Women**

**Proposal 3: Zero discrimination in health care**

**Proposal 4: The role of Cities in ending the AIDS epidemic**

**Proposal 5: ARV adherence, an essential challenge in achieving 90-90-90**

**Proposal 6: Getting to 90-90-90**

**Proposal 7: Ending AIDS by 2030? Resilient health system and the need for HIV integration**

**Proposal 8: Indigenous Peoples respond to HIV**

**Proposal 9: HIV and Universal Health Coverage (UHC)**

4. The Bureau acknowledged the merit of all the proposals received. Given the quality and timeliness of proposals, the Bureau decided the following two proposals would be most appropriate for the 40<sup>th</sup> and 41<sup>st</sup> PCB thematic sessions:
  - Thematic Day of the 40<sup>th</sup> Session: *HIV Prevention 2020: A global partnership for delivery*, within which elements from two proposals (2 and 8) were

- incorporated, including the dimension of women and adolescent girls and the need to fast track prevention interventions towards indigenous populations.
- Thematic Day of the 41<sup>st</sup> Session: *Zero discrimination in health care settings*, within which elements from two other proposals (4 and 8) were incorporated, including putting emphasis on the role of Cities in ending discrimination in health care settings and fast tracking the fight against discrimination in health care settings towards key populations, including indigenous populations.
5. **The Bureau therefore proposes the Programme Coordinating Board to: Agree that the theme for the 40th Programme Coordinating Board meeting be *HIV Prevention 2020: a global partnership for delivery*, and that the theme for the 41st Programme Coordinating Board meeting be *Zero discrimination in health care settings*.**
6. Given that the 42nd and 43rd meetings of the Programme Coordinating Board are scheduled respectively for June and December 2018, **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 42nd and 43rd 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:**
- 44th meeting: 25-27 June 2019
  - 45th meeting: 10-12 December 2019

[Annexes follow]

## ANNEX 1

### Proposed theme for the 40th Programme Coordinating Board meeting (June 2017)

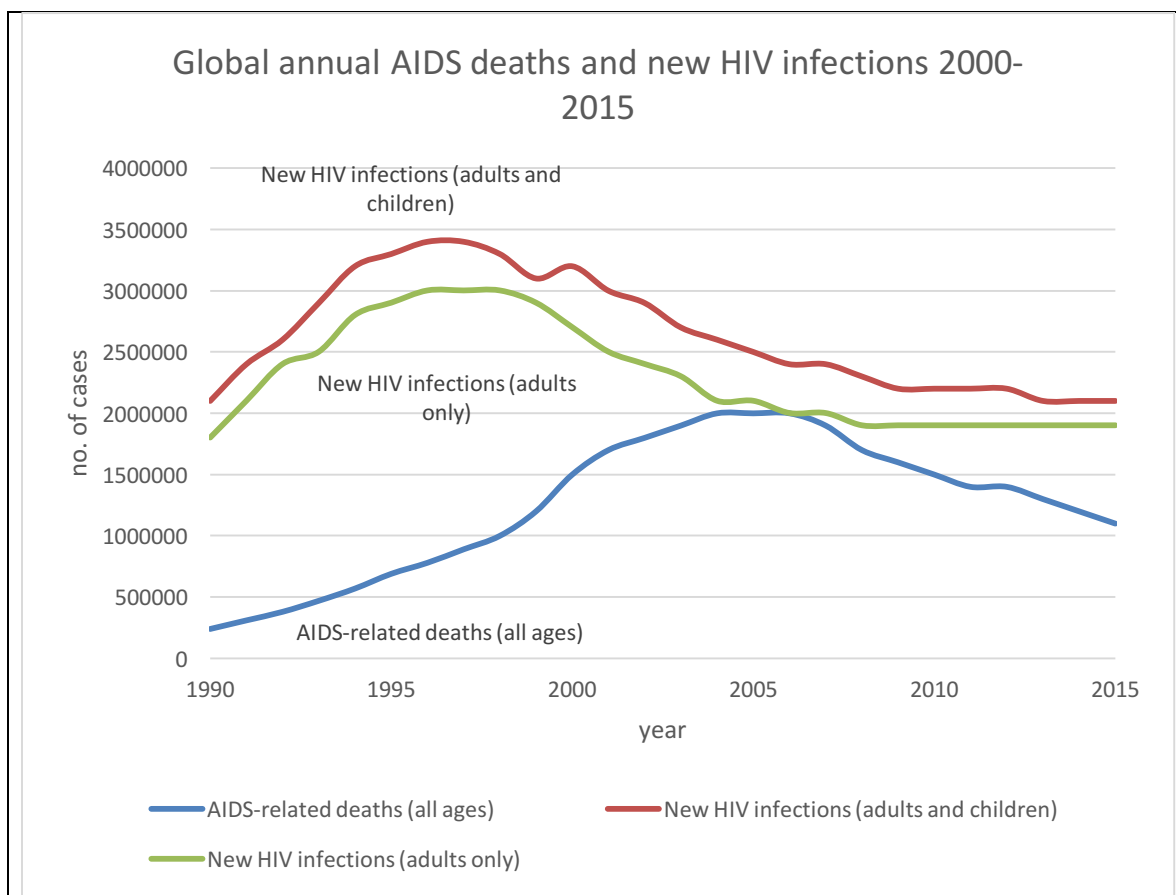
**Proposed theme:** *HIV Prevention 2020: A global partnership for delivery*

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

The world has made impressive progress in providing lifesaving treatment for HIV, however efforts to prevent new HIV infections are lagging behind. The prevention target set by the 2011 Political Declaration on HIV/AIDS, to halve HIV new infections by 2015, has not been reached. There has been little or no decline in global numbers of annual new infections since 2011 (see graph below). Young people, especially young women, between the ages of 15 and 24 years account for more than one third of all new HIV infections among adults, with 2,000 young people becoming infected with HIV each day. Information on burden and experiences of epidemic is often lacking for indigenous people. In Eastern Europe and Central Asia and the Middle East and North Africa, new HIV infections have increased by 30% and 26% respectively since 2010 largely linked to failure in addressing epidemics within key populations. In [which year], the UNAIDS Lancet Commission called for the world to “get serious about HIV prevention”.

In the 2016 Political Declaration, the international community has set a new, even more ambitious target for preventing new infections (<500,000 new infections by 2020), a 75% reduction. To achieve this target will require extraordinary effort to ensure a focus on high impact programmes, targeted groups and geographical areas, prioritization, high quality services, as well as sufficient scale and adequate funding.

A PCB thematic session on HIV prevention therefore would be timely and strategic. It would serve as a milestone in the development and implementation of a global prevention plan and of partnerships to enable its scale up. By 2017, it will have been five years since the PCB had a thematic segment dedicated solely to prevention.



**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. 400 words)

Preventing new HIV infections is critical for all countries, for all stakeholders and in all epidemic types, be they within the general population or concentrated epidemics among key populations.

The UNAIDS Prevention Gap Report, the Durban AIDS Conference and the Lancet article “HIV Prevention 2020” have brought to international attention the decline in investment and lack of progress in HIV prevention, and have helped mobilize partners. In Eastern and Southern Africa, governments, the UN system, development partners and civil society are already leading efforts to “reinvigorate HIV prevention”. A thematic session on prevention at the PCB would be an opportunity to take these discussions to a global stage, and to engage both global and local policy makers in substantive discussions on the challenges faced, the policy options available, and the investment required to reduce new infections.

At a time of declining HIV funding and competing priorities for investment, lack of progress in reducing new HIV infections highlights the need for sustained and efficient investment by both donors and national governments alike. The impact of current declining funding for HIV will be highlighted, particularly with regard to how this hampers scale-up of efforts. Lack of support and investment for community-led responses has undermined services for most affected by the epidemic. Advocacy for improved strategic investment that leaves no one behind will focus on key bottlenecks, including structural barriers, to be addressed in order for prevention targets to be reached, as well as on projected increased costs of inaction.

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

The thematic session will be organized around four elements:

- A situation analysis – including quantitative and qualitative data
- A bottleneck analysis – where and why are we failing on HIV prevention
- An economic analysis of the cost of inaction/inertia
- Concrete proposals on a way forward to increase speed, scale-up, quality and sustainability of HIV prevention efforts.

The situation analysis will draw on the Prevention Gap report, highlighting how there has been a lack of progress in preventing new infections. It will highlight community perspectives of the diminishing resources for reducing new infections.

The bottleneck analysis will highlight challenges that are blocking effective HIV responses at the service delivery, policy and political levels. It will be guided by analysis of the allocative efficiency of HIV programming, structural determinants and country level assessments such as those conducted through “All In”.

The economic analyses will be presented in terms of the health and economic costs where effective investments are not made. Analyses disaggregated by location, population and intervention type will bring global estimates of investment need to life, highlighting unmet needs.

Concrete proposals on the way forward will build on examples that can be taken to scale. People living with, or at risk of, HIV, including key populations, women and adolescent girls in sub-Saharan Africa and indigenous peoples, will have a platform to demonstrate their leadership on what has been achieved and what still needs to be done in bridging the prevention gap.

**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)

Previous calls for increased action on HIV prevention have suffered from overly focusing on the challenges and lack of resources and not sufficiently presenting ‘actionable’ solutions. [HIV Prevention 2020: A framework for delivery and a call for action](#) proposes a concrete way forward with outcome targets that build towards the achievement of the Political Declaration impact targets (to be domesticated to national contexts).

- Condom use increased to 90% for sex with a non-regular partner in high prevalence countries and settings including in prisons
- Three million people on PrEP
- VMMC coverage of 90% of men and boys aged 15-29 in the 14 priority countries
- Comprehensive harm reduction services for 90% of people who inject drugs including in prisons
- Reduce the number of adolescent girls and young women, aged 15-24 years old, newly infected with HIV globally each year to below 100,000 by 2020

The thematic session will call for *speed, scale, quality and sustainability* showing that a decisive shift is required in how HIV prevention is addressed by expanding the availability of services but also making sure that everyone is able to access them freely without discrimination. As such it will contribute to broader efforts for universal access to

SRHR, such as the Global Strategy for Women's, Children's and Adolescents' Health.

The Political Declaration lays out a bold challenge for the global AIDS community, but also provides an opportunity for increased accountability of governments and multilateral bodies to the communities they serve to achieve the targets they have pledged to.

A PCB thematic session provides the unique opportunity for affected communities, governments and the UN system to sit at the same table and speak critically and constructively on what needs to be done differently to reduce new infections by 75% by 2020. Focusing on prevention aligns with Agenda 2030 for Sustainable Development, with its focus on "leaving no-one behind", illustrating the reality that certain vulnerable populations and communities are experiencing continued HIV transmission due to lack of attention and investment. Most notably these populations include global key populations, women and adolescents in sub-Saharan Africa and other marginalized groups such as indigenous populations.



## ANNEX 2

### Proposed theme for the 41st Programme Coordinating Board meeting (December 2017)

**Proposed theme:** *Zero discrimination in health care settings*

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

Evidence shows that health care settings are among the environments where people most frequently experience multiple forms of discrimination, including HIV-related stigma and discrimination, affecting public health outcomes. Discrimination in health care settings remains widespread and takes many forms. Based on the Stigma Index aggregated data from 50 countries, one in eight people living with HIV reports being denied healthcare.<sup>1</sup> The SDG goals of universal health coverage and the end of AIDS as a public health threat cannot be achieved, despite enormous global mobilization and investment, unless efforts to address discrimination in health care settings are scaled up and obstacles addressed.

Stigma and discrimination in health care settings are intrinsically linked and can lead to a series of negative health outcomes. Notably, both experienced and perceived stigma and discrimination can undermine people's access to health services and the quality of health care delivery, with profound effects on individuals' health outcome and the violation of their human rights. It also undermines public health interventions, including the HIV response. Fear of stigma and discrimination in health care settings has discouraged people living with HIV from accessing treatment services consistently, resulting in poor treatment adherence and potentially poor health outcomes.<sup>2</sup>

Intersecting with discrimination based on HIV status, people across the globe face barriers to accessing quality health care simply because of who they are, or are perceived to be, their behaviour or their health status. Migrant status, socioeconomic status, race, caste or ethnicity, age, sex, sexual orientation, gender identity, HIV or other health status, disability, mental health, engagement in sex work and drug use are all factors that affect the likelihood of experiencing discrimination in health care settings. Many of the characteristics that overlap and intersect – and that require holistic approaches – are overlooked or addressed in siloes.

Failure to address inequality and discrimination in health care settings will translate in our collective inability to make progress, not only on health-SDGs, but also numerous SDGs that seek to tackle inequality and discrimination and build more inclusive societies.

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<sup>1</sup> People Living with HIV Stigma Index, available at [http://www.who.int/reproductivehealth/publications/sexual\\_health/sexual-health-human-rights-law/en/](http://www.who.int/reproductivehealth/publications/sexual_health/sexual-health-human-rights-law/en/)

<sup>2</sup> Sweeney, S. M., & Vanable, P. A. (2015). The Association of HIV-Related Stigma to HIV Medication Adherence: A Systematic Review and Synthesis of the Literature. *AIDS and Behavior*, 1-22, in which researchers found that experiences of HIV-related stigma are associated with poor treatment adherence.”

**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. 400 words)

The 2030 Agenda for Sustainable Development puts respect for equality and non-discrimination at the centre of its goals that aim to ensure healthy lives for all, build inclusive societies and rule of law, and call for breaking the silos and taking concerted action. Drivers of discrimination vary between countries and communities, but some barriers are present everywhere. These include the various and intersecting forms of discrimination faced by people who are marginalized, stigmatized, criminalized and otherwise mistreated because of their gender, nationality, age, disability, ethnic origin, sexual orientation, religion, language, socioeconomic status, or HIV or other health status, or because of selling sex, using drugs and/or living in prison.

Political commitment is crucial as well as stronger accountability and scaling up effective programmes to address stigma and discrimination in healthcare, including putting in place sound national policies and training of medical and other professional staff. Moreover capacity of community based, civil society and youth organizations, and clients of the health care services is important to act as watchdog and hold the health officials accountable. Therefore, a large number of actors should be involved in this theme. Member states, the UNAIDS Secretariat and Joint Programme, other UN and IGOs, professional health-care associations, community based organizations and networks, civil society, academics, funders and others all should take prioritized, coordinated and coherent action at all levels.

**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 in-depth consideration can be focused around four areas:

1. Opportunity to discuss the need to break away from silos approaches to stigma and discrimination in order to develop an understanding of how discrimination on the grounds of HIV status intersects with other forms of discrimination.
2. Opportunity to synthesize evidence on prevalence of HIV-related stigma and discrimination in healthcare, as they affect various groups and in their different intersections, as well as existing evidence of effective actions.
3. Opportunity to uncover responses and best practices from groups working on intersectional forms of discrimination that impact HIV outcomes (including addressing stigma and discrimination against indigenous peoples).
4. Opportunity to highlight best practices from cities around the world, leading efforts to challenge discrimination in health care settings.
5. Opportunity to discuss support for the Agenda to Eliminate Discrimination in Health Care Settings (details in next section) and how priority actions can be used to leverage concerted action.

**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)

Addressing the challenge of discrimination in health care settings is raised as a priority both in UNAIDS Strategy 2016-2021 and in the 2016 Political Declaration. In

2016 UNAIDS and the Global Health Workforce Alliance (at WHO) launched an Agenda to Eliminate Discrimination in Health Care Settings. The Agenda brings together various stakeholders to work towards the vision of everyone, everywhere enjoying health services without discrimination. It aims to address intersectional discrimination in all its forms. At a consultation with governments, health agencies, professional associations, UN agencies and networks working on HIV in 2015, three areas for action to guide the Agenda were identified: (1) political impact—increasing political commitment by mobilizing key constituencies to secure prioritization at all levels; (2) accountability—by promoting monitoring and evaluation frameworks to build evidence, monitor progress and ensure accountability; and (3) implementation—fostering scale up of implementation of effective actions to achieve discrimination free health care.

From these three areas, through a consultative process with a broad range of partners, UNAIDS has identified that key support is needed on seven priority actions: (1) removing legal and policy barriers that impede discrimination-free health care, (2) setting the standards for discrimination-free health care, (3) increasing funding support for a discrimination-free health workforce, (4) securing the leadership of professional healthcare associations, (5) strengthening mechanisms and frameworks for monitoring, evaluation and accountability, (6) empowering patients and civil society to demand discrimination-free health care and finally (7) building and sharing evidence of best practices.

The PCB thematic discussion can showcase best practices where marginalized groups (including indigenous peoples) have led on accountability, rights literacy, human rights competences for healthcare workers, and others. It can also allow identifying gaps in data on HIV and discrimination faced by these populations. Likewise, it can highlight these programs that have proven effective and need to be scaled up.

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