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**Report of the Nineteenth Meeting of the UNAIDS  
Programme Coordinating Board  
Lusaka, 6–8 December 2006**

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## **1: Opening**

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

The 19<sup>th</sup> meeting of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board (PCB) took place at the Mulungushi Conference Centre in Lusaka, Zambia, on 6–8 December 2006. This was a thematic meeting on the implementation of the response to the AIDS epidemic at country level. Participants are listed in Annex I.

As requested by the US delegation, the issue of the establishment of an international day on HIV testing was added to the provisional agenda for the meeting to be considered under other matters. The agenda was adopted as amended.

The Chair opened the meeting by thanking the PCB's Zambian hosts, noting the impact that the previous day's field visits had had in reminding PCB members of the severity of the devastation brought to individuals and communities by AIDS.

After recalling some of the key AIDS-related events in 2006, including the General Assembly High-Level Meeting on AIDS, the Chair said that, as underlined by the theme of the 2006 International AIDS Conference, the time has come to transform promises into action.

The need for coordination of responses and sustainability of solutions were outlined by the Chair as key elements of an effective response, together with a move towards concretion involving among other things: addressing AIDS and security issues; tapping the potential role of the private sector in the AIDS response; addressing women's vulnerability particularly with respect to sexual and reproductive health and rights; making progress on the health systems front.

In referring to the governance of the programme, the Chair pointed to the need for members to find ways to give strategic direction without getting involved in day-to-day management. The need to fully integrate governance processes and mechanisms with UN reform was also emphasized.

Finally, the Chair concluded addressing three issues: the need for the PCB to keep the Secretariat size and capacity in mind when considering new tasks to be performed; the need for all stakeholders to be accountable for commitments made on AIDS; and the need for stronger cooperation between governments and civil society.

### **1.2: Confirmation of Officers**

In accordance with agreed procedures, Sweden served as Chair for the meeting, Thailand served as Vice-Chair and Australia was Rapporteur.

Recalling that it was not possible to report on PCB NGOs (nongovernmental organizations) elections at the last regular session in June 2006, the Chair informed the Board that as of 1 January 2007 the NGO representation to the Board will be as follows:

**Africa:** Rwanda Women's Network represented by Ms Mary Balikungeri as the main delegate; and Cameroonian Network of Associations of People Living with HIV/AIDS (RECAP+) represented by Mr James Kayo as the alternate delegate;

**Asia Pacific:** Asia Pacific Network of People Living with HIV/AIDS (APN+) represented by Ms Rachel Ong as the main delegate; and Gram Bharai Samiti (GBS) represented by Mr Bhawani Shanker Kusum as the alternate delegate

**Europe:** YouAct represented by Mr Paulo Vieira as the main delegate; and Russian Harm Reduction Network represented by Mr Vitaly Zhumagaliev as the alternate delegate;

**Latin America and the Caribbean:** Rede Latinoamericana de Reducao de Danos (Relard) represented by Ms Sandra Batista as the main delegate; and Bolivian Network of people living with HIV/AIDS (REDBOL) represented by Ms Gracia Violeta Ross as the alternate delegate;

**North America:** Interagency Coalition on AIDS and Development (ICAD) represented by Mr Michael O'Connor as the main delegate; and International Women Health Coalition represented by Ms Zonibel Woods as the alternate delegate.

### **1.3: Statement of the Executive Director**

Dr Peter Piot (Executive Director, UNAIDS) thanked the PCB's Zambian hosts, noting the considerable progress made in Zambia, especially at the grassroots level, in strengthening the AIDS response. A moment of silence was observed in memory of Mr Omololu Falobi, former PCB NGO member for Africa who had tragically passed away.

Dr Piot observed that the global epidemic is still progressing with an estimated 4.3 million new infections in 2006, including a 50% increase in infections over the last two years in Central Asia and Eastern Europe and worrying resurgence of the epidemic in some countries that had earlier made headway. Real progress has been achieved in the AIDS response, with expenditures of nearly US\$ 9 billion directed towards AIDS-related programmes in low- and middle-income countries in 2006, an increase over the US\$ 8.3 billion spent in 2005. These financial resources are generating positive returns, with nearly 2 million people receiving antiretrovirals. HIV prevalence among young people is also on the decline in many countries, including Zambia. The 2.9 million AIDS deaths in 2006, however, illustrate the sobering challenges of the AIDS response. He said the spread of multidrug-resistant tuberculosis underscores the need to integrate HIV and TB efforts.

In the second half of 2006, UNAIDS had three principal objectives: **first**, to start turning commitments of the Political Declaration on HIV/AIDS from the High Level Meeting into meaningful action; **second**, to highlight HIV prevention among women; and **third**, to strengthen the unity and coordination of the UN system at country level.

As of December 2006, 84 countries had established national targets towards universal access with significant support from UNAIDS and these were being published on the UNAIDS web site, with the aim of increasing transparency. Most countries have established treatment targets, but prevention targets often remain weak. Few countries, for example, have agreed on targets for sexual behaviour change, gender equality, HIV testing and other key prevention-related issues. In all cases, it is vital to ensure that civil society and in particular, people living with HIV, serve as equal partners in the AIDS response.

Dr Piot said he was gratified to observe the high priority placed on HIV prevention at the 2006 International AIDS Conference in Toronto and UNAIDS led several activities to support this “return of prevention”. UNAIDS launched a “Unite for HIV prevention” partnership among a wide range of actors to build vocal constituencies for HIV prevention which is expected to gain further momentum in 2007. A practical guideline for intensifying HIV prevention in diverse epidemiological scenarios is also available.

Encouraging movement is apparent on policy and practice pertaining to HIV testing, with the World Health Organization (WHO) and the UNAIDS Secretariat having released, for consultation, a set of revised guidelines to promote greater uptake of voluntary HIV counselling and testing. The UN General Assembly adopted a resolution entitled “International Voluntary HIV Counselling and Testing Day.” UNAIDS stands ready to work with governments and civil society to implement a testing day at country level.

Dr Piot noted that as injecting drug use has increased as a source of HIV infection in many countries, the United Nations Office on Drugs and Crime (UNODC) has increased its work in this area. The World Health Organization (WHO) is leading efforts of the Joint Programme to anticipate implementation of adult male circumcision for HIV prevention, and UNAIDS is intensifying its efforts on HIV prevention among men who have sex with men. With the support of the UNAIDS Regional Support Team in Johannesburg and the harmonized efforts of six UN agencies, the Southern African Development Community is spearheading an initiative to implement the African Union’s commitments on HIV prevention. In its work with countries, UNAIDS is stressing the importance of “knowing your epidemic” in order to tailor HIV prevention strategies to documented national needs.

Monitoring and evaluation remains a top concern for UNAIDS, which has placed more than 40 monitoring and evaluation officers in country offices. Further thematic analysis of data is being conducted. In response to a request from the PCB, UNAIDS is working to improve and update resource needs and tracking of global and resources projections and monitoring country levels over the next five years. UNAIDS is also evaluating NGO participation in the PCB, with the goal of strengthening meaningful civil society engagement in the governance of the Joint Programme (an area UNAIDS has been pioneering as in other aspects of UN reform) and its operations. The results of this evaluation will be reported to the PCB at its annual meeting in June 2007.

Dr Piot stressed the progress made in strengthening the UNAIDS Secretariat which now has staff in 85 countries. An overhaul of the resources management services will be implemented in 2007 and the first phase of the pay for performance pilot exercise and staff mobility policy were implemented. Beyond being an office, it is hoped that the new headquarters building will become a centre for dialogue on AIDS.

Dr Piot noted that the focus of the 19<sup>th</sup> PCB meeting is implementation of the AIDS response at country level which provides an opportunity to assess the Joint Programme’s success in implementing PCB decisions concerning country level action on AIDS. Dr Piot said the biggest challenge facing the AIDS response involves “making the money work” to achieve results on the ground but also a requirement for sustained and increased funding for AIDS. He observed that the complementarity in

the work of UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria is still to be turned into real synergy. He expressed concern about duplication of work on technical assistance. He encouraged members of the PCB and the governing board of the Global Fund to take the same positions when they attend meetings of both bodies and fund both the Global Fund and the technical agencies ensuring that its “money works.”

UN agencies are working to implement the recommendations of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors, Dr Piot reported. While strong UN teams are functioning well in several countries, Dr Piot stressed the need to extend such success to all countries and pledged to work with the Executive Heads of UNAIDS Cosponsors to implement joint UN teams. He expressed surprise that the Report of the Secretary-General’s High Level Panel on UN System Wide Coherence did not address the need for systematic incentives to encourage improved collaboration at country level. Dr Piot and Mr Kemal Dervis, Administrator of the United Nations Development Programme (UNDP), recently signed a joint letter to all UNDP staff regarding UN coherence and cooperation in countries. Dr Piot announced that UNAIDS had determined to grant Programme Acceleration Funds only to programmes that adhere to a joint framework for action on AIDS and demonstrate accountability. He called for donors to fund AIDS activities by UN agencies in countries only if they are part of a joint programme and correspond to the PCB agreed division of labour. He further stressed that “making the money work” also requires greater involvement of civil society and a more harmonized donor response.

Dr Piot said the world is entering a new phase of the global AIDS response. In addition to responding to immediate challenges, the global community will need to plan now and integrate into today’s work a response that can be sustained for a generation or more. He identified some of the key challenges as follows: 1) keeping AIDS as a top political priority at global and national level recognizing the exceptionality of AIDS and building a strong political coalition; 2) full and predictable funding based on proven results and using innovative financial mechanisms and special measures such as reducing drug unit costs; 3) resolute scaling up towards universal access to HIV prevention and treatment with appropriate attention to the human resource crisis; 4) addressing the fundamental drivers of the epidemic including gender inequality, stigma and discrimination, and deprivation in general; and 5) ensuring greater and sustained investment in developing new technologies (microbicides and other female-controlled prevention methods, new AIDS drugs, vaccine) along with putting in place mechanisms to ensure wide and fair access.

Dr Piot noted that UNAIDS is making gender a cross-cutting issue for the Joint Programme besides human rights and the involvement of people living with HIV. Recalling earlier skepticism regarding the funding and feasibility of introducing antiretrovirals in resource-limited settings, he stressed that the long-term challenges posed by the epidemic, while daunting, are solvable. He highlighted the role of UNAIDS in setting this long-term agenda as identifying options for solutions, generating public debate and mobilizing a wide range of constituencies looking into the next 25 years of the epidemic. Dr Piot asked the PCB to allocate US\$ 1 million to start this process and strengthen the Joint Programme’s capacity to engage in long-

term strategic planning for the AIDS response including through the new Strategy Unit of the UNAIDS Secretariat.

Dr Piot thanked all donors present at the PCB meeting for their continued and growing financial support for UNAIDS. He said the Unified Budget and Workplan for 2008–2009, which will be submitted for PCB endorsement in June 2007, will include some increases in funding to enable the Programme's support to countries in their AIDS efforts.

Dr Piot noted the 19<sup>th</sup> PCB meeting was occurring at a time of some transition for the UN and the Joint Programme. Dr Piot praised the personal leadership of the outgoing Secretary-General Kofi Annan. The incoming UN Secretary-General, Ban Ki-moon has already expressed his strong commitment to prioritize the AIDS response. The Joint Programme, and the world at large, lost a committed AIDS champion with the sudden death of Dr Lee Jong-wook, the late Director-General of WHO. Jim Morris, current Chair of the Committee of Cosponsoring Organizations and a strong AIDS supporter who greatly contributed to intensified action on AIDS, food security and nutrition, is also leaving as head of the World Food Programme.

In his concluding remarks, Dr Piot also highlighted the society-wide devastation caused by AIDS in Southern Africa. The region requires no less than exceptional national leadership as well as being considered top priority by all development partners. This includes addressing the drivers of the epidemic—in particular gender inequality and socioeconomic and cultural environment—as well as ensuring the most favorable financing conditions for the AIDS response and restoring human capacity.

Following the Executive Director's presentation, the PCB applauded his emphasis on HIV prevention, including the importance of addressing the epidemic's fundamental drivers, and for countries to “know their epidemics” to optimize strategies and their impact based on local dialogue and the socioeconomic context. The PCB cited factors that continue to impede a more effective response, including limited human resources, HIV stigma and discrimination and gender inequality. The challenge of providing HIV prevention and treatment for mobile populations and changing men's behaviour was also noted, and it was observed that new infections remain heavily concentrated among young people. The PCB also stressed the link between HIV and sexual violence and the attention to be given to the specific situations of conflict and humanitarian emergencies. Some member countries reported that they are already beginning to embrace the International Voluntary HIV Counselling and Testing Day. The PCB cautioned that the number of AIDS orphans is expected to rise considerably by the end of the decade, placing enormous stress on overburdened social services and community structures.

Recognizing the exceptionality of AIDS, the PCB stressed the link between AIDS and the long-term development agenda as well as the challenges that AIDS poses to health-care systems. PCB members expressed strong support for UNAIDS engagement in strategic thinking to guide the current and future work for the long-term response to AIDS, including through adequately funding this agenda and support to the new strategy unit as requested by Dr Piot.

The PCB stressed the need for continued reform to: ensure harmonized action at country level; overcome bureaucratic bottlenecks; move with more urgency; and

encourage responsibility and accountability among member states, the UN and other development partners, in support of national ownership and leadership. The PCB encouraged UNAIDS to review the recommendations of the Secretary-General's High-level Panel on UN System Wide Coherence and its implications for UNAIDS. The PCB favourably acknowledged the Joint Programme's intention to reserve Programme Acceleration Funds solely for Joint UN Teams on AIDS and Joint Programmes of Support.

The need for stronger engagement of civil society at all levels in global and national AIDS responses was underscored. The PCB further noted the potential role of South-South collaboration in building national capacity on AIDS. It was determined that in future PCB meetings, all members would have an equal opportunity to speak, revising existing procedures stipulating that NGO representatives could speak only after government representatives had spoken.

The PCB endorsed the Joint Programme's commitment to work with the Global Fund to Fight AIDS, Tuberculosis and Malaria to ensure systematic cooperation and collaboration in responding to the epidemic. It was noted that additional technical assistance is required to ensure effective implementation of grants awarded by the Global Fund.

The importance of tracking resource flows was also acknowledged, as was the need for ownership and further refinement in the methodology for estimating future resource needs. The PCB also noted the potential of the private sector to contribute to the AIDS response.

In response to the various contributions of PCB members, Dr Piot said he welcomed a robust discussion on UNAIDS governance and in particular, how to meaningfully increase NGO participation. The related ongoing review should help inform further PCB discussion on this in June. Other support from UNAIDS to civil society at global and country levels will also continue. He reiterated gender, stigma and discrimination and greater involvement of people living with HIV as cross-cutting priorities to be strengthened. Dr Piot said AIDS provided new challenges but also potential opportunities to strengthen health systems. With respect to the epidemic's gender dimensions, Dr Piot agreed that it was essential to change the behaviour and attitudes of males. He stressed how efforts should now focus on implementing the HIV prevention policy at the local level based on dialogue and what works in specific contexts even if local data remains sparse. He confirmed his determination to address bureaucratic bottlenecks including through modern and transparent communication tools. UNAIDS is reviewing the recommendations of the Secretary-General's High-level Panel on UN System Wide Coherence, especially for country-level work, and will continue investing in the UN reform agenda. Efforts will be done to ensure a more coordinated UN response for young people. He explained that the resource estimate exercise will include reviewing the methodology with critical constituencies and look at possible scenarios as part of the long-term agenda development. He welcomed the decision by the German Government to use its upcoming European Union presidency as an advocacy forum for AIDS in the European region. Finally, he thanked the PCB members for their support for the long-term agenda which will require creative thinking and he confirmed his personal commitment to develop it.



The afternoon session of the first day started with an address by His Excellency the Honorable Mr Rupiah Banda, Vice President of Zambia. He noted that Zambia has been heavily affected by AIDS, with an estimated 16% of all adults currently living with HIV. Infections are higher among women than men, and roughly 40% of infants born to HIV-infected mothers are also infected. The Zambian Government has embarked on a national, multisectoral response that is coordinated by the National AIDS Council. The country's goal is to begin to reverse the epidemic's spread and impact by 2010. According to the Vice President, the Government actively partners with businesses, civil society, bilateral donors and multilateral organizations in responding to AIDS. AIDS programmes have been scaled up in all parts of the country, AIDS has been incorporated into the national development agenda, and the country has actively worked to implement the "Three Ones" principles. Key elements of the national response include treatment and care, with improved referrals and follow-up; prevention of mother-to-child transmission; improved laboratory services; voluntary counselling and testing; nearly 100% coverage of blood screening; behaviour change programmes; and support for orphans and vulnerable children. The Vice President reported that Zambia is providing antiretrovirals to 70 000 people in 146 sites throughout the country (out of 200 000 nationwide who need treatment services). The country is also the site for a clinical trial on an experimental AIDS vaccine. With as many as 20% of the country's children likely to be orphaned by AIDS by 2015, the Government has implemented universal basic education, life skills programmes and school-based AIDS education.

Dr Piot acknowledged the commitment of the Zambian Government and asked the Vice President to express his appreciation to the President and First Lady for their strong leadership on AIDS.

## **2: Progress in implementation and coordination of the national AIDS response**

Mr Michel Sidibe, Director of the UNAIDS Country and Regional Support Department, summarized the links between the "Three Ones" principles and the process for establishing targets towards universal access. Mr Sidibe noted the encouraging progress at country level in establishing national targets, as well as the strong participation of civil society in target-setting processes in many countries. He cited the urgent need to harmonize the efforts of all partners and noted that the harmonization agenda challenges the international community to change systems, priorities and practices. UNAIDS has piloted the Country Harmonization and Alignment Tool in nine countries and were supporting the development of guidelines for civil society involvement in implementation of the "Three Ones".

As a prelude to parallel roundtables on various aspects of country level implementation and coordination, the PCB heard three presentations. Ms Mariângela Simão (Director, National STD and AIDS Programme, Ministry of Health Brazil) reflected on the experience of Brazil in addressing the question, "What or who is the national authority?" Brazil formally provides for universal health-care access: 70% of the population relies on the country's decentralized national health system. Civil society representatives make up 50% of state and municipal health councils. The Health Ministry is accountable for the national AIDS response in Brazil, and the country's consultative body is the National HIV/AIDS Commission. An expanded UN Theme Group on HIV/AIDS works with national authorities and actively supports harmonization and alignment of all partners. Brazil served as a pilot country for the

Country Harmonization and Alignment Tool. The Latin American region benefits from various horizontal technical cooperation groups. Summarizing lessons learnt, Ms Simão said it was challenging to strike the appropriate balance with respect to the involvement of civil society. National government and international donors do not always have the same goals, making harmonization and alignment difficult to achieve. Avoiding dependency on international donors is often challenging for many developing countries.

Ms Olayide Akanni (Journalists Against AIDS, Nigeria) discussed the importance of involving civil society in the AIDS response. In 2006, 60% of countries have costed national AIDS frameworks, yet civil society involvement has often been minimal with respect to the development, implementation or monitoring of the national response. Of the 50% of countries that reported having a framework for monitoring and evaluation, several said civil society was involved in its development, although many civil society groups are poorly informed about monitoring and evaluation. A consultation with bilateral and multilateral partners on the “Three Ones” in Nigeria in 2005 reflected the need for greater coordination among civil society, a priority that has since been addressed by the creation of an Abuja-based forum for civil society coordination. It was observed that civil society sometimes has an insufficient understanding of the “Three Ones” and typically requires additional resources and networking mechanisms to participate fully in implementation of strategies and programmes. Ms Akanni reported that no mechanisms presently exist to measure civil society involvement in efforts to achieve universal access. He emphasized the need to involve civil society in the implementation of the Country Harmonization and Alignment Tool.

H.E. Mrs Sigrun Møgedal (Ambassador, Ministry of Foreign Affairs, Norway) discussed how donors can support a single national initiative towards universal access. She observed that donors are a diverse group, including public and non-state partners. As a result of the multiplicity of external funding streams, there is often little coherence in the efforts of donors from countries belonging to the Organisation for Economic Co-operation and Development. Although public sector support represents the largest share of donor support, donors also include NGOs, UN agencies and the private sector. A number of factors hinder donor support for a single national framework, including the fact that different actors often have widely varying perceptions of reality.

The PCB divided into four discussion groups to analyze particular aspects of national implementation and coordination of the national response. Rapporteurs in each group reported in a plenary session on the conclusions and recommendations reached in each group discussion.

Reporting for the group that focused on implementation and accountability for results, Ms Zonibel Woods (Observer, the International Women’s Health Coalition), stressed the importance of developing monitoring and evaluation tools capable of assessing the nature and degree of civil society involvement. She also noted the importance of providing financial support to build the capacity of civil society groups to participate as full partners in the national response. It was reported that a major benefit of joint reviews is the opportunity afforded for interaction of diverse stakeholders involved in the national response. Ms Woods cautioned that joint reviews sometimes focus

exclusively on financial issues rather than on implementation. The importance of full harmonization and alignment was stressed.

Mr Geoff Adlide (Counsellor, Permanent Mission, Australia) reported on behalf of the group that had focused on coordination, inclusion and strengthening institutional capacities. He observed that full inclusion of most-at-risk populations, such as men who have sex with men and people who inject drugs, is often impossible because the behaviours in which they engage have been criminalized. He stressed the need for measures to build civil society capacity and to improve the transparency of the selection of members of AIDS coordinating bodies. He also said mechanisms for implementation and coordination of the national response should not be externally imposed but should be developed and owned by countries themselves. The need to respect coordinating mechanisms in countries and supporting the use of and continued strengthening of established and agreed systems was of particular importance.

The third group had examined the challenge of effective country level harmonization to achieve universal access, with a particular emphasis on improving monitoring. Dr Abdelkader Bacha (International HIV/AIDS Alliance), on behalf of the group, reported that experiences in the Democratic Republic of the Congo and the Russian Federation indicate that the Country Harmonization and Alignment Tool is highly useful and can be applied in diverse national situations. The group observed that civil society is often insufficiently engaged in monitoring and evaluation efforts and requires support to build adequate capacity. In rolling out the Country Harmonization and Alignment Tool, UNAIDS should aim to strengthen national ownership and capacity. Donors should avoid a “silo approach” to AIDS assistance and become fully integrated in national processes. Donors should also not impose their conditions and systems but function in a partnership with other stakeholders. The need for harmonization of reporting mechanisms to donors to alleviate burdens for countries were also highlighted. National consultations involving all stakeholders, including donors and civil society, provide a potentially useful vehicle to “sell” harmonization to external stakeholders. It was suggested that peer review of the experiences of the nine countries in which the Country Harmonization and Alignment Tool was piloted could help inform implementation of the tool in other countries.

Ms Rachel Ong (NGO delegate, Asia and Pacific region) reported on behalf of the fourth group, which had analyzed lessons learnt from national target setting for universal access. Key barriers to universal access identified by the group included insufficient human capacity in health systems, inadequate national ownership of the targets and extremely low coverage for key interventions. The partnership between government and civil society is frequently ad hoc, and much work remains to ensure full harmonization of effort. It was of particular importance to look at improving the selection process of civil society in the target setting process to avoid national AIDS authorities handpick their preferred civil society organizations. The group recommended increased financial assistance to countries to avoid funding gaps, implementation of transparent mechanisms to facilitate civil society involvement, and initiatives to build the capacity of civil society groups.

In response to the presentations of the group rapporteurs, the PCB recognized the need for continued follow-up support for national target-setting towards universal access to comprehensive HIV prevention programmes, treatment, care and support. The PCB particularly emphasized the importance of facilitating coordinated strategies

to overcome obstacles to scaling up. The importance of gender disaggregation of targets was noted by the PCB. UNAIDS was asked to report on progress in national target-setting at the 20<sup>th</sup> meeting of the PCB in June 2007, making use of additional data sources, including independent reports from civil society and academic institutions.

The PCB emphasized that experiences in diverse countries underlined the importance of actively engaging civil society in implementation of national strategies and programmes. The PCB welcomed the development by UNAIDS of Civil Society Guidelines to strengthen the meaningful involvement of civil society, especially people living with HIV, in national AIDS responses. The PCB further called for greater involvement and partnership of non-state actors in policy-setting and information-sharing processes in national AIDS responses. UNAIDS was urged by the PCB to use its facilitating role to assist national authorities in fulfilling their commitments to work with civil society.

The PCB noted the importance of the Country Harmonization and Alignment Tool for increasing country level accountability. To be effective, the tool requires strong national ownership. Acknowledging its potential to identify opportunities for promoting improved harmonization and alignment, the PCB requested that, in December 2007, UNAIDS report on its implementation progress. It was observed that difficulties have arisen in some countries with regard to the respective authority and status of the National AIDS Council and the Country Coordinating Mechanism of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The need for greater adherence by donors to the principles articulated in the 2005 Paris Declaration on Aid Effectiveness was noted. The PCB asked UNAIDS to present the final report of the Global Task Team Independent Assessment to the PCB at its 20<sup>th</sup> meeting in June 2007.

### **3: Multilateral support at country level**

Mr Elhadj Sy (Director, HIV/AIDS Group, UNDP) introduced the item by saying that national AIDS responses should be the joint effort of all stakeholders under the leadership of the national government. Coordination, harmonization and alignment are essential for the success of national efforts. In recognition of the Global Task Team's finding that many countries are facing serious barriers to implementation of national AIDS strategies, the UNAIDS family has increased its efforts to facilitate and provide technical assistance to countries. Mr Sy stated that the Global Joint Problem-Solving and Implementation Support Team provides a platform for joint efforts on implementation. It was noted that civil society is not merely a recipient of technical assistance but also a provider of technical support.

A moderated discussion in plenary on multilateral support was led by Dr Suwit Wibulpolprasert (Senior Advisor, Ministry of Health, Thailand). Dr Ben Chirwa (Director, National AIDS Council, Zambia) reported that Zambia had developed its fifth development plan, including a separate chapter on AIDS and integrated the AIDS response into the document as a whole. All UN actors have a role to play in the national strategic AIDS framework, and the UN is regarded as an honest and dependable broker by national authorities in Zambia. Dr Aneas Chuma (UN Resident Coordinator, Zambia) noted that Zambia has served as a pilot country for implementation of principles from the Paris Declaration on Aid Effectiveness.

Consistent with the directive of UN Secretary-General Kofi Annan, a single UN team operates in Zambia, with coordination meetings occurring monthly. The AIDS team in Zambia is considering the development of a single budget on AIDS, and the team has worked to forge meaningful partnerships with both government and civil society. Dr Catherine Sozi (UNAIDS Country Coordinator, Zambia) reported that a mapping of technical resources had taken place and that efforts had been made to ensure close adherence to the UNAIDS division of labour. As a result of the mapping exercise, steps had been taken by various agencies to close identified gaps in technical expertise; for example, UNDP hired staff on gender and human rights to address key gaps.

Following the moderated discussion, the PCB broke into four discussion groups on multilateral AIDS efforts, with rapporteurs reporting in a subsequent plenary session on findings and recommendations of each group. Mr Steve Kraus (Chief, HIV/AIDS Branch, UNFPA) reported on behalf of the first group, which focused on joint UN teams and the division of labour. Mr Kraus noted that progress has been made on joint UN teams but that few teams have created joint plans. Engagement of the UN system on AIDS remains uneven in many countries. The multiplicity of UN agencies and the lack of mechanisms for joint financing or budgeting makes joint programming difficult to achieve. Mr Kraus emphasized the importance of aligning joint UN efforts with national plans and priorities. The group stressed the need for UN agency executive heads to enforce the Secretary-General's directive on joint programming. The group also recommended that donors only fund proposals from UN agencies that are part of a joint programme adhering to the agreed division of labour. Agencies should report to their governing bodies on progress in overcoming obstacles to joint programming.

The second group discussed increasing UN technical support through Technical Support Facilities (TSF) and other regional mechanisms. The group rapporteur Mr Anthony Kinghorn (Director, TSF for Southern Africa) observed that five TSFs are now in place and that the TSFs have commissioned over 2000 days of technical assistance. With a growing reliance on national and regional consultants, there has been a decline in "fly-in, fly-out" technical assistance which will contribute to making technical assistance more sustainable. Experience with WHO's Uganda knowledge hub underscores the need for long-term investment in technical assistance, the challenge of building local capacity for technical support and the importance of prioritizing technical assistance needs. The International Center for Technical Cooperation on HIV/AIDS in Brazil also provided an excellent model of coordination between partners (donors, national governments and the UN System) in scaling up technical support and capacity development. People living with HIV and other civil society groups are involved as providers and recipients of technical assistance, but their engagement has to be further scaled up. It was noted that improved coordination of existing technical support resources is an important priority and that, in countries where the "Three Ones" was functioning effectively, technical assistance was better coordinated and utilized by country partners. The group recommended that UNAIDS and other providers of technical assistance support country partners in the development of clear and costed technical assistance plans as part of the national AIDS workplans and emphasized the need for joined planning between the various providers of technical assistance to enhance the efficiency of available technical assistance mechanisms.

The third group examined lessons learnt from the Global Joint Problem-Solving and Implementation Support Team (GIST), which was established to ensure that bottlenecks to implementation are addressed in a timely and effective manner. Reporting on behalf of the group, Mr Duncan Earle (Global Fund to Fight AIDS, Tuberculosis and Malaria) said that the GIST has been expanded to include three bilateral donors and three civil society organizations. Countries and other partners appear to appreciate GIST, although it is sometimes difficult for countries to identify which factors are responsible for slow implementation. It was reported that some countries have hesitated to make use of GIST due to the perceived stigma associated with requests for technical assistance. The group recommended enhanced investment in marketing to increase awareness and understanding of how it works.

A fourth group discussed empowering national leadership and ownership through the integration of AIDS into national development frameworks. Reporting on behalf of the group, Ms Doreen Mulenga (UNICEF) said progress has been made in integrating AIDS into development frameworks, although few national plans have been costed. In addition, many national plans do not extend beyond the health sector. The group concluded that additional technical assistance is critical to build capacity for AIDS mainstreaming and strategic planning. Civil society involvement in AIDS mainstreaming and strategic planning was also stressed by the group. Adequate resources must be allocated to social programmes that reach the most vulnerable populations. It was observed that existing mechanisms for mainstreaming and strategic planning, such as the AIDS Strategic Action Plans, are typically demand-driven and can be effective only if countries specifically request support.

The PCB called on the executive heads of UNAIDS Cosponsors and the Secretariat to ensure country level adherence to the Secretary-General's directive on joint UN programming. Implementation of appropriate incentives for joint programming, and harmonization and alignment of UN partners was also emphasized by the PCB. It was further agreed that PCB members and observers should support joint programming in their capacities as governing board members of UNAIDS Cosponsors. The PCB also encouraged development partners to support UN reform at country level by reserving funding for joint AIDS programmes that respect the UNAIDS division of labour. The PCB asked the UNAIDS Secretariat and Cosponsors to review practical barriers to joint programming at country level and to report to their respective boards on strategies for overcoming such barriers. The UNAIDS Secretariat and the Global Fund to Fight AIDS, Tuberculosis and Malaria were called on by the PCB to improve coordination of technical assistance to countries on grant implementation.

Acknowledging the considerable confusion in many countries regarding technical resources, the PCB recommended improved efforts to promote the use of Technical Support Facilities. It was agreed by the PCB that country staff members should work closely with national partners to identify and resolve implementation difficulties, including the involvement of GIST. The PCB noted the need for improved evaluation efforts to track who provides and who benefits from capacity building and technical assistance.

#### **4: Follow-up to the 2006 Political Declaration on HIV/AIDS**

##### **4.1: 2007–2010 Strategic Framework for UNAIDS support to countries' efforts to move towards universal access**

Mr Sidibe noted that the PCB had requested that UNAIDS develop such a framework and said the framework established the goal of universal access as the overarching focus for the Joint Programme. The framework identifies a common set of strategic directions among Cosponsors and the Secretariat, taking into account the comparative advantage and sectoral competence of individual members of the UNAIDS family.

Mr Sidibe observed that the global AIDS response is rapidly shifting from crisis management to planning for a long-term response. Through improved coordination and strategic effectiveness, the UN system should play a leading role in the development and dissemination of evidence-informed policies, facilitate the full participation of people living with HIV and civil society at all levels of the response and strengthen mechanisms for monitoring and evaluation. UNAIDS should also lead global efforts to ground the AIDS response in a human rights approach and to reduce vulnerability. As access to treatment expands, Mr Sidibe said, HIV prevention services should also be brought to scale. The Joint Programme should also actively support the harmonization and alignment of all stakeholders with national plans.

The PCB endorsed the Strategic Framework as the principal guide to global, regional and country level planning, budgeting, implementation and monitoring of progress of the Joint Programme's support to countries' efforts to move towards the goal of universal access. The PCB welcomed the framework's emphasis on gender and requested that the framework better emphasize the links between AIDS and the broader development response. Strengthened wording on stigma and discrimination was also requested, as was additional language on the need for adherence to the UNAIDS division of labour, the importance of HIV prevention services for mobile populations and maximizing use of flexibility under the World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights. The PCB noted the importance of developing a global constituency for HIV prevention and asked that the document be revised to better reflect the role of civil society. The PCB welcomed the Secretariat's pledge to make relevant changes to the final Strategic Framework reflecting the written comments provided in support of the interventions made during the PCB discussion. The PCB asked the Secretariat to provide a mid-term review report on progress at the 21<sup>st</sup> PCB meeting in 2008.

#### **4.2: Review of UNAIDS tasks**

Ms Debbie Landey (Deputy Executive Director, UNAIDS) noted that the PCB had asked UNAIDS to review its tasks, with the objective of retirement and/or consolidation of tasks. In addition to examining PCB-assigned tasks, the Secretariat had also taken into account mandates given to it by the UN Economic and Social Council, the UN General Assembly, and the Security Council. A paper submitted to the PCB at its 19<sup>th</sup> meeting summarized the list of tasks that no longer address core priorities of UNAIDS and/or that have been overtaken by subsequent development. The PCB endorsed the list of active tasks proposed for retirement and asked that the Secretariat periodically undertake a review of potential tasks to be retired. The PCB reaffirmed the five guiding principles proposed by the paper for all aspects of the work of the Joint Programme and determined to include them as a preamble to all future PCB decisions, recommendations and conclusions. The PCB determined to keep the five guiding principles in mind in its production of concrete, actionable and

time-bound decisions, recommendations and conclusions. Note was taken of the UNAIDS paper's consolidation of active tasks into broad clusters of activities.

In response to PCB interventions, Ms Landey agreed that reassessment of tasks should be performed on a regular basis. The Secretariat will take specific suggestions of PCB members into account in retiring and consolidating tasks. Suggestions made by individual PCB members included stronger language on human rights and gender equality, recognition of TRIPS flexibility as an important priority for the Joint Programme, and additional consolidation of activities relating to resource mobilization.

## **5: Strengthening of global coordination on AIDS**

Having considered a paper outlining options, the PCB agreed to establish a process to elaborate further on UNAIDS' role in strengthening global coordination on AIDS. This process will be led by the Chair and Vice-Chair of the PCB, in close consultation with PCB members and observers and with the support of the Secretariat. This process will consider how to develop the PCB into a more relevant and effective policy-making board, examining such matters as the number of PCB meetings, venues, character of meetings, PCB representation, NGO participation, speaking protocol, decision-making, and further development of the constituency system. A report with recommendations will be presented to the 20<sup>th</sup> PCB meeting in June 2007.

Ms Landey observed that the Political Declaration on HIV/AIDS from the High Level Meeting called on UNAIDS to strengthen global coordination. Dr Piot said boards of different organizations often make conflicting decisions, even when donors or NGOs sit on both boards, which can hamper the effectiveness of coordinated action at country level. The PCB suggested that regular meetings of the executive heads of the leading multilateral organizations should be considered. Other proposed options, including the possibility of joint board meetings of UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria, were discussed, although no consensus was reached. Dr Piot said the examination of options to promote global coordination should take financial costs into account; holding the PCB meeting in Zambia, for example, cost US\$ 500 000, in comparison to the US\$ 110 000 for PCB meetings in Geneva.

## **6: AIDS, Security and Humanitarian Response**

Dr Paul Spiegel (Head of HIV Unit, UNHCR) reported that approximately 200 million people are affected by emergencies throughout the world. Emergencies may be due to conflict or natural disasters. Some emergencies lead to widespread population displacement, either internal or across national borders, while others affect only certain parts of a country or region. Emergency-affected populations include refugees, internally displaced persons (IDPs), demobilized and demobilizing ex-combatants, returnees, and those affected by food insecurity. Various armed forces and uniformed services, as well as humanitarian workers, are also affected.

The Inter-Agency Standing Commission has issued guidelines for a multisectoral AIDS response in humanitarian situations that also address gender and sexual violence and the vulnerability of children. Food and nutrition has been integrated into AIDS programmes in emergency settings, and guidelines for treatment access are in



the process of being developed. Coverage of essential services remains far from universal, however, especially for marginalized populations. Progress has been made in addressing HIV among national militaries but efforts are less advanced with respect to national police. The links between AIDS, security and humanitarian situations are complex, Dr Spiegel said, and it is important to tailor strategies and interventions to specific epidemiological and vulnerability conditions.

Mr Eusebe Hounsokou (UNHCR Representative, Democratic Republic of the Congo) reported that the 1951 Convention Relating to the Status of Refugees mandates that refugees and IDPs should be accorded the same level of care received by nationals. Having become the 10<sup>th</sup> UNAIDS Cosponsor in 2004, UNHCR is the Joint Programme's lead agency on HIV and displaced persons. Mr Hounsokou said the forms of displacement caused by conflict in the Democratic Republic of the Congo have been diverse. With the recent improvement in national conditions, many individuals are returning to their home villages and communities. Displacement as a result of conflict frequently deepens poverty, disrupts community structures and coping mechanisms, increases the risks of violence and substance abuse, and typically visits the most severe effects on women and children. UNHCR works closely with the UNAIDS Country Coordinator and the UN Country Team to promote the integration of basic HIV services into return and reintegration programmes. Funding from the World Bank has been especially helpful for such efforts, permitting the introduction of antiretrovirals. Success of these and related initiatives will depend on sustained stability in the country, Mr Hounsokou said, as well as on flexibility of funding, coordination of diverse efforts and the active involvement of government, donors, UN agencies and NGOs.

Ms. Annie Farray (NGO representative, the Democratic Republic of the Congo), stated that 67 women in the Democratic Republic of the Congo are raped each day, with 77% believed to be committed by armed forces. HIV prevalence among rape victims is two to five times higher than the national average. Sexual violence has negative effects on entire families and on society at large, and the impact of sexual violence is exacerbated by poverty and HIV. As a reflection of the country's weak governance, an aura of impunity surrounds the perpetrators of sexual violence, contributing to a generalized environment of social chaos.

In the Democratic Republic of the Congo, a joint initiative has been established between the national government, NGOs and the UN system agencies under the coordination of UNFPA. Through joint programming and the support of numerous donors, holistic support is provided to victims of sexual violence in the eastern part of the country.

Dr. Cheikh Diagne (HIV/AIDS Policy Advisor, UN Peacekeeping Mission in the Democratic Republic of the Congo - MONUC) said 22 000 UN peacekeepers from 58 countries are serving in the Democratic Republic of the Congo. In 2002, the peacekeeping mission in the country recruited its first HIV/AIDS policy advisor. HIV-related activities have been integrated into the operations of the peacekeeping mission, including mandatory HIV training; information, education and communications activities; promotion of male and female condoms; community outreach; voluntary counselling and testing; and post-exposure prophylaxis. As of December 2006, 20 000 peacekeepers have received HIV training, nine tons of condoms have been distributed and peacekeepers assisted in the integration of

UNESCO-produced children's workbooks and teacher guidebooks into schools. The country's vast geographical expanse—nearly the size of Western Europe—makes comprehensive implementation of HIV-related programming quite challenging. Six-month rotation of troops increases programmatic burdens, and discussion of AIDS or sex is taboo for troops from certain troop-contributing countries. Capacity limitations of the peacekeeping mission also impede programme implementation.

As the peacekeeping mission is working with a small team to achieve a large HIV-related mandate, it has needed to depend on the support of other stakeholders, including UN partners and NGOs. Experience to date has indicated that peacekeepers can be agents of behavioural change, even though, at the same time, there have been allegations that peacekeepers have been involved in the sexual abuse and exploitation of Congolese women and girls.

According to Professor Mashako Bamba, former Minister of Health, speaking on behalf of the Government, the conflict in the Democratic Republic of the Congo represents a "tsunami every seven months", causing 1200 deaths each day. The crisis has displaced 3.5 million people in a country where 90% of the population lives on less than US\$ 1 dollar per day. The national adult HIV prevalence is 4%, while 18% of sex workers and 20% of victims of sexual violence are living with HIV. The national AIDS response involves a multisectoral programme under the leadership of the Head of State. HIV has been integrated into the Poverty Reduction Strategy Paper, although programme implementation has been insufficient. The continuing presence of foreign armies in the country constitutes an ongoing threat to national stability. The strong engagement of all partners, including UNAIDS, is critical to the country's ability to address HIV in the context of conflict, population mobility and instability. HIV remains underfunded within current support schemes.

Mr James T Morris (Executive Director, World Food Programme) reported that national disasters have increased fourfold over the last 30 years, typically occurring where populations are most vulnerable. He said HIV is a critical consideration in any natural disaster and that proper food and nutrition represents a critical component of a comprehensive AIDS response in emergency situations. He observed that a young girl who goes to school and is well fed is 50% less likely to be infected with HIV.

The PCB recognized the inconsistent integration of AIDS policies and programmes in security and humanitarian responses, and it called on UN Resident and Humanitarian Coordinators, UN Country Teams and UNAIDS Country Coordinators to actively address the AIDS-related needs of emergency-affected populations and uniformed services at country level. The PCB endorsed the continuing efforts of UNAIDS and its partners (including the UN Department of Peacekeeping Operations) to address AIDS within national uniformed services and peacekeeping forces, and it recommended that UNAIDS also address the impact of AIDS on key government cadres other than the military, including the judiciary, police and local government. The PCB called on national governments and international donors to ensure that AIDS is sufficiently accounted for in humanitarian preparedness and response. UNAIDS was requested to develop a strategic framework for action with the United Nations Office for the Coordination of Humanitarian Affairs and to pursue membership or formal association with the global-level UN Inter-Agency Standing Committee. Acknowledging the complex links between security, humanitarian emergencies and HIV, the PCB asked UNAIDS to advocate, support and collaborate in further research

in this field. The PCB also stated the need to more forcefully address the link between HIV and gender based violence, both in conflict and otherwise.

Ms Loretta Hieber-Girardet (Senior Advisor on HIV/AIDS, Office for the Coordination of Humanitarian Affairs) noted that HIV has been designated as a cross-cutting issue for humanitarian operations of the UN system. The International Organization for Migration urged the international community to avoid de-prioritizing countries when they enter the post-conflict phase and to continue including migrants into humanitarian responses.

Dr Piot said the addition of the World Food Programme and the Office of the United Nations High Commissioner for Refugees, as Cosponsoring Organization of the Joint Programme, had increased the prominence of the humanitarian response in UNAIDS work. Recognition of AIDS as a security issue dates back to the Security Council in 2000. Security Council Resolution 1308 mandates that all UN peacekeeping missions should include HIV activities, a requirement that has been actively taken up by the Department of Peacekeeping Operations. Dr Piot stressed the importance of addressing gaps in the evidence base and conceptual framework regarding AIDS and security.

#### **7: Any other business**

No decision was taken regarding new business. It was observed that the UN General Assembly had adopted a resolution on the international HIV counselling and testing day.

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

The PCB adopted the decisions, recommendations and conclusions of the 19<sup>th</sup> meeting of the PCB (Annex II). In doing so, the PCB recalled that all aspects of UNAIDS' work are directed by the following guiding principles:

- aligned to national stakeholders' priorities;
- based on the meaningful and measurable involvement of civil society, especially people living with HIV and populations most at risk of HIV infection;
- based on human rights and gender equality;
- based on the best available scientific evidence and technical knowledge; and
- promoting comprehensive responses to AIDS that integration prevention, treatment, care and support.

The Chair informed the PCB that the 20<sup>th</sup> meeting will take place on 26–27 June 2007 in Geneva. The Chair thanked the Secretariat, the drafting group, translators, delegates and observers, as well as the PCB's Zambian hosts.

The meeting was adjourned.

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## ANNEX II

### **19<sup>th</sup> Meeting of the UNAIDS Programme Coordinating Board Lusaka, Zambia, 6–8 December 2006**

#### **Decisions, recommendations and conclusions**

Recalling that all aspects of UNAIDS work are directed by the following guiding principles:

- Aligned to national stakeholders' priorities;
- Based on the meaningful and measurable involvement of civil society especially people living with HIV and populations most at risk of HIV infection;
- Based on human rights and gender equality;
- Based on the best available scientific evidence and technical knowledge; and
- Promoting comprehensive responses to AIDS that integrate prevention, treatment, care and support.

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

1. *Adopts* the provisional agenda as amended.

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

- 2.1 As decided at its 18<sup>th</sup> meeting, *confirms* Sweden as Chair, Thailand as Vice-Chair and Australia as Rapporteur for the 19<sup>th</sup> meeting of the Programme Coordinating Board; and
- 2.2 *Notes* the membership of the NGO delegation for 2007.

#### **Agenda item 1.3: Statement of the Executive Director**

In welcoming the Statement of the UNAIDS Executive Director, the Programme Coordinating Board:

- 3.1 *Stresses* the need for continued reform to ensure harmonized action at the country level, overcome bureaucratic bottlenecks, move with more urgency and encourage responsibility and accountability among member states, the United Nations and other development partners; in support of national ownership and leadership;
- 3.2 Recognizing the exceptionality of AIDS, *stresses* the link between AIDS and the long-term development agenda, including the strengthening of health systems, and the need to apply the Paris agenda on aid effectiveness in the AIDS response;
- 3.3 *Emphasizes* the particular need for HIV prevention to be translated into effective action at country level within the context of a comprehensive HIV response; address the fundamental drivers of the epidemic - especially gender inequality, gender-based violence, and stigma and discrimination – both

- among key affected groups and the general population; and establish appropriate HIV prevention targets;
- 3.4 *Notes* the importance of fully understanding the profile of HIV within different environments – “know your epidemic” - as an effective tool in setting strategic priorities in the response and requests UNAIDS to support national efforts in this regard;
  - 3.5 *Recognizes* the necessity to track and monitor the use of available resources for the AIDS response and further refine the resource needs estimation methodology in consultation with relevant stakeholders;
  - 3.6 *Supports* UNAIDS in developing a viable and sustainable long-term strategy for the AIDS response with a particular focus on resource mobilization and harmonization and *agrees* to the allocation of one million USD from the 2006-2007 UBW fund balance for this task;
  - 3.7 *Recognizes* the potential of the private sector in addressing the epidemic, both within their own workplace and as partners in global efforts;
  - 3.8 *Further recognizes* the high cost of second and third line anti-retroviral drugs as a barrier to treatment access and reaffirms the decision of the 18<sup>th</sup> Programme Coordinating Board meeting and the Political Declaration of the United Nations High Level Meeting on use by developing countries of flexibilities outlined in the World Trade Organization’s agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and strengthen their capacity for this purpose;
  - 3.9 *Decides* that, based on the unique composition of the UNAIDS Programme Coordinating Board in having representatives of NGOs and representatives of UNAIDS Cosponsors as Board members, all members of the Board have an equal opportunity to speak at Board meetings;
  - 3.10 *Supports* the strong commitment of UNAIDS to work with The Global Fund to Fight AIDS, Tuberculosis and Malaria to ensure systematic cooperation and collaboration in responding to the epidemic;
  - 3.11 *Further supports* the UNAIDS Executive Director’s offer to provide a report at the 20<sup>th</sup> Programme Coordinating Board meeting in June 2007 on UNAIDS work as an example of UN reform in action in response to the report from the High Level Panel on System-Wide Coherence; and
  - 3.12 *Acknowledges* the intention of UNAIDS to make Programme Acceleration Funds exclusively available to Joint UN Teams on AIDS and Joint Programmes of Support and ensure effective and timely reporting on their use in supporting national strategic frameworks.

**Agenda item 2: Progress in implementation and coordination of the national response**

- 4.1 *Recognizes* the need for continued follow-up support to countries in their national target setting towards universal access for comprehensive HIV prevention programmes, treatment, care and support, in particular the facilitation of coordinated strategies to overcome identified obstacles to scaling up; and further recognizes the continuing importance of ensuring that targets are gender disaggregated; and *requests* UNAIDS to report on progress at the June 2007 Programme Coordinating Board meeting; in doing so UNAIDS should access additional data sources, including independent reports from civil society and academic institutions;
- 4.2 *Welcomes* the development of the Civil Society Guidelines to strengthen the meaningful involvement of civil society, in particular people living with HIV, in national AIDS responses with a view to developing an implementation strategy;
- 4.3 *Calls* for greater involvement and partnership of non-state actors in policy-setting and information-sharing processes in national AIDS responses;
- 4.4 *Calls* upon UNAIDS to use its facilitating role to bring National Authorities to fulfil their commitments to work with Civil Society;
- 4.5 *Recognizes* the importance of the Country Harmonization & Alignment Tool for increasing country level accountability as a tool for identifying opportunities for greater harmonization and alignment as part of national AIDS reviews and *requests* UNAIDS to report on progress in December 2007 to the Programme Coordinating Board members; and
- 4.6 *Requests* presentation of the final report on the Global Task Team Independent Assessment to the 20<sup>th</sup> Programme Coordinating Board meeting in June 2007.

### **Agenda item 3: Multilateral support at country level**

- 5.1 *Calls* on Executive Heads of UNAIDS Cosponsors and the Secretariat to ensure that:
  - a) their respective country-level representatives act upon the Secretary-General's directive on the establishment of Joint UN Teams on AIDS with Joint Programmes of Support aligned to the national AIDS Frameworks;
  - b) the agency representative in country be provided with appropriate incentives, including performance assessments, to ensure joint UN programming, including harmonization and alignment, around HIV and AIDS;
  - c) country partners are aware of, and promote the use of Technical Support Facilities and other mechanisms; in facilitating quality technical assistance;
  - d) country staff work closely with national partners to identify and resolve implementation difficulties, including existing gaps, and address the need for technical support; including the involvement of Global Joint Problem-Solving and Implementation Support Team (GIST);

- 5.2 *Requests* UNAIDS Secretariat to ensure that the Technical Support Facilities evaluation report includes information on who provided and who benefited from the capacity building and technical assistance, especially how much support was provided to benefit vulnerable populations;
- 5.3 *Calls* on Programme Coordinating Board members and observers to act in a coherent manner on the Boards of UNAIDS Cosponsors to ensure the full implementation of the Secretary General's directive to establish joint UN teams on AIDS and joint programmes;
- 5.4 *Encourages* development partners to support UN reform at country level by funding Joint AIDS programmes which respect the division of labour;
- 5.5 *Requests* UNAIDS Secretariat and Cosponsors to review the practical barriers to joint programming at country level, and report to their Boards on how they plan to overcome these barriers in order to enable donors to fund joint programmes more effectively;
- 5.6 *Calls* for UNAIDS Secretariat and the Global Fund to Fight AIDS, Tuberculosis and Malaria to better coordinate the response to the technical assistance needs of countries implementing Global Fund to fight AIDS, Tuberculosis and Malaria grants, including the use of south-south cooperation to scale-up provision of technical support to country partners in implementing these grants; and
- 5.7 *Calls* on donors and technical support providers to work more closely with UNAIDS and national stakeholders at the sub-regional and country levels on strengthening country long-term capacities in national strategic and operational planning, as well as in mainstreaming AIDS in national and local development instruments and sectoral programmes. Such collaboration to include the promotion of AIDS Strategic Action Plan (ASAP) services, as well as complementing them with additional funding and harmonized technical support.

**Agenda item 4.1: 2007-2010 Strategic Framework for UNAIDS support to countries' efforts to move towards universal access**

- 6.1 *Endorses* the Framework as the principal guide to global, regional and country-level planning, budgeting, implementation and monitoring of progress of the Joint Programme's support to countries efforts to move towards the goal of universal access from 2007 to 2010 and *requests* the UNAIDS Secretariat to provide a mid-term review report on progress during the 21st Programme Coordinating Board meeting in 2008; and
- 6.2 *Welcomes* the Secretariat's pledge to make relevant changes to the final Strategic Framework reflecting the written comments provided in support of the interventions made during the 19<sup>th</sup> Programme Coordinating Board meeting.

**Agenda item 4.2: Review of UNAIDS tasks**

- 7.1 *Reaffirms* the five guiding principles, as amended, as intrinsic in all Programme Coordinating Board recommendations, decisions and conclusions, and *decides* to include them as a preamble to all sets of future Programme Coordinating Board decisions, recommendations and conclusions;
- 7.2 *Decides* to be mindful of the intrinsic nature of the guiding principles in its production of concrete, actionable and time-bound decisions, recommendations and conclusions;
- 7.3 *Endorses* the list of active tasks proposed for retirement and requests the Secretariat to regularly review tasks for potential retirement;
- 7.4 *Takes note* of the consolidation of active tasks into broad functions clustered under the strategic directions of the 2007-2010 strategic framework for UNAIDS' support to countries' efforts to move towards universal access; and
- 7.5 *Takes further note* of the consolidation of mandates originating from decisions of UN principal bodies.

#### **Agenda item 5: Strengthening of global coordination on AIDS**

8. *Decides* to establish a process under the leadership of the Chair and Vice-Chair of the Board, in close consultation with Board members and observers and with the support of the UNAIDS Secretariat, to elaborate further on the UNAIDS role in strengthening Global Coordination of AIDS and how to develop the UNAIDS Programme Coordinating Board into a more relevant and effective policy-making Board; the process will include matters such as number of Board meetings, venues, character of meetings, Board representation, NGO participation, speaking protocol, decision-making and the further development of the constituency system; a report with recommendations will be presented to the 20<sup>th</sup> Programme Coordinating Board in June 2007.

#### **Agenda item 6: AIDS, Security and Humanitarian Response**

- 9.1 Recognizing that AIDS policies and programmes are not consistently integrated into security and humanitarian responses, *calls* on UN Resident and Humanitarian Coordinators, UN Country Teams and UNAIDS Country Coordinators to actively address the AIDS needs of emergency-affected populations and uniformed services at country level, through promoting the systematic use of existing guidelines, through building and sustaining AIDS mainstreaming capacity within UN Country Teams and national partners, and through the cluster approach in humanitarian responses and to develop stronger linkages between humanitarian recovery and national development responses;
- 9.2 *Endorses* the efforts of UNAIDS and its partners (such as the Department of Peacekeeping Operations), to continue addressing AIDS within national uniformed services and peacekeeping forces, including through the better integration of military with civilian national AIDS programmes and the promotion of comprehensive prevention, treatment, care and support services;

- 9.3 *Recommends* that UNAIDS address the impact of AIDS on key government cadres other than the military, including the judiciary, police and local government, and *recognizes* that programmes must target other institutions and groups, taking into account the demands and challenges of the particular epidemic;
- 9.4 *Calls* on both national governments and international donors to ensure that AIDS is accounted for in humanitarian preparedness and response, including needs assessments and *further calls* on international donors to adapt development and humanitarian funding instruments to allow sufficient AIDS funding in humanitarian response and during the transition between emergency and recovery and reconstruction periods;
- 9.5 *Requests* UNAIDS to strengthen AIDS responses in humanitarian emergencies and security operations including through, inter alia, the development of a strategic framework for action between the United Nations Office for the Coordination of Humanitarian Affairs and UNAIDS; pursuing membership or formal association between the UNAIDS Secretariat and the global-level United Nations Inter-Agency Standing Committee and through strengthened leadership in the Task Force on AIDS and Security;
- 9.6 *Recognizes* that the complex links between security, humanitarian emergencies and HIV vulnerability and services demand further research, and *requests* UNAIDS to advocate, support and collaborate in such research; and
- 9.7 *Calls* on UNAIDS to intensify programmatic efforts on the intersection between gender- based violence and HIV, including but not limited to situations of conflict, particularly acknowledging the unique contributions of women survivors and those affected by violence.

**Agenda item 7: Any other business**

No decision taken.

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

10. *Adopts* the decisions, recommendations and conclusions of the 19<sup>th</sup> UNAIDS Programme Coordinating Board meeting.