



## Report of the Fourteenth Meeting of the Programme Coordinating Board of UNAIDS Geneva, 26–27 June 2003

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## **1: Opening**

### **1.1. Opening of the meeting and adoption of the provisional agenda**

1. The fourteenth meeting of the UNAIDS Programme Coordinating Board (PCB) took place at the headquarters of the International Labour Organization (ILO), Geneva, Switzerland, on 26–27 June 2003. The participants are listed in Annex 3.
2. On behalf of Portugal, outgoing Chair of the PCB, Professor M. Fernando Aires Alves Nunes Ventura (Coordinator, National Commission against HIV/AIDS, Portugal) opened the fourteenth meeting of the PCB and welcomed all those attending. Professor Ventura noted that, despite the different approaches and advances in the fight against HIV/AIDS and the qualitative change under the excellent leadership of UNAIDS since 1995, the epidemic continues to expand all over the world, including in Portugal. Thus, the honour of chairing the UNAIDS PCB included not only the opportunity to work in collaboration with UNAIDS, but also to work together in the fight against AIDS in Portugal. Professor Ventura cited the privilege of Portugal and its President in taking part in UNGASS, which took place in June 2001 and resulted in the Declaration of Commitment on HIV/AIDS, and the subsequent creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria. In December 2002, Portugal had the honour of chairing the fourth ad hoc thematic PCB meeting in Portugal where the Five-year Evaluation of UNAIDS was concluded. This represented a new step forward in the history of UNAIDS and an important contribution to the ongoing process of UN reform. In the Lisbon meeting, five cross-cutting functions were endorsed for application at all levels of the Programme, and a clear priority for action at country level was established. Moreover, a review process on UNAIDS governance was launched. Professor Ventura reiterated Portugal's commitment to continue and intensify its collaboration with UNAIDS and other partners in the fight against AIDS. He thanked Dr Piot and his team for all their support and, with great pleasure, wished success to the new Chair of the PCB.
3. The provisional agenda (UNAIDS/PCB/ (13)/03.1) was adopted. (See Annex 1.)

### **1.2 Election of officers**

4. In accordance with agreed procedures, Zambia, the previous Vice-Chair, was elected the new Chair of the PCB. Canada was elected Vice-Chair, and the Netherlands was elected Rapporteur. The PCB also approved and welcomed the new NGO delegates of the PCB as of 1 January 2004 to December 2005: Journalists against AIDS (Nigeria) representing Africa; AIDS Infoshare (Russia) representing Europe, with the International Community of Women Living with HIV/AIDS (ICW) (United Kingdom) acting as alternate; and Africa Services Committee (USA) representing North America, with the Health Global Access Project (Health Gap) (USA) acting as alternate.
5. The Hon. Brig. Gen. Brian Chituwo (Minister of Health of the Republic of Zambia) expressed his appreciation for the election of Zambia as Chair of the PCB. For Dr Chituwo, the election represented an honour for the people of Zambia and its government. He noted that Zambia is a country at the epicentre of the HIV/AIDS epidemic. Though Zambia is doing everything it possibly can in the fight against HIV/AIDS, it recognizes that it will not be able to win the fight on its own. In this regard, Dr Chituwo looked forward to the support of the PCB, the UNAIDS Secretariat, and its Cosponsors.

### **1.3 Consideration of the reports of the twelfth and thirteenth meetings**

6. The PCB considered and approved the report of the twelfth meeting (UNAIDS/PCB (12)/02.06) of the PCB. The PCB considered and approved the report of the thirteenth meeting (UNAIDS/PCB

(13)/02.06) of the PCB, with an amendment to reflect the names of the projects visited during field trips of PCB participants.

#### **1.4 Report of the Executive Director, 2002–2003**

7. Dr Peter Piot (Executive Director, UNAIDS) introduced his report for 2002–2003 (UNAIDS/PCB (14)/03.2). The report updated the PCB on the status of the epidemic, summarized key developments in advancing the global and UN system response to the epidemic, identified the challenges ahead and the overall direction of the Programme, and reflected the five cross-cutting functions of the Programme. The report also described UNAIDS' support to increased national leadership against HIV/AIDS, including community, faith and mass volunteer organizations and businesses, and to organizations of people living with HIV/AIDS. In addition, since the beginning of 2002, UNAIDS has increased its capacity to support monitoring and evaluation, has streamlined the development of indicators, and has improved sources of information. UNAIDS has provided new technical and policy guidance and has mobilized additional financial, political and technical resources.

8. Referring to the present state of the epidemic, Dr Piot described six challenges that he also characterized as opportunities. These are to: (a) address simultaneously the acute emergency and the long-term threat to development that the epidemic represents; (b) contain emerging epidemics while there is still an opportunity to do so; (c) confront socioeconomic breakdown through new strategies and the development of future scenarios for Africa; (d) be able to utilize, coordinate, monitor and evaluate the dramatic, but still insufficient, increase in resources; (e) create the operational capacity to make treatment access a reality; and (f) counter the increased feminization of the epidemic through a women's initiative that draws on the strength of women and empowers them to fight HIV/AIDS.

9. Dr Piot cited the Declaration of Commitment and its targets, many to be achieved by 2005, as the roadmap for action in the fight against the epidemic. In this context, UNAIDS would continue to act as a world reference for the response, and conduct leadership and advocacy campaigns, strengthen its country presence, and ensure the availability of quality technical resource facilities, as well as a strong and committed UN system.

10. Dr Piot reported that the Secretariat and Cosponsors have refocused their efforts according to the directions given by the PCB at its meeting in Lisbon. Some of the results of these efforts include a review of country mechanisms, meetings of the Regional Directors of the Programmes Cosponsors in three continents, intensified analysis and mobilization of resources, and the conclusion of a Memorandum of Understanding with the Global Fund to Fight AIDS, Tuberculosis and Malaria.

11. Dr Piot closed by appealing to PCB members to support the Unified Budget and Workplan (UBW). He stressed that the UBW represents the prime instrument through which UNAIDS can achieve its goals to catalyse leadership, to tackle the hard issues, to build consensus and to forge ahead in support of the actions being taken by governments, communities, and individuals in their fight against HIV/AIDS.

12. The PCB congratulated Zambia on its election as Chair of the UNAIDS PCB and expressed its appreciation for the hard work of UNAIDS and the progress made in the last year. It thanked the UNAIDS Executive Director for his very clear and informative report. The PCB endorsed the report and concurred with the challenges that the Executive Director described. The PCB requested that future reports be more output-oriented and more focused on the contributions of UNAIDS at different levels. It also urged that the report more fully reflect developments at country level, including the nature of the coordinated response of UNAIDS at country level.

13. The PCB welcomed signs of progress in the fight against HIV/AIDS, but noted with concern that the epidemic continues to expand. The PCB expressed its appreciation for UNAIDS' increased focus on national responses, reiterating that a primary role of the UN is to facilitate effective national responses. It called upon UNAIDS to continue its efforts to improve such responses, in particular by supporting national capacity to plan, oversee and coordinate AIDS interventions, while holding countries accountable for their actions. It urged the UN system to provide assistance to the countries that are most in need, i.e. the least developed countries, with a strong emphasis on Africa. It also asked for strong leadership from UNAIDS with regard to newly emerging epidemics, such as those in Asia, and stressed increased support to countries where the epidemic is on the increase.

14. Reiterating that the principle of ownership should guide an expanded response at country level, the PCB was pleased to note the increased focus on national ownership and leadership in the fight against HIV/AIDS. The PCB confirmed that raising political awareness and supporting a broad-based response remain key objectives for UNAIDS, particularly since HIV/AIDS is still considered only a health problem in many places. The PCB urged UNAIDS to step up its efforts to support regional and national leadership, with one PCB member expressing its support for a "leadership track" at the fifteenth International AIDS Conference in Bangkok. The PCB was pleased to note the continued support of UNAIDS in mobilizing civil society as a partner in national responses. It reiterated that the increased activism and strength of civil society, including those of NGOs, are vital to a successful response.

15. The PCB expressed its appreciation for the important role that UNAIDS continues to play in improving coordination and coherence among stakeholders at all levels, but pointed out that further work is needed to develop effective coordination and cooperation, particularly at country level. In this regard, the PCB cited the continuing complexity of the rules, procedures and operations of multilateral and bilateral partners in their interaction with countries. It urged the international community to harmonize and simplify such procedures with a view to achieving greater correspondence with national priorities and planning systems. With regard to coordination through the cosponsored programme, one PCB member recommended that Cosponsors develop plans along with national programme managers, providing information on their activities and budgets, in a single document if possible.

16. The PCB urged UNAIDS to continue to support large-scale HIV-prevention efforts. With regard to newly emerging epidemics, e.g. in Central and Eastern Europe, increasing prevention efforts should be further supported by knowledge hubs and intercountry programmes. In 'low and slow' epidemics, the challenges are to sustain prevention efforts, strengthen multisectoral involvement, and mobilize local responses. The PCB reconfirmed the importance of prevention for young people through information dissemination, peer education and life-skills education efforts. The PCB remained concerned by the continuing spread of HIV through injecting drug use and urged UNAIDS to focus stronger attention, where needed, to address this issue.

17. The PCB reconfirmed that the integration of HIV/AIDS into mainstream development activities is essential for a truly multisectoral and sustainable response, but it noted with concern that such integration remains uneven. In this regard, it called on stakeholders to harmonize poverty reduction strategies, sector-wide approaches (SWAPs) and the national AIDS strategy to the fullest extent possible into a united front against the epidemic. The PCB welcomed UNAIDS assistance in mainstreaming HIV/AIDS into the New Partnership for Africa's Development (NEPAD), as well as its assistance to the African Centre of HIV/AIDS Management. The PCB welcomed the Cosponsors' enhanced focus on supporting countries' efforts to achieve measurable goals within the framework of

the Millennium Declaration and the targets and indicators elaborated therein, particularly for Goal 6 (combat HIV/AIDS, malaria, and other diseases). The PCB requested additional information on the role played by UNAIDS in global efforts to achieve the Millennium Development Goals (MDGs), such as through the Millennium Development Project.

18. The PCB reconfirmed UNAIDS' critical role in financial and technical resource mobilization and welcomed the fact that greater levels of resources have been mobilized. It noted with concern, however, that the international community is still falling far short of meeting the needs, and called on all stakeholders to contribute. The PCB expressed its appreciation for the support that UNAIDS has provided to countries in accessing resources from various sources, such as the World Bank's Multi-Country HIV/AIDS Programme (MAP), the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other multilateral and bilateral channels. It welcomed the fact that all Cosponsors had increased their own core resources spent on HIV/AIDS, including at country level, and called on the Cosponsors to provide further information in the UBW regarding these resources. It stressed that partnership among donors, including financial burden sharing, will be crucial for the future of UNAIDS.

19. With regard to technical resource mobilization, the PCB recognized that human capacity is already overstretched where the epidemic has hit the hardest. It called on stakeholders to build capacity hand in hand with increases in financial resources and to pool country- and regional-level expertise to provide more effective and efficient technical support. The PCB recognized the importance and successes of regional technical cooperation groups, such as those in Latin America and the CIS. It also stressed the need to strengthen UNAIDS intercountry teams in support of horizontal technical resource exchange and other regional initiatives. One PCB member sought more information about the plan to build up a database of professionally skilled consultants who are also people living with HIV/AIDS. The PCB welcomed the development of technical guidance documents by UNAIDS. One PCB member urged that there be greater efforts to disseminate these in a broad range of languages, with due attention to Arabic and Chinese. The member also called for the continued development of guidance regarding how to mainstream HIV/AIDS into various sectors.

20. The PCB welcomed the efforts of UNAIDS to strengthen its capacity and effectiveness in the area of monitoring and evaluation. It expressed its appreciation for initiatives in this regard, such as the Country Response Information System (CRIS), the Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET) at the World Bank, and the strengthened Monitoring and Evaluation Unit in the UNAIDS Secretariat. The PCB congratulated UNAIDS on the development of indicators, which it felt would greatly improve analysis and assessment of the response, including in low-prevalence countries where it is difficult to monitor trends. One PCB member urged that indicators be reviewed in terms of the involvement of civil society and the protection of human rights, including the promotion of equality between men and women and the reduction of the vulnerability of women to HIV/AIDS. The member suggested that opportunities be created for representatives of civil society, women and people living with HIV/AIDS to be able to provide input with a view to improving these indicators. Another PCB member cited the positive experience in Latin America where NGOs and civil society are participating in the development of a strategic plan to coordinate monitoring and evaluation efforts.

21. The PCB recognized the burden on countries created by the existence of myriad different monitoring and evaluation requirements. It called on donors and the international community to lessen that burden and to harmonize monitoring and evaluation demands. It also called on UNAIDS to further harmonize approaches in monitoring and evaluation, such as those occurring under the MDGs and the Declaration of Commitment. It urged UNAIDS to assist countries in building their national capacity for monitoring and evaluation and to ensure that this capacity informs National AIDS Programmes and national governance institutions.

22. The PCB noted with concern the feminization of the epidemic, with women now comprising 50% of the global AIDS epidemic and, in Africa, 58% of the people living with HIV/AIDS. The PCB reconfirmed that gender equality is crucial if the epidemic is to be curbed. The PCB welcomed UNAIDS' Global Coalition on Women and AIDS, with its focus on the prevention of HIV infection among girls and young women, the reduction of violence against women, the protection of the property and inheritance rights of women and girls, equal access of woman and girls to care and treatment, improved community-based care for women and girls, the promotion of access to new prevention options for women, and support for ongoing efforts towards universal education for girls. The PCB called on countries to: (a) make greater efforts to provide women and girls with access to sexual and reproductive health services and to HIV-prevention programmes, (b) to implement national policies and programmes targeting the vulnerability of women to HIV; (c) disaggregate gender data on epidemic trends and impact; and (d) protect the human rights of women and girls. It also urged that bilateral programmes focus on the causes of women's vulnerability and that greater attention be given to the development of women-controlled methods of HIV prevention.

23. The PCB noted that stigma, denial and discrimination continue to hinder progress against HIV/AIDS and called on UNAIDS to re-energize the fight against stigma and discrimination. Recognizing that, during conflict and war, the epidemic is fuelled by the destruction of education and health systems and the displacement of people, the PCB urged UNAIDS to continue working closely with humanitarian agencies to integrate HIV/AIDS into their response to crises and to ensure that HIV-prevention-and-care programmes are extended to refugees and displaced people.

24. The PCB was pleased to note the focus given to treatment and care issues in the report of the Executive Director. However, it noted with concern the continuing disparities in access to treatment and care across the globe and the extremely low levels of those in need receiving antiretrovirals. In this regard, the PCB welcomed the greater inclusion of antiretrovirals as part of the continuum of care. The PCB urged that more attention be given to: (a) increasing the access of poor people to a broad range of treatment and care services; (b) improving equity of access, including access to ARVs; and (c) assisting governments in rolling out equitable and comprehensive services. The PCB urged that efforts to increase access be made through greater cooperation with the private sector and by the sharing of successful experiences among countries. Attention should also be paid to middle-income countries that experience obstacles to increasing access. One PCB member suggested that the PCB initiate innovative pilot projects to provide care and support at the regional level.

25. The PCB welcomed the statement by Mr Koichiro Matsuura (Director-General, UNESCO) under Agenda Item 1.4. Mr Matsuura expressed his appreciation for the opportunity to meet with the PCB, to chart together the future work of UNAIDS, and to underline the commitment of UNESCO to a common purpose. He described UNESCO's efforts with regard to preventive education, which he has proposed as the thematic focus during the 12 months in which UNESCO will serve as Chair of the Committee of Cosponsoring Organizations (CCO). He also provided information on two meetings planned for the CCO: one to be held in New York on 30 October 2003 (to which the UN Secretary-General has been invited), and the other to be held in sub-Saharan Africa in early March 2004.

26. The PCB took note of the Report of the Executive Director (UNAIDS).

### **1.5 Report by the Chairperson of the Committee of Cosponsoring Organizations**

27. Dr Mamphela Ramphele (Managing Director, World Bank), representing the World Bank as Chair of the Committee of Cosponsoring Organizations (CCO), presented the Report by the Chairperson of

the Committee of Cosponsoring Organizations. Dr Ramphele described the accomplishments of the past year, the challenges ahead, and the ways in which the UN system is attempting to strengthen the global response. She noted that, in the last year, the profile of HIV/AIDS has significantly grown within individual Cosponsor agencies. Coordination has improved, largely due to the maturation of the 'convening agency' mechanism in different thematic areas. UNAIDS has continued to provide intellectual and policy leadership. Indicators to monitor progress regarding the Declaration of Commitment have been embraced, with over 100 countries providing comprehensive information to UNAIDS in 2003 on national responses. New resources have been mobilized, and the programme has significantly increased its capacity to track HIV/AIDS-related resource flows. Finally, Cosponsors have capitalized on their individual comparative advantages to make more effective contributions in the fight against HIV/AIDS.

28. Dr Ramphele also stressed, however, that the challenges continue to grow. The impact of the epidemic has grown more acute in many places; prevention coverage for populations at high risk is well below 20%; and only 1 in 20 of those in need of HIV drugs in developing countries currently receives them. In light of these challenges and the constructive criticism provided in the Five-year Evaluation of UNAIDS, the Programme has reoriented itself so as to lead a more vigorous and effective response, particularly at country level. This can be seen in terms of better coordination; more support to countries through UN Theme Groups, UNAIDS country staff, and technical assistance; a greater focus on priority countries; and greater leadership in the mobilization of resources, reaching the targets of the Declaration of Commitment, scaling-up sectoral engagement, and monitoring and evaluation. Dr Ramphele closed by asking the PCB for its support for the Unified Budget and Workplan and its guidance towards realizing UNAIDS' full potential in the global response to HIV/AIDS.

29. The PCB thanked the Chair of the CCO for her extensive report on the work of the Cosponsors and for the high-level representation of the Cosponsors, including that of Executive Heads, at the PCB meeting. The PCB requested that Cosponsors report annually to the PCB on their work, focusing on country-level progress and challenges in meeting their objectives. One PCB member noted with gratification that assistance through the MAP takes the form of 100% grants to the poorest countries. Citing the fact that many countries are already overwhelmed by debt and by the impact of the epidemic, this PCB member urged that the PCB initiate dialogue to promote the conversion of MAP assistance into grants.

30. Ms Sheila Sisulu (Deputy Executive Director, World Food Programme) took the opportunity to describe the efforts of the World Food Programme (WFP) in relation to HIV/AIDS. Among other things, the WFP is: integrating HIV into all of its emergency, recovery and development programmes; strengthening its partnership with UNAIDS; adjusting its assessment tools in order to take into account HIV; and using HIV/AIDS as a basis for creating a recovery programme. It is also implementing an aggressive HIV-prevention programme in the WFP workplace, making sure that all staff involved in food distribution receive prevention education, adjusting its food rations to make them more nutritionally appropriate for people living with HIV/AIDS, and supporting research into the role of nutrition for people living with HIV/AIDS.

31. The PCB took note of the Report of the Chairperson of the Committee of Cosponsoring Organizations.

### **1.6 Report by the NGO Representative**

32. On behalf of the NGO delegation to the PCB, Ms Alice Lamptey (The Ghana HIV/AIDS Network) presented the Report of the NGO Representative. The NGO delegation first expressed its appreciation to the Executive Director of UNAIDS and his staff for the many ways in which they continue to facilitate the contributions of the NGO delegation to the PCB. Ms Lamptey then raised common global concerns derived from the NGO regional reports. In this context, the NGO delegation called upon governments to ensure that funds for debt relief, e.g. through the Highly Indebted Poor Countries (HIPC) initiative and other emergency funds, move more quickly to alleviate the worsening economic conditions of vulnerable populations, most of whom are women, rural and poor. It further urged countries to mobilize resources based more clearly on countries' capacity to contribute according to gross domestic product. It requested that UNAIDS support governments to reduce the still-prevalent stigma and marginalization due to HIV/AIDS—in particular, by intensifying the training of health workers and enacting codes of ethics to prevent discrimination. The NGO delegation noted that the window of opportunity for preventing serious HIV epidemics is closing, or is closed, in many countries, and efforts must be immediately scaled up to avert worse epidemics. Ms Lamptey highlighted the vulnerability of youth, particularly young girls, due to risky sexual behaviour, substance use, lack of access to information and prevention, and negative cultural and traditional practices. She also stated that HIV/AIDS is still considered to be a low social and political priority in the majority of countries.

33. Ms Lamptey also reported that the NGO delegation has reviewed the terms of reference of the NGO Liaison Committee in order to improve its legitimacy, increase its accountability and devolve greater ownership to the NGO community. The NGO delegation made a number of recommendations including: (a) increasing support to communities and special interest groups (children, orphans, youth, women, men having sex with men, injecting drug users, and sex workers) and urged that this be more explicitly reported on in the UBW; (b) promoting greater participation of civil society; (c) ensuring protection against stigma and discrimination; and (d) enhancing the ability of countries to better access global resources. It requested PCB approval for a number of action points in relation to the operational rules and procedures of the NGO Liaison Committee. It also asked that the PCB extend the mandate of the representative of Latin America and the Caribbean in order to facilitate the transition to a new delegate.

34. The PCB thanked the NGO delegation for its report. The PCB expressed its support for priority assistance to communities and vulnerable groups in budgeting and programme implementation and agreed that such assistance should be better reflected in the UBW. One PCB member supported the proposal of the NGO delegation to extend the mandate of the representative of Latin America and the Caribbean. The PCB recommended that the specific actions requested in the report be considered in the PCB Drafting Group, with recommendations to be forwarded to the PCB plenary.

35. The PCB took note of the Report of the NGO Representative.

### **2: UNAIDS Unified Budget and Workplan 2004–2005**

36. Mr Gudmund Hernes (Director, International Institute for Educational Planning, UNESCO) introduced the UNAIDS Unified Budget and Workplan 2004–2005 (UNAIDS PCB (14)/03.3) with the assistance of Dr Kathleen Cravero (Deputy Executive Director, UNAIDS), Dr Suman Mehta (HIV/AIDS Coordinator, UNFPA), Mr Mark Stirling (Principal Officer, HIV/AIDS, UNICEF) and Dr Debrework Zewdie (Program Director, World Bank). The UBW was presented in four parts: an



overview, a description of thematic, regional consultations in order to develop and finalize the UBW, and monitoring and evaluation.

37. In the overview, Dr Cravero described how the UBW brings together the Cosponsors and the Secretariat in a two-year joint plan that identifies the programme's priorities, as well as the contributions of the Cosponsors and the Secretariat towards specific objectives. In response to the decisions of the PCB, the UBW places a strong emphasis on activities and resources to support countries in scaling up their response. The UBW is also oriented to meet UNGASS goals, which have been clustered in the six basic structural categories of the UBW, and is also organized in terms of activities by the Cosponsors, the Secretariat and interagency activities. The UBW provides linkages between UNGASS goals, PCB decisions, and tangible costed results with measurable indicators of achievement.

38. The core budget is set at US\$250.5 million, with a proposed distribution as follows: US\$85.7 million for Cosponsors, US\$91.2 million for the Secretariat, and US\$73.6 million for interagency activities. An additional core interagency budget, which is necessary in order to implement fully the decisions of the PCB, is set at US\$20 million. The total UBW, which includes the core budget, the additional interagency core, and cosponsoring organizations' own global/regional and supplemental resources, amounts to US\$522.3 million for 2004–2005. Dr Cravero pointed out that there is a 76% increase in interagency activities, which is a direct result of more allocation of monies to support scaling up at country level, as directed by the PCB. Also, the proportion of core resources going to the country or regional levels, as opposed to the global level, increased from 45% in 2002–2003 to 57% in 2004–2005. Furthermore, the volume of the Cosponsor resources expended at country level has increased significantly.

39. Dr Mehta described the role of the thematic consultations in developing the 2004–2005 UBW. According to the 'convening agency' designations in 13 thematic areas, the Secretariat and Cosponsors organized thematic consultations to achieve clarity and consensus on programmatic priorities for UNAIDS. Thematic consultations involved bringing the Secretariat, Cosponsors and other key UN players, as necessary, to: (a) map existing activities; (b) identify key challenges and opportunities; (c) define programming priorities; (d) review each other's draft plans to sharpen focus, address gaps and reduce overlap; and (e) develop strategies to operationalize programme priorities.

40. Mr Stirling described the role of regional consultations in developing the 2004–2005 UBW. The regional consultations focused on what UNAIDS can do to help scale up action at the country, intercountry and regional levels. Five regional consultations were held to update the programme on the regional epidemics and response, review progress in implementation of the 2002–2003 UBW, identify gaps and opportunities, and agree on priorities and modalities for action. From this process, a common framework was developed that also took into account regional emphases. Some of the results included agreed-upon and monitorable regional interagency workplans, better-defined convening agency accountabilities, stronger oversight by regional directors, and better joint programming. A major challenge continues to be the expansion of technical and programming assistance so as to help countries to scale up HIV interventions.

41. Dr Zewdie described the monitoring and evaluation component of the UBW. Monitoring and evaluation in the context of UNAIDS can broadly be divided into three parts: (a) global monitoring by the Secretariat of the UBW, global action and global resources; (b) national monitoring done with the support of the Country Response Information System (CRIS) housed in National AIDS Councils and containing national and subnational indicators; and (c) normative guidance on global and national monitoring provided by the Monitoring and Evaluation Reference Group (MERG). A Global

HIV/AIDS Monitoring and Evaluation Support Team (GAMET), housed at the World Bank, has also been created to support monitoring and evaluation at country level. A thematic consultation on monitoring and evaluation during the UBW development process identified the priorities for UNAIDS for the UBW 2004–2005. Goals in the context of monitoring and evaluation include: (a) to build and enhance monitoring and evaluation capacity at country level; (b) to promote harmonization of monitoring and evaluation; and (c) to improve use of systems and capacity at country level.

42. The PCB thanked UNAIDS for its excellent presentation of the UBW and for the valuable interagency process of consultation from which the UBW was derived. The PCB expressed its appreciation for the fact that the budget has become more user-friendly and accessible. It praised the UBW not only as a financial document, but also as a budgetary system that divides responsibilities, sets out financial ramifications, and guides implementation. The PCB was also pleased to note that the UBW comprises an effective tool that supports the UN System Strategic Plan on HIV/AIDS. The PCB suggested that, in future, greater efforts be made to link more closely the budget and the Executive Director's report and to make the UBW more in line with the principles of result-based management. One PCB member requested more information regarding efforts made by the Secretariat to minimize possible resource gaps. Another PCB member suggested that networks of people living with HIV/AIDS should have greater input into the process of consultation leading to the development of the UBW.

43. In light of the huge and urgent challenges posed by the epidemic, the PCB acknowledged the moral responsibility of governments to fund the UBW and other HIV/AIDS-related efforts, and to share out responsibilities in an equitable manner, according to the principle of burden sharing. To mobilize the necessary funds, the PCB recognized that it would be necessary to seek funding from a wide range of donors. PCB members expressed the view that burden sharing, especially among OECD countries, should be fairer. One PCB member suggested that better funding be achieved through a round of negotiated agreements among OECD member states, while maintaining its voluntary nature.

44. The PCB acknowledged that the UBW is responsive to the urgent tasks at hand, as identified in the six areas of priority work. The PCB requested more information on the policies and activities of the Cosponsors in the field of HIV/AIDS (including their comparative advantages) and on how planned activities would avoid overlaps. The PCB welcomed the responsiveness of the UBW to the decisions of the PCB and encouraged UNAIDS to continue in its efforts to respond to those decisions—in particular, to strengthen further a strategic management approach to ongoing performance monitoring and reprogramming in the UBW.

45. The PCB commended the development of, and agreement on, a common framework for monitoring and evaluation of the global response to HIV/AIDS under UNAIDS leadership. It expressed appreciation for the document, *Technical Supplement—Costed Results Matrix* (UNAIDS/PCB (14)/03.Conference Paper 3, 9 June 2003), but requested clarity on the extent to which the indicators represented there relate to those being developed at country level.

46. The PCB expressed its hope that the priority areas that have been identified in the UBW will be translated into concrete actions in consultation with country programme managers. It also confirmed that every effort should be made to empower countries to make an impact at country level. One PCB member recommended that the UN Theme groups on HIV/AIDS discuss with national actors how best to achieve the implementation of the UBW. The PCB requested more reference in the UBW to the overarching goal of poverty reduction and the relationship of UBW activities to PRSPs, SWAPs and the CCA/UNDAF. The PCB also requested more explanation concerning how planned activities would achieve the necessary behavioural change in the context of HIV/AIDS.

47. The PCB welcomed the rights-based approach to gender equality and the resources allocated to this area. It suggested that further resources be set aside for specific gender work on behalf of girls and women, and that such efforts be made more visible in the budget. The PCB also suggested that the “inclusion of interventions focussing on women in national plans” be used as an indicator for achieving gender equality.

48. With regard to the allocation of resources, the PCB commended the increasing proportion of core budget resources being allocated to regional and country work and looked forward to the increased accountability of UNAIDS at country level. One PCB member requested that Table 6 be reviewed with a view to allocating more of the budget towards efforts at national level and to support South-South cooperation, which has proven so useful. The PCB was pleased to note that the interagency component has been strengthened, further enabling it to respond to PCB decisions mandating improved coordination and more effective action at country level, particularly with regard to monitoring and evaluation.

49. The PCB noted the reduction in proportion of resources for the Secretariat, and one PCB member queried whether this was realistic in light of the increased need for coordination, resource tracking, and monitoring and evaluation by the Secretariat. Though recognizing that each region has its own needs, which are difficult to compare, the PCB requested more information concerning the criteria used for the allocation of resources among the regions. A few PCB members felt that not enough of the budget was allocated to Africa, and another PCB member felt that not enough of the budget was allocated to Latin America and the Caribbean. Other PCB members queried the sufficiency of resources allocated to: (a) harm reduction in the context of injecting drug use; (b) programmes for women and girls, particularly those in conflict areas; and (3) treatment, care and support, especially given the target of expanding HIV treatment to 3 million people by 2005.

50. The PCB reviewed the proposed Unified Budget and Workplan for 2004–2005, and endorsed its strategies and approaches. The PCB approved the core budget of US\$250.5 million and the proposed distribution of those resources among the Cosponsors and the Secretariat, and in the interagency budget. The PCB approved the additional interagency core budget of US\$20 million, subject to funding availability; and took note of the Cosponsors’ own resources and supplemental budgets for HIV/AIDS.

### **3: Financial and budgetary updates 1 January 2002 - 31 March 2003**

51. Dr. Kathleen Cravero (Deputy Executive Director, UNAIDS) presented the interim financial management information for the 2002–2003 biennium 1 January 2002 to 31 March 2003 (UNAIDS/PCB (14)/03.4). As outlined in the information document, a 2000–2001 modest fund balance was brought forward to core resources for 2002–2003. This fund balance shielded UNAIDS from experiencing cash-flow problems during the first two months of the biennium when new contributions received towards the 2002–2003 budget amounted to only US\$7 million. The receipt of 2002–2003 contributions began to increase as of March 2002, and an overall improvement in the ratio of contributions over programme funding requirements was sustained until November 2002, when the action to process the US\$32.6 million representing the remaining Cosponsors’ share under the 2002–2003 UBW was taken in the UNAIDS books. In January 2003, the Programme was required to obligate for the full year in advance approximately US\$17 million to cover 2003 salaries. This forced the Secretariat to borrow from the Operating Reserve in order to bridge the resource gap in February 2003.

52. With regard to the overall picture of the funding of the 2002–2003 UBW core budget, contributions received to date amount to US\$135.8 million or over 71% of the US\$190 million core UBW. The expenditure incurred to date since the beginning of the biennium amounts to US\$133.5 million. This comprised US\$32.6 million paid to Cosponsors; US\$29.9 million incurred for interagency activities, and US\$71 million expended for Secretariat activities and staff. When taking into account the December 2001 ‘jump-start’ transfer of US\$32.6 million for Cosponsors’ activities in the 2002–2003 UBW, actual total expenditure against the 2002–2003 UBW amounts to US\$166.1 million (US\$133.5 million plus US\$32.6 million) resulting in a financial implementation rate of 87%. Programme expenditure remaining to be incurred to fully implement the US\$190 million by 31 December 2003 amounts to US\$23.9 million. Given that the rate of implementation will likely come close to 100%, increased contributions as well as timely payments against pledges are necessary to attain resource objectives. Dr Cravero concluded by bringing to the attention of the PCB an Information Note containing the progress achieved to date with regard to UNAIDS’ new premises in Geneva, including the related additional costs to be incurred during the next biennium and thereafter.

53. The PCB took note of the financial and budgetary update for the period 1 January 2002 to 31 March 2003 and encouraged donor governments and other partners who have not yet done so to release their contributions towards the Unified Budget and Workplan for 2002–2003.

#### **4: Report from the PCB Working Group on UNAIDS Governance**

54. The report of the PCB Working Group on UNAIDS Governance (UNAIDS/PCB (14) 03.5) was presented by Dr Martine Berger (Switzerland) and Mr André Basse (Senegal), the Co-Chairs of the Working Group established by the PCB at its 13<sup>th</sup> meeting in Lisbon in December 2002. The objective of the Working Group was to prepare a report for the PCB that included a set of recommendations designed to facilitate the achievement of the UNAIDS mandate through more effective and efficient governance. The recommendations were to address UNAIDS governance-related issues including roles, responsibilities, authorities and accountabilities; PCB membership; PCB methods of work; relationships with other governing bodies, especially those of the Cosponsors; and the relationship between the CCO and the Secretariat. The Report of the Co-Chairs provided the results of the Working Group, which included nine recommendations that were fully agreed upon and three recommendations on which there was only partial agreement.

55. The Co-Chairs noted that the Working Group did not fully achieve its objectives due both to the short timeframe and to the inability of the Working Group to reconcile differences. The Co-Chairs reported that recommendations on which there was no agreement related to the issue of roles, PCB membership, and the relationship between the CCO and the Secretariat. They further explained that there was at times a lack of common understanding in the Working Group regarding the distinction between ‘management’ and ‘governance’, and thus the scope of the Working Group. In closing, the Co-Chairs noted that, although the Working Group did not reach full consensus, it did develop some useful and practical recommendations that might improve the working methods of the PCB.

56. Professor M. Fernando Aires Alves Nunes Ventura (Coordinator, National Commission against HIV/AIDS, Portugal), representing Portugal, the outgoing Chair of the PCB, presented the Report of the Joint Session of the Executive Boards of UNDP, UNFPA, UNICEF and WFP held on 9 June 2003 in New York and entitled “HIV/AIDS: Addressing the recommendations of the UNAIDS Five-Year Evaluation”. He reported that there was acknowledgment of the positive response of UNAIDS to the Evaluation with a further call for a results-oriented, flexible and innovative response, given the dynamic nature of the epidemic. In particular, participants cited major areas yet to be fully addressed, including the rapid depletion of human capacity in affected countries, as well as stigma, discrimination

and gender inequality. Implicit in most of the presentations was that joint programming should be further strengthened, particularly at country level, with greater clarity of action by Cosponsors on thematic issues.

57. To achieve greater interaction between Cosponsor Executive Boards and the PCB, three proposals were made: (a) have a standing agenda item at each Board on PCB recommendations and decisions, with a view to ensuring their integration into the work of the Cosponsors; (b) step up coordination at the country level through existing country-level mechanisms; and (c) hold joint field trips for Board Members of the Cosponsors and the PCB, focussed on HIV/AIDS and organized in cooperation with the UNAIDS Secretariat. These proposals were to be taken back to the individual full boards for consideration and implementation. Professor Ventura closed by commenting on the high level of commitment among the boards represented at the meeting and their strong endorsement of the need to take consistent and immediate action within their boards to ensure effective and well-coordinated results. The PCB thanked Professor Ventura for his report and its important recommendations.

58. The PCB expressed its appreciation to the Co-Chairs of the Working Group and for their hard work on a difficult and complex task. Some members noted, however, that the process had not been fully satisfactory. Concerning governance issues, several PCB members stated that they wanted the evaluation process to come to a close at this PCB and that continued processes, including further reviews and studies, should be avoided. Other PCB members, however, felt that, in light of the insufficient time and the importance of the issues, the review of governance issues should continue beyond this PCB meeting. The PCB urged that any decisions on governance be taken in the context of the ongoing process of UN reform of which UNAIDS and its Cosponsors are a part, including those being reflected in the UN Development Assistance Frameworks (UNDAFs) and the UN Resident Coordinator System. A number of PCB members expressed the desire for a smaller, more focused set of recommendations concerning governance.

59. The PCB acknowledged the challenge to develop more coherent positions on HIV/AIDS throughout the UN system and, in particular, between the PCB and the Cosponsors. One PCB member suggested that the PCB recommend that a report on activities implemented and expenditures on HIV/AIDS become a standing agenda item at every Cosponsor executive board meeting. Among other things, this would help to ensure transparency of allocated resources both through the UBW and with regard to each Cosponsor's own resources.

60. The PCB expressed its approval for the high-level Cosponsor participation at this PCB meeting. This was recognized as a valuable step towards better reflecting the functions of the Cosponsors and enhancing coordination at both global and country level. The PCB agreed that there should be ongoing efforts to improve information-sharing between the Cosponsors and the PCB. Some PCB members expressed their view that joint field trips for board members of the Cosponsors and the PCB would represent an important opportunity for the executive boards to see for themselves performance in the field and to get a first-hand view of realities at country level. The PCB confirmed that a wider process of information-exchange had begun and would continue *inter alia* in the form of HIV/AIDS being an agenda item at the board meetings of the Cosponsors. The PCB also agreed that the PCB should in future hold thematic round-table discussions.

61. The PCB commended efforts to improve coordination among the Cosponsors at country level. Commenting on national coordinating mechanisms, one PCB member recommended that UNAIDS be strengthened at country level by giving the UNAIDS Country Coordinator more visibility and authority and that the head of the national coordinating mechanism in each country be a member of the UN Theme Group on HIV/AIDS so as to bring the issues of the bilateral donors and other stakeholders

to Theme Group deliberations. With regard to the suggested annex in the Resident Coordinator's Annual Report on UNAIDS Theme Group activities, one PCB member suggested that this annex not only contain information on internal UN cooperation, but also on cooperation with government, civil society and the private sector.

62. The PCB did not see any need to make changes to the ECOSOC resolutions through which UNAIDS was created. PCB members expressed the view that the ECOSOC resolutions allowed the PCB to review and update its roles and responsibilities concerning governance to reflect the changing context of UNAIDS and the new actors in the expanded response. Some PCB members expressed the need for greater clarity regarding procedures concerning the selection of PCB members.

63. Some PCB members supported the recommendation to create a bureau to assist the PCB and its Chair in carrying out its functions. Based on experience, a former Chair of the PCB, now a PCB observer, described three potentially positive elements of a bureau. These were: (a) increased ability of the Chair to structure consultations and decision-making with regard to certain documents and issues; (b) greater feedback from Cosponsor and NGO members; and (c) greater support to the vice-chair as it moves towards chairmanship.

64. Other PCB members did not support the creation of such a bureau. A number of PCB members did not want to endorse the creation of a bureau until there was clarity on its membership, responsibilities, decision-making procedures and relationship to the PCB. Some PCB members urged that, if a bureau were created: (a) transactions costs be contained; (b) the creation of new working methods be minimized; and (c) the bureau be comprised of a small number of clearly defined representatives. Some PCB members expressed the view that the bureau should not be entrusted with the function of approving the final version of PCB decisions, as this was more properly a function of the full PCB.

65. PCB members felt that it would be of value to the PCB to receive the Report of the UNAIDS Executive Director to ECOSOC, but that it would not be appropriate for the PCB to review the report before it was issued by the Executive Director.

66. The Chair summed up the discussion, pointing out that the PCB was in agreement on some issues and was not in agreement on others. He directed the PCB Drafting Group to crystallize recommendations for consideration by the PCB in plenary.

## **5: Progress reports**

### **5.1 Memorandum of Understanding between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria**

67. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) and Dr Purnima Mane (Chief Fund Portfolio Manager, Global Fund to Fight AIDS, Tuberculosis and Malaria) presented progress reports on the conclusion of the Memorandum of Understanding (MOU) between UNAIDS and the Global Fund (UNAIDS/PCB (14)/03.7). Dr Cravero pointed out that the MOU submitted to the PCB was finalized in consultation with the Global Fund Secretariat and with the UNAIDS Cosponsors in accordance with the principles agreed at earlier PCB meetings. Dr Cravero was pleased to inform the PCB that the Board of the Global Fund approved the MOU without amendment in June 2003. The MOU defines the roles and responsibilities of UNAIDS and the Global Fund, recognizing the Global Fund as an important new financing mechanism, and UNAIDS as a key source of strategic analysis, policy advice and technical expertise to help countries access Fund resources and implement proposals.

68. Dr Cravero characterized the MOU as an enabling framework within which the Secretariat and Cosponsors can further develop their collaboration with the Global Fund, particularly at country level. She reiterated that the relationships defined in the MOU are already well under way. The UNAIDS Secretariat and Cosponsors are helping countries to access Fund resources, including supporting the establishment and functioning of Country Coordinating Mechanisms (CCMs), the development of sound proposals, assisting CCMs in responding to Technical Review Panel comments, and supporting implementation in countries that have accessed funds.

69. Dr Cravero reconfirmed UNAIDS' commitment to making the Global Fund a success. She also pointed out that, to date, the cost of support to the Global Fund by the Secretariat alone was close to US\$3 million dollars. Hence, partial coverage of such support was reflected in the proposed UBW for 2004–2005, although the Secretariat and Cosponsors will have to continue to make substantial investments of human and financial resources at country level to support both proposal development and implementation. She stressed that the PCB's support was critical if UNAIDS was to continue to play its complementary role and help to ensure a positive return on donor investment through the Global Fund. She welcomed the PCB's support for the MOU and closer collaboration with the Global Fund.

70. Dr Mane thanked the PCB for the opportunity to describe progress achieved in the conclusion of the MOU between UNAIDS and the Global Fund. She reiterated that the MOU served to formalize and reinforce an ongoing, collaborative relationship with UNAIDS, which the Global Fund values. She pointed out that UNAIDS' roles in providing strategic analysis and policy advice on the epidemic to the Fund, particularly to the Technical Review Panel, and providing technical support to countries through proposal development and implementation, have been critical to the working of the Fund. She indicated that UNAIDS and the Global Fund are working towards further collaboration in the areas of monitoring and evaluation, as well as resource mobilization and advocacy. She closed by expressing the appreciation of the Global Fund for the collaborative spirit in which the MOU was agreed upon, but, even more so, for the manner in which UNAIDS and the Global Fund are working together.

71. The PCB welcomed the MOU as a valuable tool with which to formalize the relationship between UNAIDS and the Global Fund. It considered the MOU a positive framework for cooperation in analysis, policy advice, technical support to countries, monitoring and evaluation, resource mobilization and advocacy. The PCB reiterated its belief that cooperation between UNAIDS and the Global Fund should be based on the comparative advantages of each programme with a view to the promotion of national ownership, leadership and capacity-building in the response to HIV/AIDS. The PCB reconfirmed its view that the Global Fund should function as a mechanism for leveraging additional support to countries in their fight against HIV/AIDS. One PCB member suggested that this be clearly stated in the MOU. In this regard, the Global Fund should not replace multilateral and bilateral cooperation.

72. The PCB expected that the MOU would help recipient countries with regard to programme management, monitoring and evaluation and technical support through the planning cycles, all of which have been challenges at country level. The PCB also confirmed the various roles of UNAIDS, e.g. to bring its technical expertise in policy and country-level strategy to assist in the development of quality proposals and their implementation. The PCB welcomed the emphasis in the MOU on harmonizing monitoring and evaluation, and expressed the hope that continued efforts to harmonize would draw on existing UNAIDS monitoring and evaluation parameters. The PCB acknowledged that UNAIDS' support to the Fund represented significant additional work for UNAIDS. It pointed out that

a strong Global Fund depended on a strong UN and asked that donors bear this in mind when making their contributions to UNAIDS.

73. The PCB requested an update on the relationship and the implementation of the MOU, perhaps in the Executive Director's next report. One PCB member urged that recipient countries be involved in the review of the relationship set out in the MOU, and that the MOU be widely disseminated to potential recipient countries so that they are fully aware of the support they can expect from UNAIDS, including possible access to resources for assistance through the Programme Acceleration Funds and other Cosponsor facilities. One PCB member expressed concern that the costs of technical assistance during implementation were often not sufficiently covered, and that Principal Recipients should be allowed to 'purchase' such assistance, including from UN agencies, using Global Fund grants. The Representative from the Global Fund confirmed that this was possible.

74. Citing the fact that certain regional partnerships had already benefited from technical and financial support from the Global Fund, one PCB member suggested that the MOU be revised to include reference to regional coordinating mechanisms and UNAIDS regional-level activities. It was suggested that the word "regional" be added throughout the document, where appropriate, and that the phrase "regional coordinating mechanism" be added where "country coordinating mechanism" exists.

75. PCB members raised a procedural issue regarding the current validity of the MOU and the timing of PCB approval and asked that this be clarified and that PCB approval be better synchronized with any future reviews and revisions of the MOU.

76. The PCB approved the MOU with amendments.

## **5.2 UN System Strategic Plan on HIV/AIDS (2001-2005)**

77. Dr Werast Sittitrai (Director, Programme Development and Coordination Group, UNAIDS) provided an update on the UN System Strategic Plan on HIV/AIDS (2001–2005) (UNSSP) (UNAIDS/PCB (14)/03.6). Dr Sittitrai pointed out that the UNSSP is a unique instrument in the UN system and an important example of UN reform in action. The UNSSP reflects the UN system's recognition that HIV/AIDS presents an unprecedented and multifaceted challenge, which requires that each agency's comparative advantage and expertise be fully utilized in the response. In February 2003, the Inter-agency Advisory Group on HIV/AIDS (IAAG) agreed to update the UNSSP to reflect the UNGASS Declaration of Commitment, the current realities of the epidemic, the PCB decisions following the Five-year Evaluation and other recent developments. Over the past few months, 18 of the 29 agencies, including the Secretariat and the Cosponsors, have updated their individual plans based on a common framework. The Secretariat will continue to work with the remaining UN agencies to finish updating their plans. Another UN agency has joined the UNSSP effort, bringing the total number of UNSSP participating agencies to 30.

78. Dr Sittitrai described progress in implementing the UNSSP since 2001, the changed context of the UN's efforts, and key priorities for the updated UNSSP in 2003–2005. These priorities include: (a) strengthening UN leadership especially at country level; (b) making strategic information accessible and more useful at all levels; (c) strengthening monitoring and evaluation activities; (d) enhancing partnership development, especially with civil society and the private sector; (e) strengthening the mobilization of financial and technical resources; (f) expanding the response of the development sector in addressing HIV/AIDS; and (g) improving coordination, effectiveness, capacity-building and accountability of the UN's response. Dr Sittitrai closed by citing the PCB's request for a mid-term performance monitoring review to measure the collective progress of the UN system in implementing



the UNSSP. The Secretariat will discuss the process for this mid-term review with Cosponsors and other UNSSP agencies in preparation for the development and submission of the report to the IAAG and the PCB in 2004.

79. The PCB welcomed the progress report on the UNSSP. The PCB recognized that the UN system represents a tremendous resource in controlling the epidemic. Action by the UN can cover a broad spectrum—from specific action according to each agency's mandate and implementation of UN workplace strategies, to the provision of resources in the fight against HIV/AIDS. It urged that efforts be made to fully utilize the UN system as an HIV/AIDS resource. The PCB stated that the key to the global response is to show how the UN system adds value at global, regional and country levels. Given the scarcity of HIV/AIDS resources relative to the demands for programmes and activities at all levels, the impact and outcomes of the UN system must be made visible. The PCB urged that the relationship between the UBW and the UNSSP be complementary and not duplicative. It also called for more clarity with regard to organizations' individual responses to HIV/AIDS and the level of HIV/AIDS resources allocated and expended by them. It encouraged donor agencies to bring this issue up at the respective UN agency board meetings and to ensure consistency between their various multilateral interventions.

80. The PCB looked forward to the mid-term review of the UNSSP and requested that more information on the review and its process be made available in due course. In light of having had only a short time to review the UNSSP, one PCB member requested the right to review the report and providing input to the Secretariat as required.

81. The PCB took note of the progress to date and actions under way with regard to the performance monitoring and updating of the UNSSP (2001–2005).

## **6. Next PCB Meeting**

82. Dr Kathleen Cravero (Executive Deputy Director, UNAIDS) proposed dates for the PCB meetings to be held during the years 2004–2006. In general, it was proposed that the annual PCB meetings be held at the end of June, and the thematic meetings in mid-December. In particular, it was proposed that the 15<sup>th</sup> meeting of the PCB take place on 23–24 June 2004 in Geneva; the 16<sup>th</sup> PCB meeting be held on 14–15 December 2004, venue to be confirmed; the 17<sup>th</sup> PCB meeting be held on 28–29 June 2005 in Geneva; the 18<sup>th</sup> PCB meeting be held on 27–28 June 2006 in Geneva, and the 19<sup>th</sup> PCB meeting be held on 12–13 December 2006, venue to be confirmed.

83. The PCB agreed to these proposed dates for the next PCB meetings.

## **7. Any other business**

84. The Chair welcomed Dr Nafis Sadik, Special Envoy of the UN Secretary-General for AIDS in Asia and the Pacific, to the PCB and invited her to give a statement. Dr Sadik expressed her appreciation for the invitation and the opportunity to convey the concerns of the UN Secretary-General regarding HIV/AIDS. In spite of the continuing spread of HIV and all that has been said and done to combat it, Dr Sadik stressed that a key task remains to convince national and local authorities in parts of Asia that they must take urgent action against HIV/AIDS. Though there have been changes in the attitudes of Asian leaders, few are willing to face unwelcome realities or to stand up to say what must be said. In particular, leaders are in need of tools, especially appropriate language on how to publicly address sexual and reproductive health issues. Dr Sadik said that many leaders continue to operate under the illusion that the epidemic will confine itself to sex workers, drug users and men who have

sex with men, without realizing that these people not only have rights and legitimate needs, but also mix with the rest of the population. Dr Sadik described her efforts to work with human rights commissions and other human rights groups to protect the human rights of the most vulnerable, such as sex workers, men who have sex with men, and people living with HIV/AIDS, and to change laws and push for decriminalization in countries where such laws exist. She reiterated that, in Asia, the vulnerability of girls and women to HIV/AIDS due to the violation of their human rights and their lack of autonomy is a critical issue.

85. Dr Sadik also stressed that while the potential for further spread in Asia and the Pacific is enormous, so is the potential for successful prevention efforts. She urged the PCB and the entire international community to give more attention to Asia and the Pacific, where a major HIV/AIDS epidemic is imminent. Many countries in the region are requesting the development of intercountry and regional programmes to address pressing problems that require intercountry coordination. At country level, a mandated approach for a unified budget and workplan could also enable UNAIDS to do its work more efficiently and effectively. At present, UN programmes at country level consist mainly of individual projects, and coordination depends more on individual, rather than institutional, arrangements. Nor are there clear lines of accountability. She stressed that coordination should not be limited to the United Nations but should also include bilateral and other international donors, as well as national players. She asked the PCB to consider the importance of having one person at the country level to be fully responsible, with adequate institutional authority. In this regard, she recommended that UNAIDS reinforce the authority of the UNAIDS Country Coordinator. She closed by reconfirming that AIDS is the most serious developmental issue countries have ever faced and that it will continue to demand an extraordinary response.

86. The PCB underlined Dr Sadik's comments concerning the chaotic nature of the donor situation at country level, which undermines efforts and, in some cases, results in people working against each other. It urged that recipient governments take the lead in requiring improvements in coordination among donors and other international actors. The PCB confirmed the need for appropriate language to address issues related to sex and drug use. Pointing out that such issues relate to cultural sensitivities and are more likely to be advanced by civil society than by government, the PCB urged UNAIDS to continue to promote greater participation of civil society and people living with HIV/AIDS as one way to significantly improve the response at country level. One PCB member underlined the importance of drug use as a factor driving the epidemic, particularly in Asia and some other regions, and pointed out the need for the PCB to discuss more fully the response in terms of injecting drug use. One PCB member highlighted the need to share effective legislation and other efforts regarding the protection of human rights, blood safety, and other issues. The member also suggested much closer links between HIV/AIDS efforts and programmes to ensure the availability of reproductive and child health services. Another PCB member used the term "principle of last opportunity" to urge governments to act before people become infected and to address the human rights issues that are driving the epidemic.

87. The PCB took note of the statement of Dr Sadik.

## **8. Adoption of decisions, recommendations and conclusions**

88. The decisions, recommendation and conclusions of the 14<sup>th</sup> meeting of the PCB were prepared by a PCB Drafting Group established at the beginning of the meeting. These decisions, recommendations and conclusions were discussed and adopted in plenary prior to the closure of the meeting. They are set out in Annex 2. The Chair of the Drafting Group and those who participated in the drafting group were thanked for their excellent work.

## **Annex 1**

### **AGENDA**

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#### **Fourteenth meeting**

#### **Geneva, 26-27 June 2003**

*Place of meeting:*            *Governing Body Room, International Labour Office Building, Route des Morillons, 1211 Geneva.*

*Time of meeting:*            *09h00 – 12h30 and 14h00 – 17h00*

#### **Provisional Agenda**

##### **1. Opening :**

- 1.1 Opening of the meeting and adoption of provisional agenda
- 1.2 Election of Officers
- 1.3 Consideration of the reports of the twelfth and the thirteenth meeting
- 1.4 Report of the Executive Director, 2002-2003
- 1.5 Report by the Chairperson of the Committee of Cosponsoring Organizations
- 1.6 Report by the NGO representative

##### **2. UNAIDS Unified Budget and Workplan 2004-2005**

##### **3. Financial and budgetary updates 1 January 2002 -31 March 2003**

##### **4. Report from the PCB Working Group on UNAIDS Governance**

##### **5. Progress reports:**

- 5.1 Memorandum of Understanding between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria
- 5.2 UN System Strategic Plan on HIV/AIDS 2001-2005

##### **6. Next PCB meeting**

##### **7. Any other business**

##### **8. Adoption of decisions, recommendations and conclusions**

## **Annex 2**

### **DECISIONS, RECOMMENDATIONS AND CONCLUSIONS**

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#### **Agenda item 1.1: Opening of the meeting and adoption of the provisional agenda**

1. The PCB adopted the provisional agenda, as amended.

#### **Agenda item 1.2: Election of Officers**

2. Zambia was elected as Chair, Canada as Vice-chair and the Netherlands as Rapporteur.

#### **Agenda item 1.3: Consideration of the reports of the twelfth and thirteenth meetings**

3. The PCB adopted the report of the Twelfth meeting and the report of the Thirteenth meeting, as amended.

#### **Agenda item 1.4: Report of the Executive Director**

4. In light of the substantial needs for additional support to countries in implementing actions to meet the goals and targets of the UNGASS Declaration of Commitment on HIV/AIDS, the PCB endorses the plans of UNAIDS to expand the provision of technical support at country level, in particular in the areas of monitoring and evaluation, partnership development and resource mobilization.
5. The PCB requests UNAIDS and encourages other development partners to promote the harmonization and simplification of the rules, procedures and operations in support of country planning and implementation in a more effective manner.
6. The PCB notes the progress in the implementation of its decision of December 2002 that UNAIDS Country Coordinators be placed in a greater number of countries and recognizes their essential role to the good functioning of UN Theme Groups on HIV/AIDS and UN Country Teams.
7. The PCB notes the key role played by UNAIDS in assessing global resource needs in responding to HIV/AIDS and in tracking resource flows, and the extent to which this has contributed to resource mobilization. The PCB urges UNAIDS, and in particular the Secretariat, to expand its efforts in resource tracking, in conjunction with relevant global, regional and national partners.
8. The PCB notes with appreciation the essential support provided by UNAIDS in assisting countries to access resources from various financial channels for their national AIDS programmes, such as the World Bank's Multi-Country HIV/AIDS Programme (MAP) and the Global Fund to fight AIDS, Tuberculosis and Malaria and other multilateral and bilateral mechanisms, and urges UNAIDS to continue its work in this area.
9. The PCB notes with concern the increasing feminization of the epidemic, emphasizes the central role of women in the response to HIV/AIDS, and welcomes UNAIDS plans to mount a major

effort to increase women's access to HIV prevention and care services, support girls' education, reduce violence against women and support women's legal rights and economic security (including through property and inheritance rights).

10. The PCB urges UNAIDS to take all necessary steps, in conjunction with other UN system agencies, including the World Food Programme and the Food and Agriculture Organization, to coordinate UN system responses to the combined impact of HIV/AIDS and food insecurity, particularly in sub-Saharan Africa, through the integration of emergency, humanitarian and development responses, joint programming opportunities, and integration of HIV/AIDS into vulnerability assessments and consolidated appeals processes.
11. The PCB urges UNAIDS to intensify ongoing work with its partners to fight stigma, discrimination and marginalization, in order to reduce their impact, and encourage governments to secure the rights of vulnerable populations and people living with, and affected by, HIV/AIDS.
12. The PCB takes note of the significant progress achieved in promoting HIV/AIDS prevention, care, treatment and support through greater leadership and political commitment, increasing financial resources, and more affordable HIV medicines and commodities. The PCB requests UNAIDS to continue its work in these areas and to intensify its support to countries in scaling up their national programmes, in particular through human resources capacity building, technical assistance, and strengthening partnerships especially with associations of people living with HIV and other members of civil society. The PCB urges Member States of the World Trade Organization to promote access to treatment in developing countries consistent with the World Trade Organization Declaration on TRIPS and Public Health (Doha Declaration).
13. The PCB notes progress in the implementation of multisectoral responses to HIV/AIDS, and urges UNAIDS to continue its work in building capacities, particularly in least developed countries, in order to respond to the epidemic across all sectors, by integrating HIV/AIDS into development instruments especially Poverty Reduction Strategy Papers and sector-wide approaches.
14. The PCB encourages linkages between the Executive Director's annual report and the UBW, and in particular requests that the Executive Director's annual report should include tangible achievements attained by UNAIDS through the implementation of the UBW and reflect the specific contributions of the Cosponsors and the Secretariat.

#### **Agenda item 1.5: Report by the Chairperson of the Committee of Cosponsoring Organizations**

15. The PCB expresses its appreciation to the CCO chair for the extensive report on the work of the Cosponsors and the high level representation, including by Executive Heads, at this PCB meeting.
16. The PCB requests the Cosponsors to report to the PCB annually on their work, focussing on country level progress and challenges in meeting their objectives.

#### **Agenda item 1.6: Report by the NGO representative**

17. The PCB welcomes the report of the NGO Representative and, in particular, requests that the UNAIDS Secretariat and Cosponsors continue prioritizing support to communities and vulnerable groups in budgeting and in programme implementation, and clearly reflect funding allocation for

these groups in the UBW reporting.

18. The PCB confirms that NGO delegates are represented by organizations and not individuals; confirms that the maximum term of office for any NGO delegate is three years; and approves exceptionally a one-year extension of term for OASIS as the NGO delegate for Latin America and the Caribbean.

## **Agenda item 2: UNAIDS Unified Budget and Workplan 2004-2005**

19. The PCB commends the Secretariat and Cosponsors for their presentation of the 2004-2005 UBW, which responds fully to the decisions of the PCB following the external evaluation of UNAIDS and is now a more user-friendly and transparent document. The PCB takes note of the use of thematic and regional consultations to sharpen the strategic focus of the 2004-2005 UBW and to promote coordinated action by UNAIDS.
20. The PCB endorses the strategies and approaches contained in the 2004-2005 UBW, in particular its strategic thrust to enable countries to scale up their national response to the epidemic;
21. The PCB approves the core budget of US\$250.5 million and the proposed distribution of those resources as follows: US\$85.7 million for Cosponsors; US\$91.2 million for the Secretariat; and US\$73.6 million for interagency activities;
22. The PCB approves the additional interagency core budget of US\$20 million, subject to availability of funding beyond the \$250.5 million core budget;
23. The PCB recognizes that the approval of this UBW implies a moral responsibility for all countries to fully fund it, in accordance with the principle of burden-sharing.
24. The PCB notes with satisfaction the increases in the Cosponsors' own resources and takes note of the supplemental budgets for HIV/AIDS contained in the UBW which is a tangible expression of their increased capacity, commitment and concrete action to fight HIV/AIDS; and encourages the Cosponsors to continue to expand their action in this area and to report to their Governing Bodies on an annual basis.
25. The PCB encourages the Cosponsors to include in the UBW report information on their country level spending for HIV/AIDS activities.
26. The PCB encourages UNAIDS to further integrate a results-based management framework into the next UBW and to explicitly link the desired results with the different comparative advantages of the Cosponsors.
27. The PCB encourages the Secretariat and Cosponsors to continue to strengthen performance monitoring of the implementation of the UBW.
28. The PCB encourages UNAIDS to review periodically the allocation of funds and the balance between the various regions and areas of work.

**Agenda item 3: Financial and budgetary updates 1 January 2002 – 31 March 2003**

29. The PCB takes note of the interim financial information for the 2002-2003 biennium and encouraged donor governments and other partners who have not yet done so to release their 2003 contributions towards the UBW for 2002-2003.
30. The PCB also notes with appreciation the progress achieved to date in the construction project for the new UNAIDS premises in Geneva and calls on the Secretariat to continue updating and consulting the PCB on this issue and on any other related costs.

**Agenda item 4: Report from the PCB Working Group on UNAIDS Governance**

31. The PCB appreciates the report of the former chair of the PCB on the discussion on governance in the Joint Boards of UNDP, UNFPA, UNICEF and the World Food Programme (WFP).
32. The PCB notes with appreciation the work of the co-chairs of the Working Group on Governance, the consultative process and the timely delivery of their report.

With regard to the Report of the PCB Working Group on UNAIDS Governance,

33. The PCB recommends that thematic round tables or panel discussions be organized at subsequent PCB meetings on issues of strategic importance in the response to HIV/AIDS and the role of UNAIDS;
34. The PCB requests the Secretariat, in consultation with the Chair and Vice-Chair of the PCB, to propose for decision the mandate, roles, functions, and membership of a Bureau, if it is desirable to establish, at the next PCB meeting.
35. The PCB requests the Chair of the PCB to forward PCB recommendations to the Chairs of the governing bodies of Cosponsors, in order to encourage them to discuss and act upon the relevant decisions by their respective governing bodies on an annual basis;
36. The PCB decides to consider ways to foster improved reporting from Member States and NGOs, making use of existing mechanisms, wherever possible; to reduce transaction costs; and avoid duplication as additional measures to the ongoing monitoring activities of the Programme through the Secretariat and Cosponsors. These could include inviting Member States and/or NGOs to report on their situations/actions on a regular basis according to specified criteria, and more intense in-depth report from countries on a rotational basis and occasional presentations by Theme Groups to the PCB.
37. The PCB requests regular reporting from the Secretariat on actions taken on PCB decisions, to be reflected in the annual report of the Executive Director, and that the biennial report by the Secretary-General on UNAIDS to ECOSOC is transmitted to the PCB as soon as it is in the public domain.
38. The PCB refers to the PCB Chair to determine, at his discretion, any action for addressing the recommendations in the report which were partially agreed.

## **Agenda item 5: Progress reports**

### **5.1: Memorandum of Understanding between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria**

39. The PCB welcomes and approves with amendments the Memorandum of Understanding between UNAIDS and the Global Fund as an enabling framework within which the Secretariat and Cosponsors can further develop their collaboration with the Global Fund, in order to support programmes at country level.
40. The PCB welcomes the clear delineation of complementary roles and responsibilities between UNAIDS and the Global Fund. This includes recognition both of the Global Fund as an important new financing mechanism and of UNAIDS as a key source of strategic analysis, policy advice and technical expertise to help countries access the resources of the Global Fund. One of the central founding principles of the Global Fund is reliance on local development partners for the provision of policy and technical support to Country Coordinating Mechanisms, principal recipients and other national partners and processes. The PCB further recognizes that a strong Global Fund requires a strong UN.
41. The PCB recognizes the financial and human resources being devoted by UNAIDS in support of countries to access additional resources and implement programmes as well as in support of the Global Fund. It urges that the additional demands that this places on UNAIDS be borne in mind in decisions concerning contributions to UNAIDS. It notes that the proposed UBW for 2004-2005 includes provisions for continuing this support, which should remain a central part of UNAIDS' work during the next biennium.

### **5.2: UN System Strategic Plan on HIV/AIDS 2001-2005**

42. The PCB takes note of the effort to update the UN System Strategic Plan 2001-2005 and encourages the UNSSP participating agencies to continue to update their plans to ensure greater relevance and response of the UN's action in support of national efforts.

## **Agenda item 6: Next PCB meeting**

43. The PCB decides that the 15<sup>th</sup> meeting of the PCB will take place on 23-24 June 2004 in Geneva. The PCB further decides in principle that the 16<sup>th</sup> PCB meeting will be held on 14-15 December 2004, place to be confirmed; that the 17<sup>th</sup> PCB meeting will be held on 28-29 June 2005 in Geneva; that the 18<sup>th</sup> PCB meeting will be held on 27-28 June 2006 in Geneva and that the 19<sup>th</sup> PCB meeting will be held on 12-13 December 2006, place to be confirmed.

## **Agenda item 7: Any other business**

44. The PCB notes with appreciation the report of the Special Envoy of the UN Secretary-General on HIV/AIDS in Asia and the Pacific.
45. The PCB urges that intensified action be undertaken in the Asia and Pacific region by UNAIDS, in light of an HIV/AIDS epidemic which, despite current low prevalence levels in many countries, is



likely to grow dramatically in the absence of an expanded response.

46. The PCB supports the need to focus efforts on strengthening national capacity to coordinate and implement responses to HIV/AIDS, and for improved coordination among donors and governments, including greater harmony with the UN system. In addition, the PCB recognizes the need to strengthen the ability of UNAIDS to fulfil its role at country level.
47. The PCB urges UNAIDS and its development partners to further strengthen the links between the areas of child health, sexual and reproductive health and rights, and HIV/AIDS so as to improve the effectiveness of poverty reduction strategies.

**Agenda item 8: Adoption of decisions, recommendations and conclusions**

48. The PCB adopts the decisions, recommendations and conclusions of the fourteenth PCB meeting.

15.07.2003

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