

NEXT PCB MEETINGS

Additional documents for this item: *none*

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

See decisions in paragraphs below:

4. *Agree that the themes for the 42nd and 43rd Programme Coordinating Board meetings be:
 - a. *Ending tuberculosis and AIDS – a joint response in the era of the Sustainable Development Goals (42nd).*
 - b. *Mental Health and HIV/AIDS – promoting human rights, an integrated and person-centered approach to improving ARV adherence, well-being and quality of life(43rd).**
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 44th and 45th Programme Coordinating Board meetings;*
7. *Agree on the dates for the 46th (23-25 June 2020) and the 47th (15-17 December 2020) meetings of the Programme Coordinating Board.*

Cost implications for decisions: *none*

THEMES FOR THE 42ND AND 43RD PROGRAMME COORDINATING BOARD MEETINGS

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 39th meeting in December 2016, 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 42nd and 43rd Programme Coordinating Board meetings (ref. PCB 39/ dec.9.2).

PROCESS OF SELECTION OF THEMES FOR THE 42ND AND 43RD BOARD MEETINGS

2. Further to the decisions from the 20th, 21st and 39th meetings, the Programme Coordinating Board Bureau sent out a call to all Board Members in July 2017 inviting proposals for themes for the 42nd and 43rd Programme Coordinating Board meetings to be held in June and December 2018.
3. At its meeting on 27 November 2017, the Bureau considered the 3 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:** Ending tuberculosis and AIDS – a joint response in the era of the Sustainable Development Goals.
 - **Proposal 2:** Mental Health and HIV/AIDS – promoting human rights, an integrated and person-centered approach to improving ARV adherence, well-being and quality of life.
 - **Proposal 3:** Delivering on SDG 3: Integrating HIV responses into sustainable systems for health.
4. The Bureau acknowledged the merit of the 3 proposals received. Given the quality and timeliness of proposals, the Bureau decided the following two proposals would be most appropriate for the 42nd and 43rd PCB thematic sessions:
 - Thematic Day of the 42nd Session: ***Ending tuberculosis and AIDS – a joint response in the era of the Sustainable Development Goals.***
 - Thematic Day of the 43rd Session: ***Mental Health and HIV/AIDS – promoting human rights, an integrated and person-centered approach to improving ARV adherence, well-being and quality of life***

- **The Bureau therefore proposes the Programme Coordinating Board to: Agree that the theme for the 42nd Programme Coordinating Board meeting be *Ending tuberculosis and AIDS – a joint response in the era of the Sustainable Development Goals*, and that the theme for the 43rd Programme Coordinating Board meeting be *Mental Health and HIV/AIDS – promoting human rights, an integrated and person-centered approach to improving ARV adherence, well-being and quality of life*.**
5. The Bureau further proposed that the issue of *Delivering on SDG 3: Integrating HIV responses into sustainable systems for health* be considered as a regular agenda item at one of the Programme Coordinating Board meetings in December 2018.
 6. Given that the 44th and 45th meetings of the Programme Coordinating Board are scheduled respectively for June and December 2019, **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 44th and 45th 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:**
 - 46th meeting: 23-25 June 2020
 - 47th meeting: 15-17 December 2020

[Annexes follow]

ANNEX 1

Proposed theme for the 42nd Programme Coordinating Board meeting (June 2018)

Proposed Theme: *Ending tuberculosis and AIDS – a joint response in the era of the Sustainable Development Goals*

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

In 2015, tuberculosis (TB) surpassed AIDS as the leading cause of death from an infectious disease globally, despite being preventable and curable. TB remains the leading cause of hospitalization and death for people living with HIV, despite increased global access to antiretroviral therapy. Multi-drug resistant TB poses a greater threat to people living with HIV due to the increased risk of side effects, drug interactions with antiretroviral treatment and poor treatment outcomes.

There is strong evidence for a range of effective and low-cost actions that can prevent TB disease and deaths among people living with HIV. However, programmatic and health systems barriers have prevented these actions from being implemented to the scale and quality that is necessary to achieve the UN Political Declaration target of a 75% reduction in TB deaths among people living with HIV by 2020.

There are important opportunities for TB and HIV programmes to work more effectively, efficiently and in synergy to find, prevent and treat new cases through meaningful engagement of affected communities, strengthened systems for health and addressing the common socio-economic drivers of disease.

Country experiences of integrated, multisectoral TB and HIV programming can provide important insights for integration in the era of the Sustainable Development Goals (SDGs).

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)

There is an urgency to address TB and multidrug resistant forms of TB as one of the greatest threats to the AIDS response in this era of increased access to antiretroviral therapy. It is unacceptable that almost 400,000 people living with HIV die from TB, a disease that can be cured and prevented. However, the current tools we have to prevent, diagnose and treat TB are far from ideal. The best diagnostics still have poor sensitivity. The only vaccine for TB, the BCG vaccine offers only weak protection against the most severe forms of TB. Treatment for TB is complex and requires at least six months treatment with four antibiotics. Treatment for drug resistant TB is even longer, more complex and more toxic with much worse treatment outcomes, particularly among HIV co-infected patients. Only two new medicines to treat TB have been developed in the last 50 years. The spread of drug-resistant TB seriously threatens our ability to end TB by 2030. Annual investment in research and development for new TB vaccines, medicines and diagnostic tests falls \$2billion short of what is needed.

Many of the barriers that prevent access to effective prevention, diagnosis, and treatment of TB are also barriers to HIV services. Stigma, discrimination, poverty, lack of education, lack of community engagement, weak health systems and lack of political commitment. The complex and overlapping socioeconomic, environmental and biological factors that increase

individual and societal vulnerability to HIV and TB necessitate an integrated, decentralized and multi-sectoral response.

Integrated TB and HIV programming has been global policy since 2003 and strongly supported by technical and financing partners, such as PEPFAR and the Global Fund. However, despite some 15 years of global effort, the epidemics of tuberculosis and HIV continue to have a major impact on each other and on global health and development.

There are important lessons to be learned for integrated programming across the SDGs by exploring the different programmatic responses to TB and HIV, as well as from the experiences of countries that have attempted an integrated response.

The rising threat of drug-resistant TB, and antimicrobial resistance more generally, has led to a resurgence of interest in tuberculosis. WHO and the Russian Federation will be co-hosting the first Global Ministerial Meeting on Ending TB in Moscow in November 2017. This will be followed by the first United Nations High-Level Meeting on TB scheduled for the second half of 2018.

The June PCB in 2018 would provide an opportunity for the AIDS community to reflect on the role it can play in ending TB deaths among people living with HIV; examine the challenges and opportunities of integration in the era of the SDGs and inform the UN HLM on TB later in 2018.

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 would address two main issues:

1. What key actions are needed to achieve the Political Declaration target of a 75% reduction in TB deaths among people living with HIV by 2020.
 - a. Finding the missing millions – how can TB and HIV programmes work together to reach the millions of undiagnosed and untreated cases of TB and HIV that often coexist in the most marginalized populations with the poorest access to health services.
 - b. Community engagement and differentiated care – affected communities are not being sufficiently engaged and supported to assist health programmes to prevent, find, treat and care for people with and affected by HIV and TB. The political declaration target recommends that 30% of programme funds should be allocated to support community level service delivery.
 - c. Breaking gender barriers – the relationship between gender and TB and HIV is complex with young women and adolescent girls at increased risk of HIV infection. TB is more common among men. However, men are less likely to be reached by both HIV and TB services. Thus
 - d. Strengthening health systems – collaboration to strengthen sustainably financing, human resource capacity building, procurement and supply management, laboratory systems will benefit HIV and TB programmes
 - e. Innovation, research and development – innovative approaches are needed to ensure adequate and continued investment in new tools to prevent, diagnose and treat HIV and TB in the light of competing health challenges such as non-communicable diseases and emerging infections.

2. What lessons can be drawn from the experience of integrated TB and HIV programming for integration across the SDGs.
 - a. Equitable scale-up of efficient, high-quality and sustainable programmes
 - b. Multi-sectoral and decentralized programming, including how to support and engage affected communities
 - c. Advocacy and political commitment

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)

The session will provide an opportunity for the PCB to consider the outcome declaration from the WHO Ministerial Meeting on Ending TB in Moscow and to take stock of global progress in developing an integrated approach to HIV and TB programming over the last 15 years following up on the TB Thematic Segment of the 22nd Programme Co-ordinating Board and the implications for more integrated, multi-sectoral programming in the era of the Sustainable Development Goals. The session will provide an opportunity to make concrete recommendations on specific actions for UNAIDS and the broader HIV community to achieve the Political Declaration target of a 75% reduction in TB deaths among people living with HIV by 2020 and the SDG targets of ending AIDS and TB by 2030.

Outcomes from this PCB thematic session can provide important input into the first United Nations High-Level Meeting on TB in the second half of 2018, date to be confirmed.

ANNEX 2

Proposed theme for the 43rd Programme Coordinating Board meeting (December 2018)

Proposed theme: *Mental Health and HIV/AIDS - promoting human rights, an integrated and person-centered approach to improving ARV adherence, well-being and quality of life"*

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

Persons with mental health conditions or psychosocial disabilities often experience poorer physical health, a lowered quality of life and disproportionately higher vulnerability to HIV infection. The reasons for this lie largely within the failure of the health sector to ensure and protect the rights and broader health needs of persons with mental health conditions to access (without discrimination) promotive, preventive, treatment, care, and rehabilitation services for HIV/AIDS as well as other primary health services. For example, these persons are less likely to be included in preventive efforts due to their condition.

Risk factors for HIV and mental health conditions are often rooted in broader social determinants, such as age, gender norms and inequality, socio-economic status, gender identity and sexual orientation and ethnicity. For people living or, presumed to be living with or affected by HIV/AIDS (PLHIV) and members of key populations, including women, as well as for persons with mental health conditions these drivers intersect with other structural barriers such as widespread discrimination, stigma, prejudice, violence, abuse, social exclusion and segregation, unlawful or arbitrary institutionalization, forced/non-consensual or over-medicalization and treatment practices that fail to respect people's autonomy, will and preferences, and serve to exclude people from accessing, receiving and sustaining the services they need including ARV treatment, as well as curtailing their enjoyment of their rights.

These structural determinants, coupled with multiple and aggravated forms of discrimination, and the biological and psychological effects of HIV/AIDS (waiting for and receiving the results of HIV status, worrying about regular supply of medicines or coping with side effects, and the unpredictable progression of HIV/AIDS), can negatively affect mental health and wellbeing, and treatment adherence. People with HIV/AIDS are at increased risk of experiencing anxiety, stress, depression etc. ([WHO Report on MH and Development](#)).

Respecting human rights, ending discrimination, reducing health inequalities and improving HIV-prevention and ARV adherence through more rights-based and person-centered approaches is key in this regard.

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)

A discussion on the intersection between mental health and HIV/AIDS and on the importance of adopting a human rights-based approach in this regard is timely and relevant in the context of the vision of *Ending AIDS*, efforts to scale up access and adherence to ARV, HIV prevention, including PreP, and reducing the risk of global AMR. There is a need to discuss and to have more in-depth information on all human rights

aspects related to mental health and HIV/AIDS. We believe that the inter-linked connections between mental health and HIV/AIDS and their impact on the quality of people's lives, a topic which relates to all countries and stakeholders and which is associated to multiple forms of discrimination deserves to be discussed at UNAIDS from a human rights perspective. Mental health has a direct impact on the quality of life and well-being of PLHIV. It is a fact that despite the advances regarding life expectancy, the quality of life of PLHIV is still inferior of those of the general population.

As states accelerate towards the ambitious 90-90-90 targets, a shift in health sector's response to more person-centred and integrated care that hinges upon human dignity and agency is needed. Ensuring that strategies for prevention and treatment adherence are people-centered, promote resilience and agency, and build trust between service users and health care workers in terms of their overall health and wellbeing, will improve service access, quality and coverage, promote and prolong efficiency of treatment, and delay the need to switch to treatments that are more expensive, and reduce the risk of treatment failure. In turn, improved ARV adherence will also contribute to the improved health and wellbeing of people with HIV and mental health conditions.

Both mental health and HIV treatment adherence require a more enabling environment for health, including the existence of protective laws and policies, the removal of punitive laws and policies – eg around criminalization, institutionalization, as well as safeguards to prevent lack of informed consent, coercive treatment etc

It is important to shatter stereotypes, prejudices and misconceptions which are conducive to discrimination and human rights violations and abuses. This can be pursued, inter alia, by empowering persons with mental health conditions or psychosocial disabilities, in particular persons using mental health services, as well as PLHIV to know and demand their rights, including through health and human rights literacy, and to provide human rights education and training for health workers, with special focus on non-discrimination, free and informed consent and respect for will and preferences, confidentiality and privacy.

Given the structural and social determinants that affect vulnerability to mental health conditions, HIV and ARV non-adherence, more multi-sectoral approaches and a more diverse range of actors (including CSOs and NHRIs) will be required. The topic is relevant to Member States from those engaged in financing to those involved in service provision as well as communities and people living with HIV, organizations of persons with disabilities, and mental health professions.

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

The thematic day could be focused on the following topics:

Ensuring an appropriate, people-centered and rights-based health sector response to HIV and mental health (including preventive, curative, and rehabilitative services) to HIV and mental health: a model of care based on respect for human rights:

- How can the health sector mitigate the vulnerability of PLHIV to mental health conditions or psychosocial disabilities?
- How can the health sector work with people with mental health conditions or psychosocial disabilities to address their physical health needs including reducing vulnerability and exposure to HIV/AIDS and improving access to HIV-related services?
- How can a more rights-centered approach improve treatment adherence,

including among key populations and identify and tackle the gender dimension of HIV/AIDS and mental health?

- How can the community sector enhance the quality of life of PLHIV as it pertains to their relationships, families, employment, education, healthcare, social services and access to justice?

Addressing the underlying social, economic and environmental determinants of mental health and of HIV/AIDS

- Both HIV and mental health are affected by structural and social and economic determinants, including cultural, gender norms and legal environments. Building trust in healthcare settings and empowering people living with or vulnerable to HIV and those with mental health conditions or psychosocial disabilities to know and exercise their rights is crucial to improving health and wellbeing including sustaining treatment adherence and preventing the further stigmatisation of people with mental health conditions
- Strategies include the identification of the mental health issue, building patient's knowledge about it, the provision of treatment and care based on free and informed consent, non-coercive practices, no inappropriate use and over-prescription of medications as well as high quality treatment and reliable, uninterrupted supplies of ARVs.

Addressing how improved mental health and quality of life of PLHIV and other key Populations are key in reaching and sustaining the Fast Track targets

Healthcare Workers as Human Rights Defenders - the rights and roles of health workers in supporting health and human rights literacy and the provision of human rights education and training for health workers;

Measuring and monitoring barriers to treatment adherence and testing uptake - Health systems issues, structural and commercial determinants (Supply issues, drug formulations, side effects, Lost to follow up, lack of support systems for patients)

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)

The one day thematic discussion on mental health and HIV could contribute to:

- provide more evidence and information on the interlinks between mental health and human rights and adherence as well as resultant quality of life of PLHIV;
- raise awareness of the need to address mental health and HIV/AIDS from a human rights perspective including through greater community engagement and more holistic people-centered healthcare approaches, and how this can positively impact on treatment adherence and 90-90-90 targets and the SDGs.
- identify strategies to promote human rights in the context of mental health and HIV/AIDS, including through education and training of all stakeholder groups, and to eliminate discrimination, stigma, violence, coercion and abuse in this regard,
- identifying experiences and evidence based practical actions to support how different actors and type of actors may interact better, and jointly address weaknesses and challenges. Poor adherence is a challenge in all kinds of

treatment, and lessons learnt from HIV may also be useful in relation to promote adherence and prevent resistance to treatment for other diagnoses

Consult also: WHO report on HIV/AIDS and mental health
http://apps.who.int/gb/archive/pdf_files/EB124/B124_6-en.pdf

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