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22 April 2009

24th Meeting of the UNAIDS Programme Coordinating Board
Geneva, Switzerland
22-24 June 2009

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 26th and 27th meetings of the Programme Coordinating Board;
5. *request* the Programme Coordinating Board Bureau to initiate a process for the identification of themes for the 28th and 29th 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 26TH AND 27TH PROGRAMME COORDINATING BOARD 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 26TH AND 27TH BOARD MEETINGS

2. Mindful of the decisions from the 20th and 21st meetings, the Programme Coordinating Board Bureau sent out a call to all Board participants and observers in February 2009 inviting proposals for themes for the 26th and 27th Programme Coordinating Board meetings to be held in June and December 2010 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 Programme Coordinating Board Bureau reviewed the 6 proposals that were submitted along with those that had been proposed for the 23rd and 24th Programme Coordinating Board meetings and had not been taken up (a full list is provided in Annex I to this paper). The Programme Coordinating Board Bureau gave 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. A theme received from Mexico after the deadline was too late to be considered as the Bureau had already met and decided on which themes to put forward for consideration of the Board. It was agreed that the theme proposed by Mexico will be considered for the 28th and 29th meetings.
4. The Programme Coordinating Board Bureau invites **the Programme Coordinating Board to agree that the themes for the forthcoming Board meetings be as follows.** Full descriptions of the themes, as received by the Bureau, are contained in Annex II to this paper.

26th Programme Coordinating Board meeting – June 2010

In selecting the following theme, the Programme Coordinating Board Bureau cited changes in the global political architecture and emerging entry points to address integrating health services, and requested that issues related to gender and youth (education) be considered under this theme.

Proposed theme: Linking Sexual and Reproductive Health (SRH) services with HIV/AIDS interventions in practice

27th Programme Coordinating Board – December 2010

In selecting the following theme, the Programme Coordinating Bureau noted the triple crises - food, fuel and financial - that make the following theme particularly relevant and requested that issues related to stigma, discrimination and legislation also be addressed under this theme as they related to the main topic.

Proposed theme: Food and nutrition security and HIV: how to ensure food and nutrition security are integral parts of HIV programming

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 28th meeting of the Programme Coordinating Board is scheduled for June 2011 **the Programme Coordinating Board is invited to request the Programme Coordinating Board Bureau to issue a call for proposals for themes for the 28th and 29th meetings in time to make recommendations to the Programme Coordinating Board for its decision at its 26th meeting in June 2010. The process to reach decisions on the Programme Coordinating Board thematic segments should be transparent and inclusive and involve as much as possible other stakeholders outside the Programme Coordinating Board Bureau.**

II DATES FOR THE NEXT PROGRAMME COORDINATING BOARD MEETINGS

6. At its 22nd meeting, the Board agreed the following dates for the 26th and 27th Programme Board meetings:

26th meeting: Monday, 7 June – Wednesday, 9 June 2010

27th meeting: Monday, 6 December – Wednesday, 8 December 2010

However, requests have been made to schedule future Programme Coordinating Board meetings from Tuesday to Thursday in order to accommodate the needs of constituencies who organize consultations before and after each meeting.

7. While these dates have been chosen through a careful review by the Programme Coordinating Board Bureau of the currently available information, they may have to be brought back for reconsideration reflecting future decisions around the timing of the comprehensive review of the 2006 Political Declaration.
8. Mindful of the above, **the Programme Coordinating Board is invited to agree the following dates for the next Board meetings:**
 - 26th meeting – 22-24 June 2010;
 - 27th meeting – 7-9 December 2010
 - 28th meeting – 21-23 June 2011;
 - 29th meeting – 6-8 December 2011;

[Annex I & II follow]

ANNEX I
List of proposed themes¹

Themes proposed for the 26th and 27th PCB meetings

Theme	Proposed by:	Supported by:
1. Harm reduction programmes in the fight against HIV/AIDS	The Netherlands	PCB NGOs, Belgium, Luxembourg
2. Linking sexual and reproductive health (SRH) services with HIV/AIDS interventions in practice	The Netherlands	Senegal, PCB NGOs, Belgium, Luxembourg
3. Fighting stigma and discrimination in a human rights framework	PCB NGOs	Netherlands
4. Food and nutrition security and HIV: how to ensure food and nutrition security are integral parts of HIV programming	PCB NGOs	Netherlands
5. Re-invigorating prevention among young people: Education sector responses to HIV and AIDS	UNESCO and UNAIDS Inter-Agency Task Team on Education	
6. HIV/AIDS and Disability	Canada	

Themes proposed for the 23rd and 24th PCB meetings

Theme	Proposed by:	Supported by:
7. Linking Sexual and Reproductive Health (SRH) services with HIV/AIDS interventions in practice	Netherlands & Belgium	Luxembourg
8. Harm Reduction Programmes in the Fight against HIV/AIDS	Netherlands & Belgium	Luxembourg
9. Prevention and Gender	Switzerland, Sweden & Austria	
10. The role of food security and nutrition in meeting universal access targets	PCB NGO Delegation	World Food Programme
11. The role of UNAIDS in promoting the development and dissemination of new preventions technologies (NPT)	PCB NGO Delegation	
12. Children affected by HIV and AIDS	Ireland	Australia
13. Scaling up comprehensive PMTCT services: Lessons, remaining challenges and future direction	WHO, UNICEF (on behalf of the IATT on PMTCT)	
14. Task Shifting	France	
15. Discrimination and stigmatization of people living with HIV/AIDS	Monaco, Germany & France	
16. 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 (takemotoy@unaids.org)

ANNEX II

Full description of themes proposed for 26th and 27th Programme Coordinating Board meetings

26th Programme Coordinating Board meeting – June 2010

Theme: Proposed theme: **Linking Sexual and Reproductive Health (SRH) services with HIV/AIDS interventions in practice**

Broad relevance: There is widespread recognition of the linkages between Sexual and Reproductive Health (SRH) and HIV. The call to integrate the services for SRH and HIV interventions has frequently been underlined by several stakeholders. However, there appear to be difficulties and hesitation to put an integrated approach into practice. Identifying this as a theme at the Programme Coordinating Board meeting will be an excellent opportunity to give the issue a boost by allowing the participants to discuss the difficulties they are facing to integrate SRH services with HIV interventions and the best practices currently known.

The following three examples illustrate the relevance of an integrated approach:

- Family planning whereby i.e. condoms are not only distributed within the scope of birth control but also as a measure to prevent the spread of HIV. And vice-versa HIV prevention campaigns where talking on preventing unwanted pregnancies is included. Family planning services have the advantage of reaching groups that are more difficult to reach in HIV prevention campaigns such as girls and women in rural areas. AIDS campaigns may better reach the young.
- HIV prevention campaigns and sex education are excellent opportunities to be combined a) to reach young people; b) to educate on (condom) negotiation skills and c) to emphasise that Sexually Transmitted Infections increase the risk of becoming infected with HIV.
- The accessibility of HIV testing and counselling (HTC) can be increased by integrating it in SRH services as this allows people to be tested in a more anonymous setting than at HTC centres which has a higher threshold as it increases the risk of stigmatisation and discrimination.

Responsiveness: Most Programme Coordinating Board participants are struggling to apply an integrated approach of SRH and HIV. There is great need among all actors for discussion on the integrated approach and an opportunity to crystallise ideas on how to put it into practice.

Donors mostly have different divisions for HIV and SRH through which they are financing separate programmes. Strengthening the linkages between SRH and HIV requires that divisions are also integrating to a certain extent and available funding need to be deployed more flexible. Also International NGOs face such a compartmentalization of their divisions.

Other important stakeholders in making the integrated approach work are the governments of developing countries. There needs to be a greater eagerness on the government's side to embark on an integrated approach and allow donors and (International) NGOs to apply it in practice. Governing bodies in developing countries generally do not recognise the linkages in delivering their public health care services. The sectors are entrenched in their own

discipline whereby they are frequently competing for funding instead of collaborating and emphasising their linkages. Furthermore, SRH activities are very sensitive in some countries. In these cases it is more challenging to apply an integrated approach. A discussion on how to deal with these situations would be very useful.

The biggest burden lies on the civil society organizations and health service bodies working on the ground; they are the ones who actually have to implement the integrated approach. Local civil society organizations are often working very specifically on HIV or SRH; cooperating will imply for them that they lose some of their autonomy. Besides, integrating activities is a difficult process whereby the way of thinking should be adjusted, consensus has to be reached and employees have to be convinced. For instance, employees of family planning services may find it very difficult to discuss HIV with their clients, and vice versa employees of AIDS campaigns may find it difficult to talk about sexuality issues.

Besides the different interests of the various stakeholders, they all share concerns about an integrated approach such as the fear that SRH and HIV programmes lose some of their effectiveness. A theme discussion at the Programme Coordinating Board meeting should make clear that the pros of an integrated approach outweigh the cons, just as it will offer participants the chance to discuss the possibilities and difficulties.

Focus: The importance of integrating SRH and HIV services with each other is widely underlined by the stakeholders but there needs to be an occasion to discuss the challenges to strengthen the linkages between SRH and HIV in policies, programmes and budgets. After a short recapitulation of the need to link SRH services with HIV interventions, exchange of information, best practices and discussions should be at the forefront during the day.

Scope for action: Developing and implementing an integrated approach of SRH services and HIV interventions is very important. An overwhelming majority of HIV infections are sexually transmitted or related to pregnancy, childbirth and breastfeeding. Poor SRH and vulnerability to HIV infection also share common roots such as poverty and gender inequality. The current separation of SRH and HIV policies, programmes and services limits progress and undermines effectiveness. It is therefore not more than logic to take these commonalities in account when designing interventions that address SRH or HIV. Despite wide recognition among the stakeholders for an integrated approach, there has been restraint in putting it into practice.

It is explicitly not the intention to make the thematic segment of the Programme Coordinating Board meeting a theoretical or academic exercise. For several years the benefits of linking SRH services with HIV interventions have already been under discussion during international meetings and in various publications. It is now time to discuss the challenges and difficulties we run into in practice.

27th Programme Coordinating Board – December 2010

Theme: Food and nutrition security and HIV: how to ensure food and nutrition security are integral parts of HIV programming

Broad relevance: Nutrition and Food security and HIV are linked at all points of intervention in the fight against AIDS: from prevention to impact mitigation.² For example, poor nutrition heightens individual susceptibility to HIV infection while food insecurity makes it more likely that individuals adopt risky lifestyles that increase their vulnerability to being exposed to the virus. If infection occurs, integrated nutrition, food security and HIV interventions can promote positive living and prolong the asymptomatic period of relative health, thereby forestalling the on-set of opportunistic infections.³ When AIDS develops, nutrition and food security become important partners in treatment, playing a major role in adherence to ART therapy. Nutrition and food security are also an essential element of impact mitigation, helping individuals, households, and communities to strengthen their resistance to HIV infection and building their resilience to the material and psycho-social consequences of the disease. There is, therefore, a complex and potentially destructive cyclical relationship between food insecurity and HIV: undernutrition and food insecurity increase the AIDS burden and the AIDS burden, in its turn, contributes to undernutrition and food insecurity.

Responsiveness: All actors involved in the AIDS response are somehow concerned by food and nutrition response, be it via a social protection framework, humanitarian setting, educational setting (school feeding programs), health service provision, or livelihoods program.

Prevention: HIV, food security and nutrition interact through multiple pathways. Food insecurity may motivate individuals to adopt risky lifestyles and behaviours (for example, migrating for work or engaging in transactional sex) which increase their vulnerability to HIV infection. Further, the immune system is weakened by lack of food and malnutrition, which generally makes a person more susceptible to infections. Lack of proper nutrition also compromises the health status of pregnant and lactating mothers, thereby increasing the chance of mother-to-child transmission of the virus.

Treatment: The efficacy of and adherence to ARV treatment, is significantly connected with access to adequate food and nutrition.

Care: Poor nutrition also speeds up the progression of the disease, thereby shortening the period of asymptomatic, positive living.

Women are biologically, socially and economically more vulnerable to HIV. People without access to adequate food, income and land, especially women and girls, are more likely to be forced into situations which place them at risk of HIV. Women are usually involved in producing, purchasing and preparing food. When a woman is HIV positive, household food security is impacted, as these responsibilities shift to younger, more inexperienced women in the home. Women are also primary care-givers. Caring for ill family members means less time is available for food production and preparation.

Ninety percent of children living with HIV contract the virus from their mother during pregnancy, delivery or breastfeeding. Inadequate nutritional status may increase the risk of vertical HIV transmission by influencing maternal and child factors for transmission.

Climate change will affect all four dimensions of food security: food availability, food accessibility, food utilization and food systems stability. It will have an impact on human health, livelihood assets, food production and distribution channels, as well as changing

² Kadiyala, S. and Gillespie, S. (2003) Rethinking food aid to fight AIDS, FCND Discussion Paper N°159, International Food Policy Research Institute

³ Gillespie, S. (2004) Food and Nutrition is integral to all four pillars of HIV/AIDS response

purchasing power and market flows. People who are already vulnerable and food insecure are likely to be the first affected. We have already seen the linkages amongst climate (drought) and HIV and food insecurity in southern Africa. This situation can unfortunately be expected to recur.

Food figures into many current and needed HIV responses and interactions need to be understood by the broadest range of actors.

Focus: The day could be arranged with:

- Basic overview of the interactions and issues
- Policy support [WHO statement of Jan 2006 calling for member states to make nutrition an integral part of their response to AIDS by identifying nutritional interventions for immediate integration into HIV programming. ; political declarations of 2001 and 2006]
- Gaps in evidence and what we think we know
- Panels around different interventions:
 - o Humanitarian situations and HIV: food aid/How emergency food aid can support long term food security
 - o Food and Nutrition's roles in prevention (of PMTC, against opportunistic infection; role of women in food security)
 - o Food interventions in care and support: home based care; positive living
 - o Food and treatment: ART

Panels can present case studies and latest data on what has been working and what still needs to be done.

Scope for action: This topic can do both, address necessary action and explain aspects of an academic discussion. Food and nutrition interventions have an academic background that is continually being updated with new research. Practitioners need to be aware of the latest research and how they can best incorporate food interventions in their own planning and programs.

We know bits and pieces about food interventions and HIV, but we have not had the time to discuss food and nutrition security with the Programme Coordinating Board and the policy makers and activists that sit on the board. Policy makers need to understand how food and nutrition security interacts with HIV in order to support prevention, treatment care and support measures.

Food and nutrition issues are at the crux of the socio-economic complexity of AIDS. The interactions are complex because in resource poor situations, there are trade-offs, sometimes between health, education, and food. This may sound academic, but it is the reality of many. Such a topic would allow for policy makers to hear first-hand about such trade-offs and then understand practical interventions to ensure that these choices do not have to be made.

Necessary actions fall under the mandate of multiple AIDS actors – humanitarian actors, farmers, health workers, patients, families and care givers. Practical interventions are taking place currently, but best practices need to be shared. As well, the impacts on climate change and weather related phenomena will impact food security and the most vulnerable, those living with HIV, in the near future. This would be an opportunity to discuss the adaptation of interventions that work for future impact mitigation.