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22nd Meeting of the UNAIDS Programme Coordinating Board
Chiang Mai, Thailand
23-25 April 2008

Provisional agenda item 8:

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:

4. approve the themes for the 23rd and 24th meetings of the Programme Coordinating Board;
5. request the Programme Coordinating Board Bureau to initiate a process for the identification of themes for the 25th and 26th Programme Coordinating Board meetings; and
6. agree the dates for the next Programme Coordinating Board meetings.

Cost implications for decisions: *none*

I THEMES FOR THE 23RD AND 24TH PCB MEETINGS

BACKGROUND

1. At its 20th meeting in June 2007 the UNAIDS Programme Coordinating Board decided; *“that 10 a. PCB meetings will consist of a decision making segment and a thematic segment.”* Further to this decision the 21st meeting of the Programme Coordinating Board, held 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.

PROCESS OF SELECTION OF THEMES FOR THE 23RD AND 24TH BOARD MEETINGS

2. Mindful of these decisions the Programme Coordinating Board Bureau sent out a call to all Board participants and observers inviting proposals for themes for the 23rd and 24th Programme Coordinating Board meetings to be held in December 2008 and June 2009 respectively. A template was attached to the email for proposals to be submitted against the four criteria for selection of themes that had been agreed by the Board. A total of 15 proposals were received (a full list is provided in Annex I to this paper).
3. Having reviewed the proposals and finding them all to have merit in terms of their application of the criteria set by the Board, the Bureau decided that the close or inter-related nature of some of the subjects of the themes proposed would lend themselves to consolidation. Therefore, they agreed to consider a consolidated list of 10 proposed themes:
 - a. People on the move – migrants and mobile populations
 - b. The Relationship between UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria: the international technical support architecture and public private partnerships
 - c. Linking Sexual and reproductive Health services with HIV/AIDS interventions; scale-up of comprehensive PMTCT services.
 - d. Harm reduction programmes in the fight against HIV/AIDS
 - e. Prevention and gender
 - f. The role of food security and nutrition in meeting universal access targets
 - g. The role of UNAIDS in promoting the development and dissemination on new prevention technologies
 - h. Children affected by HIV and AIDS; challenges posed by paediatric HIV to universal access to treatment, care and support
 - i. Task shifting
 - j. Discrimination and stigmatization of people living with HIV/AIDS

4. The Programme Coordinating Board Bureau then assessed the proposals with respect to the support that each had received and decided to **invite the Programme Coordinating Board to agree that the themes for the forthcoming Board meetings will be as follows:**

23rd Programme Coordinating Board meeting – December 2008

Theme: The Relationship between UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria: issues of relationships with the international technical support architecture and public private partnerships

Broad relevance: “Making the money work” is a major continuing theme at UNAIDS and has already led to a number of productive policy innovations. However, as was made clear in discussions at the 21st Programme Coordinating Board, while countries appreciate the broad range of technical support available, there are still substantial gaps (e.g. a relative lack of availability of long-term technical support). In addition, the proliferation in technical support mechanisms and processes can itself at times become a bottleneck to service delivery and program performance.

By the time of the 23rd Programme Coordinating Board meeting UNAIDS and the Global Fund should have just completed a new Memorandum of Understanding to govern coordination and cooperation between the two organizations. By casting the theme in terms of cooperation with the Global Fund and in particular looking at technical support, the Programme Coordinating Board will be able to explore in detail what is perhaps the most important single element of the UNAIDS-GFATM relationship at exactly the time they will be trying to determine how to operationalize the new arrangement. Input from countries, the co-sponsors, civil society and other stakeholders at this early stage could be quite relevant in ensuring the success of the new Memorandum of Understanding.

Public private partnerships (PPP) initiatives are an important key in the global AIDS response. Public private partnerships have become an increasingly valuable part of the comprehensive development framework. The need for these partnerships is usually an indication that a government sector requires such support in order to be able to provide its people with efficient, effective and equitable services. The desire to form a partnership may stem from a lack of resources or from management issues within a particular government sector, or may simply reflect an appreciation of the expertise which can be provided by a specialist organisation or company.

The relevance of PPPs to the global AIDS response lies in its underestimated contribution to the fight. So far PPPs have been sparsely launched in the field of AIDS but there is no question that such initiatives are filling niches and have increased the access of people to AIDS services. Its success has been proven by an initiative such as the Health Insurance Fund which enables low-income groups in Africa to receive collective health insurance through a premium subsidy. This makes health care, including antiretroviral treatment, accessible to more people. PPPs are essential in the global AIDS response as neither the public nor the private sector is able to find a solution on its own.

Responsiveness: Even as UNAIDS continues to scale-up its resources at the country level and sharpen its focus through the establishment of Joint UN Country Teams on AIDS, there is a clear signal from partner countries that the status quo is inefficient and incomplete in meeting their needs. Questions are arising on whether the role of UNAIDS is bound to change drastically in the years to come. Among the reasons evoked are the various ongoing discussions on 'health' and 'fight against diseases' architectures (such as the International Health Partnership) and also the generational changes.

Governments in developing countries are suffering from poor health care services and are not able to respond adequately to the epidemic. A Public private partnership such as the Health Insurance Fund is an opportunity to get low-income groups insured so that antiretroviral treatment becomes accessible for them. A growing percentage of people being insured also implies that health care services have to meet the growing demand for better quality health care. For development partners this last aspect is very important as there has been growing recognition that improved health care services will be most sustainable if it is accessible for a high percentage of people and if it does not come entirely for free. Another widely shared concern that needs to be discussed is the role of the growing private health care services in relation to public health care services.

Focus: this discussion could be the starting point for further work through 2009. Issues to be covered could include: a UNAIDS mapping of technical support providers; presentations by selected technical support providers; GIST annual report and one year reviews; presentation of a gap analysis of technical support available versus that needed i.e. the need for long term support and how to build local capacity through civil society NGOs and Faith Based Organizations; and a discussion of structural issues, which might need to be addressed by the Global Fund Board and the UNAIDS Programme Coordinating Board.

The thematic segment would also be a good opportunity to stress the potential of Public private partnerships to respond to AIDS. Several representatives of PPPs would be invited to give an overview of their initiative and the results achieved so far. Best practices should come up for discussion which will underline the call for such joint efforts.

Scope for action: With a continued need for additional resources used more effectively to meet the challenge of scale-up of AIDS prevention, treatment and care services and more than US\$1 billion in surplus sitting at the Global Fund right now, the potential for this thematic discussion to have an impact on the ground is significant. UNAIDS country teams are in many cases well placed to provide technical support at critical stages for countries to access Global Fund resources through grant proposal development and then to follow up to provide support to ensure successful implementation of the grants down the road. Where parts of UNAIDS can improve, this thematic discussion should also provide an opportunity for sharing of best practices and prioritization of action to build capacity and focus within the UN System as well.

Key to Public private partnerships is the cooperation of the public and private sector. These initiatives are driven by the recognition that the involvement of both sectors is necessary to work towards a solution to a problem. In regard to the

global AIDS response PPPs are essential in the universal access process. The importance of the synergy between the private and public sector should be communicated to the Programme Coordinating Board participants to encourage participants to launch a new strategy of intensified support to PPPs, such as financial support to research activities of PPPs or health care services. Programme Coordinating Board participants can also intensify working relations with PPPs and invite them to work in their countries. The thematic segment of the Programme Coordinating Board meeting will underline the necessity for continued and intensified support to PPP initiatives in the field of AIDS. It is a rapidly upcoming phenomenon, but not all Board members are yet convinced of PPPs' importance. More information on this issue, complemented with best practices is crucial to push PPPs active on AIDS forward.

24th Programme Coordinating Board – June 2009

Theme: People on the move – migrants and mobile populations

Broad relevance: The importance of addressing the HIV and AIDS needs of “people on the move” was explicitly recognized in the Declaration of Commitment on HIV/AIDS adopted at the United Nations General Assembly in its Special Session on HIV and AIDS in 2001. In 2006, five years after the Declaration of Commitment on HIV/AIDS, the United Nations General Assembly's Political Declaration on HIV and AIDS reaffirmed the broad importance of human rights and fundamental freedoms in the global effort to halt the HIV epidemic. The theme will contribute greatly to the follow up of the 19th Programme Coordinating Board decision points 9.1 to 9.6 on *AIDS, Security and Humanitarian Response* in Lusaka, Zambia, in December 2006. HIV and AIDS interventions for these populations will greatly contribute to the global AIDS response and have a large significance in terms of human rights. The theme will enhance the development, promotion and implementation of national, regional and international strategies that facilitate access to comprehensive HIV and AIDS programmes for “*people on the move*”, including gender related dimensions and other aspects of HIV associated with population movements. It will also be the starting point for inclusion of “*people on the move*” into the UNAIDS work on HIV in the 2031 agenda.

The spread and impact of HIV is both a consequence and a cause of migration, and so the global AIDS response must also address the needs of migrants and mobile populations and the people they leave behind, pass in transit, and with whom they mix at their destinations. The International Organization on Migration (IOM) estimates there will be over 200 million international migrants in 2008. Most countries are simultaneously, to varying extents, countries of origin, transit and destination. Some countries also have large numbers of mobile people within their borders. It is estimated that there are at least 100-150 million internal migrants in China alone. Mobile populations are sometimes blamed for the spread of HIV (and increased burden on limited services for people living with HIV). In reality many migrants are moving from countries of low prevalence (such as Indonesia and the Philippines) to countries of higher prevalence where they face a greater risk of HIV infection. Many of the underlying factors driving mobility also increase the vulnerability of mobile populations to HIV infection. These include poverty, gender-related violence, lack of education and opportunity,

boredom, loneliness, stigma and discrimination. Migrants living with HIV and those taking anti-retroviral medication face additional challenges, which must be addressed.

Responsiveness: Current estimates show that there are more than 723 million (excluding international travelers) *“people on the move”*, including refugees, asylum seekers, internally displaced persons, migrants. This is a relatively neglected area where the needs are great but not enough is known so far. These populations are often marginalized and have not been given the required focus on HIV prevention, access to treatment, care and support; and HIV-related protection, stigma and discrimination.

The theme will help to address some of the most relevant concerns with respect to vulnerability of *“people on the move”* to HIV; humanitarian questions of security from conflict and violence, including sexual and gender based violence; employment and other economic issues that motivate mobility and underlie the relations between HIV and poverty and the higher HIV risk of youth; human rights issues in connection with social integration and rights protection, especially from stigma and discrimination against persons living with HIV and AIDS; health care system concerns, notably in regard to access to HIV treatment, including for opportunistic infections; and public health concerns, in particular with respect to halting and reversing the HIV epidemic.

Reducing the vulnerability of migrants and mobile populations to HIV, and the impact of HIV and AIDS on migrants, their families and home, transit and host communities necessarily requires intergovernmental cooperation (whether between countries or between administrations within a (larger) country), as well as the collaboration of the business sector, labour, health and social services, and vulnerable communities and people living with HIV (PLHIV) themselves. In fact, all sectors are implicated in the response, whether they are in the sending, transit or receiving communities.

Focus: The theme will help capture the attention of international and national actors to this neglected area and pave the way for them to have a better understanding of the HIV vulnerability of *“people on the move”*. It augments their advocacy capacity and influences their decisions in a positive way to ensure the full enjoyment by *“people on the move”* of their human rights and fundamental freedoms related to AIDS. It will send strong messages for national AIDS strategies and international responses to take account of the increased AIDS vulnerability of destabilized populations and implement the necessary interventions and services.

Programme Coordinating Board members need an overview of the scope of the issues and the emerging challenges; a review of the best practices generated to date, and what has not worked; and recommendations for future policies and programmes to be implemented by the different sectors (government, civil society, private sector). It is also important that the voices of migrants be heard early in the day. Migrant vulnerability to AIDS is understood and addressed from a comprehensive gender and human rights perspective. In October 2008 the Global Forum on Migration and Development will take place in the Philippines. A focus of the meeting will be ‘migration, development and human rights.’ The

Programme Coordinating Board focus on migration and AIDS will also allow the outcomes of the Manila meeting as they relate to migrants, health and human rights to be echoed at the Board meeting.

Scope for action: The theme helps to convey stronger messages to countries to ensure appropriate policy pathways to implement an array of instruments that can serve to protect the AIDS related human rights of “*people on the move*” thus creating an enabling environment that facilitates positive actions to halt and reverse the AIDS epidemic. It will encourage countries and international actors to establish credible evidence on the state of the AIDS epidemic among “*people on the move*” by conducting research on the dynamics of factors that lead to population movements, and on the effects of population movements on HIV infection and vice versa, for an appropriate AIDS response. It will pass strong messages to international partners, governments, donors and other stakeholders to meet their obligations towards “*people on the move*”, implement strategies that reflect best practices in responding to the AIDS-related needs of “*people on the move*”, and encourages them to consider their needs and provide resources for a sustainable and long term vision.

Much of what should be done to address AIDS in the context of mobility is similar to what should be done to reduce AIDS vulnerability and reduce the impact of HIV and AIDS in populations that are not significantly mobile. Yet migrants and mobile populations require adapted and additional interventions. Outreach is more challenging as Information, Education and Communication (IEC) and Behavioural Change Communication (BCC) interventions may need to be provided in different languages and otherwise adapted to the needs of mobile people. AIDS care and treatment and Sexually-transmitted infections (STI) services need to be adapted to ensure continuity throughout the migration cycle and emigration process. Research is needed to understand and address the structural and environmental factors that make migrants, emigrants and mobile populations vulnerable to HIV and AIDS. The following are some examples of possible actions in three areas: policies, programmes, and research:

- **Policies:** decriminalise sex work and make it safer; abolish internal residency requirements for access to health services; enforce prohibitions against gender-based discrimination in employment; and ratify and implement the International Convention on the Rights of all Migrant Workers and their Families.
- **Programmes:** provide free and friendly STI and HIV services for all; provide family accommodation and services in mining sites and other sites with large migrant labour populations; engage the media to address negative public perceptions about migrants and mobile populations; and, facilitate access to continuity of treatment for migrants with AIDS.
- **Research:** research and publicise migrants’ financial contribution to the economy and the other benefits of mobility; assess the potential economic and social impact of *not* acting urgently to address HIV vulnerability; and, research on the particular concerns of persons from countries where AIDS is endemic who have emigrated to developed countries.

5. In considering themes for forthcoming Programme Coordinating Board meetings, the Programme Coordinating Board Bureau further agreed on the benefits of identifying themes one year in advance of the meeting at which they would be considered. This would facilitate planning for the segment and allow sufficient time for preparation of the substance e.g. commissioning of research and/or analysis, as foreseen in Programme Coordinating Board document UNAIDS/PCB(21)/07.5. Given that the 25th meeting of the Programme Coordinating Board is scheduled for December 2009 **the Programme Coordinating Board is invited to request the Programme Coordinating Board Bureau to issue a call for proposals for themes for the 25th and 26th meetings no later than 1 September 2008 and make recommendations to the Programme Coordinating Board for its decision at its 23rd meeting in December 2008. The process to reach decisions on the PCB thematic segments should be transparent and inclusive and, as with the current process to a certain extent, involve the participation of other stakeholders outside the Programme Coordinating Board Bureau.**

II DATES FOR THE NEXT PCB MEETINGS

6. **The Programme Coordinating Board is invited to agree the following dates for the next Board meetings:**
 - 24th meeting – 22-24 June 2009;
 - 25th meeting – 8-10 December 2009;
 - 26th meeting – 7-9 June 2010; and
 - 27th meeting – 6-8 December 2010.

[Annex I follows]

ANNEX I: List of proposed themes

Theme ¹	Proposed by:	Supported by:
1. People on the move – AIDS, migration and forced displacements	UNHCR	IOM
2. Cooperation with the Global Fund, in particular as it relates to the international technical support architecture	Africa Group & USA	India, France, Germany, Liechtenstein, Monaco, Australia
3. Public Private Partnerships in the Fight against HIV/AIDS	Netherlands & Belgium	Luxembourg
4. Linking Sexual and Reproductive Health (SRH) services with HIV/AIDS interventions in practice	Netherlands & Belgium	Luxembourg
5. Harm Reduction Programmes in the Fight against HIV/AIDS	Netherlands & Belgium	Luxembourg
6. Relationship between UNAIDS and GFATM	Switzerland, Sweden & Austria	
7. Prevention and Gender	Switzerland, Sweden & Austria	
8. The role of food security and nutrition in meeting universal access targets	PCB NGO Delegation	World Food Programme
9. The role of UNAIDS in promoting the development and dissemination of new preventions technologies (NPT)	PCB NGO Delegation	
10. Migrants and mobile populations	PCB NGO Delegation	
11. Children affected by HIV and AIDS	Ireland	Australia
12. Scaling up comprehensive PMTCT services: Lessons, remaining challenges and future direction	WHO, UNICEF (on behalf of the IATT on PMTCT)	
13. Task Shifting	France	
14. Discrimination and stigmatization of people living with HIV/AIDS	Monaco, Germany & France	
15. Challenges posed by paediatric HIV to Universal Access to Care, Support and Treatment	Holy See	

¹ The full description of each theme is available on request from the UNAIDS Secretariat (tyszkofj@unaids.org)