

# 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 44th and 45th Programme Coordinating Board meetings be:
  - a. Strengthening and sustaining people-centered HIV and sexual and reproductive health and rights (SRHR) impact and outcomes through a focus on leaving no one behind in Universal Health Coverage (UHC) (44th).
  - b. Reducing the impact of AIDS on children and youth (45<sup>th</sup>).
5. *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 46th and 47th Programme Coordinating Board meetings;
6. *Agree on* the dates for the 48th (29th, 30th June and 1st July 2021) and the 49th (7th, 8th and 9<sup>th</sup> December 2021) 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 41st meeting in December 2017, 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 44th and 45th Programme Coordinating Board meetings (ref. PCB 41/ dec.9.2).

## PROCESS OF SELECTION OF THEMES FOR THE 44th AND 45th BOARD MEETINGS

2. Further to the decisions from the 20th, 21st and 41st meetings, the Programme Coordinating Board Bureau sent out a call to all Board Members in July 2018 inviting proposals for themes for the 44th and 45th Programme Coordinating Board meetings to be held in June and December 2019.
3. At its meeting on the 23rd October, the Bureau considered the 10 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 and Hidden cities
  - **Proposal 2:** Amphetamine-type Substance Abuse and HIV
  - **Proposal 3:** Reducing the impact of AIDS on children and youth
  - **Proposal 4:** Strengthening and sustaining people centered HIV and sexual and reproductive health and rights (SRHR) impact and outcomes through a focus on leaving no one behind in UHC
  - **Proposal 5:** Preventing HIV by addressing violence and harmful gender norms
  - **Proposal 6:** The challenge of programming for the epidemics you have – barriers and bridges: prevent and treat HIV infection in children, protect adolescents and the future; focus on treating men, protecting girls; national low prevalence, key population high prevalence; HIV testing and treatment delivery in high and low treatment coverage contexts.
  - **Proposal 7:** Act now or miss the target
  - **Proposal 8:** Providing HIV Services to People on the Move
  - **Proposal 9:** Are we going to get there? What the numbers tell us and how we must respond? "Data and results data at sub-county level, what granular data and modelling reveal about meeting our 2020 and 2030 goals."
  - **Proposal 10:** Addressing violence and discrimination towards people living with HIV and other vulnerable populations

4. The Bureau acknowledged the merit of the 10 proposals and decided given the quality and timeliness of the proposals, to propose the theme ***Strengthening and sustaining people centered HIV and sexual and reproductive health and rights (SRHR) impact and outcomes through a focus on leaving no one behind in Universal Health Coverage*** for the Thematic Segment of the 44th PCB meeting in June 2019 and the theme ***Reducing the impact of AIDS on children and youth*** for the thematic segment of the 45<sup>th</sup> PCB meeting in December 2019.
5. Given that the 46th and 47th meetings of the Programme Coordinating Board are scheduled respectively for June and December 2020, **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 46th and 47th Programme Coordinating Board meetings.

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

6. **The Programme Coordinating Board is invited to agree the following dates for the Board meetings:**
  - 48th meeting: 29th, 30th June and 1st July 2021
  - 49th meeting: 7th, 8th and 9th December 2021

[Annexes follow]

## ANNEX 1

### Proposed theme for the 44th Programme Coordinating Board meeting (June 2019)

**Proposed theme:** Strengthening and sustaining people centered HIV and sexual and reproductive health and rights (SRHR) impact and outcomes through a focus on leaving no one behind in Universal Health Coverage (UHC)

#### 1. Broad relevance:

The transition from Millennium Development Goals to Sustainable Development Goals poses both challenges and opportunities to the global AIDS response. A well-positioned AIDS response within the scale up to Universal Health Coverage (UHC) will ensure the sustainability and improve efficiency of HIV prevention, care and treatment services, help to reach the fast track targets and realize the ending AIDS goal. At the same time, including lessons learnt from communities' experiences during decades of the HIV response could provide important knowledge to integrate HIV prevention and care into health system strengthening initiatives thus improving service delivery and contribute towards the well-being for all, including those who are likely to be left behind.

UHC means that all people can access the health services, medicines and other health commodities they need which are of good quality without experiencing financial hardship -whoever they are, wherever they live, and without any form of discrimination.

However, people are often denied services as a result of their race, ethnicity, social class, age, sex, gender and gender identity, sexual orientation, migrant status, disability or religion. Key populations, including sex workers, men who have sex with men, transgender people, people who inject drugs and prisoners are not only at greater risk of HIV infection, but they are also less likely to be able to access the health services they need. Other groups, including indigenous and local communities and migrants, are also too often overlooked by authorities and health systems. At the same time, adolescent girls and young women and their male counterparts often find themselves not welcome in health settings which are not adolescent and youth friendly and where certain laws and regulations on age of consent on health services are not empowering them to get the services needed to prevent unplanned pregnancy, HIV infection and STIs, in turn affecting their personal development.

While poverty drives much inequity and inequality in access to health services worldwide, the challenges of delivering universal health coverage extend beyond financial and economic barriers. In addition, siloed approaches in providing HIV care to key populations are often less effective than holistic, people-centered approaches. As a result, key populations remain often excluded from existing UHCs schemes, due to administrative or legal barriers.

Further strengthening of UHC scale up, and using it, taking stock of challenges and opportunities encountered whilst deploying it, offers a unique opportunity to sustain, strengthen and extend gains made to date in the HIV responses, to extend learning from HIV to address broader health challenges, and to integrate community health systems into national health systems.

One lesson learnt has been that weak national and community health systems, notably lacking in health human resources, limit the effectiveness and the efficiency of the AIDS response. This calls for and is progressively leading to a broader integration of disease-

specific interventions into a more cross-cutting approach towards strong, resilient and sustainable systems for health. In particular, the need to integrate HIV and SRH-interventions which has been implemented in part of the world, could be scaled up to improve the programme efficiency and contribute to HSS and UHC, as well as better linkages with TB, hepatitis, cervical cancer and other health conditions. In addition, there is a need to particularly highlight inter-sectorality, community engagement, preventive and promotive elements of the UHC agenda, where common underlying causes (i.e. discriminatory legal environment, ill-gender norms and economic and educational disparity) often result in poor HIV and health outcomes

## **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?**

Making a commitment to achieve universal health coverage is a political choice and is the responsibility of national governments to consider and progressively pursue. Member states are increasingly working to articulate what universal health coverage means to them. WHO has challenged countries to take concrete steps towards UHC. At the World Health Assembly in 2018, several countries reported how they had responded to the challenge including Brazil, India and Kenya. UHC requires some form of government action to extend health services to all citizens, including through social contracting (i.e. public service delegation to and funding of community systems to effectively reach key populations). Australia, Brazil, Canada, China, Cuba, Denmark, Finland, Germany, Japan, Mexico, Oman, Portugal, Russia, Rwanda, Saudi Arabia, Sri Lanka, Thailand, the United Arab Emirates and the United Kingdom all have different systems promoted by their governments to ensure UHC. Many of these countries are PCB members.

Civil society organizations have also been highly engaged in driving the UHC agenda with many participating in a WHO hosted meeting in March 2018 and in sessions at the AIDS 2018 conference in Amsterdam. Challenges expressed by civil society in relation to UHC include: how to use universal health coverage to appropriately meet the needs of marginalized communities and how to bring these communities into decision making; how to stimulate the development and use of innovative financing to build a more performing, pro-poor, pro-health and pooled health financing system; how to ensure comprehensive price reduction strategies are applied to address market barriers and failures related to access to treatment and other commodities; how to overcome structural, gender and legal barriers to health while strengthening the focus on human rights and the eradication of stigma and discrimination; how to ensure links with mental health and services for psychosocial wellbeing and strong links across relevant areas such as TB and HIV and SRHR; how to secure inclusion of communicable and non-communicable diseases in collaborative processes being launched towards achieving universal health coverage; how to strengthen community-based groups and services; and how to find the “missing millions” who are unaware that they may be impacted by diseases.

Integration of the AIDS response into efforts to achieve UHC is responsive to the needs of a range of different actors:

- For countries as UHC becomes the dominant narrative for delivering on the promise of health for all and progressively realizing the right to health, as well as strengthened health systems which is the foundation for all health services.
- For the *donor community* from an alignment, harmonization and development-effectiveness point of view.
- For *CSOs*, as the UHC agenda has clear focus on quality/acceptability of services and getting to scale/coverage, with a focus on equity/leave no-one

behind, and can expect a closer link between community systems with health systems.

- For *Global Health Institutions* such as *The Global Fund*, *UNITAID* and of course *WHO* all of which are committed partners in supporting the development of resilient and sustainable health systems in country.
- Finally, for the *AIDS movement* as a whole that has lessons to offer the UHC agenda on how to address social, political, economic and commercial determinants of health to prevent HIV and poor sexual and reproductive health outcomes.

At the International AIDS Conference in July 2018, for instance, HIV and SRHR integration was a key discussion topic and a ‘Call to Action to attain universal health coverage through linked sexual and reproductive health and rights and HIV interventions’ was launched, backed by numerous CSOs, UN agencies, donors and others.

As such, UHC presents a unique and major opportunity for countries to put in place a single country led national health sector plan with a costed, prioritized package of services that donors can get behind. Joint initiatives such as UHC 2030 that aim to strengthen health systems and foster integration of services including for HIV can play an important role in this regard.

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

The day could focus on presenting the state of evidence, lessons learnt, good practices and challenges that exist on different system levels and across stakeholders with regards to (i) inclusive health governance, particularly community and civil society participation, and their watch dog function; (ii) improving access to services by vulnerable and marginalized populations; and (iii) defining Minimum Health Benefit Packages (MHBP) amongst others. There could also be country case studies of how HIV and other health services (i.e. SRHR, TB, Hep C, etc.) have been integrated into UHC, including critical preventive and promotive elements integrated services in strengthening the health systems, as well as examples of good practices and challenges of public service delegation / task-shifting to community groups, including social contracting.

The day can be organized around the three key dimensions of universal health coverage, which also links with important health system building blocks:

- *Interventions for impact* - improving the range, quality and availability of essential health and care interventions and services, including scaled up service integration;
- *Delivering for equity* – improving the equitable and optimal uptake of services across populations and locations in relation to need;
- and *Partnerships and Financing for sustainability* – expanding the partnerships across and beyond the health systems to strengthen the outcomes of people, including HIV outcome and benefiting from the established partnership forums like UHC 2030, mobilizing and allocating adequate resources, reducing costs and providing financial protection for those who need services. Progressive realization of universal health coverage requires simultaneous strategic focus and action in all three dimensions with a focus on reaching those most in need, first. Sessions could be organized around these themes with the proposing member states and cosponsoring organizations as well as others offering initial framing sessions (including key details i.e. disaggregated data for tracking

universal health coverage progress in countries) and then countries and communities bringing experiences and perspectives to action-oriented discussions

**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?**

The theme speaks to the goal to ensure that the HIV response is part of an integrated approach towards UHC that is based on strong resilient health systems. In particular, in light of the High-Level Meeting on UHC taking place on the side lines of UN GA2019, thematic session at the June PCB could feed into the HLM and ensure that the expectation from the HIV community on the UHC HLM declaration are well articulated.

While UHC is strongly linked to service provision, through health systems that include strong primary health care capacity, it moves beyond a framing of health systems and service delivery to offer an opportunity to ensure quality services are available to all people in need and to repoliticize health in broad terms –for example by examining how services link to efforts, in many cases multi-sectoral and multidisciplinary ones, to address the determinants of health.

The PCB is an excellent forum to present and document current gaps in integrating prevention and treatment services beyond HIV and to discuss lessons learnt from different regional, country and stakeholder perspectives. Multiple stake holders, including representatives from the numerous national health and HIV programmes represented in the UNAIDS PCB, can share experiences regarding successfully integrated service delivery models and policies that can be applied in different contexts. In addition, there is room for assessing challenges faced during integration, including the reach of marginalised populations through formal health systems and possible community-based solutions, as the belief has been that the meaningful engagement of community and key populations in health governance and health systems is essential for the success of UHC.

The PCB thematic day would allow the PCB to consider additional actions to ensure that: essential packages include comprehensive HIV services; health financing arrangements including those linked to transition countries; and that no-one is left behind in UHC efforts, including key populations. The PCB may also be interested in understanding how UHC is being monitored. For example; the PCB could include to what extent disaggregated data collection shall be promoted.



## ANNEX 2

### Proposed theme for the 45th Programme Coordinating Board meeting (December 2019)

**Proposed Theme:** Reducing the impact of AIDS on children and youth

#### **1. Broad relevance: what is the relevance of the theme to the global AIDS response?**

An estimated 36.9 million people were living with HIV worldwide in 2017. Of these, 3.0 million were children and youth under 20 years of age, the issue of children, youth affected by AIDS has always been an important issue of concern to the international community. The international community has set the goal of eliminating mother-to-child transmission of AIDS, calling for care for children affected by AIDS. Dramatic progress has been made, but gaps continue to exist. In many sub-Saharan African countries, declines in child mortality combined with a slow decline in fertility have resulted in children. In some countries, there has been limited progress in the response to HIV among young people aged 15–24 years, knowledge about HIV prevention among young people has remained stagnant over the past 20 years. Nationally representative surveys conducted between 2012 and 2017 revealed that only 34% of young men and 28% of young women in sub-Saharan Africa had a basic knowledge of how to protect themselves from HIV. To end the AIDS epidemic by 2030, specific yet flexible strategies are needed.

#### **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?**

The world is on the Fast-track to eliminating new HIV infections among children, a multisectoral response involving all sectors of society: governments, businesses, philanthropy, civil society organizations, academia, media, communities and people living with HIV is essential. Crucial to ending new infections among children are actions to accelerate and sustain outreach and support for pregnant women in order to enable them to access antenatal care and antiretroviral medication for themselves and their babies throughout breast feeding. Scaling up early infant and child diagnosis remains a priority for all children born to HIV-positive mothers. The ability to design and implement effective interventions for children is linked with quality data disaggregated by sex and age, along with the capability to follow mother–infant pairs and track initiation on treatment and retention in care.

Youth are at increased risk for HIV infection due in part to the multiple transitions (i.e., biological, psychological) and developmental tasks (e.g., establishing identity) in this period of the lifespan. In many cases, HIV prevention services are not being provided on an adequate scale and with sufficient intensity and are not reaching the people who need them the most among youth, in some settings, young people from key populations are made more vulnerable by policies and laws that demean or criminalize them or their behaviors, and by education and health systems that ignore or reject them and that fail to provide the information and treatment, they need to keep themselves safe. On the other hand, youth can play a critical role in demand creation and service uptake, from identifying and promoting youth-friendly services to mobilizing peers in school and community settings in order to access HIV and sexual and reproductive health services, engaging young people means supporting them as beneficiaries, partners and leaders in the HIV response.

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

An in-depth discussion focused on how to amplify current investments that will offer the opportunity to unpack key obstacles to success by showing where progress is being made, but also clearly conveying that progress is uneven. The day will focus on a few key areas including: PMTCT programmes and treatment access for children; Young people at higher risk of HIV; Young people can also make substantial contributions to stronger community responses; Increase of access to combination prevention for children and youth to reduce the impact of HIV. Each of these topics will cover: a review of the challenges; achievements and progress by regions and countries; models of service delivery that have shown to be effective; stories and best practices

**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?**

The goal of the thematic is to drive program change options to ensure the global response is in a better position to deliver on combination preventions for children and youth to reduce the impact of HIV. The session will closely consider:

- Focus intensely on ending new HIV infections among children by enhance PMTCT at the start of life, finding and ensuring lifesaving pediatric treatment for children living with HIV, and stopping the cycle of new infections occurring among girls and women of childbearing age.
- Increase access to combination prevention for youth. The scale-up includes HIV prevention services, comprehensive sexuality education, economic empowerment, addressing harmful masculinities, gender norms and gender-based violence and access to sexual and reproductive health services and rights.

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