



## PROGRAMME COORDINATING BOARD

UNAIDS/PCB(31)/12.23

Issue date: 09 November 2012

### **THIRTY-FIRST MEETING**

DATE: 11-13 December 2012

VENUE: Executive Board Room, WHO, Geneva

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**Agenda item 7**

## **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:

5. *agree* that the themes for the 33<sup>rd</sup> Programme Coordinating Board meeting be “HIV and young people” and “Strategic use of ARVs for treatment and prevention of HIV”.
6. *agree* to request the Programme Coordinating Board Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 34<sup>th</sup> and 35<sup>th</sup> Programme Coordinating Board meetings, as necessary; and
7. *agree* the dates for the 36<sup>th</sup> (9-11 June 2015) and the 37<sup>th</sup> (8-10 December 2015) meetings of the Programme Coordinating Board.

**Cost implications for decisions:** none

## THEMES FOR THE 33<sup>rd</sup> PROGRAMME COORDINATING BOARD MEETING

1. At its 20<sup>th</sup> meeting in June 2007 the UNAIDS Programme Coordinating Board decided that future Board meetings will consist of a decision making segment and a thematic segment (ref. PCB 20/rec. 10a). Further to this decision the 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 the Programme Coordinating Board thematic segments should be decided by the Board upon recommendation of the Programme Coordination Board Bureau. This recommendation should be based upon a call for proposals directed to all PCB constituencies and possibly other key actors...”* (ref. UNAIDS/PCB (21)/07.5 para.9). 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 29<sup>th</sup> meeting in December 2011, the Board requested the Programme Coordinating Board 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> Programme Coordinating Board meetings (ref. PCB 29/ rec.10.2).

## PROCESS OF SELECTION OF THEMES FOR THE 30<sup>th</sup> AND 31<sup>st</sup> BOARD MEETINGS

2. Mindful of the decisions from the 20<sup>th</sup>, 21<sup>st</sup> and 29<sup>th</sup> meetings, the Programme Coordinating Board Bureau sent out a call to all Board stakeholders in July 2012 inviting proposals for themes for the 33<sup>rd</sup> Programme Coordinating Board meeting to be held in December 2013. Proposals were to be submitted against the four criteria for selection of themes that had been previously agreed by the Board.
3. The Bureau considered the eleven 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, the suitability of the theme to be addressed by the Board at a particular time.

### 33<sup>rd</sup> Programme Coordinating Board meeting

4. The Bureau acknowledged the merit of all of proposals received and decided to retain two themes for the thematic day of the 33<sup>rd</sup> Programme Coordinating Board in December 2013: “HIV and young people” and “Strategic use of ARVs for treatment and prevention of HIV”. Both proposals were found to be of particular relevance and urgent for the PCB to address. The Bureau hence proposes the **Programme Coordinating Board to:** agree that the themes for the 33<sup>rd</sup> Programme Coordinating Board meeting be “HIV and young people” and “Strategic use of ARVs for treatment and prevention of HIV”.

### 34<sup>th</sup> and 35<sup>th</sup> Programme Coordinating Board meeting

5. Given that the 34<sup>th</sup> and 35<sup>th</sup> meetings of the Programme Coordinating Board are scheduled for June 2014 and December 2014 respectively, **the Programme Coordinating Board is invited to:** request the Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 34<sup>th</sup> and 35<sup>th</sup> Programme Coordinating Board meetings.

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

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

36<sup>th</sup> meeting: 9-11 June 2015

37<sup>th</sup> meeting: 8-10 December 2015

[Annex follows]

## ANNEX

### Proposed themes for the 33<sup>rd</sup> Programme Coordinating Board meeting December 2013

#### **Proposed theme 1** (half day): **HIV and young people**

##### **Broad relevance:**

Young people are at the forefront of the epidemic, they account for more than forty percent of new HIV infections, with some 3000 young people becoming HIV-infected each day. Worldwide about 4.9 million young women and men were living with HIV in 2009. Young women are particularly vulnerable to HIV and they disproportionately account for 64% of infections among young people worldwide.<sup>[1]</sup>

Due to social, cultural, economic, and biological reasons, some young people are particularly vulnerable to HIV infection. Global goals to reduce vulnerability and prevent HIV in young people highlight the growing consensus that HIV prevention efforts must include a focus on young people. Though resources for HIV prevention in all countries are limited, a compelling case can be made for the need for focused interventions to prevent HIV among young people, but it is less clear how precisely this should be done.<sup>[2]</sup>

There are encouraging signs that HIV prevention efforts are making a difference. A positive change in sexual behaviour, accompanied by declines in HIV prevalence among young people in the most affected countries, indicate that effective services and programs exist and are being implemented.

##### **Responsiveness:**

Most countries are struggling to reach young people, to inform them about HIV and HIV prevention, to provide SRH services and to equip them with the skills and tools to take care of their health. In many countries governments and civil society are running programmes geared towards young people, but most of these activities are small-scale, regard young people only as recipients of messages and address the general population of young people, not necessarily the subgroups most vulnerable to HIV. In general HIV and SRH programmes by and for young people are poorly funded, the impact of many programmes is limited or unknown, and the leadership of young people in design and implementation of activities is hardly recognized. This is rather unfortunate since global commitments in relation to universal access to HIV prevention, treatment, care and realization of the Millennium Development Goals will only be achieved if the unique needs of young women and men are acknowledged and their human rights fulfilled, respected and protected.

In order to reduce the new HIV infections among young people, to achieve the broader equity goals set out in the MDGs, and begin to reverse the overall HIV epidemic, HIV prevention and treatment efforts must be tailored to the specific needs of young people. The legal and policy barriers that prevent young people from accessing HIV and SRH services must be addressed, and young people should be engaged more effectively in the response.

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<sup>[1]</sup> Securing the Future Today: Synthesis of Strategic Information on HIV and Young People, UNAIDS 2011.

<sup>[2]</sup> Guidance for the prevention of sexually transmitted HIV Infections, The US President's Emergency Plan for AIDS Relief, August 2011.

National and international policy makers, NGOs, including youth led organizations and other relevant players should join forces in order to develop and implement a comprehensive package of services required, tailored to the diverse groups of young people. If these efforts are to be successful there is also a need for more specific strategic information both at the national and the international level on the state of the epidemic and the response to the epidemic for young people.

**Focus:**

It needs to be recognized that young people are a very diverse group. In order to design targeted and effective interventions differentiation into separate age groups is recommended: 10-14; 14-19; and 20-24 years. Furthermore diversity in terms of gender, sexual orientation and cultural practices - such as the age of consent and the age of marriage – should be taken into account. Additionally, there must be a focus on young people who inject drugs, young sex workers, and young men who have sex with men, as they are at higher risk of HIV exposure. <sup>[1]</sup> Within the community of young people living with HIV (YPLHIV) diversity is huge and stigma and discrimination relating to this diversity is often one of the biggest obstacles to accessing adequate services. Moreover attention should be paid both to in and out-of-school youth since limited access to education and school drop-out is a major impediment to effective HIV prevention.

Topics to be addressed could be:

- Prevention: experience with the implementation of the guidelines for comprehensive sexuality education;
- Youth friendly services, access and legal environment: criteria and the optimum package of youth friendly services, delivering appropriate services responding to the reality and diversity of young people, (legal) obstacles to accessing treatment, care and support for young people (including parental consent);
- Transition from childhood into adolescence with HIV: the first group of children who were prenatally infected with HIV is now in the transition phase to adolescence and adulthood.
- Continuum of care and social support are crucial for treatment adherence and psychological and sexual development, and should also target the changing sexual and reproductive health (SRH) needs;
- Addressing the social determinants of vulnerability and gender inequity;
- Youth leadership: integration of young people into organizational structures decision making bodies, engagement of young people in the design, implementation, monitoring and evaluation of HIV and SRH programmes, representativeness and meaningful participation; capacity building and knowledge transfer and financing.

**Scope for action:**

The objective of the thematic segment is to stimulate knowledge about young people and the development of new programmes and policies and the implementation of new or scaled up action in the different areas mentioned above, such as:

- Programmers and policy makers need to meet the real needs of young people, including YPLHIV according to the diversity of the group – addressing the reality of the epidemic among young people is a critical step to delivering appropriate services.
- Further refine, scale up and sustain effective HIV and SRH programmes for young people to build on positive trends.

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<sup>[1]</sup> Securing the Future Today: Synthesis of Strategic Information on HIV and Young People, UNAIDS 2011.

- Recognize the specific needs of young women, and young people within key populations and design programmes to meet those needs.
- Improve global and national reporting, including relevant information on young people, disaggregated for age and sex, both in the general population and in the key populations.
- Removal of legal and structural barriers that hamper young people's access to sexual and reproductive health and HIV services.
- Empowerment and integration of young people as leaders of the SRH and HIV response.
- Structural partnering with youth organizations.

## **Proposed theme 2 (Half day): Strategic use of ARVs for treatment and prevention of HIV**

### **Broad relevance:**

Accumulating evidence in recent years has demonstrated that, as well as saving lives and reducing illness, antiretroviral therapy (ART) has a preventive effect by reducing the chances that people will transmit the virus. This recognition of the dual benefits of ART has provided renewed impetus to meeting the global commitment for 15 million people to be on ART by 2015.

The strategic use of ARVs for treatment and for prevention of HIV represents a new set of ambitions for affected countries and the international community to further scale up treatment access, not just for patients in urgent medical need but also for those groups who may benefit the most from the preventive effects of ART, such as pregnant women, infants and adolescents, people in sero-discordant relationships, Injecting Drug Users (IDUs), and Men who have sex with Men (MSM) .

The next set of WHO consolidated ART guidelines will provide clinical, operational and programmatic recommendations for the strategic use of ARVs based on a thorough appraisal of the latest evidence and drawing on recent country experiences. These recommendations will include, as far as possible, guidance for the strategic use of ARVs for all adults (including pregnant women), adolescents, and younger children (recognizing that young infants are at high risk of mortality and will require a specific approach).

A discussion around the strategic use of ARVs in the Programme Coordinating Board meeting will help focus governments, civil society, and other partners on the benefits of ARVs and will help focus attention on the need to adjust approaches as we move toward 2015.

### **Responsiveness:**

Recent progress in understanding the link between treatment and prevention has radically changed our perspective on the best approach to the AIDS response. Yet practice has been slow to adjust to the new reality; donor funds are diminishing and countries find it ever more difficult to finance the treatment options that will save lives and prevent new infections. At this critical juncture, it is important to raise awareness of recent developments and to rally support for new approaches.

A focus on the strategic use of ARVs for treatment and for prevention provides a rationale to continue investing in ARVs at a time of major funding crises and threats of donor disinvestment. The acknowledgement by leading scientists and politicians that treatment is also prevention has created a renewed focus on scale up, catalyzing political commitment at a critical time, and has

served as a rallying call for activist groups around the world. Further, the focus on transmission also provides a renewed impetus for countries to focus on high risk groups that traditionally have been underserved in the AIDS response.

The forthcoming WHO consolidated ART guidelines will lay out a range of options for countries to expand access to ART in a way that maximizes treatment and prevention benefits. Donors, implementing agencies, national programme managers and affected communities will all have to reflect on how best to support ART scale up in a way that maximizes the benefits according to different contexts, capacity, and priorities.

Scaling up the strategic use of ARVs will greatly strengthen the response to HIV and AIDS among many vulnerable and high risk groups, and will address the concerns of multiple stakeholders. By treating people with HIV, ARVs prolong the productive lives of PLWHAs and address the concerns of affected individuals, treatment activists, health care providers, employers, and governments.

The strategic use of ARVs also includes important prevention benefits. ARVs can be used, for example, to help prevent transmission of HIV from mothers to children as well as between individuals in sero-discordant relationships. Used in combination with other prevention methods, the strategic use of ARVs helps addressing the concerns of those who advocate for stronger prevention measures.

**Focus:**

It is anticipated that the theme will generate detailed discussion about how to maximize the benefits of ARVs by strategically expanding access in an environment of enduring unmet needs and ongoing funding shortfalls.

Country case studies using different epidemic scenario studies could be presented to demonstrate how ART scale up can be redirected in a way that reaches beyond meeting individual clinical needs to achieving major preventive benefit.

The importance of ARVs for addressing the needs of certain vulnerable groups could also be the subject of more in-depth discussion. For example, the discussion could focus on the strategic use of ARVs to support achieving the goal of eliminating of mother to child transmission by 2015. Small groups could also discuss topics such as treatment as prevention; the role of ART in preventing infections in sero-discordant couples; the costs and benefits of early initiation of ART; the Strategic use of ARVs for treatment and prevention of HIV in high risk groups such as MSM and IDU; and issues related to ensuring the protection of human rights in the context of testing and treatment as prevention interventions.

**Scope for action:**

The strategic use of ART is a direct and effective way to save lives and prevent new infections. It is a cross-cutting strategy that can be immediately implemented to strengthen the AIDS response, attract new resources, and help maintain momentum to overcome the epidemic. It requires explicit decisions on policies, resource allocation, health systems and community involvement. Substantial investments will be needed to purchase ARVs and to strengthen infrastructure and delivery systems. Negotiations to reduce drug prices must continue with renewed vigor. Vulnerable and at-risk groups must be enlisted to work with communities to promote treatment initiation and adherence.

All these issues can and must be addressed in a practical, effective manner by multiple actors to ensure the success of the response. Governments in affected countries, donor partners, community groups and multilateral agencies must work together to scale up the strategic use of ARVs.

A number of countries have already begun to translate evidence into action, by developing focused strategic plans that aim to increase treatment coverage with the ambition of reducing the number of infections. These early initiatives need to be built into a concerted international response that will allow for ambitious target setting and resource mobilization.

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