

# NEXT PCB MEETINGS

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

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

See draft decision points in the paragraphs below:

5. *Agree* that the themes for the 46<sup>th</sup> and 47<sup>th</sup> Programme Coordinating Board meetings be:

- a. Cervical cancer and HIV – addressing linkages and common inequalities to save women’s lives
- b. What does the regional and country-level data tell us, are we listening, and how can we better leverage that data and related technology to meet our 2020 and 2030 goals?

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 48th and 49th Programme Coordinating Board meetings;

7. *Agree* on the dates for the 50th (21-23 June 2022) and the 51st (13-15 December 2022) meetings of the Programme Coordinating Board.

**Cost implications for the implementation of the decisions:** none

## THEMES FOR THE 46TH AND 47TH 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 43rd meeting in December 2018, 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 46th and 47th Programme Coordinating Board meetings (ref. PCB 43/ dec.11.2).

### PROCESS OF SELECTION OF THEMES FOR THE 46th AND 47th 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 2019 inviting proposals for themes for the 46th and 47th Programme Coordinating Board meetings to be held in June and December 2020. At its meeting on the 30 August, the PCB Bureau agreed to extend the deadline to 27 September 2019.
3. At its meeting on 5 November 2019, the Bureau considered the 4 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:** What does the Data tell us, and are we listening? What regional and country-level data, results, and modelling reveals about meeting our 2020 and 2030 goals
  - **Proposal 2:** Technology and innovation to improve service efficiency for all
  - **Proposal 3:** Achieving SDG's 5, 10, and 16: Enabling legal and policy environments for civil society organizations and the key populations they serve
  - **Proposal 4:** Cervical Cancer and HIV -- addressing linkages and common inequalities to save women's lives
4. The Bureau acknowledged the merit of the 4 proposals and proposed to incorporate elements of the theme, ***Technology and innovation to improve service efficiency for all***, into the theme, ***What does the Data tell us, and are we listening? What regional and country-level data, results, and modelling reveals about meeting our 2020 and 2030 goals***. The combined proposal, ***What does the regional and country-level data tell us, are we listening, and how can we better leverage that data and related technology to meet our 2020 and 2030 goals?***, is included in the annex below.
5. The PCB Bureau decided given the quality and timeliness of the proposals, to propose the theme ***Cervical cancer and HIV – addressing linkages and common inequalities to save women’s lives*** for the Thematic Segment of the 46<sup>th</sup> PCB meeting in June 2020

and the proposal, ***What does the regional and country-level data tell us, are we listening, and how can we better leverage that data and related technology to meet our 2020 and 2030 goals?***, for the thematic segment of the 47<sup>th</sup> PCB meeting in December 2020.

6. Given that the 48th and 49th meetings of the Programme Coordinating Board are scheduled respectively for June and December 2021, **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 48th and 49th 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:**
  - 50th meeting: 21st, 22nd and 23rd June 2022
  - 51st meeting: 13th, 14th and 15th December 2022

[Annexes follow]

## ANNEX 1

### Proposed theme for the 46th Programme Coordinating Board meeting (June 2020)

#### **Cervical cancer and HIV – addressing linkages and common inequalities to save women's lives**

##### **1. Broad Relevance:**

- Cervical cancer (CC) caused by certain types of HPV, is the 4th most common cancer among women globally and 2nd most frequent in non-industrialized nations. 90% of 311,000 annual deaths occur in LMICs, with the highest burden in sub-Saharan Africa (bearing the highest HIV rates).
- CC is an AIDS-defining illness. Among women living with HIV, CC is the most common cancer; invasive CC is 5 times more frequent and the HPV progression to invasive CC is a few folds higher than in women without HIV. HPV-infection predisposes HIV acquisition.
- Both HIV and CC are diseases of gender, socioeconomic inequalities and health disparities across and within countries. CC rates and deaths are 10-fold higher in Zambia than in Australia. In Canada, a substantial number of HIV-positive women are missed from screening. Poorest women with HIV are 15 and 4 times less likely to get screened for CC than wealthiest women in Malawi and Zambia, respectively (PHIA studies). Only 10% of girls in LMICs have access to the HPV vaccine, compared with 90% in HICs.
- Women living with HIV don't receive screening even though WHO-recommended simple, low-cost visual inspection methods are available. Only 18%, 19%, 27% of HIV-positive women in Tanzania, Malawi, Zambia, respectively, have been screened for CC (PHIAs). Only 17 Fast-Track countries have integrated CC and HIV policies (2019 NCPI).

##### **2. Responsiveness:**

- While the bidirectional link between HPV/CC and HIV has been recognized, there remain many unknowns around epidemiological, biomedical and social synergies. Various sectors need to commit to addressing strategic, service delivery and human rights aspects, and the high burden of coinfections and comorbidities.
- It is critical that HIV and CC health disparities, and related gender, social-economic and other inequalities across and within countries, are discussed and interventions agreed upon. Stigma related to HIV and CC needs to be reduced, an integrated approach to Women's health is essential to respond to CC; the epidemics touch both health and non-health sectors and go beyond SDG 3.
- HIV and cancer/CC service delivery and relevant (gender, social protection, education) policies and practices are often not integrated. This prompts serious commitments from health and non-health sectors, communities, UN and other development partners, etc.
- Innovations and new low-cost technologies are needed to widen access to medicines, intellectual property, primary and secondary prevention, and care for CC, especially for most vulnerable women and girls, including those living with HIV and migrants.
- There is a clear funding gap in addressing HPV/CC-HIV links at national and local levels.
- The Global Call and the WHO Global Strategy Towards the Elimination of CC can impact country strategies and service delivery systems, particularly for most

vulnerable women and girls. It is a priority to articulate CC prevention and treatment in all HIV programmes with emphasis on women and girls living with HIV, and key populations. Increased focus is needed on HPV vaccination in adolescent girls born and living with HIV, before they become sexually active. Girls living with HIV need an additional, third dose of HPV vaccine for optimal protection, which requires additional resources and longer follow-up. HIV service facilities play a critical role in increasing awareness among adolescent girls and women living with HIV and referring them to PHC or other facilities for HPV vaccination.

- It is important to discuss how the current UNAIDS Fast Track strategy (Target #10) and a new UNAIDS Strategy could contribute to global and country level commitments to HIV-HPV/CC integrated policies, targets, and services, and reaching UHC.
- It is critical to examine the role of civil society and more actively engage and mobilize communities in advocacy, accountability, resource mobilization, awareness and creation of demand for services, provision of services, including referrals, adherence, continuum of care.

### **3. Focus:**

The thematic discussion can be structured around the proposed areas of discussion in one day. Key discussants could include WHO and a community representative (from a local, national, sub-regional or regional network of women living with HIV from sub-Saharan Africa). Panel discussants could include representatives of governments (policy makers, health, education, other sectors), HIV, cancer and other relevant programme implementers, policy makers from various regions; academia; development partners; communities and civil society (women living with HIV, women with CC, communities advocating for UHC), care providers, innovators and possibly private sector – from various geographic regions. It would be desirable to also have representatives of the established CC and HIV-CC initiatives / partnerships and their beneficiaries – communities of women and adolescent girls, advocates, etc. Reviewing the landscape of global, regional and country level partnerships, implementers and funders that are focusing on CC programmes, policies, financing, innovations, R&D, including those integrated with HIV (across regions), and good country cases, may well inform further strategic, programmatic and funding decisions - including for the development of a new UNAIDS Strategy for ending the AIDS epidemic by 2030, taking AIDS out of isolation and ensuring UHC in LMICs.

### **4. Scope for action:**

Actions that the Thematic Segment could suggest:

- Recognize HPV infection/CC as an increasingly serious global issue of: a) co-infection and co-morbidity with HIV, and mortality among women, including those living with HIV; b) gender, socio-economic and health inequalities, stigma and discrimination, and protecting the rights of women and girls shown to reduce rates of HIV, and c) wellbeing and quality of life of girls and women living with and at risk of HIV.
- Recognize the need for Member States to implement and scale up evidence-based, people-centred human rights and community-based policies and programmes that integrate CC primary and secondary prevention, treatment and care (including palliative) and HIV prevention, testing, treatment and care for women and girls living with and affected by HIV, and also by addressing stigma and discrimination related to both HIV and CC.
- Recognize the need for Member States to address the determinants of CC and HIV, including through adopting and implementing social protection policies and programmes to reduce stigma and discrimination, and ensuring an integrated approach to women's health and UHC.

- Recognize the need for and call on the UNAIDS Joint Programme to review and revise existing practices and guidelines to ensure the integration of HPV/CC prevention, treatment and care services into the HIV service delivery platforms, and vice versa, and provide respective implementation guidance.
- Recognize the significant role of communities and civil society in mobilizing the demand for services, including community-based, and ensuring accountability, and call on Member States and the UNAIDS Joint Programme to support their mobilization and engagement at country, regional and global levels for ending the AIDS and CC epidemics.
- Recognize the substantial resource gaps in addressing CC and HIV and call on Member States to more actively mobilize domestic and external resources, and on donor institutions and partnerships to provide increasing financial and technical support to address coinfections and comorbidities.
- Recognize the need to fill in the gaps in the knowledge around HPV/CC-HIV interlink and call on for more epidemiological and programme research.
- When developing the next UNAIDS strategy for 2021+, consider including CC-HIV interlink and strategic and practical approaches for expanding and/or strengthening evidence-based preventive strategies for both diseases (male circumcision; access to PrEP in women at high risk; access to HAART for women already living with HIV, which, in turn, prevents CC; HPV vaccination; condom use; CC screening and early treatment; ensuring access to treatment and care for women with advanced stages of CC).

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## Proposed theme for the 47th Programme Coordinating Board meeting (December 2020)

### **What does the regional and country-level data tell us, are we listening, and how can we better leverage that data and related technology to meet our 2020 and 2030 goals?**

**Theme Proposed by:** United States of America and the World Bank, supported by Algeria, Botswana, Madagascar, Namibia, the United Kingdom, Sweden, Australia, Belarus, and China.

#### **Broad Relevance:**

**While** the AIDS epidemic is far from over, pressure is increasing the pressure to accomplish more with less. At the same time, covering the last mile to end AIDS requires us to think differently. Doing more of the same will not be enough. Success will also require new approaches and innovation, including better collection, analysis and use of data – as expressly called for in the Political Declaration on HIV and AIDS which includes a commitment to "Accelerate efforts to increase significantly the availability of high-quality, timely and reliable data."

UNAIDS' establishing the 90-90-90 goals to reach epidemic control has been catalytic in moving the epidemic response forward. The UNAIDS Joint Programme revised operating model has led to an increased focus on country-level progress towards meeting the 2020 and 2030 goals with country capacity assessments and country case studies.

Better targeted planning and programming are essential to meet these goals. Country program data, combined with better leveraging of innovation and technology, form a critical tool to understanding progress or lack thereof whether by region or by population and identifying tailored, efficient and effective solutions to meet the remaining needs. Understanding within country regional and population level differences in results and progress is an essential step in changing health service delivery models that will best meet the needs of people living with HIV and most vulnerable to infection. Additionally, program data can be used as inputs into modelling processes to allow for predictions on the impact of program interventions on the global HIV epidemic. The goal of a thematic day focused on data and results will be to discuss global, regional and country results with the aim to advance an improved understanding of progress made to the 2020 and 2030 goals and how to better leverage technological innovation to make use of that data.

#### **Responsiveness:**

All countries want to see progress on addressing the needs of people affected by the HIV epidemic. The complexity of the HIV epidemic, whether by region or country or population, has created significant barriers to progress in both prevention and treatment. By looking at results at various analytic angles and ways to better leverage innovation and technology, strategies to remove barriers – structural and technical – will become evident. These strategies to improve HIV health service delivery are best informed by the experiences and perspectives of a range of stakeholders.

The PCB offers an opportunity to engage these stakeholders through Members States, the NGO delegation, and PCB Observers.



Data derived from both surveillance studies and program results can be presented and used to create an inclusive discussion on what must be maintained, what must change, and what must be scaled up to reach the 2030 goals. PEPFAR has invested in supporting countries to conduct Population-Based HIV Impact Assessment (PHIA) studies that measure the reach and impact of HIV programs. The results measure national and regional progress toward the UNAIDS 90-90-90 goals and guide policy and funding priorities.

Innovation and technology are under-used, under-prioritized and rarely taken to scale. Policymakers and service providers often lack the guidance and information they need to determine which options are easy-to-use, effective and efficient. While a wide range of tools is available to improve health outcomes, they are not yet fully used. We propose some concrete examples to better demonstrate how technology and innovation can help deliver on our HIV targets.

**Focus:**

The theme can be considered in one day, with one half of the day dedicated to what the data reveal on the state of the epidemic and the other half on change recommendations based on specific gaps and blockages and the technology and other forms of innovative solutions best suited to progress on implementation that have been revealed and the action that is needed to address the gaps.

**Scope for action:**

Program data is derived from country-level efforts and interventions. The review of program data and analysis of what it means for the 2020 and 2030 goals is naturally oriented towards action not theory. The outcome of the thematic day would focus on highlighting positive progress in prevention and treatment results and how this progress can be scaled or expanded in countries, regions, or populations that are not seeing as strong of results. It would also work to help all concerned better leverage data, technology and innovation to further progress to the 2020 and 2030 goals.

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