UNAIDS/PCB(28)/11.14
31 May 2011

28th Meeting of the UNAIDS Programme Coordinating Board

Geneva, Switzerland
21-23 June 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 30th Programme Coordinating Board meeting will be "*Combination prevention: Addressing the urgent need to reinvigorate HIV prevention responses globally to halt and begin to reverse the spread of the AIDS epidemic*";
7. *agree* 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 31st and 32nd Programme Coordinating Boards, as necessary; and

8. *agree* the dates for the 30th (5-7 June 2012) the 31st (11-13 December 2012) the 32nd (25-27 June 2013) and 33rd (10-12 December 2013) meetings of the Programme Coordinating Board.

Cost implications for decisions: none

THEMES FOR THE 30TH AND 31st PROGRAMME COORDINATING BOARD MEETINGS

1. At its 20th 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 21st meeting of the Programme Coordinating Board in December 2007 discussed the modalities for the identification of themes and agreed on a process whereby; *"the theme for 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 26th meeting in June 2010 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 30th and 31st Programme Coordinating Board meetings (ref. PCB 26/ rec.15.3).

PROCESS OF SELECTION OF THEMES FOR THE 30th AND 31st BOARD MEETINGS

2. Mindful of the decisions from the 20th, 21st and 26th meetings, the Programme Coordinating Board Bureau sent out a call to all Board participants in March 2011 inviting proposals for themes for the 30th and 31st Programme Coordinating Board meetings to be held in June and December 2012 respectively. 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 the nine new proposals that were submitted 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 agreed to postpone the decision on the theme for the 31st meeting to the 29th meeting in December 2011 in order to consider and recommend the most timely theme at that time.

30th Programme Coordinating Board meeting

5. While recognizing the merit of all of the proposals received, the Bureau agreed to combine several themes with particular urgency and relevance, namely those related to HIV prevention, HIV/Hepatitis B Virus and HIV/Hepatitis C Virus co-infections and reinforcement of cooperation between UNAIDS and civil society.

6. Hence the theme recommended by the Bureau for the 30th Programme Coordinating Board meeting in June 2012 is *"Combination prevention: Addressing the urgent need to reinvigorate HIV prevention responses globally to halt and begin to reverse the spread of the AIDS epidemic"* (see the Annex to this paper for a full description). The Bureau recommends that HIV/Hepatitis B Virus and HIV/Hepatitis C Virus co-infections and reinforcement cooperation between UNAIDS and civil society be addressed as key issues

under this theme. **Therefore, the Programme Coordinating Board is invited to:** *agree* that the theme for the 30th Programme Coordinating Board meeting be"*Combination prevention: Addressing the urgent need to reinvigorate HIV prevention responses globally to halt and begin to reverse the spread of the AIDS epidemic"*;

31st and 32nd Programme Coordinating Board meeting

7. Given that the 31st and 32nd meetings of the Programme Coordinating Board are scheduled for December 2012 and June 2013 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 31st and 32nd 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:**

30th meeting: 5-7 June 2012
31st meeting: 11-13 December 2012
32nd meeting: 25-27 June 2013
33rd meeting: 10-12 December 2013

[Annex follows]

ANNEX

Proposed themes for the 30th Programme Coordinating Board meeting, June 2012

Proposed theme:

"Combination prevention: Addressing the urgent need to reinvigorate HIV prevention responses globally to halt and begin to reverse the spread of the AIDS epidemic"

The Bureau recommends that this theme address HIV/hepatitis B virus and HIV/hepatitis C virus co-infections and reinforcement of cooperation between UNAIDS and civil society as key issues.

Broad relevance:
For every three people on treatment, there are five others that become newly infected with HIV. This is unacceptable when a range of established and effective HIV prevention options are available. In many countries people still experience shortage of male and female condoms, harm-reduction programmes assisting people who use drugs are not yet on the scale required, programmes preventing parental HIV transmission do not reach all pregnant women who are in need, and new prevention options for couples such as ARV treatment have yet to be explored sufficiently. Many young people still do not have the knowledge, skills or access to youth friendly health services. Civil society organisations are not involved enough in programme planning, design and implementation to make prevention interventions tailor-made to the people most in need.

Although dedicated efforts to promote and support combination HIV prevention are producing clear and impressive results, still every day 7000 people become infected with HIV. In many countries most affected by the epidemic, including those in sub-Saharan Africa, the number of new infections is either stabilizing or are declining. However in seven countries, five of them in Eastern Europe and Central Asia, HIV incidence increased by more than 25% between 2001-2009[i].

HIV prevention investments are about 22% of all AIDS spending in 106 low- and middle-income countries. A major challenge is to focus prevention efforts where they produce maximum impact. HIV prevention investments do not always follow epidemic patterns. This is most notable amongst key populations. HIV incidence continues to increase among women, men who have sex with men, transgender people and people who inject drugs. Their access to prevention services is generally low, due to reluctance of planners and implementers to cater to the needs of these groups, addressing human rights violations, criminalisation and marginalisation. Among people who inject drugs, HIV and co-infections with hepatitis B virus and hepatitis C virus is an urgent issue which needs an equally urgent response. These co-infections cause further complications, accelerate hepatitis progression and make HIV treatment more difficult.

UNAIDS has demonstrated leadership by setting up the High-Level Commission on HIV Prevention to signal the urgent need to reinvigorate HIV prevention responses: enhancing political commitment at the highest level and at the same time empowering communities. In this framework UNAIDS has convened young leaders who launched a Call to Action (Mali, April 2011) to empower young people and hold policymakers accountable for future progress in the response to AIDS. To do so, the broader civil society needs to be meaningfully engaged to reinvigorate prevention responses.

[i] UNAIDS Report on the Global Epidemic. UNAIDS, 2010.

This thematic session is aligned with the prevention pillar of the UNAIDS strategy 2011-2015, Getting to Zero[ii] that aims to reduce sexual transmission of HIV by 50%, including among young people, men who have sex with men, and those vulnerable to transmission through sex work. The strategy also aims to eliminate parental transmission of HIV, reduce AIDS-related maternal deaths by 50%, and prevent all new HIV infections among people who inject drugs.

Responsiveness:
Most Programme Coordinating Board participants are struggling to focus their prevention programmes where they would have the maximum impact. The world is currently doing a poor job of implementing sound, evidence-based, well-planned HIV prevention programmes[iii]. Bringing existing HIV prevention strategies to scale – focusing on the right programmes at the right scale on the right populations – would avert half or more of all HIV infections projected by 2015[iv]. To fuel the low levels of responsiveness, there is serious lack of data on prevention coverage, resource estimates and gap analyses. There is a need among all Board participants to discuss how to develop and implement effective combination prevention efforts involving all stakeholders in a meaningful way.

Experience shows that effective combination prevention requires a robust and coordinated prevention response from a variety of stakeholders, namely national governments, international donors, bilateral agencies, academia, the private sector and civil society including people living with HIV. Although coordinating mechanisms exist in many countries, engagement with civil society could be strengthened and become more effective. There is no single approach which is applicable to all contexts. Addressing this issue effectively requires appropriately nuanced, multi-sectoral responses.

Resources currently allocated to HIV prevention are inadequate to prevent new infections. This is specifically true for people at higher risk of HIV infection, such as people who inject drugs, sex workers and their clients, and men who have sex with men. A notable proportion of new infections are found among these population groups even in countries with generalised epidemics. However, prevention spending often ignores this reality.

Objectives:
This session will enable participants in the Programme Coordinating Board to:

- sharpen their substantive focus, allowing for more in-depth consideration of key issues affecting the global HIV prevention response; and
- create space for a broader range of actors to interact, exchange views and present experiences on matters of common interest.

Focus:
The discussions could focus on the following:

- How to focus combination prevention efforts in such a way that they make a difference?
- What are - in the framework of combination prevention - the opportunities and challenges for implementing (new) bio-medical prevention methods such as ‘treatment for prevention’, prevention of vertical transmission, female condoms, male circumcision and approaches in development including PrEP (pre-exposure prophalaxis), microbicides and vaccines?
- HIV co-infections with hepatitis B virus and hepatitis C virus: how to strengthen cooperation between different stakeholders?

[ii] UNAIDS 2011-2015 Strategy Getting to Zero. UNAIDS, 2011
[iii] Global HIV Prevention Progress Report Card 2010. The Global HIV Prevention Working Group, 2010.
[iv] Ibid., (Data-based modeling undertaken at the request of the Global HIV Prevention Working Group. Futures Institute, 2007).

- Meaningful involvement of civil society organisations in prevention programming: how to combine service provision with community mobilization?

Scope for action:

- Identify specific and targeted information on prevention and risk reduction strategies designed to meet the needs of different populations including those who are at higher risk of HIV transmission
- Work on the engagement of young people as part of reinvigorating prevention
- Work on including hepatitis B virus and hepatitis C virus screening within HIV testing and counselling as part of a package especially for people injecting drugs

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