

NEXT PCB MEETINGS

Additional documents for this item: *none*

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

9. Agree that the themes for the 52nd and 53rd PCB thematic segments will be:
 - a) *Priority and key populations, including transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses (June 2023)*
 - b) *Testing and HIV (December 2023);*
10. Request the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 54th and 55th PCB meetings; and
11. approve the dates and venue of the 56th and 57th PCB meetings in 2025 as follows:
 - a) *56th meeting: 24-26 June 2025, Geneva, Switzerland*
 - b) *57th PCB meeting: 9-11 December 2025, Switzerland*

THEMES FOR THE 52ND AND 53RD PROGRAMME COORDINATING BOARD MEETINGS IN 2023

1. The UNAIDS Programme Coordinating Board (PCB) decided at its 20th meeting in June 2007 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 PCB 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).
2. The PCB also agreed that proposed themes should be considered on the basis of four criteria: broad relevance, responsiveness, focus, and scope for action. at its 49th meeting in December 2021, the Board requested to the PCB Bureau to take appropriate and timely steps to ensure that due process was followed in the call for themes for the 52nd and 53rd PCB meetings (ref. [UNAIDS/PCB \(49\)/21.31](#)).

PROCESS OF SELECTION OF THEMES FOR THE 52nd AND 53rd BOARD MEETINGS

3. Accordingly, the PCB Bureau sent out a call to all Board Members in July 2022 inviting proposals for themes for the 52nd and 53rd PCB meetings to be held in June and December 2023.
4. At its meetings on [20 October 2022](#) and [10 November 2022](#), the Bureau considered the 7 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: Poverty eradication and its relation to ending AIDS;

Proposal 2: Testing and HIV;

Proposal 3: Access to sexual reproductive health services for transgender and other gender-diverse people;

Proposal 4: Sexual and reproductive health services that integrate HIV prevention, testing and treatment services;

Proposal 5: HIV and disability and intersection with other vulnerabilities/overlapping vulnerabilities;

Proposal 6: Community Leadership. Their role in the response to HIV as a central agent in research, monitoring and political advocacy;

Proposal 7: Key and priority populations and the path to 2025 targets: Reducing health inequities through tailored and systemic responses.

5. At PCB Bureau [meeting on 20 October 2022](#), members noted the strength and relevance of all submitted proposals. After discussing in detail on the proposed themes, all Bureau Members supported the theme **Key and priority populations and the path to 2025 targets: Reducing health inequities through tailored and systemic responses** as one of the themes in 2023. On the selection of the second theme for 2023, a majority of members of the Bureau supported **Access to sexual reproductive health services for transgender and other gender-diverse people** for the 53rd PCB Meeting, with some members of the Bureau expressing support for the topic of Testing and HIV, given its broad and current relevance, and the fact that the topic had not been previously

discussed at a thematic segment and that it would provide an opportunity to address aspects of the AIDS response that had not been part of recent thematic discussions. The Bureau also considered whether the title of the theme of proposal 7 could be further refined to help reach consensus among the Bureau members.

6. Following the PCB Bureau meeting on 20 October 2022, the Chair discussed with the Secretariat the importance for the PCB Bureau to put forward by consensus the themes proposed for 2023 for the PCB consideration. The Chair acknowledged that there is a practice of combining themes that are similar in the overall purpose of the topic and that the PCB Bureau, when selecting the themes, would also ensure that there is diversity in the themes that are being considered and that they allow to address different aspects of the AIDS response. The Chair confirmed that the Bureau members reached a consensus on merging proposal 7 and 3 as reflected in final proposal entitled ***Priority and key populations, including transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses***. The combined proposal is available in Annex 1.
7. At its meeting on [10 November 2022](#), the PCB Bureau finalized the selection of the 2 themes for 2023 and agreed that the theme ***Priority and key populations, including transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses*** is proposed for the thematic segment at the 52nd PCB meeting in June 2023 and the theme ***Testing and HIV***, see annex 2, is proposed for the thematic segment at the 53rd PCB meeting in December 2023. The Bureau also agreed that the specific dimension of children is considered in the preparation of the thematic segment in December 2023.

DATES AND VENUE FOR THE NEXT PROGRAMME COORDINATING BOARD MEETINGS

8. The following dates are proposed for the Board meetings in 2025:
 - 56th meeting: 24th, 25th, and 26th June 2025, Geneva, Switzerland
 - 57th meeting: 9th, 10th and 11th December 2025, Geneva, Switzerland

DRAFT DECISION POINTS:

The PCB is invited to:

9. Agree that the themes for the 52nd and 53rd PCB thematic segments will be:
 - a) *Priority and key populations, including transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses (June 2023);*
 - b) *Testing and HIV (December 2023);*
10. Request the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 54th and 55th PCB meetings; and
11. Approve the dates and venue of the 56th and 57th PCB meetings in 2025 as follows:
 - a) *56th meeting: 25-26 June 2025, Geneva, Switzerland.*
 - b) *57th PCB meeting: 9-11 December 2025, Geneva, Switzerland.*

[Annexes follow]

Annex 1: Proposed theme for the 52nd Programme Coordinating Board meeting (June 2023)

Title: Priority and key populations, including transgender people, and the path to 2025 targets: Reducing health inequities through tailored and systemic responses

Broad relevance: what is the relevance of the theme to the global AIDS response?

Both the 2021 Political Declaration on HIV/AIDS and the 2021-26 Global AIDS Strategy are centered on addressing the inequalities that continue to sustain the global HIV/AIDS pandemic. They both refer to priority and key populations¹, as important groups for reaching the global targets in HIV prevention and care.

The UNAIDS 2021 “In Danger” Update says that 70% of new HIV infections are among key populations and their sexual partners. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. These populations face many barriers to accessing services, including legal and policy barriers and structural and social health determinants within and beyond the health sector.

In key populations, the risk of acquiring HIV is 26 times higher among gay men and other men who have sex with men, 29 times higher among people who inject drugs, 30 times higher for sex workers, and 13 times higher for transgender people.

In 2021, women and girls accounted for 49% of all new infections, with the same population accounting for 63% of all new HIV infections in Sub-Saharan Africa. Adolescent girls and young women (aged 15 to 24 years) are three times more likely to acquire HIV than adolescent boys and young men of the same age group in sub-Saharan Africa. HIV acquisition rates have also been found to be higher in indigenous communities than in non-indigenous communities.

In order for UNAIDS and countries to meet the 95-95-95 targets by 2025 and to ensure no one is left behind in the HIV/AIDS response, an adaptive, differentiated approach must be used to tailor differentiated structural, systemic multi-sectoral responses to address priority and key populations groups.

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 theme responds to important and often neglected population groups that can make a difference in the AIDS responses of each country. Key populations—people living with HIV, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients—are at higher risk of exposure to HIV than other groups. Reducing the inequalities faced by priority and key populations through tailored, differentiated systemic responses will support the world in reaching the 95-95-95 targets and ensuring that key populations will not be left behind.

¹ See annex 1 a. below for the full definition.

Focus: how can consideration of the theme be focused to allow for in-depth consideration in one day (or half day)?

- 1) From Strategic Data department, provide an overview on the trends on incidence, prevalence and quality of life for people living with HIV and the priority and key populations listed above;
- 2) Prioritizing within the global HIV funding structure to support community-led relevant networks on the global, regional and local levels;
- 3) Utilizing Health in All Policies (HiAP) to co-create policies, programming and services for priority and key populations and Community-Led-Monitoring to support effective and efficient monitoring and evaluation of funded HIV programming, services and policies;
- 4) Co-designing and implementing sustainable, evidenced-informed differentiated structural and systemic multisectoral interventions for priority and key populations.

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?

Investing and prioritizing global HIV funding to support priority and key populations-led networks and organizations on the global, regional and country levels within the AIDS response; Incentivizing countries to utilize evidence-informed, priority and key populations co-created/approved/endorsed structural and systemic interventions to support countries in meeting the global targets; Engaging affected communities in co-developing human-centered and differentiated HIV interventions and programming, differentiated HIV-related/Key and Priority Populations-focused healthcare services and social protection schemes; Creating enabling socio-legal environments and health systems through utilizing an health in all policies (HiAP) approach that respects human rights and dignity for all.

Annex 1 a: Key populations, or key populations at higher risk (Global AIDS Strategy 2021-2026, Glossary):

Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

Source: UNAIDS Strategy 2011–2015: getting to zero. Geneva: UNAIDS; 2010.

UNAIDS considers gay men and other men who have sex with men, sex workers and their clients, transgender people and people who inject drugs as the four main key population groups. These populations often suffer from punitive laws or stigmatizing policies, and they are among the most likely to be exposed to HIV. Their engagement is critical to a successful HIV response everywhere—they are key to the epidemic and key to the response. Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context. The term “key populations” is also used by some agencies to refer to populations other than the four listed above. For example, prisoners and other incarcerated people also are particularly vulnerable to HIV; they frequently lack adequate access to services, and some agencies may refer to them as a key population. The term key populations at higher risk also may be used more broadly, referring to additional populations that are most at risk of acquiring or transmitting HIV, regardless of the legal and policy environment. In addition to the four main key populations, this term includes people living with HIV, seronegative partners in serodiscordant couples and other specific populations that might be relevant in particular regions (such as young women in southern Africa, fishermen and women around some African lakes, long-distance truck drivers and mobile populations).

In addition, UNAIDS also uses the term **priority populations** to describe groups of people who in a specific geographical context (country or location) are important for the HIV response because they are at increased risk of acquiring HIV or disadvantaged when living with HIV, due to a range of societal, structural or personal circumstances. In addition to people living with HIV and the globally defined key populations that are important in all settings, countries may identify other priority populations for their national responses, if there is clear local evidence for increased risk of acquiring HIV, dying from AIDS or experiencing other negative HIV related health outcomes among other populations. In line with the country epidemiology of HIV, associated factors and inequalities, this may include populations such as adolescent girls, young women and their male partners in locations with high HIV incidence, sexual partners of key populations, people on the move, people with disabilities, indigenous peoples, mine workers, as well as others in specific countries. However, in the vast majority of settings, key populations and people living with HIV are the most important priority populations for achieving global targets.

Source: UNAIDS Terminology guidelines 2015. Geneva: UNAIDS; 2015. Available at https://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf

Annex 2. Proposed theme for the 53rd Programme Coordinating Board meeting (December 2023)

Title: Testing and HIV

Broad relevance: what is the relevance of the theme to the global AIDS response?

HIV testing is an essential gateway to HIV prevention, treatment, care and support services.

Responsiveness: how is the theme responsive to the interests, concerns and information needs of a broad range of actors in the global AIDS response?

There were approximately 37.7 million people across the globe with HIV in 2020. Only approximately 84% of people with HIV globally knew their HIV status in 2020. Laboratories are essential components of the health system and are critical in detecting and monitoring treatment for diseases.

Focus: how can consideration of the theme be focused to allow for in-depth consideration in one day (or half day)?

Testing involves each step of HIV identification, care and treatment. HIV testing is a key first step to accessing treatment. The viral load test is valuable for managing therapy, to see if antiretroviral drugs are controlling the virus. HIV drug-resistance testing should be performed to assist the selection of active drugs when changing ART regimens in the following patients.

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?

This issue can help identify HIV infected persons, improve the quality of treatment and care. Contribute to the realization of goals 95-95-95. It is necessary to strengthening public health laboratory services.

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