



**UNAIDS**  
UNICEF • UNDP • UNFPA  
UNESCO • WHO • WORLD BANK

Joint United Nations Programme on HIV/AIDS

UNAIDS/PCB(6)/98.12  
11 August 1998

## **Report of the Sixth Meeting of the Programme Coordinating Board of UNAIDS**

**Geneva, 25-27 May 1998**

### *Contents*

	<b>Page</b>
• <b>Opening</b> .....	2
• <b>Consideration of the reports of the fourth and fifth meetings</b> .....	4
• <b>UNAIDS Biennial Progress Report (1996-1997)</b> .....	4
• <b>UNAIDS and the United Nations response at country level</b> .....	6
• <b>Performance Monitoring and Evaluation Plan</b> .....	8
• <b>Financial Report for 1996-1997, and Report of the External Auditor</b> .....	9
• <b>Financial and budgetary update for 1998-1999</b> .....	10
• <b>Next PCB meeting</b> .....	11
• <b>Other business</b> .....	12
• <b>Adoption of decisions, recommendations and conclusions</b> .....	13
• <b>Annex 1 - List of Participants</b> .....	14
• <b>Annex 2 - Agenda</b> .....	25
• <b>Annex 3 - Decisions, Recommendations and Conclusions</b> .....	26

## Agenda item 1 – Opening

1. The sixth meeting of the UNAIDS Programme Coordinating Board (PCB) was held at the Palais des Nations, Geneva, Switzerland from 25 to 27 May 1998. The participants are listed in Annex 1.
2. In the absence of the outgoing Chairperson, Dr Dlamini Zuma (South Africa), who was unable to attend, the outgoing Vice-Chairperson, Mr Hans Moerkerk (Netherlands) welcomed the participants.
3. The PCB adopted the procedure for the election of future PCB chairpersons and vice-chairpersons set out in document UNAIDS/PCB(6)/98.11, which had been proposed by the outgoing Vice-Chairperson in consultation with the outgoing Chairperson as requested by the PCB at its fourth meeting. It was noted that the PCB *Modus Operandi*, adopted at the first meeting in July 1995, would need to be amended accordingly.
4. Dr Michael Wooldridge (Australia) was elected as Chairperson and took the Chair. Dr Roberto Tapia Conyer (Mexico) and Dr Alexandre Golioussov (Russian Federation) were elected as Vice-Chairperson and Rapporteur, respectively.
5. In his outgoing address, Mr Moerkerk said that, despite a decade of hard work in the fight against HIV/AIDS, the epidemic continued to cause much suffering and remained a serious threat to equitable socioeconomic development. The establishment of UNAIDS represented an excellent opportunity to coordinate the joint efforts of the United Nations family, national governments, nongovernmental organizations (NGOs) and people living with HIV/AIDS. Although considerable progress had been made and there were many examples of good practice, those efforts must continue as it was only through a broad-based collaborative approach that success would be achieved.
6. The PCB approved the following nominations submitted by the NGO community for representatives of NGOs/people living with HIV/AIDS to participate in the work of the PCB: Ms Dorothy Odhiambo, Women Fighting Against AIDS in Kenya, as the representative for Africa; and Mr Jairo Pedraza, Global Network of People Living with HIV/AIDS (United States of America) as the representative for North America.
7. In his opening remarks, the Chairperson emphasized the need for both national and international efforts to combat HIV/AIDS. His own country, Australia, had successfully taken national HIV/AIDS programming out of the party political arena to ensure greater stability and had recognized the need for the involvement of a broad range of partners to ensure that activities reached all population groups. The country was also making a substantial contribution to international efforts, in particular in Africa and the Asia/Pacific region. He drew attention to the important role that the PCB could play in ensuring the effectiveness and accountability of UNAIDS and in seeking innovative ways of expanding international assistance. UNAIDS had a daunting

mandate – it must now build on the substantial progress it had made in its first two years, in particular to increase its effectiveness at country level.

8. Mr Maurizio Iaccarino (Assistant Director-General for Natural Sciences, UNESCO and Chairperson of the Committee of Cosponsoring Organizations, CCO), speaking on behalf of the Cosponsors, reported that the three-day UNAIDS Cosponsor Retreat hosted by UNESCO in Venice in March 1998 had resulted in a number of important recommendations. Subsequently endorsed by the CCO in April 1998, the recommendations covered three broad areas: global policy development and technical guidance; the response at country level; and regional responses in areas with an HIV/AIDS emergency.

9. He welcomed the support already received for the 1998-1999 Coordinated Appeal, launched in November 1997, which currently stood at US\$ 8.3 million.

10. Mother-to-child transmission of HIV was a subject of major concern, and two meetings had been held with the active involvement of the UNAIDS Secretariat, UNICEF and WHO to lay the basis for progress at country level in access to testing and counselling, antiretroviral drugs and breast-feeding substitutes.

11. HIV/AIDS had been discussed at recent sessions of the governing bodies of several of the Cosponsors. The Inter-Agency Advisory Group on AIDS (IAAG) continued to provide a useful forum for discussion among the UN system beyond the Cosponsors. At the Twelfth World AIDS Conference to be held in Geneva in June-July 1998, UNAIDS would be making a joint appeal to the world community to develop strategies for a step-by-step approach to improve the access of people living with HIV to a comprehensive package of care. The Cosponsors must speak with a single voice and call upon all governments to mobilize and intensify their efforts. In that context, the strong support given to UNAIDS by the G8 countries at their Summit in Birmingham, England in May 1998 was most welcome.

12. In conclusion, he noted that when UNESCO completed its term as chair of the CCO at the end of June 1998, all the Cosponsors would have chaired the Committee for one term of six months and the chair would pass back to WHO for one year.

13. Mr Jairo Pedraza (Global Network of People Living with HIV/AIDS, USA and the NGO representative for North America on the PCB), speaking on behalf of the representatives of NGOs/people living with HIV/AIDS, commended the efforts made by UNAIDS in the previous year to improve its relations with NGOs, which included the convening of a meeting of major development agencies to develop joint strategies, and a meeting of NGO representatives to evaluate NGO involvement in the PCB. In return, the NGO community was increasing its support for UNAIDS.

14. Access to treatment and health for people living with HIV/AIDS remained a critical issue and the United Nations Theme Groups on HIV/AIDS should give it high priority. There was also a need to develop standards, quality control and good practices in relation to the alternative treatments

being used in many places. The NGO community supported the call of the G8 countries for development of an AIDS vaccine to be made an urgent public health imperative; immediate financial and technical support were needed if that goal was to be attained in the near future. In the meantime, high priority should be given to the development of microbicides. Greater recognition should be given to the impact of the HIV/AIDS epidemic on women and to measures for their protection, in particular from sexual abuse. Particular attention should be given to the complex questions surrounding the provision of antiretroviral treatment for HIV-infected pregnant women. UNAIDS should also encourage the development of needle-exchange programmes.

15. At country level, the Theme Groups should step up efforts to encourage governments to work with NGOs and to emphasize human rights – people with HIV/AIDS were still being detained or imprisoned in many countries.

16. The continued expansion of the epidemic in many parts of the world, inflamed by civil unrest and economic crisis, necessitated a re-evaluation of HIV/AIDS activities. NGOs must be involved at all stages of programme planning and evaluation; greater involvement of people living with HIV/AIDS and their quality of life must be at the centre of the response.

17. The provisional agenda (document UNAIDS/PCB(6)/98.1) was adopted (see Annex 2).

## **Agenda item 2 – Consideration of the reports of the fourth and fifth meetings**

18. The PCB adopted the reports of its fourth and fifth meetings (documents UNAIDS/PCB(4)/97.10 and UNAIDS/PCB(5)/97.6). Attention was drawn to a document outlining progress to date in implementing the recommendations made by the PCB at its fourth meeting.

## **Agenda item 3 – UNAIDS Biennial Progress Report (1996-1997)**

19. Dr Peter Piot (Executive Director, UNAIDS), introducing the Programme's Biennial Progress Report for 1996-1997, which covered the first two years of activities, highlighted recent trends in the HIV/AIDS epidemic and the progress achieved in developing the Programme. Although the epidemic was receding in some places, demonstrating the efficacy of comprehensive prevention programmes, it continued to expand alarmingly, in particular in southern Africa, threatening to wipe out hard-won development achievements. The PCB commended the report for its comprehensive and frank analysis of the situation, expressing concern at the increasing gaps between low- and high-income countries in efforts to combat the epidemic, and urging donors to increase their assistance and ensure consistent financing. Bilateral funding agencies should be encouraged to work in

cooperation with UNAIDS and the Cosponsors should be urged to increase allocations to HIV/AIDS activities from their own respective budgets.

20. The more coherent response to the epidemic being developed by the United Nations system, involving not only the UNAIDS Cosponsors but also UNDCP, ILO, FAO and UNHCR was welcomed. The PCB endorsed the recommendations arising from the UNAIDS Cosponsor Retreat and looked forward to the development of an integrated workplan for UNAIDS and the Cosponsors over the course of the next biennium.

21. Although there had been significant improvements as UNAIDS continued to define its role and develop its activities at the global, regional and country levels, regional cooperation needed further strengthening, drawing on existing networks, including those of the Cosponsors. Moreover, major challenges remained to ensure that the United Nations Theme Groups on HIV/AIDS worked effectively at country level in facilitating the development, implementation and financing of national strategic plans. Further efforts were needed to tailor the structure of Theme Groups more closely to local needs, to strengthen the commitment of Cosponsor representatives and to develop multisectoral partnerships in support of government action. There was also a need to define more clearly the role and training of country programme advisers. The PCB welcomed the continuing reform of United Nations activities at country level through the United Nations Development Assistance Framework, noting that the Theme Groups were providing a role model in that regard. UNAIDS should increase its efforts to broaden collaboration at all levels with relevant international, national and nongovernmental groups, including religious organizations and groups.

22. The PCB recognized that national strategic planning was a national responsibility and that there was a need to translate plans into activities at the national, provincial and district levels, taking into account local priorities.

23. Many people were still denied access to various aspects of care, ranging from voluntary diagnostic testing and counselling, to humane support, palliative treatment, treatment for opportunistic infections and antiretroviral therapy. The PCB reiterated the recommendations on access to drugs arising from its fifth meeting in Nairobi and noted the UNAIDS guidelines on voluntary testing and counselling. Given recent research findings, the provision of antiretroviral treatment to HIV-infected mothers to prevent mother-to-child transmission was a matter for urgent consideration, although it gave rise to complex questions related to ethical aspects, possible development of resistance, etc., in addition to the high cost. Further efforts were needed to seek the procurement of diagnostic test kits, antiretroviral drugs and drugs to treat opportunistic infections at lower cost, in particular for low-income countries.

24. The PCB commended the UNAIDS Best Practice Collection and recommended that increased attention should be given to disseminating it more widely and encouraging its use. The material should provide examples not only of successful approaches but also of unsuccessful ones as these could provide useful lessons. The series should be expanded to include information on ways of achieving successful institutional change and to provide guidance on reduction of mother-to-child

HIV transmission and on the development of an appropriate legislative framework for questions related to HIV/AIDS.

25. The PCB called for future biennial reports to be more concise and to provide an executive summary, which should highlight current findings. The reports should also incorporate more information on the obstacles being encountered and on the findings of monitoring and evaluation exercises. Further thought should be given to the precise purpose of the reports in the context of the strategic budget process.

## **Agenda item 4 – UNAIDS and the United Nations response at country level**

### **Agenda item 4.1 – Funding status of national AIDS activities**

26. Dr Bernhard Schwartländer (Team Leader, Epidemiology, Monitoring and Evaluation Team, Department of Policy, Strategy and Research, UNAIDS) introduced a report (document UNAIDS/PCB(6)/98.3) on the preliminary findings of a study designed to estimate the amount of national and international resources made available and spent in support of national responses to HIV/AIDS in 1996 and 1997, and to make recommendations for the development of a system for monitoring such information on an ongoing basis. The study was being carried out by the UNAIDS Secretariat and the François-Xavier Bagnoud Center for Health and Human Rights, Harvard School of Public Health, pursuant to a recommendation made by the PCB at its fourth meeting.

27. The PCB commended the work undertaken to date, noting that international funds had remained relatively stable since 1993, and that there was an increasing trend towards bilateral, at the expense of multilateral and multilateral contributions. It was also clear that the flow of international and national funding was uneven and did not correspond to the pattern of the epidemic, so that resources were not necessarily going to areas where the needs were greatest.

28. It was recommended that the study should be completed, despite the limitations set out in the report. The findings, which should be submitted to the Board, would provide a baseline for future monitoring and evaluation of the availability and use of financial resources, which was seen as part of UNAIDS mandate.

29. The Board recognized the complexities of collecting the necessary data. At a time when approaches were rightly shifting in favour of integrated activities, it was becoming increasingly problematic to determine the precise amounts being spent in combating the epidemic. The separation of expenditures on advocacy and prevention from those on treatment and care was also difficult. Nevertheless greater efforts were needed to collect accurate and up-to-date information, and countries, donors and other agencies concerned should be encouraged to cooperate in that regard. The successful development of epidemiological surveillance in the face of similar complexities had shown that progress was possible.

30. UNAIDS should use the findings of the study to refine the methodology for the collection of data and subsequent application of the findings on an ongoing basis, if necessary with the help of a technical reference group with clearly defined terms of reference.

#### **Agenda item 4.2 – Criteria for prioritization of UNAIDS support**

31. Dr Peter Piot introduced revised proposals for prioritization in the allocation of UNAIDS Secretariat resources for the support of country activities (document UNAIDS/PCB(6)/98.4), which included guidelines for the use of Strategic Planning and Development Funds and which had been prepared by the Secretariat in response to a request by the Board at its fourth meeting.

32. The PCB reiterated the need for a transparent prioritization process based on objective need-based and opportunity-driven criteria and commended the progress made in refining the proposals. Although the resources concerned were limited in absolute terms and represented only a small part of the overall United Nations response to the HIV/AIDS epidemic at country level, they were strategically important and must be used in the most efficient and effective way possible. Involvement of NGOs and people living with HIV/AIDS should be stressed. Prompt receipt of agreed allocations was also essential.

33. General approval was expressed in respect of most of the proposed criteria. However, a pragmatic and flexible approach to their application was essential to secure an equitable interpretation, and the process should take into account the capacities within countries and the possibility of rapid changes in the HIV/AIDS epidemic. The special needs of certain groups of countries, such as those in the Caribbean and Pacific regions, should also not be ignored. It would be particularly important to ensure that the criteria related to population size and potential to effect change did not unfairly penalize smaller countries, or those where the United Nations system response through the Theme Group on HIV/AIDS was ineffective or absent, respectively.

34. The criterion on regional influence was not considered appropriate; it was highly subjective, difficult to assess and had political implications, and should therefore be deleted.

35. Loans negotiated by governments with development banks should be considered in the assessment of government financial commitment. In addition, the presentation of the process should be revised to emphasize the overall benefits provided by the UNAIDS Secretariat and the UN system to countries, i.e., access to "common goods" such as the Best Practice Collection and information exchange and technical resource networks, which are available to all countries, and the incremental benefits available to countries in different categories.

36. The PCB approved the immediate initiation of the prioritization process by the UNAIDS Secretariat. Implementation should take into account the Board's comments and the process should be reviewed and developed further in close consultation with the PCB Working Group on Resource Mobilization. A progress report should be prepared for submission to the PCB at its next regular annual session.

### **Agenda item 4.3 – Establishment and functioning of inter-country teams and technical resource networks**

1. The PCB took note of the report on technical resource networks and inter-country teams (document UNAIDS/PCB(6)/98.5) introduced by Dr Awa Coll-Seck (Director, Department of Policy, Strategy and Research, UNAIDS), welcoming the progress made during the biennium in establishing and strengthening a wide variety of technical resource networks, information exchange networks, task forces, inter-agency working groups, UNAIDS collaborating centres and UNAIDS inter-country teams to meet the increasing demand by countries for technical resources in a broad range of programme areas.
2. In reply to a question concerning the designation of UNAIDS collaborating centres, the Board was informed that the Secretariat was designating such centres on the basis of technical criteria; no financial arrangements were involved. Every effort would be made to avoid duplication. The centres were designated for an initial period of three years and renewal would be subject to evaluation of performance.

### **Agenda item 5 – Performance Monitoring and Evaluation Plan**

3. Dr Nefise Bazoglu (Senior Evaluation and Monitoring Adviser, Department of Policy, Strategy and Research, UNAIDS) introduced the UNAIDS Comprehensive Monitoring and Evaluation Plan, 1998-1999 (document UNAIDS/PCB(6)/98.6) developed in consultation with the PCB Working Group on Indicators and Evaluation in response to the recommendations made by the PCB at its fourth meeting. The plan was based on the four-stage conceptual framework of outputs, intermediate outcome, outcomes and impact presented to the Board at that meeting, and drew upon a series of in-house consultations and a set of reports produced by the Working Group. It was designed to develop tools for monitoring and evaluation of United Nations and national responses to the epidemic in order to track trends in the epidemic and provide coherent information that would facilitate more effective governance and strategic management. As recommended by the Board, a Monitoring and Evaluation Reference Group (MERG), with broad-based participation, was being formed to provide technical and managerial advice; the Group would replace the PCB Working Group on Indicators and Evaluation. In addition to the activities outlined in the report, an integrated monitoring and evaluation plan to assess the performance of the UNAIDS Secretariat based on the workplans of each team would be phased in as the new Activity Management System was introduced. A full evaluation of Secretariat performance would be undertaken following its fifth year of operation.
4. Recognizing the difficulty, because of its unique structure, of assessing the facilitating role of UNAIDS, the PCB expressed appreciation for the progress made in developing a suitable



monitoring and evaluation plan. It also welcomed the wide range of interim monitoring and evaluation activities, which included substantial development of the epidemiological information structures and systems, formulation of a framework to assess the functioning of Theme Groups and the coordinated United Nations response in countries, several user satisfaction surveys of individual Theme Groups, Theme Group assessments by means of questionnaires, development of a UNAIDS Secretariat workplan, further definition of the roles and responsibilities of Secretariat staff and strengthening of the resources for epidemiology, monitoring and evaluation. However, further work was needed for the achievement of a complete draft plan as called for at the Board's fourth meeting. The plan should be linked more closely to the UNAIDS Programme Budget and Workplan for 1998-1999 and to the core activities and workplan of the Secretariat, and should provide a clearer indication of the nature and frequency of the specific activities to be undertaken, cost-benefits, and the overall time-frame, taking full account of the principles established by the PCB Working Group on Indicators and Evaluation. Impact evaluation should be conducted as a separate exercise in order to simplify the performance monitoring and evaluation process.

5. Further efforts were needed, in consultation with the MERG, the Cosponsors, governments, and NGOs, to define more precisely the purposes of the monitoring and evaluation exercise and the roles and responsibilities of the various partners, and to elaborate the necessary indicators, together with definitions of the levels of change in those indicators that would constitute progress. Indicators related to psychosocial aspects should be included. In the context of national strategic planning, monitoring should be undertaken at an early stage in order to facilitate the development of operational tools for national plans.

6. Emphasizing the urgency of putting a monitoring and evaluation plan into operation, the Board requested the Secretariat to proceed, in consultation with the MERG, with those parts of the existing plan that were ready for implementation – such as the continuation and further development of the Theme Group assessment, the development of the AIDS programme efforts index and the further development of indicators for monitoring and evaluation of outcomes and impact – while continuing to develop areas not yet fully defined. A new draft plan should be circulated to the MERG as soon as possible, using electronic means to accelerate consultation. The Secretariat should also review its commitment to the monitoring and evaluation process to ensure that sufficient human and financial resources were available to finalize the plan and, in the longer term, to undertake monitoring and evaluation activities. Consideration should be given to the use of external expertise, including support offered from PCB members, in finalizing the plan and for instituting a measure of independent evaluation in the future. A report on progress should be prepared for submission to the PCB at its next meeting.

## **Agenda item 6 – Financial Report for 1996-1997, and Report of the External Auditor**

7. In presenting the financial report and audited financial statements for the financial period 1 January 1996-31 December 1997 (document UNAIDS/PCB(6)/98.7), Mr Bernard Fery (Director, Programme Support Department, UNAIDS) pointed out that it was the Programme's first such report and the first to be submitted to the External Auditor, whose unqualified report was included as Part II. The report had been prepared in accordance with the latest United Nations System Accounting Standards and therefore provided a consolidated statement summarizing income, expenditure, and balance at 31 December 1997 (Statement I). Additional information was provided on in-kind contributions to UNAIDS (document UNAIDS/PCB(6)/98.7 Addendum I) and on UNAIDS contractual agreements with its Cosponsors (document UNAIDS/PCB(6)/98.7 Addendum II) during the 1996-1997 biennium. Mr Graham Randall (representative of the External Auditor) expressed appreciation for the excellent cooperation received from the UNAIDS Executive Director and his staff by the external audit team.

8. The PCB accepted the financial report and financial statements and the report of the External Auditor, noting that an overall obligation rate of 85% had been recorded as compared to the approved budget. It also noted that there was a shortfall at the end of the biennium of US\$ 1.4 million due to late payments by several donors. A total of US\$ 123 million had been pledged in voluntary contributions for the 1996-1997 biennium, and as of 30 April 1998, US\$ 121.4 million had been received.

## **Agenda item 7 – Financial and budgetary update for 1998-1999**

### **Agenda item 7.1 – Interim report on the 1998-1999 biennium**

9. Mr Bernard Fery introduced the interim report on the 1998-1999 biennium (document UNAIDS/PCB(6)/98.8). The PCB took note of the information provided and urged donor governments and other partners who had not yet done so to confirm their 1998 contributions to UNAIDS and to the Coordinated Appeal and to transfer the funds as soon as possible. The Board was informed that an additional US\$ 4.8 million in contributions had been received from four countries since 30 April 1998, bringing the total at 25 May 1998 to US\$ 15.4 million. The attention of the Board was also drawn to a table presenting the status of received contributions towards the 1998-1999 Coordinated Appeal as at 20 May 1998.

Recognizing the need to modify the authority given to the UNAIDS Executive Director to make transfers between programme areas within the 1996-1997 budget, the Board approved the proposal for the authorization of transfers between the 21 programme components of the 1998-1999 UNAIDS Programme Budget and Workplan set out in paragraph 26 of the document (reproduced in recommendation 19, Annex 3).

## Agenda item 7.2 – UNAIDS Operating Reserve Fund

10. Mr Ole Torpegaard Hansen (Denmark), Chairperson of the PCB Working Group on Resource Mobilization, introduced the Working Group's recommendations on the establishment of an Operating Reserve Fund and on the sustainability and predictability of UNAIDS financing (document UNAIDS/PCB(6)/98.10). The PCB endorsed the recommendations and expressed appreciation for the work of the Working Group, which should be continued.

11. The establishment of an Operating Reserve Fund at a level of US\$ 33 million (US\$ 20 million for staff commitments and US\$ 13 million for the implementation of activities in the first four months of the year) using carry-over funds available to the Programme, and the proposed rules and procedures for establishing and using the Fund (document UNAIDS/PCB(6)/98.9) were approved.

12. The Board recognized the constraints imposed by the administrative agreements between UNAIDS and WHO, noting that the high level of the Fund was necessitated mainly by the requirement of the WHO Financial Rules – by which UNAIDS operated – to obligate salaries and related costs for the full calendar year on 1 January. Delays in receipt of contributions from donors were also a factor. The Secretariat was requested to continue discussions with WHO on means of improving the situation and to report back to the PCB at its next regular annual session, when the level of the Fund should be reviewed. The Board was informed that any amendment to the WHO Financial Rules and Regulations would require a lengthy procedure of consultation and approval by WHO's governing bodies.

13. Efforts by donors, the Secretariat and the PCB Working Group on Resource Mobilization to improve the sustainability and predictability of funding should be continued; in particular, donors should review payment mechanisms to ensure earlier notice of contributions and transfer of funds. The PCB requested that a study, to be financed by extrabudgetary resources, should be undertaken as recommended by the PCB Working Group on Resource Mobilization to provide an in-depth analysis of current financing mechanisms and their implications for the Programme in the short and long term and to suggest additional options for consideration by the PCB. A broad-based reference group should be established to provide information and advice in that regard.

## Agenda item 8 – Next PCB meeting

14. The PCB agreed that its next meeting should be an *ad hoc* thematic meeting, preferably to be held outside Geneva towards the end of 1998. The date and place of the meeting and the themes to be included on the agenda should be decided by the Secretariat in consultation with PCB members, taking into account suggestions for the impact of migration and the mobility of populations on HIV/AIDS and the expanded response to the epidemic at the district/ provincial level to be considered as possible topics. Given the urgency of adopting a performance monitoring and evaluation plan, the revised draft plan should also be reviewed at that meeting and the Secretariat

should ensure that the revised plan was circulated well before the meeting. The kind offer of Uganda to host the meeting was welcomed, although the previous thematic meeting had been held in Africa so that it might be more appropriate to hold the next elsewhere, for example in the Asia/Pacific region. The Board was informed that the cost of convening a meeting outside Geneva was at least half as much again compared to the cost of a meeting held in Geneva. In addition, attention was drawn to the budget provision, which allowed for three PCB meetings in the current biennium. The decision to hold a second meeting in 1998 would mean that one meeting, the regular annual session, would be held in 1999.

## **Agenda item 9 – Other business**

### **International Therapeutic Solidarity Fund**

15. The PCB was informed by a representative of France about the initiative for the establishment of an International Therapeutic Solidarity Fund which had been launched by the President and the Minister of Health from France at the Xth International Conference on AIDS and STD in Africa, held in Abidjan in December 1997. The initiative, which had been noted at the G8 Summit in May 1998, was aimed at securing additional funding from the international community for specific projects to improve access to treatment and care for people with HIV/AIDS, giving high priority initially to antiretroviral treatment to prevent HIV transmission from mother to baby, and to treatment for mothers and children with HIV/AIDS. The projects would be carried out in collaboration with UNAIDS and following wide consultation with interested partners. A series of demonstration projects would be implemented in the immediate term to reinforce the initiative.

### **Inter-Agency Advisory Group on AIDS**

16. Mr Chris Hackett (United Nations), Chairperson, Inter-Agency Advisory Group on AIDS (IAAG) reported on the action taken to follow up the recommendations in relation to Migration and HIV/AIDS and HIV/AIDS in the United Nations Workplace made by the Group at its previous annual meeting: UNAIDS was collaborating with FAO and IOM in an analysis of recent migration studies and was working with the World Tourism Organization on problems related to sex tourism; HIV/AIDS awareness briefings had been carried out for staff at United Nations system offices in Geneva and were planned for offices in other locations; and a detailed draft proposal was being developed for increasing the availability of HIV-related essential drugs to national United Nations staff in low-income countries. At its next meeting, scheduled to take place from 28 to 29 May 1998, IAAG would address the question of HIV/AIDS in relation to emergencies and peace-keeping operations, reviewing existing practices, policies and humanitarian issues. It would also continue its discussion of HIV/AIDS in the United Nations Workplace with a view to updating the information available to United Nations employees and their families.

### **Inter-Parliamentary Union (IPU)**

17. The attention of the Board was drawn by the Chairperson to a resolution entitled "Action to combat HIV/AIDS in view of its devastating human, economic and social impact" adopted unanimously by the 99th Inter-Parliamentary Conference held in cooperation with UNAIDS in Windhoek, Namibia in April 1998, which demonstrated a recognition that parliamentarians had an important role to play in an expanded and multisectoral response to the HIV/AIDS epidemic. The resolution *inter alia* requested UNAIDS, in cooperation with the IPU Secretariat, to consult IPU member parliaments in finalizing the draft Handbook on HIV/AIDS, law and human rights, and to disseminate the Handbook as a reference tool in the establishment of legal standards. Progress in

that regard was to be reported to the next IPU Conference to be held in Moscow in September 1998. The UNAIDS Secretariat was encouraged to continue its efforts in this area.

### **Agenda item 10 – Adoption of decisions, recommendations and conclusions**

18. The decisions, recommendations and conclusions of the sixth meeting of the PCB, which were prepared by a drafting group established at the start of the meeting and which were discussed and adopted prior to the closure on 27 May 1998, are set out in Annex 3.

## **Annex 1**

### **List of Participants**

---

#### **MEMBERS**

##### **Member States**

###### **Algeria**

Professeur Youssef Mehdi, Président du Comité national de Lutte contre le SIDA,  
Ministère de la Santé et de la Population, Alger

M. Mahiddine Messaoui, Ministre Conseiller, Mission permanente de la République algérienne  
démocratique et populaire auprès de l'Office des Nations Unies à Genève

###### **Australia**

The Hon Dr Michael Wooldridge (Head of Delegation), Minister for Health and Family  
Services, Canberra

H.E. Mr John Campbell, Ambassador and Permanent Representative of Australia to the  
Office of the United Nations at Geneva

Mrs Miranda Rawlinson (Deputy Head of Delegation), Assistant Director General,  
International Programs Branch, AUSAID, Canberra

Mr Angus McDonald, Counsellor ( Development), Permanent Mission of Australia to the  
United Nations Office at Geneva

Dr Cathy Mead, National Centre for Disease Control, Department of Health and Family  
Services, Canberra

Mr Chris Puplick, Chair, National Council on AIDS and Related Diseases, NSW  
Anti Discrimination Board, Redfern

Mrs Louisa Petralia, Australian Agency for International Development, Canberra

Ms Rebecca James, Adviser, Permanent Mission of Australia to the United Nations Office  
at Geneva

###### **Barbados**

Dr Carol Jacobs, Chairperson of the National Advisory Committee on AIDS, Christ  
Church

Miss Arlene Husbands, AIDS Programme Coordinator, Ministry of Health and the Environment, St. Michael

**Belgium**

Monsieur R. Moreels, Secrétaire d'Etat à la Coopération au Développement, Bruxelles

Monsieur J.-M. Noifalisse, Ambassadeur extraordinaire et plénipotentiaire, Représentant permanent de la Belgique auprès de l'Office des Nations Unies à Genève

Madame Sonja Gerlo, Représentante de Bureau Coopération au Développement auprès de la Mission permanente de la Belgique à Genève

Monsieur Marc Van Craen, Commissaire Spécial Administration Générale de la Coopération au Développement, Bruxelles

Monsieur Marc Vinck, Premier Secrétaire, Mission permanente de la Belgique auprès de l'Office des Nations Unies à Genève

Monsieur Christian Bourgoignie, Conseiller, Délégué de la Communauté française de Belgique et Région Wallonne, Mission permanente de la Belgique auprès de l'Office des Nations Unies à Genève

Docteur J. Laruelle, Médecin à l'Administration Générale de la Coopération au Développement, Bruxelles

**China**

Mr LIU Peilong, Director General, Department of International Cooperation, Ministry of Health, Beijing

Dr QI Qingdong, Deputy Director, Department of International Cooperation, Ministry of Health, Beijing

Dr SUN Xinhua, Deputy Director, Department of Disease Control, Ministry of Health, Beijing

Mr HOU Zhenyi, Counsellor, Permanent Mission of the People's Republic of China to the United Nations Office at Geneva

**Republic of Congo**

S.E. M. Jean Nzikou, Ambassadeur extraordinaire et plénipotentiaire, Représentant permanent de la République du Congo auprès de l'Office des Nations Unies et des organisations internationales à Genève



Dr Damase Bodzongo, Directeur Général de la Santé, Ministère de la Santé et de la Population, Brazzaville

M. Justin Biabaroh-Iboro, Conseiller, Mission permanente de la République du Congo auprès de l'Office des Nations Unies et des organisations internationales à Genève

**Côte d'Ivoire**

Dr Issa Malick Coulibaly, Directeur exécutif, Programme National de Lutte contre le SIDA et les MST, Ministère de la Santé et des Affaires sociales, Abidjan

Monsieur Marcel Hyacinthe Kouassi, Premier Conseiller, Mission permanente de la Côte d'Ivoire auprès de l'Office des Nations Unies et des organisations internationales à Genève

**Denmark**

Mr Peter Hertel Rasmussen, Minister Counsellor, Royal Danish Ministry of Foreign Affairs, Copenhagen

Mr Ole Torpegaard Hansen, First Secretary, Permanent Mission of Denmark to the United Nations Office at Geneva

**Germany**

Mr Franz J. Bindert, Director, Directorate 32, Communicable Diseases AIDS, Addiction and Genetic Engineering, Bonn

Dr Dieter Ehrhardt, Director, Bundesministerium für wirtschaftliche, Zusammenarbeit und Entwicklung (BMZ), Bonn

Dr Ulrich Vogel, Teamleader, AIDS Control Programme, Division of Health, Population & Nutrition, Deutsche Gesellschaft für Technische, Zusammenarbeit (GTZ) GmbH, Eschborn

Dr Eltje Aderhold, First Secretary, Permanent Mission of Germany to the United Nations Office at Geneva

Miss Maya Glaser, Adviser, Permanent Mission of Germany to the United Nations Office at Geneva

**India**

Dr J.V.R. Prasada Rao, Additional Secretary and Project Director, National AIDS Control Organization, Ministry of Health & Family Welfare, Government of India, New Delhi

**Japan**

Mr Eiichi Seki, Deputy-Director, International Affairs Division, Minister's Secretariat, Ministry of Health and Welfare, Tokyo

Mr Toshiyasu Ikenaga, First Secretary, Permanent Mission of Japan to the United Nations Office and other International Organizations at Geneva

**Mexico**

Dr Roberto Tapia Conyer, Subsecretario de Prevención y Control de Enfermedades,  
Ministry of Health, Mexico D.F.

Mrs Patricia Uribe-Zuñiga, Coordinadora General, Consejo Nacional de Prevención y  
Control del SIDA (CONASIDA), Secretaria de Salud, Mexico D.F.

**Pakistan**

Mr Mohammed Saleem, Executive Director, National Institute of Health, Ministry of Health,  
Government of Pakistan, Islamabad

**Paraguay**

Dr Nicolas Aguayo, Director, Programa Nacional de Lucha Contra el SIDA,  
Ministerio de Salud Pública y Bienestar Social, Asuncion

**Poland**

Mr Arkadiusz Nowak, Advisor, Ministry of Health, National AIDS Coordinator,  
Ministry of Health and Social Welfare, Warsaw

Mr Krzysztof Rozek, Counsellor, Permanent Mission of the Republic of Poland to the  
United Nations Office at Geneva

Ms Jolanta Sabbat, National Office of AIDS Prevention, Ministry of Health and Social  
Welfare, Warsaw

**Russian Federation**

Dr Alexandre T. Goliousov, Chief Specialist, AIDS Prevention Unit, Department of  
International Cooperation, Ministry of Health of the Russian Federation, Moscow

Mr I. Chtcherbak, Deputy Permanent Representative of the Russian Federation to the  
United Nations Office at Geneva

Dr A. Pavlov, Counsellor, Permanent Mission of the Russian Federation to the United  
Nations Office at Geneva

Mr Andrei Kovalenko, Second Secretary, Permanent Mission of the Russian Federation to  
the United Nations Office at Geneva

**South Africa**

Dr Desmond Keith Johns, Counsellor Health Affairs, Permanent Mission of South Africa to  
the United Nations Office at Geneva

### **Switzerland**

Ms Sabine Ulmann, Diplomatic adviser – Chargée de programme, Direction du Développement et de la Coopération, Département fédéral des Affaires étrangères, Berne

Mme Dominique Petter, Premier Secrétaire, Mission permanente de la Suisse près les Organisations Internationales à Genève

Dr Raphael Baltès, Spécialiste en médecine générale et tropicale, Tholey (Germany)

M. Jean-Jacques Thorens, Chef de Section adjoint, Office fédéral de la santé publique, Département fédéral de l'intérieur, Berne

Dr Flavio Del Ponte, Senior Medical Adviser, Federal Department of Foreign Affairs, Berne

Dr Peter Schubarth, Medical Adviser, Humanitarian Aid and Swiss Disaster Relief, Berne

### **Thailand**

Dr Wiput Phoolcharoen, Director, AIDS Division, Department of Communicable Disease Control, Ministry of Public Health, Nonthaburi

### **Uganda**

Dr John Rwomushana, Assistant to Director-General, Uganda AIDS Commission, Kampala

Dr David Apuuli, Director-General of Health Services, Communicable Disease Control, Ministry of Health, Entebbe

### **United Kingdom of Great Britain and Northern Ireland**

Mr Philip Mason, Health and Population Division, Management/Programme Support Unit, Department for International Development, London

Ms Emma Spicer, Health and Population Division, Multilateral Programmes Branch, Department for International Development, London

Dr Neil Squires, Public Health Specialist, Department for International Development, London

Dr Wendy Thorne, Senior Medical Officer, Department of Health, London

Mr Guy Warrington, First Secretary (Specialised Agencies), Permanent Mission of the United Kingdom to the United Nations Office at Geneva

Ms Julia Cleves, Technical Adviser, Department for International Development, London

**United States of America**

Ms Sandra Thurman, Director, Office of National AIDS Policy, The White House, Washington, D.C.

Dr Duff Gillespie, Deputy Assistant Administrator & Director, Centre for Population, Health & Nutrition, U.S. Agency for International Development, Washington D.C.

Dr Paul R. De Lay, Chief, HIV-AIDS Division, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research, U.S. Agency for International Development, Washington, D.C.

Dr Marsha Martin, Special Assistant to the Secretary for Health and Human Services, Department of Health and Human Services, Washington, D.C.

Dr Kenneth Bernard, International Health Attaché, United States Mission to the United Nations Office and other International Organizations at Geneva

**Cosponsoring Organizations**

**United Nations Children's Fund (UNICEF)**

Dr Eric Mercier, Senior Adviser, HIV/AIDS, Health Section, UNICEF, New York

Mr Bertil Lindblad, Senior Adviser, Child Protection, UNICEF, New York

**United Nations Development Programme (UNDP)**

Ms Mina Mauerstein-Bail, Manager, HIV & Development Programme (HDP), Social Development and Poverty Elimination Division (SEPED), UNDP, New York

Mr Desmond Cohen, HIV and Development Programme (HDP), Social Development and Poverty Elimination Division (SEPED), UNDP, New York

**United Nations Population Fund (UNFPA)**

Ms Sjaak Bavelaar, Senior External Relations Officer, UNFPA Liaison Office for Europe, Geneva

Ms Hilde Haug, Programme Officer, Emergency Relief Operations, UNFPA Liaison Office for Europe, Geneva

**United Nations Educational, Scientific and Cultural Organization (UNESCO)**  
Mr Maurizio Iaccarino, Assistant Director-General for Natural Sciences, UNESCO, Paris

Ms Marie-Paule Roudil, AIDS Focal Point, UNESCO, Paris

**World Health Organization (WHO)**  
Dr Françoise Varet, Assistant Director-General, WHO, Geneva

Dr Thierry Mertens, Director, Office of HIV/AIDS and Sexually Transmitted Diseases (ASD), WHO, Geneva

**The World Bank**  
Dr Debrewk Zewdie, Lead Population Specialist for the Africa Region and HIV/AIDS Coordinator, Human Development Department, The World Bank, Washington D.C.

## **Representatives of Nongovernmental Organizations/People Living with HIV/AIDS**

**Africa**  
Dr Mazuwa Banda, Director, Churches Medical Association of Zambia (CMAZ), Lusaka, Zambia

**Asia & Pacific**  
Mr Bill O'Loughlin, HIDNA, c/o ACFOA, Coordinator, Deakin, Australia

**Europe**  
Dr Arnaud Marty-Lavauzelle, Président, AIDES Fédération Nationale, Paris, France

**Latin America & Caribbean**  
Mr Luis Gauthier, Coordinator, Educacion y Prevention en VIH/SIDA, Centro de Estudios de la Sexualidad, Santiago, Chile

**North America**  
Mr Jairo Pedraza, New York, USA

## **OBSERVERS**

### **Member States**

**Brazil**

M. Leonardo Coelho de Souza, Deuxième Secrétaire, Mission Permanente du Brésil auprès de l'Office des Nations Unies à Genève

**Canada**

Mr Ross L. Noble, Senior Programme Manager, United Nations and Commonwealth Programme, Canadian International Development Agency, Hull, Quebec

Mr Martin Methot, Senior Adviser on International HIV/AIDS Issues, Health Canada  
Ottawa (Ontario)

Ms Jean Perlin, Counsellor, Permanent Mission of Canada to the United Nations Office at Geneva

**Finland**

Dr Tapani Melkas, Government Counsellor, Head of Health Promotion Unit, Department for Promotion and Prevention, Ministry of Social Affairs and Health, Helsinki

Mrs Hanna Rinkineva, Counsellor, Permanent Mission of Finland to the United Nations Office at Geneva

**France**

S.E. M. Daniel Bernard, Ambassadeur et Représentant Permanent de la France auprès de l'Office des Nations Unies à Genève

Dr Maguy Jeanfrancois, Délégation aux affaires européennes et internationales,  
Ministère de l'Emploi et de la Solidarité, Paris

Mme Michèle Boccoz, Conseiller, Mission Permanente de la France auprès de l'Office des Nations Unies à Genève

**Holy See**

Dr Guido Castelli Gattinara, Permanent Mission of the Holy See to the United Nations Office and other International Organizations at Geneva

Miss Anne-Marie Colandrea, Permanent Mission of the Holy See to the United Nations Office and other International Organizations at Geneva

**Italy**

Dr Vincenzo Racalbuto, Expert, Directorate General for Development Cooperation,  
Italian Ministry of Foreign Affairs, Rome

**Kenya**

Mr Daniel Ole Supuko, First Secretary, Permanent Mission of Kenya to the United Nations Office at Geneva

**Luxembourg**

Dr Robert Hemmer, Chief, Département national des maladies infectueuses, Centre hospitalier de Luxembourg, Luxembourg

**Madagascar**

Mme Faralalao Rakotoniaina, Représentant Permanent Adjoint, Mission permanente de la République de Madagascar auprès de l'Office des Nations Unies à Genève

**Nepal**

Dr Shambhu Ram Simkhada, Ministre – Chargé d'Affaires, Permanent Mission of Nepal to the Office of the United Nations and other International Organizations at Geneva

**Netherlands**

Dr J.H. Moerkerk, AIDS Coordinator, Department of Social and Institutional Development (DSI/SB), Ministry of Foreign Affairs, The Hague

Mr Jacob Waslander, First Secretary, Permanent Mission of the Kingdom of the Netherlands to the Office of the United Nations and to other International Organizations at Geneva

Mr Thomas C.M. Klück, United Nations Department, UN Funds and Economic Affairs Division, Ministry of Foreign Affairs, The Hague

**Norway**

Ms Marianne Loe, Adviser, UN Section, Department of Global Issues, Ministry of Foreign Affairs, Oslo

Mr Ottar Christiansen, Counsellor, Permanent Mission of Norway to the Office of the United Nations and to other International Organizations at Geneva

**Romania**

Mr Anton Pacuretu, Permanent Mission of Romania to the Office of the United Nations at Geneva

**Sultanate of Oman**

Mr Hashim Al-Gazali, First Secretary, Permanent Representative of the Sultanate of Oman to the United Nations Office at Geneva



### **Slovak Republic**

Mr Emil Tomášik, Chief of the National Reference Center for prevention of HIV/AIDS, c/o Permanent Mission of the Slovak Republic to the United Nations Office at Geneva

Mr Fedor Rosocha, Second Secretary, Permanent Mission of the Slovak Republic to the United Nations Office at Geneva

### **Spain**

Dr Francisco Parras Vazquez, Secretary General, National Control Plan on AIDS, Ministerio de Sanidad y Consumo, Secretaria General Tecnica, Subdireccion General de Relaciones Internacionales, Madrid

Dr Bartolomé Pérez Gálvez, General Director of Drug Programme, Generalitat Valenciana, Valencia

Mrs Carmen Sanchis, Head of the Unit of International Programmes, Generalitat Valenciana, Valencia

Mr Ignacio Palacio España, Counsellor, Permanent Mission of Spain to the Office of the United Nations at Geneva

Dr Francesc Giner Zaragoza, Chef, Unité Assistance, Generalitat Valenciana, Valencia

Dr Mercedes Renovell Farre, Drug Dependency Programme, Generalitat Valenciana, Valencia

### **Sweden**

Mr Erik Hammarskjöld, Director and Deputy Head of Division, Global Cooperation Division, Ministry for Foreign Affairs, Stockholm

Mr Björn Andersson, Programme Officer, Health Division, Department for Democracy and Social Development, Swedish International Development Cooperation Agency, Stockholm

Mr Anders Pedersen, Counsellor, Permanent Mission of Sweden to the United Nations Office and other International Organizations at Geneva

### **Tunisia**

Dr Moncef Sidhom, Directeur des soins de santé de base, Direction des soins de santé de base, Tunis

Mr Kamel Attia Hili, Sous-Directeur, Direction des soins de santé de base, Tunis

### **Intergovernmental Organizations**

#### **European Commission**

Dr Lieve Franssen, Health, Family Planning and AIDS Unit, European Commission,  
Directorate-General VIII – Development, Bruxelles

#### **United Nations Organizations/Agencies**

Mr Christopher Hackett, Chief, Inter-Agency Affairs Section, Division for ECOSOC  
Support and Coordination, Department of Economic and Social Affairs (DESA),  
United Nations, New York

Dr Agnes Pasquier, Senior Medical officer, United Nations, New York

Ms Cindy Fazey, Inter-Regional Adviser on Demand Reduction, United Nations  
International Drug Control Programme, Vienna

### **Nongovernmental Organizations**

Ms Maria de Bruyn, AIDS Coordination Bureau, c/o Royal Tropical Institute, Amsterdam

Mr Modibo Kanoute – Président, Association d'Aide aux Malades du Sida et aux  
Orphelins en Afrique, Paris

Ms Véronique Kiyindou – Secretary General, Association d'Aide aux Malades du Sida et  
aux Orphelins en Afrique, Paris

Caritas Internationalis, represented by Mr Jim Simmons, CAFOD, London

Señor Manuel Fontalba, European Representative, Corporacion ONG Centro de Estudios  
de la Sexualidad (CEC), Santiago,

Mr Federico Fernández Plasencia, Adjunto Secretario General, Coordinador de Proyectos  
Internacionales, Fundación Anti-Sida España (FASE), Madrid

Mr Juan Antonio Catalán Berges, Adjunto Secretario General, Coordinador de Recursos y  
Servicios, Fundación Anti-Sida España (FASE), Madrid

Dr Daniel Tarantola, Acting Director, François-Xavier Bagnoud Center for Health and Human Rights, Harvard School of Public Health, Boston MA

Dr Fidel Font, Senior Officer, Community Health / HIV/AIDS, International Federation of Red Cross and Red Crescent Societies, Geneva

Dr Supanya Lamsam, Programme Officer, International HIV/AIDS Alliance, London

Mr Richard A. Frank, President, Population Services International (PSI), Washington, D.C.

Mr Mitchell J. Warren, Executive Director, Population Services International/Europe, London

**Annex 2****Agenda**

	<u>Reference documents</u>
1. Opening	
1.1 Opening of the meeting	
1.2 Election procedure for PCB chairpersons and vice-chairpersons	UNAIDS/PCB(6)/98.11
1.3 Election of officers	
1.4 Report by the Chairperson of the Committee of Cosponsoring Organizations	
1.5 Report by the NGO representative	
1.6 Adoption of the provisional agenda	UNAIDS/PCB(6)/98.1
2. Consideration of the reports of the fourth and fifth meetings	UNAIDS/PCB(4)/97.10 UNAIDS/PCB(5)/97.6
3. UNAIDS Biennial Progress Report (1996-1997)	
4. UNAIDS and UN response at country level	
4.1 Funding status of national AIDS activities	UNAIDS/PCB(6)/98.3
4.2 Criteria for prioritization of UNAIDS support	UNAIDS/PCB(6)/98.4
4.3 Establishment and functioning of Inter-Country Teams and Technical Resource Networks	UNAIDS/PCB(6)/98.5
5. Performance Monitoring and Evaluation Plan	UNAIDS/PCB(6)/98.6
6. Financial Report for 1996-1997, and Report of the External Auditor	UNAIDS/PCB(6)/98.7
7. Financial and budgetary update for 1998-1999	
7.1 Interim report on the 1998-1999 biennium	UNAIDS/PCB(6)/98.8
7.2 UNAIDS Operating Reserve Fund	UNAIDS/PCB(6)/98.9 UNAIDS/PCB(6)/98.10
8. Next PCB meeting	
9. Other business	

10. Adoption of decisions, recommendations and conclusions

**Annex 3**  
**Decisions, Recommendations and Conclusions**

---

**AGENDA ITEM 3: UNAIDS BIENNIAL PROGRESS REPORT (1996-1997)**

**Biennial Report.**

1. The PCB noted with thanks and appreciation the first UNAIDS biennial report, noting especially the description and recognition of the new stage of the epidemic. The following was suggested for subsequent reports:

- 1.1 The incorporation of monitoring and evaluation findings.
- 1.2 An executive summary, especially reflecting current problems.
- 1.3 Clarification of the roles and function of the report within the strategic budget process.

Directed to attention: Secretariat

**Clinical support, care and access to drugs.**

2. The PCB reiterated and endorsed the recommendations of the Nairobi Thematic PCB Meeting item on access to drugs, and noted the UNAIDS guidelines on voluntary counselling and testing. In addition, the following issues were emphasized:

- 2.1 The necessity to support the development of a vaccine and microbicides.
- 2.2 Better access to test kits.
- 2.3 Promote access to drugs, especially in the context of continuum of care.

Directed to attention: Secretariat  
National Governments  
Cosponsors  
Donors

**Best practice.**

3. The importance of improving marketing and building upon the UNAIDS body of best practice collections, including:

- 3.1 Illustrations of both successful and unsuccessful cases, including the reasons thereof.
- 3.2 Policy guidance for reducing mother to child transmission of HIV.
- 3.3 Examples of model legislation in regard to HIV/AIDS.

Directed to attention:

Secretariat

#### **Coordination.**

4. The PCB appreciated and endorsed the outcomes of the Cosponsor Retreat, noting the follow-up and progress already made in some areas, and reiterating recommendation 7 of the Fourth PCB meeting, it is proposed that:

- 4.1 Cosponsors make every effort to support the work of the Theme Groups so that they function in every country where a UN-response to the epidemic is needed.
- 4.2 Cosponsor headquarters instruct their country representatives to participate actively in this process.
- 4.3 Countries address cooperation with UNAIDS in their bilateral discussions with the Cosponsors.
- 4.4 UNAIDS Secretariat draw upon networks, including the Cosponsors' existing regional mechanisms to better respond to HIV/AIDS at the regional level.
- 4.5 The UN system draw on the experience of UNAIDS in the ongoing process of UN reform.

Directed to attention:

Secretariat

Cosponsors

National Governments

#### **National Strategic Planning.**

5. The PCB noted the importance of national strategic plans and furthermore emphasized:
  - 5.1 The need to translate national level policies and programmes, to district level and local action.

- 5.2 The necessity of building multisectoral, purposeful partnerships between all participants in support of the governmental responses to HIV/AIDS.
- 5.3 The need for UNAIDS Secretariat to work with religious organizations and groups to appropriately address HIV/AIDS issues.
- 5.4 A need to strengthen global and country level work on HIV/AIDS and human rights issues, in co-operation with relevant bodies of the UN system and other partners.

Directed to attention: Secretariat  
Cosponsors  
National Governments

### **Resource Issues.**

6. Two issues were discussed:
- 6.1 The PCB noted the need for sustainable financial resources in order to meet the continuing challenges of the epidemic.
- 6.2 There were requests for Cosponsor headquarters and other donors to increase the allocations for HIV/AIDS in their respective budgets.

Directed to attention: Cosponsors  
Other donors

## **AGENDA ITEM 4: UNAIDS AND UN RESPONSE AT COUNTRY LEVEL.**

### **4.1 Funding status of national AIDS activities**

7. The PCB noted the difficult task of the Secretariat in carrying out the study and expressed its appreciation of the work undertaken to date. Despite the limitations presented, it recognizes the need to continue with the work of collecting information on the level of resources and supports, on a long-term and sustainable basis, drawing upon the experience of other countries and organizations in this respect. The PCB further recommends that:

7.1 Countries and appropriate agencies co-operate in providing critical data/information for the completion of the study.

The Secretariat should:

7.2 Complete the analysis of data and make the report available to the PCB members.

- 7.3 Refine the methodology on an ongoing basis.
- 7.4 Focus the application of data and resources to policy responses with the help of a technical reference group.

#### **4.2 Criteria for prioritization of UNAIDS support**

8. The PCB endorsed the need for prioritization of countries for UNAIDS Secretariat support and resources for country activities, and welcomed the Secretariat's development of objective criteria. Various comments were expressed in regard to some of the criteria including:

- 8.1 Concern for the criteria related to population size which could disadvantage smaller countries.
  - 8.2 The criteria described as "regional influence" which was seen as being hard to measure and should be eliminated, but a regional role in combating the epidemic needed to be recognized.
  - 8.3 The absence of effective Theme Groups or a functional UN system which may unfairly penalize some countries.
9. Furthermore, the inclusion of additional criteria was proposed regarding loans negotiated by governments with development banks as part of the national response and the necessity to include arrangements for working with NGOs and PLWAs.
10. The PCB recommends that the Secretariat:
- 10.1 Should apply the model taking into account the above comments raised at the meeting.
  - 10.2 Review the application in the light of comments made at the meeting and further development of the model in close consultation with the Working Group on Resource Mobilization.
  - 10.3 Should report back on the implementation of the model and suggestions for future direction at the next PCB meeting.
  - 10.4 Revise the presentation of the model to emphasize "common goods" available to all countries and the incremental benefits to countries in other priority categories.

#### **AGENDA ITEM 5: PERFORMANCE MONITORING AND EVALUATION PLAN**



11. The PCB supports efforts of the Secretariat to put a monitoring and evaluation plan in place. It recognizes this as a matter of urgency and notes that further work needs to be done as soon as possible to finalize an implementable plan of action. It requests that the Secretariat report back on this issue at the next meeting of the PCB.

12. Recognizing the mandate of UNAIDS to monitor the trend of the epidemic and also the need for the Secretariat to be accountable, it recommends that the Secretariat:

12.1 Proceed with parts of the plan that are implementable immediately.

12.2 Ensure an ongoing sufficient commitment to monitoring and evaluation in terms of staff and operating funds.

12.3 Draw upon additional external expertise to assist in these processes.

12.4 Focus immediate efforts on refining the performance evaluation plan in close collaboration with the MERG (Monitoring and Evaluation Reference Group).

12.5 Continue to have a transparent process with consideration being given to independent/external evaluation of the planning process at some later stage.

12.6 Link performance management with the overall UNAIDS budget cycle, workplan and core tasks.

13. With regard to monitoring the impact of HIV/AIDS, it was further recommended that:

13.1 Impact evaluation should proceed separately.

13.2 Quality of life indicators should be included in monitoring.

14. Monitoring should be undertaken at an early stage of the national strategic planning process to develop tools for the operationalisation of the plan.

#### **AGENDA ITEM 6: FINANCIAL REPORT FOR 1996-1997, AND REPORT OF THE EXTERNAL AUDITOR**

15. The PCB, having examined the financial report and audited financial statement for the financial period 1 January 1996 to 31 December 1997 and the unqualified report to the PCB of the External Auditor, accepts the financial report and audited financial statement for the specified financial period and the report of the External Auditor to the PCB.

## **AGENDA ITEM 7: FINANCIAL AND BUDGETARY UPDATE FOR 1998-1999**

### **7.1 Interim report on the 1998-1999 biennium**

16. The PCB took note of the interim financial information management for the 1998-1999 biennium as at 30 April 1998, and encouraged donors, governments and other partners who have not yet done so to confirm at the earliest possible moment the level of the 1998 contribution to UNAIDS, the contribution towards the Coordinated Appeal, and to transfer the funds as soon as possible.

17. The PCB recognizes the need to adapt to the new structure of the 1998-1999 biennium budget and workplan the authority it had given in November 1995 to the Executive Director to make transfers between programme areas within the 1996-1997 budget.

18. The PCB approved, in its regular annual April 1997 meeting, the UNAIDS Budget and Workplan for the 1998-1999 biennium in an amount of US\$ 120 million, with a breakdown that corresponds to the following major categories of expenditure:

18.1 Substantive programme expenditure (US\$95,590,000)

18.2 Programme management and administrative expenditure (US\$24,410,000)

19. In the light of the above the PCB approved the following:

19.1. The PCB authorizes the Executive Director to make transfers between the 21 Programme Components set out in Table II of the UNAIDS Programme Budget and Workplan, up to a level not exceeding 25% of the amount budgeted for each component, on the condition that such transfers do not exceed 5% of the respective amounts of the two major categories of expenditure mentioned above.

19.2 Any transfers exceeding the above mentioned 25% and 5% ceilings, respectively, are subject to the approval of the Chairperson and Vice-Chairperson of the PCB, after consultation with the CCO. All such transfers shall be reflected in the financial reports for the biennium.

### **7.2 UNAIDS Operating Reserve Fund**

20. Based on the recommendations of the PCB Working Group on Resource Mobilization, and information contained in document UNAIDS/PCB(6)/98.9 (7 May 1998), the PCB approved the rules and procedures guiding the use of the Operating Reserve Fund (set out in paragraph 11 of the above-mentioned document), and endorsed the proposal that the optimal size of the Fund should be at the level of US\$33 million for the reasons explained in the document.

21. The PCB noted the concerns raised by some delegates concerning the level of the Operating Reserve Fund which in particular was dictated by the need to obligate salaries for UNAIDS staff for a calendar year, under the WHO rules and procedures which govern the administration in support of the Programme.

22. The PCB, taking into account the need for UNAIDS to use its resources effectively and taking into account also the administrative agreements between UNAIDS and WHO:

22.1 Requests the UNAIDS Secretariat to continue to discuss with WHO's administration, mechanisms for the efficient use of scarce resources with regard to the Operating Reserve Fund, and in particular, the specific requirement to obligate salaries for the calendar year, and to report to the PCB at its next regular session in 1999.

23. The PCB endorsed the recommendations by the PCB Working Group on Resource Mobilization (UNAIDS/(PCB(6)/98.10 of 29 April 1998).

24. The PCB further noted that the level of the Fund will be reviewed at the next regular annual session of the PCB.

25. The PCB recommended that:

25.1 Donors be requested to inform the Secretariat in writing, as early as possible in the calendar year, what the considered level of their contribution will be to the UNAIDS core budget.

25.2 Continued efforts by the donors and UNAIDS Secretariat and PCB Working Group on Resource Mobilization to find ways and means to increase the sustainability and predictability of funding.

25.3 A study be undertaken to analyse the continuing evolution of the financial situation including the short- and long-term financial implications.

25.4 An open-ended reference group be set up for the study with representation from those financing the study and others interested.

25.5 The activities of the PCB Working Group on Resource Mobilization be continued.

#### **AGENDA ITEM 8: NEXT PCB MEETING**

26. The PCB took note of the proposal to hold a thematic PCB meeting later this year. After some discussion it was agreed that:

26.1 The meeting would discuss thematic issues to be confirmed in consultation with the PCB members.

26.2 The meeting would also discuss the monitoring and evaluation plan of UNAIDS.

27. While leaving the final decision regarding timing and location in the hands of the Secretariat, the PCB expressed the desire that the meeting be held outside Geneva. The PCB thanked the representative of Uganda for offering to host the meeting, while noting that the last thematic meeting had taken place in the Africa Region.