



## Report of the Twelfth Meeting of the Programme Coordinating Board of UNAIDS

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## **1: Opening**

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

1. The twelfth meeting of the UNAIDS Programme Coordinating Board (PCB) took place at the headquarters of the International Labour Organization (ILO), Geneva, Switzerland, from 29 to 31 May 2002. The participants are listed in Annex 3.

2. On behalf of the outgoing Chair, Dr C.P. Thakur (Minister of Health and Family Welfare, India), H.E. Mr H.S. Puri (Ambassador, Permanent Representative of India to the United Nations Office, Geneva) opened the twelfth meeting of the PCB and welcomed all those attending. Ambassador Puri stated that India considered it a great privilege and honour to chair the PCB during a year in which UNAIDS continued to successfully lead the global fight against HIV/AIDS. Ambassador Puri noted that the world is passing through a highly critical and eventful phase in the fight against HIV/AIDS, as the human tragedy of the epidemic unfolds in large parts of the world where people continue to get infected, often without their knowledge. He urged that prevention and care remain twin pillars in the global strategy, and cited several important steps that were taken last year. These steps included mobilization of powerful political and social forces to do much more in the response, as indicated by the adoption of the Declaration of Commitment at the United Nations General Assembly Special Session on HIV/AIDS (UNGASS) and the establishment and strengthening of regional partnerships, such as the International Partnership against AIDS in Africa (IPAA), the Pan Caribbean Partnership on HIV/AIDS, and the Indian Ocean Partnership against AIDS. He also cited the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the expansion of efforts in many countries, both by governments and by civil society. He congratulated Dr Peter Piot (Executive Director, UNAIDS) and the UNAIDS Cosponsors for making this possible. Turning to India, he pointed out that this country is fighting HIV/AIDS with a highly decentralized and multisectoral approach and has evidence that its prevention efforts are beginning to succeed as the number of new infections has dropped in the last few years. He closed by thanking the UNAIDS Secretariat and other Officers of the PCB for their support during India's term as Chair and wished the next team of Officers of the PCB success in rising to the daunting challenges posed by the epidemic.

3. The provisional agenda (UNAIDS/PCB/(12)/02.1 Rev.1) was adopted.

### **1.2 Election of officers**

4. In accordance with agreed procedure, Portugal, the previous Vice-Chair, was elected the new Chair of the PCB. Zambia was elected Vice-Chair, and Japan was elected Rapporteur. The PCB also approved and welcomed new NGO members of the PCB: Hong Kong AIDS Foundation (Special Administrative Region, People's Republic of China), representing Asia and the Pacific, with AMAL Human Development Network (Pakistan) acting as alternate; REDLA+ (Argentina) acting as alternate delegate representing Latin America and the Caribbean; and Faith Hope and Love (Ukraine) acting as alternate delegate representing Europe.

5. H.E. Luis Filipe de Conceicao Pereira (Minister of Health, Portugal) expressed his gratitude to the PCB for electing Portugal as Chair, stating that it was both a privilege and a challenge. Citing the UNGASS Declaration of Commitment, which sets forth specific goals and targets in the areas of prevention and care, he pointed out that now the important task will be to track the response in terms of resources, policy challenges, programme results, and progress in achieving these targets.

Moreover, he noted that the commitments made at UNGASS demand new, additional and sustained resources. These have already been realized in part through the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria and its first allocation of a total of US\$378 million over two years to 40 programmes in 31 countries. UNAIDS Secretariat should continue to perform its fundamental roles of supporting countries to access the Fund, to implement programmes, and to monitor performance.

6. The incoming Chair stated that, complementary to the Fund, there should be increased support to ensure full funding of UNAIDS activities and, in this regard, Portugal has increased its contribution to the UNAIDS core budget. Emphasizing that “prevention pays” and that prevention must remain a mainstay of the response, Mr Pereira pointed out that, although Portugal has the highest incidence rate in the European Union, the situation has shown signs of reversal since 1999. This is largely due to a comprehensive National AIDS Programme, a financing mechanism to support civil society prevention and care projects, a nationwide network of free confidential and voluntary counselling and testing centres, an extensive programme of needle- and syringe-exchange, and free access to HIV treatment and care. Mr Pereira closed by stressing that progress in the response to HIV/AIDS can only be achieved if all work together—governments, international agencies, associations of people living with HIV/AIDS, and faith-based and community organizations—and have strong leadership, as evidenced in the work of the UNAIDS Executive Director and its Secretariat.

### **1.3 Consideration of the report of the eleventh meeting**

7. The report of the eleventh meeting (document UNAIDS/PCB/(11)01.7) of the PCB was considered and approved.

### **1.4 Report by the Executive Director, 2000–2001**

8. Dr Peter Piot (Executive Director, UNAIDS) introduced his report for 2000–2001 (document UNAIDS/PCB(12)02.2). The report updated the PCB on the status of the epidemic, summarized the major developments in advancing the global and United Nations system response to the AIDS epidemic over the biennium, identified the challenges that lie ahead, and set forth the overall directions of the programme in addressing these challenges. The report described the enormous increase over the last two years in awareness of the epidemic (including the devastation it has wrought and the threat it poses), as well as the dramatic mobilization of political and social forces to do more in the response, as witnessed by the United Nations General Assembly Special Session on HIV/AIDS, the Declaration of Commitment, and the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

9. Dr Piot emphasized that UNAIDS is now operating in a very different context than when it was created six years ago. He marked 2001 as a turning point in mobilizing the response, though the spread of the epidemic remains relentless. This turning point is evidenced by four critical factors: (1) political engagement at an all-time high; (2) empirical evidence that it is possible to turn the epidemic around at the national level; (3) more actors involved than ever before, including businesses, religious authorities, youth organizations and a variety of civil and governmental stakeholders; and (4) recognition that substantial resources are needed. In describing the response to the needs, Dr Piot cited the top five achievements of the past two years: (1) the unanimously endorsed Declaration of Commitment from the United Nations General Assembly Special Session on HIV/AIDS; (2) a massive increase in international resource commitment, including a seven-fold

increase in funds to fight HIV/AIDS in Africa and the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria; (3) the tripling of the number of National Strategic Plans on AIDS and high-level National AIDS Councils or Commissions; (4) the dramatic drop in prices for AIDS drugs in developing countries; (5) the placement of the epidemic at the top of the United Nation's agenda, including the United Nations Secretary-General's personal commitment, the development of a UNAIDS Unified Budget and Workplan and a single United Nations system strategic plan.

10. Dr Piot described the five fundamental tasks for UNAIDS. The first is to track progress towards the achievement of the goals of the Declaration of Commitment through the development of indicators and the monitoring of progress towards the targets. The second is to support countries in building capacity to greatly expand the response to AIDS. This is perhaps the most important challenge for UNAIDS over the next two years—assisting countries in turning their strategic plans into large-scale programmes. Dr Piot stated that, though the majority of countries have plans, there are great challenges in implementing these plans, including insufficient capacity in terms of human resources and technical support. Furthermore, because there are more resources and more actors at all levels, there is an even greater need for better coordination and coherence, as well as a greater need to build bridges with civil society. The third task for UNAIDS is to mobilize resources so as to reach the accepted benchmark of US\$7–10 billion per year. This involves a 50% increase in funds from all sources over this year and the next three years, as well as utilization of, and support to, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the World Bank's Multi-country AIDS Programmes. For this, UNAIDS will need sufficient resources itself to provide technical reviews, support countries in proposal preparation and implementation, monitor the impact of these new resources and track global resource allocation. The fourth task for UNAIDS is to provide strategic information and advice on policy. This will include epidemiological forecasting and intervention modelling, outcome and impact assessment, economic analysis, human rights and gender analysis, country response monitoring and mapping, programme performance monitoring and evaluation, advice in several programme areas and continued emphasis on scaling up prevention and care. The fifth task for UNAIDS is accountability—that is, to expand its monitoring and evaluation capacity to monitor implementation of national strategic plans and boost capacity for programme evaluation, while avoiding overburdening countries with too many monitoring requirements. Dr Piot cited a number of recent UNAIDS developments: the inclusion of ILO as a UNAIDS Cosponsor, the leadership of Ms Thoraya Obaid (Executive Director of UNFPA) in the Committee of Cosponsor Organizations, the success of the first Unified Budget and Workplan, the increased capacity of the Cosponsors, and the clear division of responsibilities among the Cosponsors and Secretariat, including a further delineation of the core functions of the Secretariat. Dr Piot looked forward to a greater definition of UNAIDS' role at country level, saying there were many lessons to be learned and new directions emerging from the Five-Year Evaluation of UNAIDS. He closed by asking for guidance from the PCB on all these issues, as well as the commitment of members of the PCB in raising the US\$190 million for this biennium's Unified Budget and Workplan and their participation in an uncompromising attack on the scourge of stigma—the theme of this year's World AIDS Campaign.

11. The PCB expressed its appreciation for the excellent report prepared by the Executive Director and his staff, which provided a detailed description of the state of the epidemic and a clear analysis of achievements, challenges and priority areas for UNAIDS' attention. The PCB complimented the Executive Director and the Secretariat for their steady and inspired leadership and cited the important role that UNAIDS has played in the last few years in achieving remarkable goals and overcoming seemingly impossible obstacles. The PCB noted that, in less than a year, the

Declaration of Commitment has been produced and the Global Fund to Fight AIDS, Malaria and Tuberculosis has been created. It commended UNAIDS for its efforts, support and technical assistance regarding these two achievements. It stressed that the Declaration of Commitment should be considered the cornerstone of future action, and that UNAIDS and the whole United Nations system must support countries in implementing the Declaration of Commitment.

12. The PCB reconfirmed UNAIDS' role in mobilizing and catalysing political and social forces. It emphasized that political leadership continues to be essential, and called on UNAIDS to maintain AIDS on the political agenda of both national leaders and leaders in the private sector. It noted that the current challenge is to translate the political commitment expressed in the last year into effective and comprehensive responses in countries. A number of PCB members stressed the need to continue efforts regarding advocacy and political engagement addressed to particularly critical challenges, such as sexual and reproductive health services for youth; stigma, denial and discrimination; and social and cultural barriers that increase vulnerability to HIV.

13. The PCB urged UNAIDS to continue adapting to the changing landscape of the epidemic, as it has done since its creation—evolving from a Secretariat with its original six Cosponsors to a United Nations system-wide coalition with new Cosponsors and new tools, such as the Unified Budget and Workplan and the Global Fund to Fight AIDS, Tuberculosis and Malaria. It pointed out that there is the opportunity to use the current momentum to build more partnerships, as well as the need to stabilize the partnership base that has been created.

14. The PCB confirmed UNAIDS' key role regarding normative advice and strategic information. One PCB member pointed out that such information and expertise, available to all, represents a true global public good and a key comparative advantage of the United Nations system. The PCB urged UNAIDS to continue to develop and provide such information and to make it even more strategic and evidence-based.

15. The PCB confirmed UNAIDS' role in resource mobilization. It asked that particular attention be given to securing the resources needed for countries to meet the UNGASS targets and asked that greater efforts be made to clarify the HIV-related budgets of the Cosponsors so that a clearer view of actual expenditure on HIV/AIDS could be obtained. Citing the call in the Declaration of Commitment for UNAIDS to conduct a worldwide HIV/AIDS fund-raising campaign, one PCB member requested that UNAIDS develop a resource mobilization strategy for review by the PCB at its December 2002 meeting. The role of regional development banks as potentially powerfully partners was also elucidated. The role of such banks can take several forms, ranging from support for HIV/AIDS-related development activities to wide-ranging poverty alleviation and modernization of States. The regional development banks can also assist with analysis, resource mobilization, and strategic knowledge of particular regions.

16. The PCB agreed with the Executive Director that the main challenge for UNAIDS over the next few years is to assist countries in turning their strategic plans into large-scale and effective programmes. UNAIDS should play a critical role in helping countries to cost, implement and expand these country plans. It was suggested that UNAIDS use recent analyses of countries' readiness to scale up as a means by which to prioritize and focus its technical support and capacity-building towards particular needs at country level. One PCB member cited obstacles to a united response stemming from differences between national HIV/AIDS councils or committees that are headed by Departments of Health and multisectoral ones that are under the Office of the President

or Prime Minister. It called on UNAIDS to review lessons learned from various structures and advise countries on how these can become more effective.

17. In anticipation of the Five-Year Evaluation of UNAIDS, the PCB urged UNAIDS to clarify further its own role at the country level so as to improve its performance. One PCB member called for the development of a plan to improve country-level operations and performance to be presented at the December 2002 meeting of the PCB. Some PCB members expressed their view that UNAIDS' country offices were understaffed and overwhelmed by the many demands made upon them. One PCB member suggested that UNAIDS should employ two more staff in each office in the form of qualified national experts working as national programme officers. It was felt that such a strategy would help increase local capacity, as well as increasing UNAIDS' knowledge base regarding national disease burden and national responses.

18. Citing uneven performance, the PCB welcomed efforts to strengthen the United Nations (UN) Theme Groups on HIV/AIDS. It noted that many UN Theme Groups on HIV/AIDS are too focused on the health sector to the exclusion of other key sectors such as education, business and law. It was suggested that, where necessary, UN Theme Groups on HIV/AIDS be improved in terms of their capacity to: (1) support national strategic plans and their implementation; (2) improve coordination among United Nations, government and other NGO partners; (3) facilitate information exchange and capacity-building; (4) support National AIDS Councils and Committees; and (5) mobilize communities. UN Theme Groups on HIV/AIDS should also play a pivotal role in integrating HIV/AIDS issues into United Nations system development instruments. The Executive Director agreed that there is a need to take a fresh look at how best to ensure coordination at country level. He stated that this may involve the need for an increase in human capacity throughout the United Nations system, as well as strengthening of UNAIDS Secretariat support.

19. Some PCB members felt that the main focus of UNAIDS should be in least developed countries, as well as in Eastern Europe, where the spread of the epidemic is extremely rapid. Concern was also expressed about the high vulnerability and rapid spread of the epidemic in some countries in Asia and the Pacific. It was pointed out that the vulnerability of these countries stems from high mobility, low awareness of HIV, and low capacity among local NGOs, as well as some governments' reluctance to acknowledge the existence of controversial vulnerable groups, such as sex workers and men who have sex with men. One PCB member asked that UNAIDS draw attention to HIV/AIDS at the December 2002 meeting on the Asia Pacific Leadership Forum—a regional initiative to be launched in the next few months that will seek to increase political leadership and capacity for effective national and regional responses.

20. The PCB stressed that capacity-building and human resource development are crucial for expanding the response at country level. Towards these ends, it called on UNAIDS to continue to support South-South cooperation and regional technical cooperation networks that build capacity in the region. Some PCB members thanked UNAIDS for reaffirming the roles of civil society and people living with HIV/AIDS in the response, emphasizing that these groups represent a great resource that is being under-utilized both by governments and by some in the United Nations system. A number of PCB members urged that civil society be involved much more closely in the response and be much better capacitated. One PCB member called on the PCB to provide UNAIDS with the mandate and resources to support NGO networks so that they have the capacity and the means to contribute more effectively to the response. It was urged that Cosponsors and others make greater efforts to link up with networks of vulnerable groups, and to support them and include them in their reports. Particular attention should be paid to the promotion and inclusion of vulnerable groups (such

as men who have sex with men, injecting drug users and sex workers) in prevention and care interventions. One PCB member appreciated the fact that the Executive Director's Report described the impact of HIV/AIDS on the agricultural sector and rural development, citing the need for a much more concerted focus in rural areas to prevent the spread of HIV among rural populations.

21. The PCB noted that UNAIDS has done an impressive job in catalysing efforts to improve access to drugs. However, it pointed out that progress is still slow in terms of the numbers of people who have access to essential drugs versus the large number of persons who need these medicines. Given this and the fact that relatively few countries have signed agreements with pharmaceutical companies, the PCB urged UNAIDS to make even greater efforts to expand access. One member also stressed the need to develop community-based mechanisms, integrated into existing community health services, which would help ensure adherence to antiretroviral therapy.

22. The PCB welcomed UNAIDS' increased efforts with regard to monitoring and evaluation. It called on UNAIDS to integrate UNAIDS' and countries' monitoring and evaluating efforts with those of the World Bank and the Global Fund to Fight AIDS, Tuberculosis and Malaria; to clarify how monitoring efforts under the Unified Budget and Workplan, the Country Response Information System, and the Declaration of Commitment would function together; to assist countries in monitoring and evaluating their programmes; and to help ensure that the countries' burden of monitoring and evaluation is not too high.

23. The PCB accepted and endorsed the Report of the Executive Director.

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

24. Ms Thoraya Obaid (Executive Director, UNFPA, and Chair of the Committee of Cosponsoring Organizations) delivered the Report of the Chair of the Committee of Cosponsoring Organizations (CCO). Speaking on behalf of all eight cosponsoring organizations of UNAIDS, she emphasized that last year was a critical turning point in terms of political commitment and a year of important milestones and achievements. These were outlined as follows: (1) the adoption of the Declaration of Commitment; (2) the implementation of the United Nations System Strategic Plan on HIV/AIDS for 2001–2005, including 29 United Nations agencies; (3) the operationalization of the UNAIDS Unified Budget and Workplan (2002–2003); (4) the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria; and (5) the inclusion of the United Nations response to HIV/AIDS within the citation for the Nobel Peace Prize awarded to the United Nations in 2001. It was also a period during which the CCO established Task Teams to improve accountability and efficacy in 14 thematic areas critical to the global response. The CCO also identified gaps that need to be better addressed, such as the provision of adequate support to United Nations staff and dependents living with HIV/AIDS. Ms Obaid noted that each Cosponsor has made efforts to ensure that HIV/AIDS is high on their agendas through: (1) commitments by their respective governing boards to endorse the Declaration of the Commitment and the United Nations System Strategic Plan on HIV/AIDS; (2) establishment of technical advisory teams or units dedicated to HIV/AIDS; and (3) commitments made by various teams at country level.

25. Ms Obaid stressed that, although UNAIDS is working hard to provide policy, normative and technical advice at the global level, it is the impact at country level that the Cosponsors consider most critical. At country level, Cosponsors have responded to the epidemic in a variety of ways, working individually and in collaboration with partners inside and outside the United Nations system. These efforts have taken the form of targeted interventions, sector strategies, thematic

approaches, provision of resources, and self-evaluation. Examples include United Nations Development Programme (UNDP) support to countries to address the governance challenges of the epidemic; United Nations International Drug Programme (UNDCP) support to actions that target injecting drug users; the World Bank's provision of funds through its Multi-country AIDS Programme (MAP); World Health Organization (WHO) support to countries to scale up key health sector interventions; International Labour Organization (ILO) initiatives based on the ILO Code of Practice on HIV/AIDS and the World of Work; United Nations Population Fund (UNFPA) integration of HIV prevention into sexual and reproductive health programmes; United Nations Educational, Scientific and Cultural Organization (UNESCO) implementation of its Strategy for Preventive Education; United Nations Children's Fund (UNICEF) development and promotion of strategies and principles to guide programmes for orphans and vulnerable children; and the commitment of all, including the UNAIDS Secretariat, to make prevention among young people a priority.

26. The Chair of the Committee of Cosponsoring Organizations emphasized that progress and achievements do not mean that efforts can be relaxed or slowed, particularly given the goals and targets of the Declaration of Commitment and the Millennium Declaration. She cited the need to continue to push for even greater momentum. In closing, she asked for the support and commitment of the members of the PCB as Member States, donors and civil society to provide support to the Cosponsors so that they can, collectively and individually, expand assistance to countries and have a continued impact on the epidemic.

27. The PCB congratulated the Chair of the Committee of Cosponsoring Organizations and welcomed the report. It observed with appreciation that the report described the main issues, relevant directions and collaborative roles among the Cosponsors. It noted that the Cosponsors have strengthened their level of commitment and capacity to address the epidemic, and urged the Cosponsors to continue to expand their commitment and to increase their support to governments' efforts to scale up national and regional responses to the epidemic. The PCB took note of the Report of the Chair of the Committee of Cosponsoring Organizations.

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

28. Mr Jairo Pedraza (NGO Representative, North America) delivered the Report by the NGO Representative. Mr Pedraza began the NGO report by congratulating the UNAIDS Executive Director for his impressive and comprehensive report. Mr Pedraza noted with appreciation that, during UNGASS, there was evidence of a greater commitment by governments to strengthen the involvement of civil society as an equal partner in the design, implementation, monitoring and evaluation of HIV/AIDS programmes. He emphasized that there is now a need to build and sustain this commitment, as well as the political commitment to an effective response to HIV/AIDS that has been garnered in the last two years. UNAIDS' efforts in this area should be strengthened and sustained to advance HIV/AIDS at the highest political levels. He also called on UNAIDS to make the engagement of civil society a high priority in the expansion of strategies, and cited the duty and role of civil society in ensuring and monitoring the implementation of the commitments made by governments at UNGASS.

29. He lamented the slow progress in eliminating stigma and discrimination in households, communities and the workplace, citing this as an obstacle that undermines successes achieved, particularly among vulnerable groups. Turning to the issue of antiretroviral therapy, he noted that access around the globe remains irregular, ranging from universal access to zero access. He also

noted that, although there has been progress, the greater and meaningful involvement of people living with HIV/AIDS continues to be a challenge to be met not only by the UNAIDS Secretariat and its Cosponsors, but also by governments.

30. Turning to the regions, he raised some specific concerns. In Asia and the Pacific, the vulnerabilities are enormous and the potential for catastrophe is great. In the Pacific, in particular, there has been insignificant AIDS activity. However, progress is being made through the formation of the Seven Sisters—a coalition of seven networks in the region—and the Global Chinese AIDS network. In Africa, Mr Pedraza lamented the fact that only

30 000 Africans have access to antiretroviral therapy, while the burden of care and support in the continent is enormous. He called on African governments to commit adequate resources to address these issues. In Latin America and the Caribbean, countries are affected by diverse epidemics, with most infections concentrated among men who have sex with men, sex workers and injecting drug users. In the region, access to antiretroviral therapy ranges from universal access to almost no access. Several regional initiatives and networks are trying to work with vulnerable groups and overcome the stigma that hinders effective responses by them. Regarding Europe, with its wide variety of epidemics, Mr Pedraza focused on Eastern Europe, where the data indicate both dramatic impact on drug users as well as widespread discrimination against them and denial of their rights. He stressed that community groups in Eastern Europe need support for capacity-building, information and resources. Turning to North America, he pointed out that HIV infection is on the rise in minority communities and among women, youth and men who have sex with men. AIDS activists continue to advocate increased federal budgets for AIDS programmes.

31. Mr Pedraza made six recommendations on behalf of the NGO Representatives:

- 1) UNAIDS should develop a policy and strategy to scale up the role of civil society and allocate resources towards this end;
- 2) UNAIDS should provide technical assistance to the Global Fund to Fight AIDS, Tuberculosis and Malaria and to country processes to facilitate gender- and rights-sensitive proposals and their implementation;
- 3) UNAIDS should support civil society efforts to develop a parallel evaluation of post-UNGASS achievements;
- 4) Efforts to combat stigma and discrimination at all levels should be scaled up;
- 5) UNAIDS should place, and resource, programme officers on AIDS in the subregions, particularly the Pacific; and
- 6) NGO capacity for leadership and deployment of human resources in priority programming areas should be enhanced.

32. The PCB congratulated and thanked the NGO Representative for an excellent report. One PCB member noted the warm and fruitful relationship between NGOs in his country and the government, with many NGOs providing invaluable services, including voluntary counselling and testing, HIV awareness-raising activities and home-based care and support for those affected by HIV/AIDS, including orphans. He called for more transparency and accountability to both recipients and government with regard to the delivery of services. Another PCB member stressed the importance of supporting NGOs in terms of advocacy, activism and the development of activities among groups. He suggested that UNAIDS play an important role in this regard.

33. The PCB took note of the Report by the NGO Representative.

## 2. Promotion and implementation of the Declaration of Commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS

34. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) gave a presentation on the promotion and implementation of the Declaration of Commitment as described in conference paper UNAIDS/PCB(12)/02.3. Dr Cravero reviewed the history of the Declaration of Commitment, which issued from the United Nations General Assembly Special Session on HIV/AIDS and was endorsed unanimously and without reservation by 189 governments. The Declaration calls upon a range of partners to act upon 10 key areas of commitment. Dr Cravero pointed out that, while the primary responsibility for implementing the Declaration lies with governments, the United Nations system has an important role to play in supporting implementation and in monitoring achievement of the goals and targets within the Declaration. The approach that UNAIDS has adopted so as to ensure the fullest possible implementation of the Declaration is based on three principles: (1) implementation is a collective responsibility shared by governments, the United Nations system and civil society; (2) implementation should strengthen existing capacities, mechanisms and processes; and (3) the Declaration is a unifying and motivational tool. Around these principles, action is envisaged by the UNAIDS in four main areas: advocacy (e.g., the governing boards of Cosponsors have approved decisions regarding their respective roles in the implementation of the Declaration, and the Declaration has been endorsed at various conferences); normative guidance and operations support (e.g., there has been guidance to United Nations country teams; a country-based strategy for operationalization is being finalized; and indicators have been developed); communications and public information (e.g., a user-friendly form of the Declaration is being finalized and a communication strategy is being developed); and civil society engagement (e.g., UNAIDS is working with NGO networks to promote the Declaration; ICASO is preparing an NGO advocacy guide on the Declaration; and key networks of NGOs, including people living with HIV/AIDS, are being involved). Dr Cravero pointed out that the Committee of Cosponsoring Organizations would monitor progress in each of these areas on a regular basis.

35. Dr Cravero then outlined the extensive process of consultation that has resulted in a set of 18 proposed indicators to measure progress made in achieving the goals of the Declaration of Commitment. This process involved the Cosponsors, including their evaluation experts; the Monitoring and Evaluation Reference Group, comprised of evaluation experts from Cosponsors, developing countries, donors and academia; and evaluation experts from more than 20 National AIDS Programmes and NGOs. At the global level, five indicators measure progress in resource mobilization, policy development and advocacy related to the epidemic. At the national level, the first category includes two indicators and focuses on *national action*, measuring the progress of national governments in policy development and resource allocation. The second category includes nine indicators and focuses on *national programmes*, monitoring progress in three areas: prevention treatment and care and impact mitigation. These indicators address such factors as knowledge among young people on HIV/AIDS, condom use among young people, HIV policies and programmes in the workplace, life-skills-based HIV/AIDS education, prevention of mother-to-child transmission, antiretroviral therapy, etc. The third category includes two indicators and focuses on the *national efforts impact* as indicated by the prevalence of HIV among young people aged 15–24 and the percentage of HIV-infected infants born to HIV-infected mothers. Of the core set of 18 indicators, 4 are the same as those developed for measuring implementation of the Millennium Development Goals, that is: (1) knowledge about HIV/AIDS among young people; (2) condom use among young people; (3) current school attendance among orphans; and (4) HIV prevalence among young people. Indicators at the global level and those concerning national action will be measured through annual surveys of resource flows, annual desk reviews and

qualitative assessments. Indicators concerning national programmes will be measured through periodic surveys and programme monitoring; and indicators on impact assessment will be measured through biennial reporting and sentinel surveillance. The next steps regarding the indicators involve finalizing them, implementing them in countries and assisting countries in measuring them. It was stressed that the primary purpose of the indicators is not to serve annual reporting requirements. Rather they provide a comprehensive overview of a programme's strengths and weaknesses and should be used as tools for improving programmes.

36. Since the indicators were not ready for the 2002 report, a questionnaire was sent to 193 governments to gather information for the first annual report of the United Nations Secretary-General to the General Assembly. This report should provide baseline information for subsequent measuring of progress. Dr Cravero closed by emphasizing that the Declaration represents a historic achievement that sets forth the collective resolve and responsibility of the international community to reverse the epidemic. It will underlie all action in the next several months. She asked the PCB to provide further guidance on implementing the Declaration and to endorse the proposed core indicators.

37. The PCB expressed its appreciation for the excellent presentation and for the work that the UNAIDS Secretariat and Cosponsors have done in follow-up to UNGASS and the Declaration. The PCB noted that it found helpful and reasonable the description of the role that the United Nations system should play in implementation of the Declaration, including the division of labour and the importance attached to cooperation with civil society—in particular, people living with HIV/AIDS. It recommended that the Committee of Cosponsoring Organizations monitor progress in implementation on a regular basis.

38. The PCB confirmed that the implementation of the Declaration of Commitment is of the highest priority and should be treated as such by governments, international agencies, regional bodies and civil society. It emphasized the importance of keeping implementation of the Declaration as straightforward and simple as possible by building on existing capacities, mechanisms and processes and by mainstreaming the goals of the Declaration into the core business of other sectors. The PCB stressed the need for governments to meet the goals and targets set forth in the Declaration, and underlined the fact that full and timely reporting on progress is an important component of follow-up and also an important mechanism for sharing knowledge, information and best practices.

39. The PCB cited the close links between the implementation of the Declaration and the achievement of the Millennium Development Goals, stating that the goals of the Millennium Declaration will not be reached if dramatic progress is not achieved in combating HIV/AIDS. It welcomed the fact that the proposed indicators are consistent, and in some places overlap, with those identified under the Millennium Development Goals, and it called for the involvement of the United Nations regional commissions in implementing the Declaration in the context of the Millennium Development Goals.

40. The PCB agreed with the view that indicators must be complete, yet simple, and based on existing data, where possible. Some members expressed concern that the burden placed on national governments, particularly those of developing countries, to find and report on the required data will be heavy. Therefore, every effort must be made to streamline reporting requirements, avoid extra administrative and financial costs, and support governments in their reporting efforts. The PCB urged UNAIDS and the United Nations system to support governments in using existing monitoring and evaluation systems and to assist countries in monitoring and evaluation through the

UN Theme Groups on HIV/AIDS and the UN country teams. One PCB member suggested consideration of a shorter primary list of indicators that would be mandatory for all countries and a secondary list of indicators that would be optional.

41. The PCB discussed the proposed indicators and made a number of points and suggestions. Several PCB members said it would be useful to create explanatory or methodological notes to accompany the indicators that, among other things, would: (1) ensure that measurement of the indicators improves programmes rather than generating data for global purposes; (2) allow the indicators to be broken down regionally so that they would be consistent with regional specificities of the epidemic; (3) reinforce gender equality; and (4) be disaggregated by factors such as sex, age, rural/urban living, ethnicity, etc. Some PCB members suggested that ways be explored to gather data on issues not covered sufficiently in the proposed indicators, including data on: (1) steps taken to improve surveillance, health systems and the resource base; (2) the level of involvement of vulnerable groups, civil society, NGOs and people living with HIV/AIDS; and (3) primary prevention, particularly with regard to behavioural change among youth, through the inclusion of indicators that would measure the number of sexual partners and median age when first sexually active. Some PCB members suggested that the indicator that covers the level of national funds allocated to HIV/AIDS be further examined, since tracking AIDS-related spending might be difficult where it was 'hidden' in core-funding or un-earmarked contributions. One PCB member called on the PCB to endorse, and on UNAIDS to allocate resources to, a plan whereby members from civil society and people living with HIV/AIDS develop a parallel report on post-UNGASS achievements. The PCB noted with approval that the indicators could be refined over time, on the basis of lessons learned.

42. The PCB endorsed the proposed indicators for monitoring progress in the implementation of the Declaration of Commitment on the understanding that the indicators will be further refined on the basis of experiences and lessons learnt.

### **3. Financial reports: financial report for the biennium 2000–2001 and financial and budgetary update for 1 January–15 April 2002**

43. Dr Cravero (UNAIDS) made a presentation concerning the financial report for the biennium 2000–2001 (document UNAIDS/PCB(12)02.4), and the financial and budgetary update for 1 January–15 April 2002 (document UNAIDS/PCB(12)02.5). Dr Cravero pointed out that, thanks to the increased awareness of and commitment to addressing the epidemic during the past biennium, resource mobilization for the core budget exceeded expectations—that is, US\$163.1 million were raised against US\$140 million. Despite the overall level of resources raised during the 2000–01 biennium, it was still necessary to draw on the operating reserve on three occasions, to avoid potential cash-flow problems caused by the late receipt of contributions.

44. Dr Cravero described how the Unified Budget and Workplan (UBW) was structured around 13 programme components developed jointly by the Secretariat and Cosponsors. These programme components contributed in turn to four strategic objectives. The financial implementation of the UBW was undertaken in accordance with the allocations for Cosponsors, the Secretariat and Inter-Agency activities set out in the UBW and approved by the PCB in May 1999. Total expenditure against the 2000–01 UBW amounted to US\$139.9 million—a financial implementation rate of nearly 100%. This indicated that the absorption rate of UNAIDS increased from 94% during 1998–99 to approximately 100% during 2000–01. The financial situation allowed for both the ability to fund additional priorities (such as UNGASS and increased support to Theme Groups, covered through savings on staff costs) and to 'jump-start' funding of

Cosponsor activities in the 2002–03 UBW. In this regard, over US\$32 million were transferred to Cosponsors in December 2001. Total expenditure during the last biennium amounted to US\$177.3 million, which represents an increase of over 55% over the previous biennium, which amounted to US\$113 million.

45. With regard to the International Partnership against AIDS in Africa (IPAA), contributions received during 2000–01 amounted to US\$9.5 million, which was combined with the fund balance of previous years, resulting in total funds of US\$22.4 million available to support the IPAA during the biennium under review. Expenditure during 2000–01 amounted to US\$18.9 million, yielding an implementation rate of 85% for the IPAA. In accordance with the decision made by the PCB last year, the IPAA fund balance has been fully incorporated into the core and supplemental components of the UBW for this biennium.

46. With regard to the Cosponsors, their share of the core UBW more than doubled in the current UBW—it increased from US\$30 million during the 2000–01 biennium to US\$65 million during the 2002–03 biennium. If resource mobilization activities are successful, the balance of Cosponsor resources will be provided in two tranches— US\$21.7 million in December 2002 and US\$10.9 million in May 2003. In connection with the above, there will be a review of delivery among the Cosponsors and the Secretariat, as well as of the achievement of agreed UBW outputs, during the third quarter of 2002.

47. To meet the UNAIDS resource requirements for each quarter, UNAIDS must mobilize a total of US\$158.9 million before the end of this biennium. As of 15 April, a total of US\$31.1 million had been received towards the 2002–03 UBW, enabling the programme to sustain a reasonable expenditure pattern during the first quarter of the new biennium. Dr Cravero closed by emphasizing that increased contributions, as well as timely payments against pledges, are essential in order to keep pace with the needs of the programme in fighting the epidemic.

48. Ms Jeanette Englund (External Audit Manager) presented the external audit opinion as set out in conference document UNAIDS/PCB912/02.4. The audit was conducted in accordance with the Common Auditing Standards of the Panel of External Auditors of the United Nations, the specialized agencies and the International Atomic Energy Agency, which requires that the audit obtain reasonable assurance that the financial statements are free of material misstatement. The auditors examined evidence supporting the amounts and disclosures made in the financial statements, assessed the accounting principles used and estimates made, and evaluated the overall financial statement presentation.

49. The audit expressed a clean opinion. Furthermore, the audit tests revealed that the accounting records could be relied upon and that they were well maintained. Ms Englund stated that certain issues were raised by way of a management letter and are being addressed by programme management. Ms Englund closed by reporting that the cooperation and support of the Executive Director and his staff were excellent, and extended her appreciation for this.

50. The PCB thanked the Deputy Executive Director (UNAIDS) and the Manager of the External Audit for their clear and informative reports. It noted with appreciation that there was a substantial increase in funding and that the implementation rate reached nearly 100% by the end of the 2000–01 biennium. Some PCB members queried expenditure at national level and asked that the next UBW show more clearly the expenditure at country level by both the Secretariat and the Cosponsors. One PCB member also requested that there be more complete documentation of ongoing activities financed

by non-core funds. The PCB emphasized the need for States to provide full and early funding for the UNAIDS 2002–03 UBW and encouraged them to make multi-year pledges to UNAIDS for better predictability of funding.

51. The PCB took note of the financial reports and the report of the external audit.

#### **4. Progress reports**

##### **4.1. Update on the Global Fund to Fight AIDS, Tuberculosis and Malaria**

52. Dr Piot (UNAIDS) was given the floor to introduce the agenda item on the update on the Global Fund to Fight AIDS, Tuberculosis and Malaria (document UNAIDS/PCB(12)/02/INF.Doc.1) and to introduce Dr Richard Feachem (incoming Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria). Dr Piot emphasized that the creation of the Global Fund goes beyond the HIV/AIDS epidemic, representing an important new tool for providing international development assistance and a major opportunity for the private sector to join in the funding of such assistance. So far, the Global Fund has been successful in attracting funds and has received ongoing support from the United Nations, with the United Nations Secretary-General acting as a patron. Dr Piot pointed out that UNAIDS has invested a great deal in the development of the Fund, in the technical review process and in helping countries with proposal development, with this support costing the Secretariat about US\$1 million, and involving equally significant inputs from the Cosponsors. The Global Fund represents both a major opportunity for an expanded response, as well as a challenge to UNAIDS to do its job better. Dr Piot then introduced Dr Richard Feachem.

53. Dr Feachem expressed his appreciation for being invited to speak to the PCB. He also expressed appreciation to the HIV/AIDS community worldwide (which played a significant role in the creation of the Global Fund), to UNAIDS, which has been extremely supportive of the Fund, and to Dr Piot for his personal support. Dr Feachem then went on to describe the key elements of the Fund. He pointed out that the Fund is large, with over US\$2 billion currently committed. He stressed that it is a financial instrument (not an implementing agency) and an independent private-public partnership that is answerable to its own board. It is a mechanism to fund plans developed through country partnerships in severely affected countries, as well as in areas with growing epidemics. Established in January 2002, it approved a first set of proposals at the end of April, with a second call for proposals planned later in 2002. As a financial instrument, the Global Fund relies on partnerships with other implementing agencies. With more than 60% of current funding awarded to HIV/AIDS programmes, UNAIDS is a natural partner, and its technical support, both at the global and local level, will be key to ensuring successful disbursements. Dr Feachem then presented the breakdown of Fund disbursement from the first round as among the three diseases, as well as by geographic region and country. In the first round, some 40 countries and 58 programmes were awarded funds. Funds awarded for HIV/AIDS represented 63% of the dollars disbursed and 54% of the programmes that received funds. Of the proposals related to HIV/AIDS that received funding, 94% had a prevention component, 76% had a treatment component, and 44% had a care and support component. Dr Feachem emphasized the principle that proposals for funding should involve both the public and private sector. Dr Feachem outlined three broad areas of collaboration between the Fund and UNAIDS: (1) local support to help countries prepare proposals and implement them successfully; (2) support in various task forces and working groups; and (3) data-sharing on various issues, such as country information, monitoring and evaluation,

procurement, and strategic planning and analysis. He concluded by saying that he and Dr Piot have begun discussions on collaboration and will work closely together.

54. The PCB congratulated UNAIDS and all those involved in the development of the Global Fund on the speed with which the Global Fund was established and began its operations. The PCB also congratulated Dr Feachem for his appointment as Executive Director of the Global Fund. The PCB urged that the Global Fund become an important tool in international development and poverty reduction efforts, suggesting that it concentrate on the least developed countries with the greatest disease burden, but that it also pay attention to countries most affected by poverty and at high risk of HIV. The PCB further urged that Global Fund activities be country-led; strengthen national health systems; look to scale up existing programmes; be balanced among prevention, care, support and treatment; build local capacity; and insure the involvement of local knowledge and expertise. The PCB cautioned that the existence of the Fund and other mechanisms should not lead the international community back towards vertical programmes. The PCB emphasized that the Fund should avoid becoming another agency and should make full use of existing mechanisms and expertise, including the institutional competence of the United Nations system. In particular, the Fund should make every effort to obtain new and additional funding and should use existing monitoring and evaluation processes, rather than create its own. Referring to the enormous disease burden of the continent, one PCB member called for greater representation of Africa within the various structures of the Fund.

55. The PCB emphasized that civil society is a vital partner of the Fund. It urged the Fund to develop a proactive policy for the involvement of NGOs and to strengthen its involvement with NGOs and networks of people living with HIV/AIDS. It further urged that the Fund be careful that the Country Coordinating Mechanism does not become a constraint for NGOs. One PCB observer suggested that funds to be disbursed be divided into those for government and nongovernmental recipients and that at least 40% of funds go to nongovernmental recipients.

56. PCB members suggested that the Fund revise its various forms to make these simpler and more user-friendly. It also suggested that some sort of assistance be provided to countries to help them complete the forms. The PCB proposed that the Fund inform governments in writing of the results of their applications in advance of making the results public and that the Fund give adequate notice for preparation of the next round. Since nearly half of the funds are allocated towards the procurement of commodities and goods, the PCB welcomed the establishment of a Working Group to develop draft procurement guidelines for the Board.

57. The PCB expressed its appreciation for the support that the UNAIDS Secretariat has provided to the Fund and to countries so as to assist them in making proposals to the Fund. It emphasized the importance of clarifying the roles and responsibilities of UNAIDS and the Fund, and urged UNAIDS and the Fund to engage in a dialogue to define these roles and responsibilities and to plan for, and allocate, appropriate human and financial resources. One PCB member recommended that UNAIDS do an analysis of its collaboration with the Fund in terms of the implications for UNAIDS' resources and work priorities. A number of PCB members recommended that UNAIDS and the Fund develop an official partnership agreement. Some PCB members expressed the view that UNAIDS and WHO should be voting board members of the Fund. The PCB urged that support to the Global Fund not come at the expense of UNAIDS, and suggested that the partnership between UNAIDS and the Fund should encompass resource mobilization. It also asked that there be the greatest possible transparency regarding the resources provided to countries by UNAIDS and the Cosponsors in support of the Fund (e.g., proposal development, strengthening of Country Coordinating Mechanisms).

58. The PCB acknowledged the important role of UNAIDS in providing technical assistance in the preparation of proposals and recognized that the demand for such technical assistance is enormous, particularly in countries and regions, such as the Pacific, where technical capacity is low. Other roles for UNAIDS mentioned by the PCB were to: (1) continue to develop and promote HIV/AIDS related policies; (2) assist in human capacity development and other means of implementation; (3) support the development and effective functioning of Country Coordinating Mechanisms; and (4) assist in monitoring and evaluation. One PCB member suggested that UNAIDS do an analysis of the first set of proposals approved by the Fund in terms of lessons learned and communicate this to countries as soon as possible. The PCB suggested that it may be necessary to strengthen UNAIDS' capacity in-country since there will be more demand at country level to support countries in the application process, support the Fund and its activities, and coordinate United Nations system inputs at all levels.

59. The PCB took note of the information paper on the Global Fund to Fight AIDS, Tuberculosis and Malaria (UNAIDS/PCB(12)/02/INF.Doc.1).

#### **4.2 Progress report from the Evaluation Supervisory Panel Chair**

60. Mr Euclides Castilho (Chair, Evaluation Supervisory Panel), accompanied by Ms Torild Skard (Vice-Chair, Evaluation Supervisory Panel), gave a presentation on the progress made regarding the Five-Year Evaluation of UNAIDS as outlined in conference paper UNAIDS/PCB(12)/02/INF.DOC.2. Mr Castilho reported that the Evaluation Supervisory Panel (ESP) had no preliminary findings to report to the PCB, due to the fact that the evaluation findings are not a series of separate reports but a synthesis of all the studies and visits. He pointed out that such a synthesis will be available in the draft Final Report that will be circulated to stakeholders in early August. He also noted that many of the key issues raised by PCB members during the discussion of the Executive Director's Report are also topics covered by the Five-Year Evaluation. The stakeholder consultations on the draft Final Report, including a workshop in mid-September, will provide an opportunity for PCB members and observers to review findings on these topics with the Evaluation Team (ET).

61. Mr Castilho noted that, at the third meeting of the ESP, hosted by the Government of Brazil in Rio de Janeiro on 16–19 December 2001, the ESP took a number of decisions on key items for the Evaluation work programme, including revised milestones, written outputs, stakeholder consultations on the draft Final Report, budget estimates, and distribution of the draft Final Report. Regarding the changes in the milestones, Mr Castilho pointed out that these do not affect the overall schedule of the Evaluation as approved by the PCB last May. According to the revised timeframe, the ESP will receive the first version of the draft Final Report on 14 June. The Evaluation Team will complete its visits in June and July 2002. The draft Final Report will be revised by the end of July for presentation to stakeholders, and will include any findings from the most recent visits, as well as ESP comments from its fourth meeting on 15–18 July 2002 in Beijing. Consultations with stakeholders on the draft Final Report will involve a combination of written comments and a Stakeholder Workshop in mid-September 2002, which will include PCB members and observers, and representatives from the Monitoring and Evaluation Reference Group. The objectives of the consultations will be to: (1) review and clarify the results of the Evaluation; and (2) seek views from stakeholders on follow-up to its findings.

62. The estimates approved by the ESP in December 2001 have been reviewed and approved by Dr Thakur, outgoing Chair of the PCB, as set out in PCB procedures, authorizing the PCB Chair to review and approve budget estimates. As for distribution of the draft Final Report, the ESP

proposed: (1) distribution of the draft Final Report to invitees to the Stakeholder Workshop to be held in Geneva in September 2002; (2) notice to key stakeholders from relevant UNAIDS Secretariat mailing lists on how to obtain the draft Final Report for the purpose of providing written comments; and (3) access, on request, to Annexes of the draft Final Report for those attending the Stakeholder Workshop or providing written comments. The draft Final Report will not be posted on the UNAIDS website. Mr Castilho asked for PCB agreement on this proposal. He closed by stating that the ESP will provide independent comments on the Final Report to the PCB Chair and Executive Director of UNAIDS by the end of October, which would be available for the PCB discussion in December 2002.

63. The PCB thanked the Chair of the Evaluation Supervisory Panel for the information provided on the progress of the Evaluation. It also expressed its appreciation for the participatory and consultative approach undertaken throughout the evaluation process. The PCB recognized the importance of the outcomes of the Evaluation for the future work of the UNAIDS Secretariat and the work of its Cosponsors in the field of HIV/AIDS. Members of the PCB expressed the hope that the draft Final Report would inform and guide discussions on: (1) the relationship between the Secretariat and the Cosponsors; (2) the responsibilities of the Cosponsors at country level; (3) the possible strengths and weaknesses of UNAIDS' current coordinating role, particularly at the country level; (4) a review of the governance of UNAIDS, including the PCB's governance role in relation to the Cosponsors; and (5) a review of the roles of the Cosponsors *vis-à-vis* the Committee of Cosponsoring Organizations and the UBW. Based on preliminary observations shared informally, some delegations of the PCB noted that UNAIDS has scored some of its biggest successes at international level, while UNAIDS' role at country level has been less prominent. The PCB looked forward to findings from the Evaluation to help assess progress at country level and advise on how to overcome existing constraints and weaknesses including among the Cosponsors, who bear the main responsibility for supporting the implementation of national responses.

64. The PCB agreed to the ESP proposal for distribution of the draft Final Report as outlined above. One PCB member asked for further information regarding: (1) the expected final cost of the Evaluation in comparison to costs put forward initially; (2) the projected costs of the various components of the Evaluation; (3) assurance that these costs can be covered by the existing resources of the UNAIDS Secretariat; and (4) the rationale for holding ESP meetings outside of Geneva and the cost implications of these decisions. Some PCB members regretted that the draft Final Report was not made available in June 2002, as originally anticipated.

65. In response to questions concerning financial matters, Mr Castilho and Ms Skard replied that the ESP estimate, currently US\$1 659 000, was higher than the original estimate of US\$850 000 due to several factors, e.g., extension of the Evaluation timeframe by six months, a more intensive evaluation work programme, activities cited in the Mandate that were not costed within provisional estimates, and underestimation of the amount of work required from the ESP, Management Support Team and Evaluation Team. Contributions from Australia, Canada, Luxembourg, Sweden and UNAIDS amount to US\$1 441 000. There are also significant in-kind donations from Brazil, China, Norway and the UNAIDS Secretariat. The shortfall between budget estimates and revenues is currently anticipated to be around US\$220 000. The UNAIDS Secretariat has confirmed that this can be made available from existing resources. As for the ESP meetings outside of Geneva, these venues allowed the ESP to learn about National AIDS Programmes and provided opportunities for the Governments of Brazil and China to contribute to the evaluation. The total additional cost of holding the meetings in Rio and Beijing, rather than in Geneva, for the ESP and Management Support Team, was US\$14 000. The additional cost for the Evaluation Team to attend the meetings was US\$12 000.

## **5. Next PCB meeting**

66. It was proposed and accepted that the next PCB meeting be held in Portugal at a location to be announced. The dates of the next PCB meeting will be 11–12 December 2002. Dr Piot (UNAIDS) took the floor to ask for guidance from the PCB in finding an appropriate format for the next PCB meeting that would allow for sufficient discussion and participation when considering the Five-Year Evaluation of UNAIDS. One PCB member offered to work with the Chair, UNAIDS and others to devise such a format.

## **6. Other business**

### **6.1. New UNAIDS Secretariat premises: status and next steps**

67. Dr Cravero (UNAIDS) gave a presentation concerning the status of the new UNAIDS Secretariat premises as outlined in document UNAIDS/PCB(12)/02/INF.DOC.3. Dr Cravero expressed her appreciation on behalf of UNAIDS to the Swiss Confederation and to the Federal Government of Switzerland and Canton of Geneva for their hospitality to UNAIDS and their cooperation and assistance in the search for suitable premises. Dr Cravero reported that, after discussions, the Federal Government of Switzerland proposed construction of a UNAIDS headquarters building, which UNAIDS will share with WHO. For this purpose, the Federal Government of Switzerland is planning to grant UNAIDS and WHO a 50-year interest-free loan of up to CHF55 million to cover construction costs, of which UNAIDS' share would be approximately CHF27.5 million. The loan will need to be approved by the Swiss Federal Parliament, and arrangements will have to be made so that UNAIDS, which does not have separate legal personality under Swiss law, can assume its share of the proposed loan and contracts with architects and builders. It is expected that a formal submission to the Parliament will be made in September or December 2002, and that the loan will be formally granted between June and October 2003. Work will then begin on the construction of the new UNAIDS headquarters building in the summer/autumn of 2003 and will be completed by the end of 2005. A competition for the selection of architects for the building was organized jointly by the responsible Swiss agency (*Fondation des immeubles pour les organisations internationales*), WHO and UNAIDS. The successful architects were B&E Baumschlager-Eberle, of Lochau, Austria. Dr Cravero closed by giving an assurance that UNAIDS will keep the PCB and CCO informed of developments.

68. The PCB noted the information provided on the status of the new UNAIDS Secretariat premises and thanked the Swiss Government for its continuing support of UNAIDS in the form of an interest-free loan to enable the construction of a building to house the UNAIDS Secretariat in Geneva. The PCB endorsed UNAIDS negotiation of a direct loan with the Swiss Government for its share of the construction costs, i.e., CHF27.5 million, with the understanding that if UNAIDS' share of the costs were likely to exceed this figure by more than 10%, it would consult the PCB. At appropriate intervals, the Executive Director will report to the PCB on the progress of the construction project.

### **6.2 Development of a UNAIDS Unified Budget and Workplan for 2004–2005**

69. Dr Cravero (UNAIDS) presented an update on the UNAIDS Unified Budget and Workplan (UBW) for 2004–2005, as outlined in document UNAIDS/PCB(12)/02/INF.DOC.4. Dr Cravero pointed out that the UBW 2004–05 would be presented to the PCB at its next regular meeting in the spring of 2003. To meet this timeline, its work needs to begin now. Dr Cravero asked that the

PCB consider and reaffirm that the principles of the current UBW are also relevant for the next UBW. These are: the UNGASS Declaration of Commitment, the Global Strategy on HIV/AIDS, and the United Nations System Strategic Plan on HIV/AIDS for 2001–2005 will provide the overall framework for the UBW; the development of the UBW is a strategic, collaborative and joint planning exercise aimed at clarifying the complementary roles and contributions of the Cosponsors and the Secretariat; the UBW will include all the global and regional-level HIV/AIDS-related activities of UNAIDS Cosponsors and Secretariat but does not include the country-level activities of the Cosponsors; and it will support the efforts of the United Nations system to strengthen national responses to the epidemic through the UN Theme Groups on HIV/AIDS, UNAIDS Country Programme Advisers, and the provision of Programme Acceleration Funds.

70. The UBW includes three components: (1) the regular budget of the Cosponsors; (2) a core budget component raised collectively with the leadership of the Secretariat; and (3) a supplemental component raised by individual Cosponsors. The Supplemental Component of the UBW also includes US\$10 millions to support the HIV/AIDS-related activities of United Nations agencies that are not Cosponsors. The UBW will be results-based, linking resources to results without breaking down the budget according to different expenditure categories. As requested by the members of the PCB, it will therefore be less input-oriented and will focus more on the achievement of strategic objectives and outcomes. Dr Cravero ended by requesting guidance from the PCB, particularly on how to strengthen the results-based character of the UBW.

71. The PCB commended the Deputy Executive Director on the efforts devoted to the Unified Budget and Workplan, recognizing that the preparation of the UBW is a difficult, complex task. One PCB member requested that the UBW for 2004–2005: be more strategic and less of an inventory of proposed activities; reflect lessons learned about what does and does not work; and take into account the performance monitoring of the previous UBW for 2002–2003. In this regard, UNAIDS should provide the 2002 version of the UNAIDS Annual Evaluation Report to the next PCB meeting. Another PCB member summarized four assumptions regarding the UNAIDS 2004–05 UBW, namely that the UBW would: (1) include activities and costs related to follow-up of the results of the Five-year Evaluation of UNAIDS, implementation of the Declaration of Commitment and Global Fund support functions; (2) include a set of indicators to measure UNAIDS' added value at country level; (3) provide an estimate of Cosponsors' budgets for HIV/AIDS activities at country level; and (4) reflect an enhanced focus on strengthening human capacity to lead, plan, implement, monitor and evaluate scaled-up responses.

72. The PCB took note of the key principles of the current UBW and reaffirmed these for the next biennium (2004–05).

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

73. The decisions, recommendations and conclusions of the 12<sup>th</sup> meeting of the PCB were prepared by a drafting group established at the beginning of the meeting. These decisions, recommendations and conclusions were discussed and adopted 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.



## PROGRAMME COORDINATING BOARD

**Twelfth meeting**  
**Geneva, 29 - 31 May 2002**

***Place: Governing Body Room, International Labour Office, 4 Route des Morillons, 1202 Geneva.***

***Time: 09h00 – 12h30 and 14h00 – 17h00 (till 12h30 on 31 May)***

### **Agenda**

### Reference documents

- |   |                             |
|---|-----------------------------|
| 1. Opening  |                             |
| 1.1 Opening of the meeting and adoption of provisional agenda   | UNAIDS/PCB(12)/02.1         |
| 1.2 Election of Officers  |                             |
| 1.3 Consideration of the report of the eleventh meeting   | UNAIDS/PCB(11)/01.7         |
| 1.4 Report of the Executive Director, 2000-2001   | UNAIDS/PCB(12)/02.2         |
| 1.5 Report by the Chairperson of the Committee of Cosponsoring Organizations  |                             |
| 1.6 Report by the NGO representative  |                             |
| 2. Promotion and implementation of the Declaration of Commitment adopted by the UN General Assembly Special Session on HIV/AIDS | UNAIDS/PCB(12)/02.3         |
| 3. Financial reports  |                             |
| 3.1 Financial report for the biennium 2000-2001   | UNAIDS/PCB(12)/02.4         |
| 3.2 Financial and budgetary update January-March 2002   | UNAIDS/PCB(12)/02.5         |
| 4. Progress reports   |                             |
| 4.1 Update on the Global Fund to Fight AIDS, Tuberculosis   | UNAIDS/PCB(12)/02/INF.DOC.1 |
| 4.2 Progress report by the Chairman of the Five-Year Evaluation Supervisory Panel   | UNAIDS/PCB(12)/02/INF.DOC.2 |
| 5. Next PCB meeting   |                             |
| 6. Other business   |                             |
| 6.1 New UNAIDS premises: status and next steps  | UNAIDS/PCB(12)/02/INF.DOC.3 |
| 6.2 PCB guidance on the preparations for the Unified Budget and Workplan, 2004-2005   | UNAIDS/PCB(12)/02/INF.DOC.4 |
| 7. Adoption of decisions, recommendations and conclusions   |                             |

## **PROGRAMME COORDINATING BOARD**

### **Twelfth meeting**

Geneva, 29–31 May 2002

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

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

1. The PCB adopted the provisional agenda.

#### **Agenda item 1.2. Election of officers**

2. Portugal was elected as Chair, Zambia as Vice Chair and Japan as Rapporteur.

#### **Agenda item 1.3. Consideration of the report of the eleventh meeting**

3. The PCB adopted the report of the eleventh regular annual session (document UNAIDS/PCB(11)01.7)

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

4. The PCB:
  - 4.1. noted with appreciation the Report of the Executive Director;
  - 4.2. welcomed the report's analysis of achievements, shortcomings and continuing challenges in scaling up HIV/AIDS programmes;
  - 4.3. recommended that the future directions and priorities outlined in the report play a central role in guiding UNAIDS actions to promote and support a vastly expanded response to the epidemic;
  - 4.4. noted that the ongoing five-year evaluation will further guide strategic changes in the role, functions and structure of UNAIDS, especially at country level;
  - 4.5. welcomed the fact that the International Labour Organization (ILO), with its tripartite constituencies of workers, employers and governments, joined UNAIDS as a Cosponsor.

#### **UNGASS Declaration of Commitment**

5. The PCB confirmed that the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS, with its time-specific and measurable targets, should guide the response to the epidemic at global, regional, national and community levels. It should

serve as a platform for accountability, and provide a vehicle for broader acceptance of a standard set of indicators and instruments for assessing the impact of HIV/AIDS programmes.

### **United Nations System Strategic Plan 2001–2005**

6. The PCB agreed that the United Nations System Strategic Plan should continue to serve as the reference point for more intensive and coordinated United Nations action in response to the epidemic.

### **Scaling up the response**

7. The PCB reiterated the critical importance of scaling-up HIV/AIDS prevention, treatment, care and support, moving from a project to a large-scale programme-based approach, paying particular attention to the regional nature of the epidemic, including countries and regions with relatively low prevalence but high vulnerability to HIV/AIDS and also regions where denial and lack of relevant information still exist.
8. The PCB recommended that UNAIDS promote scaling-up through various measures, including:
  - 8.1. integration of HIV/AIDS programming into broader poverty reduction and development initiatives (e.g., Sector-Wide Approaches, Poverty Reduction Strategy Papers, UN Development Assistance Framework), including advocacy for increased attention to HIV/AIDS;
  - 8.2. the mobilization of far greater amounts of funding from all sources;
  - 8.3. strengthening human resource capacity to implement scaling-up of HIV/AIDS-related activities in countries;
  - 8.4. focusing on wider and more substantive institutional partnerships, including South-South, regional, inter-governmental, civil society and private sector collaboration;
  - 8.5. strengthening health and social services infrastructures to ensure adequate and sustained supplies of affordable HIV/AIDS prevention and treatment commodities, including condoms, medicines for the prevention and treatment of opportunistic infections, antiretrovirals and other HIV/AIDS-related medicines, and diagnostic equipment and materials;
  - 8.6. ensuring that advocacy, especially for youth-related sexual and reproductive health services and prevention for vulnerable groups, such as women, men who have sex with men, and injecting drug users, is an essential part of multisectoral responses and HIV/AIDS prevention programming, and should remain high on the global agenda;
  - 8.7. ensuring that HIV/AIDS programmes are gender-sensitive and rights-based.
9. The PCB encouraged UNAIDS to further expand its support in countries by intensifying assistance to national HIV/AIDS councils, commissions and coordinating bodies, promoting the implementation of national strategic plans on a scale proportionate to the needs and by helping countries to mobilize, access and utilize additional resources.

10. The PCB encouraged UNAIDS to strengthen its capacities to mobilize technical assistance to countries for the scaling-up of HIV/AIDS programming, and to mobilize regional and national technical resource networks. The UN Theme Groups on HIV/AIDS and Expanded Theme Groups supported by the UNAIDS Country Programme Advisers (CPAs) should play a pivotal role in the UN system coordination and UN support for country-level action.
11. The PCB agreed that UNAIDS should intensify its role in advocating the mobilization of adequate and sustainable financial resources to scale up the response and in tracking global resource flows.
12. The PCB stressed that scaling up HIV/AIDS programmes requires UNAIDS to continue to engage a wider range of partners within a multisectoral response and to strengthen the capacity of civil society, particularly people living with HIV/AIDS, in advocating expanded HIV/AIDS prevention, treatment, care and support programmes.

### **Accountability, monitoring and evaluation, and tracking the response**

13. The PCB stressed that monitoring, evaluation and tracking the response are core functions of UNAIDS and recommended that the Secretariat and Cosponsors provide their full support to the establishment of the Country Response Information System (CRIS) by all countries during the 2002–2003 biennium, and that UNAIDS intensify its support to countries and regional entities in monitoring the implementation of National Strategic Plans, boosting capacity for programme evaluation and demonstrating greater accountability.

### **Policy and Strategy**

14. The PCB encouraged UNAIDS to continue its leadership role in the development of policies and strategies based on the best available technical evidence and a rights-based approach, with increased documentation of programme impact and lessons learned in the education, agriculture, health and other key sectors.

### **Agenda item 1.5 Report by the Chairperson of the CCO**

15. The PCB took note of the report of the Chairperson of the Committee of Cosponsoring Organizations (CCO) made on behalf of all Cosponsors.
16. The PCB recognized the endorsement of the United Nations System Strategic Plan on HIV/AIDS by all UNAIDS Cosponsor governing bodies. The PCB recognized the increasing number of Cosponsor governing bodies that have endorsed the Declaration of Commitment of the United Nations General Assembly Special Session on HIV/AIDS and urged the other Cosponsor governing bodies to formally endorse it.
17. The PCB noted the strengthened level of commitment given to HIV/AIDS within cosponsoring organizations and urged all Cosponsors to make the allocation of resources to support scaling-up of national and regional responses a top priority within their organizations.

**Agenda item 1.6. Report by the NGO Representative**

18. The PCB welcomed the Report of the NGO Representative speaking on behalf of the NGO delegates to the PCB.
19. The PCB expressed grave concern about continuing stigma and discrimination against people living with HIV/AIDS and members of vulnerable groups such as women and young girls, sex workers, men who have sex with men, injecting drug users, victims of sexual abuse and prisoners. The PCB urged that programmes be scaled up to combat HIV/AIDS-related stigma and discrimination.
20. The PCB recommended that UNAIDS Cosponsors and Secretariat assess their respective capacities to engage civil society networks in their areas of work, develop clear policies and strategies and allocate resources to ensure that civil society, particularly people living with HIV/AIDS, are fully engaged in the design, implementation and evaluation of HIV/AIDS programmes.
21. The PCB noted the NGO members' proposal that UNAIDS should strengthen its effective support in countries, regions and subregions.

**Agenda item 2: Promotion and implementation of the Declaration of Commitment adopted by the United Nations General Assembly Special Session on HIV/AIDS**

22. The PCB noted with appreciation the follow-up actions undertaken by the UNAIDS Secretariat and the Cosponsors in implementing the UNGASS Declaration of Commitment consistent with the framework of the Millennium Development Goals, and recommended that the Committee of Cosponsoring Organizations monitor progress on a regular basis.
23. The PCB reiterated the importance that all governments actively engage to meet the goals and targets contained in the Declaration. It urged governments to submit their contributions to the annual report of the United Nations Secretary-General to the United Nations General Assembly in a timely fashion.
24. The PCB recognized the role of UNAIDS in promoting and facilitating partnerships with civil society in the context of its important contributions in prevention, care, support, treatment and advocacy, as well as in monitoring and evaluation.
25. The PCB encouraged regional meetings, bodies and organizations, including regional development banks to undertake advocacy and operational activities for the achievement of the goals of the Declaration of Commitment, building on existing capacities, mechanisms and processes and considering new ways of working. In this regard, the PCB noted the proposal to hold a special session on HIV/AIDS in the Organization of American States.
26. The PCB reviewed the process followed in developing the indicators to monitor progress in the implementation of the Declaration and endorsed a set of indicators developed, as well as reporting requirements on the understanding that the indicators will be further refined to effectively serve their purpose and be as consistent as possible with other reporting requirements such as the Millennium Development Goals.

27. The PCB urged the Cosponsors and the Secretariat to assist countries in strengthening their capacities to achieve the goals of the Declaration of Commitment and to monitor and evaluate progress, through enhanced support from Theme Groups and UN country teams.

### **Agenda item 3. Financial reports**

#### **3.1. Financial Report for the biennium 2000–2001**

28. The PCB examined and took note of the financial report and audited financial statement for the financial period from 1 January 2000 to 31 December 2001 and the unqualified report to the PCB of the external auditors (UNAIDS/PCB (12)/02.4).
29. The PCB urged donor governments and other partners to provide full funding for the UNAIDS 2002–2003 Unified Budget and Workplan. The PCB encouraged donor governments and other partners to make timely payments and multi-year pledges to UNAIDS in order to ensure operational continuity and to increase the predictability of resources during and beyond the biennium.

#### **3.2. Financial and budgetary update, 1 January–15 April 2002**

30. The PCB took note of the interim financial information for the 2002–2003 biennium (UNAIDS/PCB (12)/02.5) and urged donor governments and other partners who have not yet done so, to release soonest their contributions towards the Unified Budget and Workplan for 2002–2003.

### **Agenda item 4. Progress reports**

#### **4.1 Update on the Global Fund to Fight AIDS, Tuberculosis and Malaria**

31. The PCB noted the Information Paper on the Global Fund to Fight AIDS, Tuberculosis and Malaria (UNAIDS/PCB (12)/02/INF.DOC.1), expressed appreciation for the contributions of UNAIDS to the establishment of the Global Fund, and recognized the implications of the establishment of the Fund for UNAIDS programming and resourcing. The PCB welcomed the opportunity to meet the Executive Director of the Fund, Dr Feachem.
32. The PCB noted the support expressed by numerous delegations for the contributions of UNAIDS in such roles as providing technical review, support for countries and communities in need, assistance to develop human capacities, promoting the involvement of NGOs and civil society, monitoring, evaluation and resource tracking. The PCB noted in particular the need to mobilize increased resources to enable UNAIDS to continue to work in a complementary manner with the Global Fund and to provide relevant support to countries. In this regard, the PCB took note that several countries proposed increased staffing and strengthening of country office capacities of UNAIDS. The PCB stressed that support to the Fund should be additional to other donor assistance including support to UNAIDS.
33. The PCB agreed that UNAIDS and the Global Fund work in consultation to develop, for consideration by the PCB at its next meeting, a partnership agreement that would set out areas

of complementary activity and provide a sound foundation for a continuing strong mutually reinforcing relationship. This agreement, which would include a resource mobilization strategy, would clarify their respective roles, indicate the cost implications for UNAIDS and demonstrate effective synergies.

34. The PCB agreed to support an expanded monitoring and evaluation capacity for UNAIDS, globally, in regions and in specific countries, in the interests of greater accountability.

#### **4.3 Progress report from the Evaluation Supervisory Panel**

35. The PCB emphasized the importance of the five-year evaluation, which it commissioned and which it will consider at its December 2002 meeting, as an opportunity for UNAIDS to take stock of and strengthen the United Nations system response to HIV/AIDS.

36. The PCB noted the progress report (UNAIDS/PCB (12)/02/INF.DOC.2) and oral statement of the Chair of the Evaluation Supervisory Panel (ESP), especially regarding the revised milestones for the evaluation.

37. The PCB welcomed the proposal of the ESP to undertake additional consultative visits prior to finalization of the draft Final Report and agreed to the ESP proposal regarding the distribution of the draft Final Report now to be completed in August 2002, as follows:

37.1. distribution of the draft Final Report to invitees to the Stakeholder Workshop on the draft Final Report, to be held in Geneva in September 2002;

37.2. notice to key stakeholders from relevant UNAIDS Secretariat mailing lists on how to obtain the draft Final Report for the purpose of providing written comments; and

37.3. access on request to Annexes of the draft Final Report for those attending the Stakeholder Workshop or providing written comments.

38. The PCB noted the objectives and modalities for stakeholder consultations on the draft Final Report, as contained in paragraph 18 of the progress report. The Executive Director recommended that a PCB working group be convened to provide guidance on how the PCB may best conduct its work to provide input, advice and recommendations for follow-up.

39. The PCB took note of the revised budget estimates for the Evaluation, as approved by the former PCB Chair, as well as of the supplementary financial information provided by the ESP Chair.

#### **Agenda item 5. Next PCB meeting**

40. The PCB recommended that its next meeting take place in Lisbon, Portugal on 11–12 December 2002.

## **Agenda item 6.**

### **6.1. New UNAIDS Secretariat premises: status and next steps**

41. The PCB noted the Information Note, UNAIDS Premises: Status and Next Steps (UNAIDS/PCB (12)/INF.DOC.3), acknowledging that the plans for UNAIDS to be housed in a specially built premises will assist the efficiency of the Programme's operations in Geneva.
42. The PCB wishes to thank the Swiss Government for its continuing support of UNAIDS in the form of a proposed interest-free loan for the construction of a building to house the UNAIDS Secretariat. It also wishes to thank the Republic and Canton of Geneva for its continuing support and hospitality to UNAIDS.
43. The PCB endorses UNAIDS negotiation of a direct loan with the Swiss Government for its share of the construction costs for premises for its headquarters in Geneva, i.e., CHF27.5 million, on the understanding that if UNAIDS' share were likely to exceed by more than 10% of the aforementioned amount, further consultation would be sought from the PCB. The negotiations will be held in close cooperation with the World Health Organization, which will share in the costs of construction.
44. The PCB requests the Executive Director to report at appropriate intervals on the progress of the construction of the new premises.

### **6.2. Development of UNAIDS Unified Budget and Workplan for 2004–2005**

45. The PCB took note of the key principles of the current Unified Budget and Workplan, included in the document Development of a UNAIDS Unified Budget and Workplan (UNAIDS/PCB (12)/02/ INF.DOC.4), and reaffirmed these for the next biennium (2004–2005).
46. The PCB recommended that the next Unified Budget and Workplan be more user-friendly and reflect lessons learned from the current exercise, and that its results-based character be further strengthened by linking resources to results without breaking down the different types of expenditures. The PCB noted that a number of delegations expressed the wish to have more detailed information about Cosponsor activities and resource allocations at country level.
47. The PCB further recommended that the findings of the five-year evaluation of UNAIDS, the implications of the implementation of the UNGASS Declaration of Commitment, and the work of UNAIDS in relation to the Global Fund to Fight AIDS, Tuberculosis and Malaria be taken into consideration, as appropriate, in developing the next Unified Budget and Workplan.

**UNAIDS**



**ONUSIDA**

**PROGRAMME COORDINATING BOARD**  
Twelfth meeting  
Geneva, 29 – 31 May 2002

**CONSEIL DE COORDINATION DU PROGRAMME**  
Douzième réunion  
Genève, 29 – 31 mai 2002

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(As of 18 June 2002)

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