

UNAIDS PROGRAMME COORDINATING BOARD WORKING GROUP

THEMATIC SEGMENT:

What do 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 2025 and 2030 goals?

MEETING SUMMARY: SECOND MEETING OF THE WORKING GROUP

DATE: Friday, 15 October 2021

MEETING AGENDA

- Welcome and introduction
- Presentation of the first draft of the Background Note on “What do 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 2025 and 2030 goals?”
- Discussion on the draft Background Note
- Presentation of the draft Agenda
- Discussion on the draft Agenda
- Way forward, and
- Any other business

SUMMARY

1. WELCOME AND INTRODUCTION

Mr. Morten Ussing, Chief of Governance and Multilateral Affairs, UNAIDS Secretariat, welcomed the PCB working group to its second meeting for the preparation of the thematic segment of the 49th PCB on *What do 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 2025 and 2030 goals?*.

Since some of the members of the group present at the meeting had not participated in the first meeting of the working group, the Secretariat recalled the purpose of convening these working groups:

- The thematic segment is one full day of the PCB agenda and allows for an in-depth discussion on a specific programmatic area within the AIDS response. For virtual PCB meetings, the thematic segment has been reduced to a half day.

- There are no decision points taken during the thematic segment. There is always a report to follow up on the thematic segment at the following PCB meeting, and decisions are taken on that occasion.
- Frequently the topics for the thematic segment can be approached from different angles and there are many possibilities for focus and approach. The working group exists to create ownership of the PCB constituencies in the framing of the background note and discussions.
- The working group members play an important role in shaping the day and the documentation that informs it.

Mr Ussing thanked the members for their written comments sent after the first meeting and said he was looking forward to the working group comments on the first draft of the background note and the draft agenda.

The Secretariat reminded participants that suggestions from the working group members on how to make the segment as engaging as possible in a virtual format would be welcome.

2. PRESENTATION OF THE FIRST DRAFT OF THE BACKGROUND NOTE FOR THE THEMATIC SEGMENT

Chris Fontaine, Senior Adviser, Policy and Reporting, Strategic Information Department of the UNAIDS Secretariat also thanked members of the working who had provided written comments, and said that a small team had been working on integrating these into the paper. He said that he hoped the members had had a look at the first draft circulated in advance of the meeting.

He introduced the structure of the background note, which had not undergone big changes since the first meeting:

- I. Summary
 - II. Introduction
 - III. What do the data tell us? Are we listening?
 - IV. Collecting and leveraging data for effective target-setting, planning and resource allocation
 - V. Collecting and leveraging data to maximize service coverage and improve service quality
 - VI. Collecting and leveraging data on legal and policy barriers and societal enablers
 - VII. Global monitoring of progress towards the 2025 targets
 - VIII. Way forward (recommendations)
- References and annexes

Regarding Section III, Mr Fontaine highlighted that where we had “listened to the data”, the HIV response has had a history of successes. For example, the general strong progress towards the 90-90-90 targets, including 19 countries who have who achieved them on time by the end of 2020. Where countries and programmes have listened carefully to what the data are saying, there have been rapid gains in responses. The innovation of the “stacked bar analysis” shows where the gaps are in efforts to provide services to eliminate vertical transmission of HIV.

Section III also includes “failures to listen” to the data that drive persistent gaps in HIV responses. A striking example is how ART coverage among children living with HIV is significantly lower than it is among adults (54% compared to 74% at the end of last year).

Many of these children are over the age of five and therefore they cannot be found by means of neonatal testing, so they would have to be found by testing and treatment programmes. Another persistent gap is the fact that key populations and their sexual partners account for most of global HIV infections, but they are too rarely the focus of interventions.

Section IV covers the use of data for effective target setting, planning and resource allocation. The background note shows how the triangulation of good quality, comparable and diverse data is needed to inform meaningful target setting, planning, resource mobilization and allocation, and performance monitoring at country level. This section also includes a sub-section on the ethical collection and use of data.

Section V focuses on using data to maximise service coverage and improve its quality. The section covers the shift towards more people centred monitoring system which place access to services at the centre of monitoring the health sector response to HIV. The section also discusses the importance of community-led monitoring as a complementary component to ensuring availability, affordability, acceptability and quality of HIV services.

Section VI focuses on collecting and leveraging data on legal and policy barriers and societal enablers. The section discusses the evidence demonstrating the impact of law, policy and societal environments on overall progress in the HIV response and demonstrates how data on HIV-related stigma and discrimination can be used to guide efforts to create a more welcoming and respectful environment and health facilities. The section also presents data on the impact of education and economic empowerment on reducing vulnerability of adolescent girls and young women to HIV.

Section VII focuses on the role of UNAIDS: in particularly how UNAIDS Secretariat and Cosponsors support countries to collect, use and report data, including programme data and data on societal enablers and modelled HIV epidemiological estimates. Highlights of this section also include country level support to using data for planning and resource mobilization.

The final section of the background note includes recommendations for the way forward.

Mr Fontaine finally mentioned the call for case studies which had been disseminated on 4 October and that the received case studies will be assembled into a Conference Room Paper of good practices and posted on the UNAIDS website. Some examples will also be included in the background note. Submissions are recommended to be made through the links provided. The deadline for case studies is 25 October.

Concluding, Mr Fontaine said that the Secretariat would appreciate receiving any written comments on the first draft of the background note by close-of-business on Thursday 21 October.

1. DISCUSSION ON THE DRAFT BACKGROUND NOTE

The PCB working group welcomed the first draft of the background note. Specific comments included the following:

Member States

- Stressed it would be useful to see a section on the importance of individual patient monitoring systems. Some examples could be shared, particularly around how electronic medical records systems help health facilities minimize interruptions in treatment.

Cosponsors

- Emphasized that the AIDS response could be contextualized within the broader SDGs, which, like the AIDS response, have increased immensely the amount of data that countries use.
- Proposed to further elaborate on the differences between quantitative and qualitative data in the report.
- Suggested to unpack how the Cosponsors share data and come together around a results framework with joint indicators.
- Said that the WHO updated consolidated people-centered monitoring guidelines will be available in December and it would be good to reflect in the thematic segment to highlight specific examples of how the guidelines have strengthened monitoring of HIV, TB and malaria at country level and how this has improved programmes and reduced stockout issues and drug wastage.
- Emphasized that text on “health beyond health” data (e.g., societal enablers) was important, and that it would be good to stress the importance of these data in understanding how to achieve good health outcomes.
- Said that survey data on societal enablers and social protection were important, but it was also good to mention facility-based tracking of the incidence of gender-based violence, which gives great insight into vulnerabilities and is also useful for the HIV response.

The Global Fund

- Congratulated the UNAIDS team for the draft background note and commended the Secretariat especially the inclusion of discussion on community-led monitoring.
- Efforts to reduce AIDS-related mortality are more or less on track, but we are not on track to reach HIV prevention targets. Allocation of funding is focused on treatment with just a small percentage allocated to HIV prevention. We are not listening to the data or responding to it.
- Emphasized the need for simplified models for collecting some data through surveys, for example a “simplified IBBS”. Normally an IBBS is every three years or longer, but some programmes cannot wait for 3 years. The Global Fund tested a simplified model that can be implemented through local capacity on a yearly basis in order to gather key behavioural data. This helps understand the level of coverage of services among certain groups and it could fit under the periodical surveys’ sections in the background note.

In response to the comments and observations made, the Secretariat said that the issues brought forward by the working group were important and would be reflected in the paper as much as possible. Mr. Fontaine said that he would look into the “BBS light”, as it is sometimes referred to, to highlight some of the details and its importance. He emphasized that any specific suggestions regarding various indicators in the SDGs, Cosponsor roles and joint indicators would be helpful. Mr. Fontaine noted that a case study on the development and use of electronic medical record systems would probably be submitted by at least one country. The Secretariat would welcome receiving examples of using surveys and facility-based data to address gender-based violence and violence against women.

2. Presentation of the draft agenda

Mr. Fontaine presented the draft agenda for discussion. He said that it was standard practice to have keynote addresses after an introduction by a moderator. They would provide big-

picture strategic vision regarding the session objectives. These would be followed by a session overview which would provide the main highlights from the thematic segment background note, with a particular focus on the session's first two questions: What the regional and country-level data tell us? Are we listening? He mentioned there were different possible way to organize the subsequent panel discussions but that they would try to answer the third question in the title of the thematic segment: how can we better leverage that data and related technology to meet our 2025 and 2030 goals?. The Secretariat proposed to have two panel discussions. The first focusing on how we can better leverage data to fill gaps in HIV service coverage. The second on leveraging data to reduce stigma and discrimination and improve the quality of HIV services.

3. Discussion of the draft agenda

Member States

- Said that there was a lot in the agenda on the use of data. It would be good to also include speakers who can present innovative study designs and innovative analyses of data There are well-established methods that are not commonly used by HIV responses, such as (a) quasi-experiments to leverage routine health systems data sources to extract causal information – the meaning behind trends in data, and (b) mixed methods analyses that triangulate data from nationally representative surveys, routine data and qualitative data from community sources.

Cosponsors

- Said it would be interesting to speak to sub-national data, have a Global Fund speaker upfront, interesting to hear from them on using data for different diseases. Possibly, it could be interesting to have a speaker on humanitarian settings.

The Global Fund

- Said that innovative services should be included, such as the health services delivered virtually during COVID-19. It would be helpful to have a speaker to focus on services that go beyond traditional platforms.

In response to the questions, Mr. Ussing clarified that the background paper and the compilation of case studies and best practices are two pieces that will already be available before the meeting. The thematic segment is intended to be a free-flowing discussion, and no decisions are taken during the segment. However, a full report of the discussions is presented at the following PCB meeting, cleared by the PCB Bureau, and the Bureau proposes a set of decision points to be adopted by the Board.

The Secretariat then responded to other questions. It mentioned it would explore specific options on sub-national data, as well as on different innovations. There is also a need to tackle integration issues.

On the question of other diseases, the Secretariat said that the Global AIDS Strategy speaks on integration and the GAM collects data on TB, Hepatitis, cervical cancer, STIs, mental health, and have looked at related health issues that cross with HIV. The results or co-effect are very hard to measure, though. We need to start where we can show the relationship to HIV clearly and show how results are combined.

For the humanitarian settings, there are significant challenges in the collection and analysis of data. One is on the integration of services provided to internally displaced people, refugees, economic migrants and others. We are exploring the monitoring of these issues.

Another angle is the disaggregation of data on services. For example, when public health facilities provide HIV services to people living in a nearby refugee camp, there are measurement challenges if the data are not disaggregated between the refugees and the locals.

4. WAY FORWARD

Mr. Ussing thanked the working group members for their comments and encouraged members to send written inputs by Thursday 21 October 2021 as well as any relevant documents to support the drafting of the analysis of the background note. He mentioned that the call for submission of good practices had been sent out to the PCB members and all permanent missions and the deadline was **25 October**. The Secretariat encouraged working group members to submit good practices and disseminate the call further to partners.

The Secretariat explained that it would aim to achieve geographical, gender and constituency balance in the final selection of speakers and encouraged the working group members to suggest speakers.

The Secretariat thanked the working group for their time and excellent input, looking forward to the third meeting of the working group.

5. AOB

There was no other business.

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