

UNAIDS PCB Bureau meeting

DATE: Thursday, 12 November 2020

TIME: 15:00-17:30 (Geneva time)

VENUE: Teams meeting (Virtual)

PARTICIPANTS

PCB Bureau: Ms Julia Martin, Ms Deana Jordan Sullivan, and Ms Fatuma Sanneh (United States of America: representing the Chair); Ambassador Penda Naanda (Namibia: representing the Vice-chair); Vimarsh Aryan (India, representing the Rapporteur); Mr Ludo Bok (representing the CCO Chair, UNDP) and Mr Jonathan Gunthorp (representing the NGO Delegation)

Secretariat: Mr Morten Ussing, Director, Governance and Multilateral Affairs, UNAIDS, Ms Samia Lounnas, Senior Advisor, Governance and Multilateral Affairs, UNAIDS and Ms Maggie Lemons, Governance Officer, Governance and Multilateral Affairs, UNAIDS

MEETING DRAFT AGENDA

1. Update on PCB Agenda items

The Bureau will receive updates on each agenda item from the Secretariat and relevant external focal points.

2. Update on the next UNAIDS Strategy

The Bureau will receive an update on the process to develop the next UNAIDS Strategy.

3. Any other business

Summary

Ms Julia Martin, Chair of the PCB Bureau, opened the meeting by thanking participants for their diligent work over the course of a difficult and busy year. The Chair reviewed the meeting agenda, noting that relevant paper focal point would provide an update on each agenda item and that the Bureau would also receive a progress report on the development of the next Global AIDS Strategy following the intersessional approval by the PCB on the option for the Strategy.

1. Update on PCB agenda items

UNAIDS Secretariat provided an update on the preparations for the 47th PCB meeting agenda items as follows:

(1.2) Report of the 46th PCB meeting: UNAIDS Secretariat

The secretariat provided the update as follows:

- The report of the 46th PCB meeting is a summary of the presentations and discussions held in June. As is practice, it was cleared by the PCB Chair (USA) and is posted online in both English and French.
- As a reminder, this report includes a summary of all interventions made in plenary as well as written statements submitted through the secure platform as agreed in the intersessional paper on modalities for the 46th meeting.

The Bureau thanked the Secretariat for the update.

(1.4) Report of the Executive Director: UNAIDS Secretariat

The secretariat provided the update as follows:

- The report of the Executive Director is expected to focus on the next Global AIDS Strategy and the COVID-19 crisis implications for the AIDS response and UNAIDS work. It is also expected to touch upon discussions from the meeting of the Committee of Cosponsoring Organizations (CCO) and on the upcoming High-Level Meeting on HIV/AIDS.
- As is practice, an outline of the report will be posted in advance of the meeting. The report of the Executive Director in its entirety will be posted following delivery at the 47th meeting.

The Bureau thanked the Secretariat for the update.

(9) Statement by representative of the UNAIDS Secretariat Staff Association (USSA)

The chair of the UNAIDS Staff Association presented an update on the statement as follows:

- This agenda item for the December meeting at the request of the USSA.
- The USSA will also speak at the pre-meeting scheduled for Thursday, 3 December.
- The statement of the Chair of the USSA is being developed through input derived from extensive consultation with USSA members, staff who are not USSA members, and through the networks of the individual USSA Executive Committee members.
- These consultations include a series of regional Townhalls that the USSA is currently holding in each region to discuss staff concerns and issues.
- In preparation for the Townhalls currently underway (and to be completed by 21 November), USSA has been conducting pulse surveys to identify current hot button issues and concerns of staff.
- These current issues around which the written and oral statements from the Chair of the USSA will be framed are:
 - o The impact on staff of the alignment process and concerns regarding staff morale;
 - o Current level of engagement and cooperation between the USSA and Management and associated successes and challenges; and
 - o On-going staff health and wellbeing issues and civility / abuse in the workplace with reference and framing against the COVID19 pandemic.
 - o Key messages:

- Staff have expressed concern about Management's interpretation of change principles and how they are perceived to impact current decision making. Transparency with regard to the realignment processes continues to preoccupy staff.
- There has been a marked increase in reported staff wellbeing and mental health issues in the period since the previous PCB.
- Given the current tensions and given the commitment from all parties to find resolution, the staff association will propose that a reconciliation process be put in place to approach lingering issues.
- Recommendations will be made in the report following the final consultations with staff.

The Bureau thanked the USSA for the update and noted that they look forward to reading the full statement, which will be posted shortly in accordance with the Modus Operandi.

Report of the NGO Representative: NGO Delegation

The NGO Delegation provided an update on the report of the NGO Representative as follows:

- The report and its draft decision points was posted on the website in both English and French on Friday, 13 November.
- The report of the NGO Representative will be the subject of a pre-meeting scheduled for Tuesday, 24 November 2020.
- The report considers what the contributions of the NGO Delegation have been to UNAIDS' governance and how that role will be conceived of in the future.

The Bureau thanked the NGO Delegation for the update and noted that they look forward to reading the full report.

Annual Report on HIV Prevention 2020: UNAIDS Secretariat

The secretariat provided the update as follows:

- The annual report on HIV prevention will be the subject of a pre-meeting scheduled for Thursday, 26 November 2020.
- As requested by the PCB in its meeting in December 2019, UNAIDS prepared an annual progress report on HIV prevention. The report builds on an in-depth analysis of country data collected during the 2020 Global AIDS Monitoring and was developed by the UNAIDS Secretariat with input from and in consultation with all cosponsors working on HIV prevention. In addition to the report, there will also be two conference room paper of an external review of the Global Prevention Coalition and the annual report of the GPC.
- Key messages of the report include:
 - The **annual number of new infections declined by 23% in 2010–2019**, from 2.1 million to 1.7 million (the lowest annual number since 1989). However, set against the 2020 target of a 75% decline against the 2010 baseline (or fewer than 500 000 new infections), this achievement falls short by a factor of three. However, **trends in new HIV infections vary greatly by region, country, location and population characteristics.**
 - **Combination HIV prevention works.** There are examples of success in several countries that recorded more than 50% reductions in new HIV infections in a context of high HIV prevention coverage and increased viral suppression due to HIV treatment. Sub-Saharan Africa remains the epicentre of the HIV pandemic, despite declines since 2010. There were modest declines in other regions and increases

- eastern Europe and central Asia, Middle East and North Africa and in Latin America.
- Some countries with HIV epidemics among key populations recorded declines of more than 50% in new infections in a context of improved programmes, but **globally there has been virtually no progress in reducing HIV incidence among key populations**. Lack of progress is due to a lack of prioritization of key populations, major gaps in investment and gaps in programme coverage of prevention and treatment as well as continued legal and structural barriers.
 - **In sub-Saharan Africa, adolescent girls and young women remain disproportionately affected**. There are several countries with more than 50% declines in new HIV infections among young women in a context of increasing access to combination HIV prevention and treatment. However, dedicated prevention programmes for young women exist in less than half of locations with high HIV incidence.
 - An evaluation of the Global HIV Prevention Coalition found that **the GPC has restored attention to primary HIV prevention globally** including among international donors as well as national HIV responses. Support for a common approach to HIV prevention was successfully marshalled, including a focus on delivering much needed services to populations and locations where risk of infection is highest.

Bureau members noted the exciting news recently recognized by the Secretariat regarding injectable for PrEP as a key innovation in HIV prevention. In addition, members requested clarification on the review of the Global Prevention Coalition and how the upcoming Global AIDS Strategy might impact the GPC. The Secretariat noted that the expectation from Member States in the GPC was to buy into a pre-defined set of strategic actions and commit to acting on these aspects. The GPC provided a forum of accountability. The report to the PCB, as well as the independent review of the GPC, has found that it has largely met expectations and could be scaled up as an important component of future AIDS responses. There is a meeting scheduled next week of the countries involved in the coalition to take stock of the progress report.

Follow-up to the thematic segment: UNAIDS Secretariat/PCB Chair

The PCB Chair and the secretariat provided the update as follows:

- The PCB Chair reiterated the importance of the PCB thematic segment as a unique opportunity to discuss key issues in the AIDS response.
- The Chair recalled that, as part of the reorganization of the 2020 PCB meetings, the Bureau decided to postpone the follow-up to the thematic segment report from the 46th meeting to the 47th.
- The report is a summary of the presentations and discussion from the thematic segment on reducing the impact of HIV on children and youth. The Bureau received the report and its proposed decision points in advance of the meeting for discussion.
- As a reminder, the PCB agreed intersessionally that there will be no debate on this agenda item at the 47th meeting, but participants will be invited to submit comments further to the meeting. In addition, the follow-up will be the subject of a PCB pre-meeting scheduled for Tuesday, 24 November.
- In addition to the decision points, additional recommendations are included in the full report. The primary recommendation from the thematic segment was that the next Global AIDS Strategy should identify and consider how to close considerable gaps in the HIV response for children, adolescents, and youth, as well as refocusing on the elimination of vertical transmission. In addition to increasing access to new biomedical interventions for these groups, the report includes a strong call for the Joint Programme to work with key

partners to help countries address structural factors that increase vulnerability with young key populations.

Bureau members noted that some of the decision points were slightly vague and did not directly address some structural factors. The Secretariat indicated that these particularities were reflected in the report, but due to the virtual nature of discussions and as requested in the intersessional paper on the modalities and procedures of the 47th PCB meeting, the decision points were kept at a higher-level.

Bureau members also requested clarification on the decision point regarding UBRAF reporting on this item. The Secretariat noted that the aim was to add this reporting to the upcoming UBRAF to ensure that there is accountability and monitoring of progress for the Joint Programme.

Report of the Task Team on Community-led AIDS Responses: UNAIDS Secretariat

The secretariat provided the update as follows:

- The PCB agreed intersessionally that there will be no debate on this agenda item at the 47th meeting, but participants will be invited to submit comments further to the meeting. In addition, the follow-up will be the subject of a PCB pre-meeting scheduled for Thursday, 26 November.
- Following its 46th session, the PCB established the multistakeholder Task Team through intersessional decision-making, agreeing on the second legally approved option of achieving geographic representation. The first meeting of the task team was convened on 16 October, where members were asked to:
 - o Advise how definitions of community-led responses/organizations can enable monitoring and measurement of community-led responses at country level
 - o What support can be given so countries are able to measure and report on community-led responses at country level
- To support this work, UNAIDS put forward an updated definition of community-led responses, offering alternative language. Participants welcomed the new language of the definition of community-led organizations.
- Participants noted several challenges in measuring community-led responses, including lack of tools available to gather this data; limitations in existing measurement systems, which do not allow for reporting the full extent of community-led responses; and emphasized the need for increased funding and capacity building to communities in order to enable them to report on the work that they are doing.
- UNAIDS' role was highlighted in advocating for community-led responses at country level and convening national counterparts to enhance understanding and support for community-led AIDS responses.
- The revised definitions put forward are:
 - o Community-led organisations, groups and networks, whether formally or informally organized, are entities for which the majority of governance, leadership, staff, spokespeople, membership and volunteers, reflect and represent the experiences, perspectives, and voices of their constituencies and who have transparent mechanisms of accountability to their constituencies. Community-led organisations, groups, and networks are self-determining and autonomous, and not influenced by government, commercial, or donor agendas. Not all community-based organisations are community led.
 - o Community-led responses are actions and strategies that seek to improve the health and human rights of their constituencies, that are specifically informed and

- implemented by and for communities themselves and the organisations, groups and networks that represent them.
- Participants put forward several recommendations to be taken forward to UNAIDS EXD and PCB in December:
 - o UNAIDS should adopt the definition of community-led organizations and responses, as revised, and move forward rapidly to develop indicators and technical support for national AIDS programmes, funders, and communities to measure, monitor, and report on community-led AIDS responses.
 - o UNAIDS should apply the definitions in the development of the new monitoring framework for 2021 and beyond.
 - o Frameworks for measuring, monitoring, and reporting on community-led responses should:
 - capture activities led by communities most affected by HIV at national *and* sub-national levels
 - include process-level, output, and impact indicators
 - ensure inclusion of the diverse communities living with and disproportionately affected by HIV
 - be based on shorter, simplified, and flexible reporting tools
 - When rolling out the new monitoring framework, UNAIDS should ensure an accompanying programme of capacity-building and mentorship to enable and ensure high quality application of monitoring tools that feed into GAM.
 - UNAIDS should take the lead in developing standards for community-led data to be recognized and validated for use in national reporting and GAM.

The Bureau thanked the Secretariat for their work in supporting a productive meeting of the Task Team and the positive outcome of the first meeting.

Evaluation: UNAIDS Secretariat and Independent Evaluation Office (

The director of the Evaluation Office and the UNAIDS Secretariat presented the update on this agenda item as follows:

- There are four papers under this agenda item:
 - o The annual report on the implementation of the Evaluation Plan
 - o The Independent Evaluation of the UN System Response to AIDS 2016-2019
 - o The annexes to the Evaluation
 - o And the Management Response to the Independent Evaluation
- There will be an entire pre-meeting devoted to discussing the items that fall under the Evaluation agenda item. This pre-meeting is scheduled for Tuesday, 1 December 2020.
- **Annual Report on Evaluation:**
 - o The annual report has been prepared by UNAIDS Evaluation Office and reflects feedback received from UNAIDS Secretariat, Cosponsors' Global Coordinators and Focal Points. The draft report was also shared for comments with the Evaluation Offices of UNAIDS Cosponsors as well as UNAIDS Expert Advisory Committee on evaluation before it was finalized.
 - o The report presents the evaluations carried out in 2020 and related management responses:
 - *Evaluation of the UN system response to AIDS in 2016-2019*
 - *Evaluation of the collaboration between UNAIDS Secretariat and the US CDC*
 - *Evaluation of the UNAIDS Secretariat Technical Support Mechanism*
 - *Evaluation of UNAIDS Secretariat health situation rooms*
 - *Review of the UNAIDS Secretariat/IAPAC Fast-Track cities project*

- *Evaluations of the work of the Joint Programme in Mozambique and Viet Nam*
 - The report also describes efforts to strengthen the independence, credibility and utility of evaluations, drawing on the expertise of UNAIDS Cosponsors, the UN Evaluation Group and UNAIDS Expert Advisory Committee, as well as ongoing efforts to enhance evaluation capacity, quality and communication about evaluation.
 - The report provides an overview of the budget implementation against the Evaluation Plan, the impact of the COVID-19 pandemic on evaluation, and measures taken to mitigate its impact. It also describes evaluations and other activities scheduled for 2021.
 - Until 2019, an effective and independent evaluation function was a missing piece in UNAIDS' efforts to strengthen accountability, transparency and organizational learning. Considerable efforts have been made in the last two years to establish an independent evaluation function as a structurally and functionally separate unit of UNAIDS Secretariat that reports to the Board. These efforts were commended by the Joint Inspection Unit in its 2019 review of UNAIDS.
 - In order to maintain the momentum and further enhance the role of evaluation in organizational learning and change, the PCB is asked to request that the Executive Director ensures that the evaluation function remains adequately resourced and staffed in accordance with UNAIDS Evaluation Policy. A full report on the implementation of the 2020-2021 Evaluation Plan is expected to be presented to the 49th session of the PCB in December 2021.
- **Management Response to the Independent Evaluation of the UN system response to AIDS 2016-2019:**
 - The management response to the evaluation is an important pillar of the overall UNAIDS' transformation and an opportunity to strengthen the Joint Programme as the core catalytic force of the global response to the HIV epidemic
 - The development of the management response has been a joint and inclusive undertaking, co-led by the CCO Chair (UNDP) and the Secretariat, and bringing together staff across the Joint Programme and engaging country-level and regional joint teams on AIDS and coordinating with cosponsor technical leads. The UNAIDS Cosponsors and the Secretariat are committed and will work to implement the action plan in a coordinated and cohesive manner.
 - The evaluation re-confirmed the strengths of the Joint Programme and highlighted the areas where immediate and longer-term action is required for continued relevance of UNAIDS. The recommendations of the evaluation were reviewed in a broad perspective, considering the experience and expertise across the entire Joint Programme.
 - On 1 September 2020, the UNAIDS Management Response to the Evaluation of the UN System response to AIDS 2016-2019 was submitted to the Evaluation Office, pursuant to UNAIDS evaluation policy. The paper included an action plan in relation to each of the eight core recommendations and related sub-recommendations of the evaluation report, with timelines and designation of responsibilities.
 - The interim management response was presented at the multistakeholder consultation on the next UNAIDS Strategy on 16 September 2020.
 - The findings, the conclusions and the recommendations of the independent evaluation span across a broad range of strategic and operational matters pertinent to UNAIDS' functioning at country, regional and global levels.
 - The Joint Programme recognizes that each of the recommendations highlights strategic and/ or operational issues that require action. The Joint Programme accepts the recommendations 1, 2, 4, 5, 6 and 8, and partially accepts the

- recommendation 3 and 7, and is committed to address the issues reflected in the evaluation report in an effective, collaborative and timely manner.
- The new Strategy will guide the Joint Programme in strategic prioritization and delivery of flexible, needs-based, demand-driven assistance to countries.
 - The UN's added value will be articulated through the next Strategy and the new UBRAF. The next UBRAF will align to the global targets of the Strategy, and have a more fully articulated theory of change, revised results framework and updated M&E systems. It will incorporate new structural targets, including gender equality related targets, and more strongly reflect the role of gender and action to promote gender equality across all strategic results areas.
 - The Joint Programme will evolve in line with what is needed to best respond to an evolving epidemic; a changing political, social and economic context, including in relation to the COVID-19 pandemic; and country priorities and needs, leveraging the collective assets and capacities of the UN system
 - Building on the systems and practices of the refined operating model, the Joint Programme will further strengthen the emphasis on joint planning aligned to people centred targets; and maintain and expand partnerships beyond the Joint Programme.
 - UNAIDS will review and enhance its Resource Mobilization Strategy 2018-2021. The new UBRAF will serve as the Joint Programme's overarching resource mobilization plan.

The Bureau thanked the Evaluation Office and the Secretariat for the update and noted that they look forward to reading the full reports, which will be posted shortly in accordance with the Modus Operandi.

COVID-19 & HIV: UNAIDS Secretariat

The secretariat provided the update as follows:

- In consultation with the UNAIDS Executive Director, the Bureau agreed to include an item on COVID-19 & HIV at its previous meeting as follow up of the Board discussion on this issues at the 46th PCB meeting in June 2020 under the Executive Director report. This agenda item will be the subject of a pre-meeting scheduled for Tuesday, 24 November.
- The paper was developed in full collaboration with Cosponsors.
- The paper describes the multidimensional impact of COVID 19 as well as a multisectoral response from the Joint Programme across 4 primary areas: service continuity, leveraging lessons learnt from the HIV response, human rights-based approaches and addressing socio-economic impacts.
- The impact of COVID-19 on HIV responses depends on a context of preexisting vulnerabilities, fragile health systems, limited social protection and type of HIV epidemic/burden.
- In 10 months of the epidemic, we have witnessed disruptions in access to both treatment and prevention services following patterns of COVID-19 waves. While there is no evidence that people living with HIV have increased risk of contracting or dying of COVID-19, the underlying health and socioeconomic realities of key populations might put them at higher risk of: contracting the disease, limited access to health and social services or negatively affected livelihoods.
- The response of the Joint Programme has consisted of:
 - Ensuring access to services through differentiated service delivery, including through community-led responses and innovations; promotion and enforcement of

- multi-month dispensing for most patients; monitoring of stock availability and access to services and immediate troubleshooting;
 - Leveraging infrastructure, the knowledge and lessons learnt from HIV in developing a rapid response to COVID as well as providing insights for future resilient systems for health, fully equipped to deal with all types of pandemics;
 - Addressing the socio-economic impact of the pandemic through ensuring sufficient financial resources are available for the HIV response; the rolling out of the socio-economic recovery framework, including through community-led responses, increased social protection for the most vulnerable and marginalized as well as advocacy for global solidarity and equity in access to vaccines, prioritizing those most at risk first across the world;
 - Upholding human rights and the promotion of community-led responses;
- The flexibility to reprogramme up to 50% of Country Envelopes and the Secretariat Core funding has been appreciated, especially at the most emergent phase of the COVID response. Although financial figures are still being validated, approximately 40% of funds available for reprogramming in country envelopes and 45% of similar funds for the Secretariat have been reprogrammed. Beyond the financial contributions, the Joint Programme has had an important value added in catalyzing additional funds as well as in areas that are traditionally within its mandate such as multisectoral responses, mobilization of HIV knowledge, infrastructure leadership, principles and lessons learnt for COVID-19 responses.

The Bureau requested that the draft decision points include explicit reference to some of the key COVID adaptations that should be implemented moving forward, including multi-month dispensing.

Report of the PCB Working Group on the JIU Recommendations: PCB Chair

The PCB Chair provided the update as follows:

- The Working Group has reached consensus on all their recommendations and are currently reviewing the report.
- The major recommendations remain the same as presented at the PCB briefing in October. The Working Group will propose an annex to clarify oversight and accountability roles. They will also recommend the creation of an oversight committee and have TORs included in their final report for PCB approval.
- The report is on track to be posted in EN and FR shortly.
- As a reminder, the JIU WG report will be the subject of a pre-meeting on Tuesday, 8 December.

Bureau members who are also serving on the JIU Working Group thanked the Chair for excellent chairing of the Working Group.

Update on implementation of JIU Recommendations: UNAIDS Secretariat The secretariat provided the update as follows:

- This report will be part of the pre-meeting scheduled for Tuesday, 8 December.
- In addition to the report, there is a Conference Room Paper attached to this agenda item with a traffic light update on implementation.
- The report provides a summary overview of work to date to implement the JIU's recommendations as part of the broader UNAIDS transformation. Key elements of the UNAIDS transformation, and corresponding JIU recommendations, include the:
 - development of the next UNAIDS Strategy (corresponds with JIU Formal Recommendation 1);

- management response to the Independent Evaluation of the UN System to AIDS 2016–2019 and development of the next Unified Budget, Results and Accountability Framework (corresponds with Formal Recommendation 2, Informal Recommendation 4); and
- UNAIDS' culture transformation and organizational alignment (corresponds with Informal Recommendation 8 on delegation of authority; Informal Recommendation 9 on the Management Action Plan; and Formal Recommendation 7 on human resources Strategy).
- Similar to the approach taken when updating on Management Action Plan implementation, the main report provides an overall summary of actions to date, with narrative that contextualizes and highlights the strategic importance of various elements and their contributions to a stronger UNAIDS. It is accompanied by a Conference Room Paper that provides a more detailed status update by recommendation.
- Cosponsors were provided with the opportunity to review and comment on the outline and draft. Sections of the report referring to the strategy development process and management response to the independent evaluation are aligned with other reports being submitted to the PCB and reflect the broad Cosponsor engagement in those processes.
- Key messages include:
 - Implementation of the JIU's recommendations is contributing to UNAIDS' transformation – a unified programme of change will ensure that capacities, structures and working methods of the Secretariat and Joint Programme keep evolving to be relevant and fully responsive to the opportunities and challenges which countries will face in the next decade of the HIV response, including the unprecedented social and economic implications of the COVID-19 pandemic.
 - The JIU's recommendations are informing the strengthening of key management and governance systems and practices. (A summary overview of actions, by recommendation, accompany the paper.) The paper notes that the PCB Working Group has considered the recommendations directed towards the Board and has reported separately on its deliberations and views.
 - With regards to recommendations on strategic and operational planning, active stakeholder engagement in the development of the next UNAIDS strategy is underway, in line with the request of the PCB and under the leadership of the Executive Director and Cabinet. The Joint Programme has studied and developed its response to the independent evaluation of the UN System Response to AIDS 2016-2019. The evaluation is another important input that will help the Joint Programme evolve – informing the development of a new budget and results framework with clearer alignment between roles, accountabilities and resource levels – and deliver ever greater value for the communities and countries we work with, ensuring they attain their 2030 goals. The evaluation affirms that the experience, diverse partnerships and people-centered, data-driven approaches of the Joint Programme are helping drive country progress and are needed now more than ever.
 - The full implementation of the Management Action Plan is vitally important to the Secretariat's operations and activities. It is supporting the UNAIDS transformation to ensure that all staff enjoy safety, dignity and wellbeing at work, thereby maximizing the collective impact of UNAIDS staff around the world. The report will note areas of further progress since the June 2020 update.

The Bureau thanked the Secretariat for the update and noted that they look forward to reading the full report, which will be posted shortly in accordance with the Modus Operandi.

Mental Health and HIV: UNAIDS Secretariat

The secretariat provided the update as follows:

- The PCB agreed intersessionally that there will be no debate on this agenda item at the 47th meeting, but participants will be invited to submit comments further to the meeting. In addition, the agenda item will be the subject of a PCB pre-meeting scheduled for Tuesday, 24 November.
- The paper was developed in close consultation with the UNAIDS cosponsors (WHO – various departments HIV/AIDS/STI/Viral Hepatitis, Mental Health and Substance Use, NCDs; UNODC, UNICEF, UNFPA, UN Women), selected RSTs and UCOs, the UN Interagency Task Force on NCDs, PEPFAR, Global Fund, civil society and community representatives and organizations, selected mental health and substance use experts, programme implementers, and researchers.
- Key messages include:
 - o We cannot end the AIDS epidemic unless we ensure mental health and wellbeing throughout life course and especially for youth, ageing and most vulnerable people and communities – through integrated mental health, substance use and HIV strategies, programmes and services; addressing the social determinants of mental health, substance use and HIV; stigma reduction policies and interventions; more active community engagement and support, etc.
 - o Mental health, including for children, adolescents, adults and older adults living with, affected by and at risk of HIV, people who live with mental health conditions, people with substance use, people in prisons, and other vulnerable groups, will remain a serious concern even as countries emerge from the COVID-19 pandemic and embark on social, economic and health systems recovery. Mental health should be fully considered across governments' health, social and economic responses and recovery plans and budgets, and community support.
 - o Since the 43rd PCB meeting, investments into integrated mental health-HIV services and programmes have increased from PEPFAR and Global Fund, but the significant gap still remains that needs to be filled by joining efforts for both domestic and donor resource mobilization and leveraging.
 - o Since the 43rd and 44th PCB meetings, the UNAIDS Joint Programme's efforts in focusing on and supporting integrated mental health-HIV and substance use-HIV programmes / interventions have strengthened. However, more opportunities need to be seized by the UNAIDS Joint Programme for further strategic, policy and resource mobilization advocacy at the global, regional and country levels; global, regional and country level policy and technical guidance and support; community support and engagement; better strategic information, etc., especially in the context of the COVID-19 pandemic, and through the new Global AIDS Strategy.

The Bureau noted the importance of the pre-meeting session to have a robust discussion on this important topic.

Thematic Segment on Cervical Cancer and HIV

The secretariat provided the update as follows:

- As is practice, the thematic segment background note and agenda have been developed through a PCB Working Group.
- The paper was developed in close consultation with the UNAIDS cosponsors (WHO – various departments HIV/AIDS/STI/Viral Hepatitis, NCDs, Cervical Cancer Elimination team, Immunization, Reproductive Health and Research; UNICEF, UNFPA, UN Women, World Bank), selected RSTs and UCOs, the UN Interagency Task Force on NCDs, the

Joint UN Programme on Cervical Cancer, selected MOH and other country governmental/programme representatives, UNITAID, PEPFAR, Global Fund, country and global level civil society and community representatives and organizations, selected cervical cancer, HPV, HIV, cancer, STI, SRHR and other experts, programme implementers and researchers, etc.

- The paper includes selected country case studies solicited through the UNAIDS/PCB public call for country cases. All the received country cases are included in the PCB thematic segment conference paper.
- Key messages include:
 - Interlinkages between cervical cancer and HIV: Globally, the dual burden of HIV-infection and cervical cancer on women and adolescent girls is high. There is a bidirectional synergy and link between HIV and HPV/cervical cancer that put women living with and at risk of HIV at higher risks of HPV infection and invasive cervical cancer and mortality. Determinants of and linkages between HPV, cervical cancer, and HIV are amplified by inequities. Both cervical cancer and HIV are diseases of health disparities, gender, socioeconomic and other inequalities, and stigma and discrimination associated with both that need to be addressed together with biomedical interventions, multi-sectoral strategies and approaches, and community engagement.
 - Cervical cancer is a preventable and curable cancer, and can be eliminated with effective interventions such as HPV vaccination, and cervical cancer screening with high performance and treatment management. Effective interventions for the primary (HPV vaccination, STI prevention) and secondary prevention (screening, early detection and early treatment), treatment and care continuum of cervical cancer need to be equitably integrated with/into HIV prevention, testing and treatment strategies and services for women and adolescent girls at risk of / vulnerable to HIV and living with HIV with adequate investments. Equitable access to new technologies and innovations for cervical cancer prevention, screening, detection, treatment and care continuum need to be integrated with HIV programmes and services. These efforts coupled with addressing SRHR, gender and socio-economic inequities, stigma and discrimination, can prevent comorbidities/co-infections, vulnerabilities, inequities and suffering, and save millions of women's and girls' lives.
 - Communities and civil society play critical roles in advocacy for rights-based, people-centred, gender-sensitive and age-specific policies, programmes and services; upholding SRHR and right to health; awareness raising; health literacy; generation of demand for cervical cancer and HIV services, HPV vaccination, new technologies and innovation; addressing stigma and discrimination; community-based and community-led actions for ensuring continuum of services and care; resource mobilization, and accountability.
 - There is a unique opportunity for amplifying the importance of the newly launched Global Strategy to Accelerate Elimination of Cervical Cancer in informing countries', partners' (including the UNAIDS Joint Programme), and communities' efforts in addressing the interlinks between HPV/cervical cancer and HIV, and the common inequalities and health disparities especially in high HIV burden settings and countries, and for most vulnerable women and girls. There is also a unique opportunity for integrating cervical cancer prevention, treatment and care for women and adolescent girls living with, at risk of and vulnerable to HIV into the new global AIDS strategy.
 - The paper showcases diversity of country cases, examples of effective partnerships, community engagement, and technological and programme innovations.

- The PCB Working Group is meeting this week to finalize the agenda. As it will be the first thematic segment in a virtual space, the Working Group is being thoughtful about the ways in which to have an engaging day.

The Bureau thanked the Secretariat for the update and noted that they look forward to reading the full report, which will be posted shortly in accordance with the Modus Operandi.

Next PCB meetings and Election of Officers: UNAIDS Secretariat

The secretariat provided the update as follows:

- The *Next PCB meetings* and *Election of Officers* papers are standing agenda items for the December PCB meeting.
- The *Next PCB meetings* paper includes the dates for 52nd and 53rd PCB meetings in 2023. It will also outline the thematic segment proposals for the PCB meetings in 2021.
- The PCB voted intersessionally to postpone the thematic segment from the 46th to the 47th. As a result, the theme originally previewed for the 47th meeting, *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 postponed to 2021.
- In September, the Secretariat issued a call for thematic segment proposals for the additional thematic segment in 2021. They received three proposals. The Bureau received these in their materials in advance of this meeting.
- The three proposals are (annexed below):
 1. **COVID-19 and HIV: sustaining HIV gains and building back better and fairer HIV responses** (WHO, supported by Brazil, UK, PCB NGOs, and all cosponsors)
 2. **Meeting the needs of the unreached and promoting their rights: the case of people with disabilities** (UNFPA)
 3. **Reinvigorating Country Stewardship for HIV Prevention amidst COVID-19: A New Generation of National AIDS Commissions** (NAC Executive Directors/CEOs of GPC member countries)
- The Chair recalled that the proposals should be considered on the basis of: **relevance, responsiveness, focus, and scope for action**. The Bureau must select one additional theme for 2021. Their proposal would then be put forward in the *Next PCB meetings* paper for consideration by the wider PCB.

The PCB Bureau noted the strength and relevance of all submitted proposals. They indicated the timeliness of all themes in view of the upcoming Global AIDS Strategy. However, in view of the urgency and unprecedented situation created by COVID-19, Bureau members expressed consensus on proposing the thematic segment on *COVID-19 and HIV: sustaining HIV gains and building back better and fairer HIV responses*. Bureau members noted that there could be space to incorporate elements of the third proposal, *Reinvigorating Country Stewardship for HIV Prevention amidst COVID-19: A New Generation of National AIDS Commissions*, into the COVID-19 thematic segment. It was agreed that the Secretariat on behalf of the Chair and the Bureau would revert back to the submitters for consideration on incorporation.

The Bureau also discussed potential dates for the selected thematic topics. In view of the rapidly changing context, the Bureau supported proposing that the thematic segment topic for the 48th PCB meeting be: *COVID-19 and HIV: sustaining HIV gains and building back better and fairer HIV responses*. The Bureau would then propose that the thematic segment topic for the 49th PCB

meeting be: *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?*

- The paper, *Election of Officers*, includes the PCB composition for the upcoming year, the NGO Delegation nomination process, and the election for the PCB Bureau for the next year. As of the meeting, the Secretariat had not received any expressions of interest for Vice-Chair and Rapporteur for the upcoming year.

2. Update on the next UNAIDS Strategy

The secretariat provided the update as follows:

- Further to the intersessional approval on the Strategy option, the Secretariat has held workshops and is in the process of developing the annotated outline in consultation with the cosponsors. This outline will be submitted to the PCB at the 47th meeting. The Strategy will also be the subject of a pre-meeting on Thursday, 3 December.
- The Strategy team emphasized the inclusiveness and participatory nature of the Strategy development process, and thanked the Bureau members for their guidance at each step of the process.
- The PCB will receive under this agenda item:
 - o A paper on the annotated outline of the strategy, composed of two parts:
 - Short section on the process on how UNAIDS has responded to the PCB requests, including an update on the decision of the President of the General Assembly on the timing of the HLM to inform PCB decision on the need for a special session in March 2021; and
 - The actual annotated outline of the Strategy.
 - o Evidence Review (as a CRP);
 - o Report from the Multistakeholder consultation (as a CRP);
- The paper for *intersessional decision-making* on the option has already been posted.
- The annotated outline will be structured around the framework presented at the workshop last week.
- It will include three strategic priorities:
 1. Ensure healthy lives and social protection for people living with and at risk of HIV
 2. Promote gender equality, eliminate HIV-related stigma and discrimination, protect the health and human rights of people living with and at risk of HIV, and empower community-led responses
 3. Strengthen resilient, inclusive and fully funded HIV responses and systems for health to protect against financial, humanitarian and health crises
- It is anticipated that there will be 12 Results areas – the eight results areas of the current strategy and 4 additional ones to respond to the priority issues that came out of the consultations. The additional areas will include:
 - o People living with or vulnerable to HIV can access HIV-sensitive social protection and support;
 - o Communities or people living with or vulnerable to HIV are empowered and lead in the HIV response;
 - o People living with HIV and people at risk of HIV affected by conflict and humanitarian crises are enabled to protect their health and able to access the HIV services they need;
 - o AIDS response is fully prepared and resilient to protect people living with and affected by HIV from adverse impact of COVID-19 and other emerging pandemics;

- This structure is still a work in progress. There will be further prioritization and grouping.
- The annotated outline will include:
 - A brief analysis of the current situation:
 - what has changed and what has remained the same;
 - what are the main challenges and gaps;
 - what is needed in the AIDS response in the next five years to respond to the epidemic.
 - Cross-cutting issues, such as leadership, partnerships, inequalities lens, will mentioned briefly.
 - High-level targets for 2025
 - Summary of priority actions to achieve targets in each results area
 - Actions needed to tailor HIV responses to location, population and context, using granular data
 - High level outline of the role and contributions of different stakeholders in the implementation of the Strategy, including the high-level role and contribution of the Joint Programme.
- For each result area, the Strategy will include:
 - An overview of the current situation, challenges, and a summary of who is being left behind;
 - The 2025 targets, sub-targets & planned results;
 - Core priority actions to achieve the targets;
 - Essential background information;
 - A section on tailoring actions to context and population; and
 - The role, contribution, and accountability of stakeholders.

Bureau members thanked the Strategy team for their progress. Members requested clarification on the three top areas and noted that they seemed broad. The Strategy team noted that these areas are still under development and they will continue to work on further specification. Following the meeting, Bureau members were invited to provide any further feedback to the Strategy team on the basis of the presentation (annex 3) via email.

3. Any other business

There was no other business raised, and the Chair closed the meeting.

[Annexes follow]

Annex: Thematic Segment Theme Proposals

|  | | | | |
|--|--|--|---|---|
| Table: Themes proposed for the 48th and 49th PCB meetings (June and December 2021) | | | | |
| No. | Theme | Proposed by: | Key Points | Supported by: |
| 1 | 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? | USA | Country program data is a critical tool to understanding progress or lack thereof whether by region or by population. 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. | Approved by the PCB and postponed to 2021 |
| 2 | COVID-19 and HIV: sustaining HIV gains and building back better and fairer HIV responses | WHO | Even prior to the COVID-19 pandemic the pace of progress in reducing new HIV infections, increasing access to treatment and ending AIDS-related deaths was slowing. Since the start of the pandemic, in early 2020, the UNAIDS Joint Programme has been closely tracking the effect of COVID-19 on HIV services and working with partners, including affected communities, on mitigation approaches to minimize the pandemic's impact. At the same time lessons from HIV and HIV resources have been applied to the COVID-19 response and opportunities to advance important HIV policies, for example multi-month dispensing of HIV medicines, have been accelerated in many countries as part of the response to ensure safe continuity of essential services and measure to increase social protection have been extended. So much has taken place in such a short space of time that December 2021 offers a timely moment to take stock, in full alignment with the new UNAIDS strategy, and prioritize how to move forward in 2022 including through suggestions for course correction if necessary. | Brazil, UK, PCB NGOs, and all cosponsors |
| 3 | Meeting the needs of the unreached and promoting their rights: the case of people with disabilities | UNFPA | Recent UNAIDS data (UNAIDS DATA 2019) shows that people with disabilities are often ignored in HIV responses. For example, in West and Central Africa, biobehavioral surveys of people with disabilities were undertaken in Burkina Faso, Cape Verde, Guinea-Bissau and Niger between 2016 and 2018, while a wider biobehavioral survey was conducted in Senegal. These various surveys showed that people with disabilities are a forgotten population in the HIV response. They also found that HIV prevalence is on average three times higher among people with disabilities than in the general population. For example, in Burkina Faso, Guinea-Bissau and Senegal, women with disabilities were significantly more likely to be HIV-positive than men with disabilities. In light of the above context, it is proposed to discuss this topic at the 49th PCB meeting to consolidate strategic information for the effective inclusion of people with disabilities in the response to HIV/AIDS. | N/A |
| 4 | Reinvigorating Country Stewardship for HIV Prevention amidst COVID-19: A New Generation of National AIDS Commissions | NAC Executive Directors/CEOs of GPC member countries | The world has missed the global HIV prevention 2020 targets by a long way. The UNAIDS 2020 Epidemic Update reported that missing the Fast Track targets resulted in 3.5 million more new HIV infections since 2015. The prevention roadmap encountered many structural and socio-economic challenges. While it is too early to predetermine the full impact of the COVID-19 pandemic, it has strained health resources, slowed down or regressed gains made in the HIV response and aggravated human rights violations for key and priority populations in many countries. Governments are leveraging the coordination, technical and leadership capacities of National AIDS Commissions/Councils (NACs) to support the COVID-19 response. With the missed 2020 HIV prevention targets, and a world significantly changed by COVID-19, the NACs need greater impetus to reinvigorate momentum, their shared responsibilities and solidarity towards accelerating national HIV prevention responses and meeting the new global HIV prevention targets that the GPC is developing. NACs are also critical to implementing recommendations of the GPC external review. To achieve this, NACs must do some of their business differently. APCB thematic session in 2021 offers the opportunity for NACs to take stock, reflect and reimagine their advocacy and leadership roles for the HIV prevention agenda. | GPC Member Countries |

1. COVID-19 and HIV: sustaining HIV gains and building back better and fairer HIV responses

Theme Proposed by: WHO, supported by Brazil, UK, PCB NGOs, and all cosponsors

Broad Relevance:

Even prior to the COVID-19 pandemic the pace of progress in reducing new HIV infections, increasing access to treatment and ending AIDS-related deaths was slowing. Since the start of the pandemic, in early 2020, the UNAIDS Joint Programme has been closely tracking the effect of COVID-19 on HIV services and working with partners, including affected communities, on mitigation approaches to minimize the pandemic's impact. At the same time lessons from HIV and HIV resources have been applied to the COVID-19 response and opportunities to advance important HIV policies, for example multi-month dispensing of HIV medicines, have been accelerated in many countries as part of the response to ensure safe continuity of essential services and measure to increase social protection have been extended. People living with HIV, women and girls, and key populations including men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and transgender people have reported a range of challenges this year. These have included ensuring the continuity of safe spaces and services, including from discrimination and violence, and ensuring that staff including outreach workers, providers and beneficiaries are COVID-19 secure. Reports of human rights violations and gender-based violence and overall gender inequalities have also increased significantly under COVID-19 restrictions. Aggravated impact of slowing economies increased care burden for women, including in the context of HIV, and deepened gender poverty gaps. So much has taken place in such a short space of time that December 2021 offers a timely moment to take stock, in full alignment with the new UNAIDS strategy, and prioritize how to move forward in 2022 including through suggestions for course correction if necessary.

Responsiveness:

The COVID-19 pandemic has impacted all actors in the global AIDS response and its social and economic impact will continue for many years to come. People living with HIV, key populations, women and girls, particularly adolescent girls and young women, people on the move and other communities most impacted by HIV are also often most affected by COVID-19. Like HIV the COVID-19 pandemic impacts on all sectors and sections of society. Governments and funding partners have been making reprogramming decisions in real-time since the start of the pandemic and traditional ways of working, meeting and communicating have been disrupted – presenting challenges and opportunities to multi-sectoral collaboration. Information and data on the impact of the pandemic has, understandably evolved at different speeds requiring levels of flexibility and responsiveness across all actors. The science around COVID-19 and its impact in relation to co-infections and co-morbidities also continues to evolve as does the science around diagnostics, therapeutics and vaccines. New collaborative platforms at global, regional and national levels have emerged and finding space and time for critical HIV-specific discussions has become increasingly challenging. It is critical that the UNAIDS Joint Programme and its partners continue to monitor, address and respond to the pandemic throughout 2021 – generating more data and information that will require a deliberate moment for evaluation and reflection. Monitoring data and information is only worth the investment if there is sufficient evaluation built in to the process. A PCB Thematic session in December 2021 offers an opportunity for collective multi-sectoral sense making of the impact of COVID-19 on our HIV responses.

Focus:

It is proposed that the day follow similar previous successful formats and be informed by a

comprehensive background document that is developed early in 2021 with the oversight of the PCB Thematic Working Group. Examples and learning from across the Joint Programme and countries from different regions will be shared. Sessions could explore: context, data and information; the role communities play in integrated responses to COVID-19 and HIV and preparedness, and evaluation of the resources and funding available to communities as part of sustainable capacity building of communities; a panel exploring the role of the Joint Programme working with governments and partners: and coordination, monitoring and accountability of the HIV COVID-19 response

Scope for action:

The session would build on the new UNAIDS Strategy to ensure that key elements of the strategy are highlighted for prioritization and/or guided by ideas for ensuring effective action towards 2025 and 2030 goals and targets. It would deliberately seek to review the policy, systems and service elements, of HIV and COVID-19 responses are serving current needs well while also including a view towards sustainability and including whether we have learned and are building in preparedness.

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2. Meeting the needs of the unreached and promoting their rights: the case of people with disabilities

Theme Proposed by: UNFPA

Broad Relevance:

Recent UNAIDS data (UNAIDS DATA 2019) shows that people with disabilities are often ignored in HIV responses. For example, in West and Central Africa, biobehavioral surveys of people with disabilities were undertaken in Burkina Faso, Cape Verde, Guinea-Bissau and Niger between 2016 and 2018, while a wider biobehavioral survey was conducted in Senegal. These various surveys showed that people with disabilities are a forgotten population in the HIV response. They also found that HIV prevalence is on average three times higher among people with disabilities than in the general population. For example, in Burkina Faso, Guinea-Bissau and Senegal, women with disabilities were significantly more likely to be HIV-positive than men with disabilities.

Responsiveness:

It is estimated that more than one billion people have some form of disability. This represents about 15% of the world's population, i.e. one in seven people. According to the World report on disability of the World Health Organization (WHO) and the World Bank, the global disability prevalence rate among women is 19.2%. 180 to 220 million young people worldwide, primarily in developing countries, have disabilities. In light of the above context, it is proposed to discuss this topic at the 49th PCB meeting to consolidate strategic information for the effective inclusion of people with disabilities in the response to HIV/AIDS.

Focus:

An entire day dedicated to the in-depth examination of this topic could address the following subtopics:

1. Take stock of HIV/AIDS prevalence and cases of sexual abuse among people with disabilities in West and Central Africa;
2. Describe the types of functional limitation in force, associated barriers in terms of access to health services in general, HIV/AIDS prevention and care in particular;
3. Assess the needs and areas of support in terms of institutional and operational capacity to improve the quality of interventions on sexual and reproductive health and rights as well as the fight against HIV and sexual abuse;
4. Take stock of the knowledge, attitudes and behavior of people with disabilities vis-à-vis HIV/AIDS, including access to HIV prevention services and the availability of funding for interventions;
5. Recommend an action plan taking into account the findings, major challenges and intervention priorities in accordance with UNFPA's mandate with a view to repositioning the prevention of HIV/AIDS and sexual abuse among people with disabilities in West and Central Africa.

Scope for action:

At the end of the 49th PCB meeting, a report could be drafted, including:

- a) the prevalence of HIV/AIDS and sexual abuse among people with disabilities in the West and Central Africa region with an emphasis on trends by gender and age;
- b) a table of the types of functional limitation in force, associated barriers in terms of access to health services in general, HIV/AIDS prevention and care in particular, and related vulnerabilities;

- c) the specific needs of people with disabilities in terms of sexual and reproductive health and rights as well as the fight against HIV and sexual abuse;
- d) recommendations with a view to repositioning HIV and AIDS prevention among people with disabilities in West and Central Africa.

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3. Reinvigorating Country Stewardship for HIV Prevention amidst COVID-19: A New Generation of National AIDS Commissions

Theme Proposed by: NAC Executive Directors/CEOs of GPC member countries

Broad Relevance:

The world has missed the global HIV prevention 2020 targets by a long way. The UNAIDS 2020 Epidemic Update reported that missing the Fast Track targets resulted in 3.5 million more new HIV infections since 2015. The prevention roadmap encountered many structural and socio-economic challenges. While it is too early to predetermine the full impact of the COVID-19 pandemic, it has strained health resources, slowed down or regressed gains made in the HIV response and aggravated human rights violations for key and priority populations in many countries.

Governments are leveraging the coordination, technical and leadership capacities of National AIDS Commissions/Councils (NACs) to support the COVID-19 response. With the missed 2020 HIV prevention targets, and a world significantly changed by COVID-19, the NACs need greater impetus to reinvigorate momentum, their shared responsibilities and solidarity towards accelerating national HIV prevention responses and meeting the new global HIV prevention targets that the GPC is developing. NACs are also critical to implementing recommendations of the GPC external review. To achieve this, NACs must do some of their business differently. APCB thematic session in 2021 offers the opportunity for NACs to take stock, reflect and reimagine their advocacy and leadership roles for the HIV prevention agenda.

Responsiveness:

An external review of the Global HIV Prevention Coalition found that it has restored attention to primary HIV prevention in the global health agenda and in national HIV responses. This momentum and prevention gains made through the GPC need to be strengthened. The review also recommended increased GPC support for NACs and prevention coalitions at country level and made recommendations for country HIV/AIDS Authorities including: Establish/strengthen, support and fund a discrete post in the national HIV/AIDS authority for an HIV prevention coordinator; Commission the national HIV prevention coalition to develop a new or updated national HIV prevention road map for 2021-2025; Develop and execute a five-year strategy for mobilizing domestic and international funding to contribute to the national prevention coalition and technical working group activities. National AIDS Commissions/Councils have a critical role to play in executing these recommendations and for a stronger HIV prevention response at country and global level. In many countries, HIV prevention is poorly resourced and requires stronger technical leadership and coordination. In 2019, NAC Directors from 28 Global Prevention Coalition member countries, supported by UNAIDS and UNFPA held a series of meetings aimed at revitalizing country level leadership for a multisectoral HIV prevention response. Among the discussions and presentations were sharing of best practices and lessons, taking stock of progress towards HIV prevention, reflections on the future role of NACs in the HIV prevention response and countries' commitments to accelerate progress. Even before the disruption caused by COVID-19, NACs had recognized the need to collectively rethink how they engage and provide stewardship to the HIV response at country and global levels. For the first time, the 28-member country NACs came together to collectively reimagine these new roles. A secretariat was established at the Kenya National AIDS Control Council for coordination, while Kenya, Botswana, Lesotho and Uganda constituted a steering committee. This collaborative initiative is an integral part of and contribution of the NACs to the GPC agenda including the implementation of the HIV Prevention 2020 Road Map at country level. The discussions and resolutions will feed into the NACs engagement with the Global AIDS Strategy beyond 2021 and the planned High-Level Meeting on HIV in 2021 which will agree on a new Political Declaration on HIV, including commitments on HIV prevention that the NACs could influence or shape.

Focus:

The session will be focused on the future role of NACs in the HIV prevention response. The proposed format is presentation of global progress and targets for HIV prevention to set the scene; panelists to share experiences, reflections, review progress since 2020; and collective development of an action framework towards achieving the post 2020 targets. Action discussions will reflect on NAC capacities needed as well as existing and future opportunities to support strengthening the NACs including implementation of south to south learning models, harnessing resources for HIV prevention, sustainability of the HIV prevention response including transitional planning and funding and overcoming human rights and other key challenges that impede progress.

Scope for action:

The session will build on the momentum and HIV prevention commitments made at the 2019 and 2020 NAC Directors' meetings, milestones achieved since, a review of lessons learnt and good practices during NACs engagements in COVID-19 responses and the GPC external review findings. Cognizant that the NACs have different national capacities and infrastructures, they will reflect on lessons from the south to south community of practice that the NACs are already engaged in and review critical questions around structures and mandates of NACs in the post 2020 era. The session will generate a roadmap and monitoring plan with clear roles and responsibilities of the NACs on global, regional and country level aligned to the GPC and new Global AIDS Strategy 2021. By the time of the PCB, more substantiated evidence of the impact of the COVID-19 pandemic may be available for dissemination, review and use. As global health attention shifts away from single disease focus, discussions will generate potential future roles for NACs in supporting responses to other diseases, new/emerging epidemics and public health crises drawing from their experiences of HIV and COVID-19 responses. The session discussions will directly inform national HIV Prevention Roadmaps post 2021, the ways forward and possibly new country level coordination architectures.

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UNAIDS | November 2020

UNAIDS STRATEGY DEVELOPMENT

Draft Structure of Annotated Outline of UNAIDS Global AIDS Strategy (2021-2026)

UNAIDS PCB Bureau meeting
DATE: Thursday, 12 November 2020

Agenda Item 2:
Update on the next UNAIDS Strategy (17:00-17:30)

Executive Summary (1 of 2)

| Context, Background and What is New | |
|-------------------------------------|---|
| ES1 | <p>Executive Summary</p> <p>Overview of new strategy, including summary of the main elements of the strategy and how the new strategy will deliver on the goals of ending AIDS by 2030. Includes section on what is new: protecting gains, acceleration from last strategy and redirecting and refocusing, a more granular and context specific approach</p> |
| ES2 | <p>How has context changed</p> <p>Epidemic, Response, Inequalities, Importance of evidence-informed policies and programmes, COVID-19 and global recession</p> |
| ES3 | <p>Intro to new strategy (what is consistent; what is different; what is new)</p> <p>Reference to Option 2 Explicit as global AIDS strategy Timeline (from adoption in 2021 to end 2026, with new targets for end 2025) Builds on current strategy and HLM 2016 Maintains key principles and policies from current strategy and HLM2016 Evidence-based enhancements and adjustments to improve focus and to accelerate progress in critical areas that are lagging behind New targets and resource-needs estimates for end 2025 Extensive process of review and consultations Link to next HLM</p> |

Executive Summary (2 of 2)

New framework and cross-cutting issues

| | | | | |
|--|---|---|--|---|
| ES4 | Intro to framework | <ul style="list-style-type: none"> • Why a new framework (3 strategic priorities, grouping 12 result areas) • People centered, continuum of care • Overcomes dichotomies • Maintains result areas from current strategy, with changes • Enhances issues needing greater attention and visibility (new result areas: Communities; Humanitarian; Social protection; COVID-19 and pandemic preparedness) | | |
| ES5 | Cross-cutting issues (brief summary of global importance of each) | <table border="0"> <tr> <td> <ul style="list-style-type: none"> • Leadership & country ownership • Partnerships, multisectorality & collaboration • Inequalities lens / prioritization • Data, science, research & innovation </td> <td> <ul style="list-style-type: none"> • Urban / cities • Evidence-based focus on context and populations • Regionalization • Advocacy & communications </td> </tr> </table> | <ul style="list-style-type: none"> • Leadership & country ownership • Partnerships, multisectorality & collaboration • Inequalities lens / prioritization • Data, science, research & innovation | <ul style="list-style-type: none"> • Urban / cities • Evidence-based focus on context and populations • Regionalization • Advocacy & communications |
| <ul style="list-style-type: none"> • Leadership & country ownership • Partnerships, multisectorality & collaboration • Inequalities lens / prioritization • Data, science, research & innovation | <ul style="list-style-type: none"> • Urban / cities • Evidence-based focus on context and populations • Regionalization • Advocacy & communications | | | |
| ES6 | Role of Joint Programme | | | |
| ES7 | From Annotated Outline to Strategy | | | |

Priorities and Result Areas * (1 of 3)

* final numbering and text of priorities & result areas still being refined

I. Ensure healthy lives and social protection for people living with and at risk of HIV

| | |
|-----|---|
| RA1 | Adolescents, youth and adults living with HIV, especially key populations and other vulnerable populations, across the life course getting older and ageing with HIV, access testing, know their status and are immediately offered and sustained on quality and affordable HIV treatment and care. |
| RA2 | Eliminate vertical transmission and end pediatric AIDS |
| RA3 | Young people in all their diversity, especially young women and adolescent girls, have sustained access to combination prevention and SRH services, and are empowered to lead healthy lives |
| RA4 | Tailored and scaled HIV combination prevention and related HIV and health services accessible to and utilized by key populations (sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners) |
| RA5 | People living with or vulnerable to HIV can access HIV-sensitive social protection and support |

Priorities and Result Areas * (2 of 3)

* final numbering and text of priorities & result areas still being refined

II. Promote gender equality, eliminate HIV-related stigma & discrimination, protect the health & human rights of people living with and at risk of HIV, and empower community-led responses

| | |
|-----|---|
| RA6 | Women and girls, men and boys, and gender non-conforming people in all their diversity, practice and promote gender-equitable social norms and gender equality and work together to end GBV and to mitigate risk and impact of HIV. |
| RA7 | People living with and vulnerable to HIV enjoy their human rights and live with dignity free of stigma, discrimination, with access to justice and in an enabling legal environment. |
| RA8 | Communities of people living with or vulnerable to HIV are empowered and lead in the HIV response |

2030 | Ending the AIDS epidemic



Priorities and Result Areas * (3 of 3)

* final numbering and text of priorities & result areas still being refined

III. Strengthen resilient, inclusive and fully-funded HIV responses and systems for health to protect against financial, humanitarian and health crises

| | |
|------|---|
| RA9 | Equitable people-centered, sustainable and integrated health services within strengthened resilient systems for health |
| RA10 | AIDS response equitably and sustainably financed and efficiently implemented based on reliable strategic information |
| RA11 | People living with HIV and people at risk of HIV affected by conflict and humanitarian crisis are enabled to protect their health and able to access the HIV services they need |
| RA12 | AIDS response is fully prepared and resilient to protect people living with and affected by HIV from adverse impact of Covid-19 and other emerging pandemics |

2030 | Ending the AIDS epidemic



Result Area Sections (1 of 2)

| For each result area (RA1- RA12) | |
|----------------------------------|---|
| A | Part A: Title of Result Area |
| B | Part B: Result Area Details |
| B1 | Current situation, challenges and summary of who is still being left behind |
| B2 | New 2025 Targets, sub-targets & planned results |
| B3 | Core priority actions to achieve targets and results above (including data collection & reporting, innovations & game changer; make explicit what must be maintained, scaled-up / changed, what needs to start (what is new), and what should be stopped / not working) |
| C | Part C: Essential background information |
| C1 | How to tailor actions to context and populations (e.g. different actions depending on gaps in treatment cascade) |
| C2 | Role, contributions & accountability of stakeholders (government, NGO and CSO, international and multilateral organizations, donors and non-traditional partners, others) at each level (global, regional, national, sub-national, community) |

Result Area Sections (2 of 2)

| For each result area (RA1- RA12) | |
|----------------------------------|--|
| C4 | Added value and contribution of Joint Programme (brief bullet point reflection of combined contribution of the Joint Programme, without specifying the role and contribution of specific cosponsors and the secretariat) |
| C5 | Link to current strategy, HLM Political Declaration and other commitments (specify which current SRAs, Political Commitments, other strategies, policies does this Result Area link to) |
| C6 | Additional issues to be considered |