



UNAIDS/PCB(29)/11.25  
17 November 2011

**29<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board**  
**Geneva, Switzerland**  
**13-15 December 2011**

**Next Programme Coordinating Board meetings**

**Document prepared by the Programme Coordinating Board Bureau**

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

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

See decision paragraphs below:

6. *agree* that the theme for the 31<sup>st</sup> Programme Coordinating Board meeting will be “Non-discrimination”;
7. *request* the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 33<sup>rd</sup> and 34<sup>th</sup> Programme Coordinating Boards, as necessary; and
8. *agree* the dates for the 34<sup>th</sup> (17-19 June 2014) and 35<sup>th</sup> (9-11 December 2014) meetings of the Programme Coordinating Board.

**Cost implications for decisions:** *none*

## **THEME FOR THE 31<sup>st</sup> PROGRAMME COORDINATING BOARD MEETING**

1. At its 20<sup>th</sup> meeting in June 2007 the UNAIDS Programme Coordinating Board decided that Board meetings will consist of a decision making segment and a thematic segment (ref. PCB 20/rec. 10a). Further to this decision the 21<sup>st</sup> meeting of the Programme Coordinating Board in December 2007 discussed the modalities for the identification of themes and agreed on a process whereby; *“the theme for PCB thematic segments should be decided by the Board upon recommendation of the PCB Bureau. This recommendation should be based upon a call for proposals directed to all PCB constituencies and possibly other key actors..”* (ref. UNAIDS/PCB(21)/07.5 para.9). The Programme Coordinating Board also agreed that proposed themes should be considered on the basis of four criteria: broad relevance, responsiveness, focus, and scope for action. At its 28<sup>th</sup> meeting in June 2011 the Board requested the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 31<sup>st</sup> Programme Coordinating Board meetings (ref. PCB 28/ rec.11.2).

### **PROCESS OF SELECTION OF THEME FOR THE 31<sup>st</sup> BOARD MEETING**

2. Mindful of the decisions from the 20<sup>th</sup>, 21<sup>st</sup> and 28<sup>th</sup> meetings, the Programme Coordinating Board Bureau sent out a call to all Board participants in September 2011 inviting proposals for themes for the 31<sup>st</sup> Programme Coordinating Board meeting to be held in December 2012. A template was attached to the email for proposals to be submitted against the four criteria for selection of themes that had been previously agreed by the Board.
3. The Bureau considered 14 proposals in total, including new proposals and ones that were not adopted for the 30<sup>th</sup> Programme Coordinating Board meeting, giving due consideration to a number of 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, how suitable the theme was to be addressed by the Board at a particular time.
4. The Bureau confirmed that there will not be a thematic segment at the 32<sup>nd</sup> meeting in June 2013 as the Board is scheduled to consider the Unified Budget, Results and Accountability Framework (UBRAF).

### **31<sup>st</sup> Programme Coordinating Board meeting**

5. The Bureau agreed to group related themes together and, while recognizing the merit of all of the proposals received, selected the broad theme of *Non-discrimination* under which the three following proposals were grouped:
  - a. Effective intervention on MSM population (China)
  - b. Populations at higher risk with a focus on non-discrimination and human rights (Sweden)
  - c. Homophobia and Transphobia: Barriers for universal access to HIV attention, prevention and care (Mexico)

6. Hence the theme recommended by the Bureau for the 31<sup>st</sup> Programme Coordinating Board meeting in December 2012 is "*Non-discrimination*". The Bureau requests that the UNAIDS Secretariat consolidate the three relevant theme proposals (see Annex) to serve as the basis for further preparatory work. Accordingly, **the Programme Coordinating Board is invited to agree that the theme for the 31<sup>st</sup> Programme Coordinating Board meeting be "*Non-discrimination*"**;

#### **33<sup>rd</sup> and 34<sup>th</sup> Programme Coordinating Board meetings**

7. Given that the 33<sup>rd</sup> and 34<sup>th</sup> meetings of the Programme Coordinating Board are scheduled for December 2013 and June 2014 respectively, **the Programme Coordinating Board is invited to request the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 33<sup>rd</sup> and 34<sup>th</sup> Programme Coordinating Boards, as necessary**;

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

8. The Programme Coordinating Board is invited to agree the following dates for the next Board meetings:

**34<sup>th</sup> meeting: 17-19 June 2014**

**35<sup>th</sup> meeting: 9-11 December 2014**

[Annex follows]

## ANNEX

### Proposed themes for the 31<sup>st</sup> Programme Coordinating Board meeting December 2012

#### Broad theme: Non-discrimination

The Bureau requests that the UNAIDS Secretariat consolidate the following three proposals.

#### 1. Populations at higher risk with a focus on non-discrimination and human rights (proposed by Sweden)

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

In all countries there are certain populations that are at higher risk of HIV infection. These groups include (but are in no way exclusive to) MSM (men who have sex with men), IDUs (injecting drug users) and sex workers. Also in countries with so-called generalized HIV-epidemics, these groups are more vulnerable to HIV infection. HIV prevalence in these groups are generally higher, or much higher, than in the general population. The Secretary-General's report to the UN General Assembly High Level Meeting on HIV/AIDS points out that more than half of the countries reporting to UNGASS in 2009, had laws or policies that indirectly or inadvertently reduced access to services for vulnerable populations. Moreover, only 26 percent of countries had established prevention targets for sex workers, 30 per cent for people who used drugs and 18 percent for men who had sex with men. Vulnerable populations have limited access to decision makers who design policies and programmes on HIV resulting in prevention efforts and services that respond poorly to their needs. In order to strengthen the AIDS response and to reach the prevention targets for 2015 as outlined in the 2011 Political Declaration on HIV and AIDS, there is a pressing need to ensure a scale-up of policies, strategies and programmes that are evidence-based, targeting these neglected 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?*

Despite epidemiological evidence many national HIV prevention strategies do not focus adequately on populations at higher risk (2011 Political Declaration on HIV and AIDS). The reasons for the oversight of these groups from national HIV prevention efforts are many and complex, but it is clear that political and moral issues are a key factor. Despite elevated HIV rates and heightened vulnerability, key populations i.e. MSM and IDUs have been under-recognized, under-studied, under-funded, and under-served in the global AIDS response. This is also evident when looking at the number of UN Member States that fail to report data on these key populations in the bi-annual UNGASS reporting process. There is a need for the Programme Coordinating Board members to enhance knowledge and understanding of the evidence and best practices around HIV and key populations at higher risk so that countries can sharply lower the rate of HIV transmission in these groups as well as the general population.

All HIV responses must be based on a human rights approach in order to be effective and epidemiological knowledge should guide the response. As long as there are punitive laws and practices that discriminate against key populations at

higher risk, HIV prevention and treatment work will be undermined. Close to 80 countries and territories criminalize same-sex relations between consenting adults, and more than 100 countries criminalize aspects of sex work, hampering an effective response to HIV and AIDS. Lesbian, gay, bisexual and transgender (LGBT) persons are constantly at risk of persecution and gross violations of their fundamental human rights in a number of countries. Many LGBT persons fear or face imprisonment, torture, abuse and even murder, solely because they live in a context that does not tolerate their sexual orientation, gender identity or gender expression. Homosexuality exists among all people in all societies and it is important to recognize that human rights are for everyone, regardless of sexual orientation.

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

More specifically, the thematic segment will allow Board participants to consider the following:

- present and discuss UNAIDS and WHO guidelines on issues relating to HIV and populations at higher risk<sup>i</sup>
  - share best practices from a few countries on programmatic issues relating to the various groups: IDUs, MSM/LGBT and people who buy and sell sex
  - discuss ways and approaches in which the rights of LGBT persons can be raised, given different contexts
  - discuss the various structural, political and programmatic challenges for scaling up evidence-based programming.
  - discuss the issue of financial allocations to programming for key populations at higher risks
- **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?*

A number of measures must be taken in order to reduce HIV-infections and improve access to care and treatment among populations at higher risk. The measures include not only sustained, improved health promotion and prevention efforts that are built on best practices and which respond to the specific needs of the populations that are most at risk. Changes in the legal and policy environment, including decriminalization of same-sex relationships that will protect and promote human rights of these groups are also necessary. Furthermore groups most at risk must be granted access to national planning and programming on HIV to ensure their participation in decision-making and an adequate response. Moreover, financial allocations to programming for these groups should be greatly enhanced in order to maximize prevention and treatment efforts.

## 2. Effective intervention on MSM (men who have sex with men) population (proposed by China)

- **Broad relevance:**  
The HIV infection rate remains at high level globally, and lacking of effective intervention is a common challenge worldwide.

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<sup>i</sup> Such as WHO, UNODC, UNAIDS technical Guide for Countries to set targets for universal access to HIV prevention, treatment and care for injecting drug users

- **Focus:**

The discussion may focus on experience from developed countries about how to effectively improve intervention among MSM, and how to tailor the intervention devices to the special needs of developing countries.

**3. Proposed theme: Homophobia and Transphobia: Barriers for universal Access to HIV/AIDS attention, prevention and care (proposed by Mexico)**

- **Broad relevance:**

Homophobia and transphobia are specific and documented kind of discrimination and stigma that have a negative impact in the HIV/AIDS response, because are obstacles for the access to prevention, attention and comprehensive care services of those in need. There are still laws that prohibit and punish affective and/or sex relationships between people of the same sex; as well as hate crimes because of sexual preferences and unfortunately health services, schools and jobs that deny or restrict access to people because of their health condition (especially when they are living with HIV), sexual orientation, or any other related reason.

Homophobia and transphobia could reduce treatment compliance of people living with HIV, in some cases could cause psychological disorders, suicide attempts and problems associated with the use and abuse of alcohol and drugs. These factors contribute to increase people vulnerability to an HIV infection or re-infection.

People who are victim of homophobia and transphobia could abandon their job, school or decrease their attendance to health services.

In 2008, PAHO/WHO made a lot of efforts to evidence homophobia as a public health issue.

- **Responsiveness:**

Global HIV/AIDS response must be based on human rights. Considering this, all involved actors and stakeholders in the global HIV/AIDS response, including UNAIDS PCB need to prioritize a work agenda related to the elimination of homophobia and transphobia. The Programme Coordinating Board should establish and improve global politics to support countries and regions to stop homophobia and transphobia.

- **Focus:**

A specific one-day Board session or meeting to discuss about transphobia and homophobia composed by:

- Plenary sessions: Global framework, discussion of the problem and the negative impact for the HIV/AIDS response, adoption of a resolution with strategic mandates and actions for the Programme Coordinating Board to improve the response against homophobia and transphobia.
- Thematic sessions: homophobia and transphobia at school, job, health services, society, legal frameworks, especially those that in a certain way supports or promote

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