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**UNAIDS**

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

**Geneva, 28-29 June 1999**

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## Agenda item 1 – Opening

1. The eighth meeting of the UNAIDS Programme Coordinating Board (PCB) took place at the headquarters building of the World Meteorological Organization in Geneva from 28 to 29 June 1999. The participants are listed in Annex 1.
2. Dr Cathy Mead (Australia) speaking on behalf of the outgoing Chairperson, Dr Michael Wooldridge (Australia), who was unable to attend, welcomed the participants and expressed appreciation for the opportunity afforded to her country of chairing the PCB over the previous year, which had proved most rewarding. She drew attention to the important tasks before the Board, in particular, consideration of the UNAIDS unified workplan and budget for 2000-2001 and the proposed International Partnership against HIV/AIDS in Africa.
3. The PCB took note of the revised PCB *Modus operandi*, which had been amended in accordance with the changes in procedure for election of future PCB chairpersons and vice-chairpersons approved at its sixth meeting. The *Modus operandi* had also been adjusted to take account of the accession of the United Nations International Drug Control Programme (UNDCP) as the seventh Cosponsoring Organization of UNAIDS (see paragraph 13).
4. In accordance with the new procedures, the previous Vice-Chairperson, Dr Juan Ramon de la Fuente (Mexico) was confirmed as the new Chairperson and Dr Tapani Melkas (Finland) was elected as the Vice-Chairperson. Dr Chaiyos Kunanusont (Thailand) was elected Rapporteur. Dr Ramon de la Fuente took the chair. The Vice-Chairperson chaired the meeting for the last part of the afternoon of 29 June.
5. In his incoming address, the Chairperson paid tribute to the work of his predecessor and expressed appreciation that Mexico had the honour of being the first Latin American country to chair the PCB. In his view, there were five main challenges to be faced by UNAIDS in the immediate future. The most important was to extend successful HIV/AIDS-related activities to all countries, making the most of the experience gained so far. There was also an urgent need to increase the provision of sexual education to young people around the world and to seek alternatives – through consultation not confrontation – for providing access to the necessary medications at lower prices. Actions to guarantee and protect the human rights of those living with HIV/AIDS must be strengthened. Finally, UNAIDS must enhance its catalytic role in promoting the commitment of heads of state to the fight against the epidemic. The PCB must ensure that UNAIDS responded to those challenges and played a pivotal role in strategic planning activities at the global level in order to gain maximum benefit from the resources available.
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 Diane Riley of the Canadian Foundation for Drug Policy as the

alternate representative for North America; and Ms Jiuka Jegede of the Nigerian Network against AIDS as the alternate representative for Africa.

7. Speaking on behalf of Dr Gro Harlem Brundtland, Director-General, WHO and Chairperson of the Committee of Cosponsoring Organizations (CCO), who was unable to attend, Dr Daniel Tarantola (Senior Policy Adviser to the Director-General, WHO) said that, at its April 1999 meeting, the CCO had acknowledged the progress made by UNAIDS since its inception. For their part, the Cosponsors had improved their understanding of common goals and expanded their recognition of the HIV/AIDS epidemic as a challenge to human development as well as to their respective missions. They had also learned to view institutional differences as opportunities for complementary action rather than obstacles, and to mitigate disagreements through processes of conciliation afforded by interagency working groups and task forces.

8. Dr Brundtland had set out three goals for her term of office as its Chairperson: expansion of the response to the epidemic by each of the Cosponsors and by the UNAIDS Secretariat; the formulation of a UNAIDS unified budget and workplan for 2000-2001; and enhancement of the collective image of the Cosponsors. Those goals had been endorsed by the CCO.

9. Substantial progress had been made by the Cosponsors in mainstreaming HIV/AIDS work within their respective institutional agendas, although there were difficulties in tracking resources for such activities, as the UNAIDS study on the level and flow of national and international resources for the response to HIV/AIDS in 1996-1997 (document UNAIDS/99.25) had shown. Other UN system organizations, including the Office of the United Nations High Commissioner for Human Rights, the United Nations High Commission for Refugees and the Food and Agriculture Organization, were also contributing to the work of UNAIDS. At the April 1999 meeting of the UN Administrative Committee on Co-ordination (ACC), the UN Secretary-General had given an assurance of his personal commitment to expansion of the UN response to HIV/AIDS epidemic and had invited the Executive Heads of all UN organizations to speak out on the issue.

10. Despite the difficulties of the consultation process, an unprecedented agreement had been reached on the proposed UNAIDS unified budget and workplan for 2000-2001. However, further efforts would be needed to improve the planning and budgeting process for the next biennium through a clearer understanding and application of: the decision-making process concerning priority-setting and selection of activities for funding; the comparative advantages and roles of the Secretariat and the Cosponsors; the optimal balance between globally and regionally managed activities; and the deployment and financing of UNAIDS Country Programme Advisers.

11. In taking the decision, with the UNAIDS Secretariat, to develop the International Partnership against HIV/AIDS in Africa, the CCO had concluded that the highest possible level of political support would be needed to ensure the mobilization of the resources required (see paragraphs 53-62). Furthermore, it had emphasized the need

to reach consensus among the Cosponsors in developing their institutional strategy in each country to link the Partnership with the goals of the review of the Programme of Action of the International Conference on Population and Development, and to draw on existing mechanisms rather than create new ones.

12. Efforts were continuing to improve the collective image of the UNAIDS and the Cosponsors. At the national level, the UN Theme Groups on HIV/AIDS were functioning better, and a variety of joint actions had been undertaken, reflecting global cooperation.

13. The PCB expressed appreciation that the administrative and legal steps had been completed to permit the admission of UNDCP as the seventh member of the CCO in April 1999. The move emphasized the importance of illicit drug use as a determinant of the HIV/AIDS epidemic in many countries. UNAIDS should continue to focus on demand and harm reduction, identifying populations at risk so that efforts could be more accurately targeted.

14. The PCB paid tribute to Dr Brundtland for her contribution to the progress made by the CCO during her term of office as Chairperson of the CCO and noted that the incoming Chairperson was Mr Mark Malloch Brown, Administrator of UNDP.

15. Speaking on behalf of the representatives of NGOs/people living with HIV/AIDS, Mr Arnaud Marty-Lavauzelle (Président d'Honneur, Actions Internationales, AIDES Fédération Nationale, France and the NGO representative for Europe) said that in the countries of the North, as a result of access to sophisticated treatment, perception of the risks of HIV/AIDS had diminished, so that the vigilance indispensable for developing and supporting effective treatment strategies was declining in the naïve belief that the problems had been resolved. Meanwhile, in those of the South, treatment was often lacking, fatalities were increasing and the disease was having an enormous impact on the economy and development, masking positive experiences in prevention and care. It was essential for all countries, North and South, to link together in a common commitment to combat the epidemic.

16. While complimenting the work undertaken in developing the UNAIDS unified budget and workplan, he expressed concern that the resources involved would be insufficient in the face of the increasing problems, in particular in respect of care at the community level. Members of the PCB and the Cosponsors must play an active role in ensuring the mobilization of additional funds at the country and regional levels. Reconstruction programmes in the Balkans must pay due attention to the potential risks for HIV/AIDS among persons displaced and impoverished by the recent war. However, they should not be pursued at the expense of important cooperation programmes elsewhere, notably in Africa. Repeated violations of human rights, many of which had now been documented, provoked stigmatization and exclusion and were an important determinant in the epidemic. They included denial of access to prevention and care, restriction of movement and specific acts of violence. Specific mechanisms must be sought to improve the situation, through new structures if necessary. Further urgent efforts were also needed to ensure the continuation and

expansion of successful projects at the community level and to build on the principle of the Greater Involvement of People Living with HIV/AIDS (GIPA).

17. The proposed classification of countries for resource allocation should not lead to the exclusion or marginalization of any country and must be sufficiently flexible to take account of future changes, particularly in countries currently listed in categories two and three.

18. He concluded by assuring the PCB of the NGO community's continued support to UNAIDS.

19. The provisional agenda (document UNAIDS/PCB(8)/99.1) was adopted (see Annex 2).

### **Agenda item 2 – Consideration of the reports of the sixth and seventh meetings**

20. The PCB adopted the reports of its sixth meeting (document UNAIDS/PCB(6)/98.12) and of its seventh meeting, which was also its second *ad hoc* thematic meeting (document UNAIDS/PCB(7)/98.2).

### **Agenda item 3 – Report of the Executive Director**

21. Peter Piot (Executive Director, UNAIDS) introduced his report (document UNAIDS/PCB(8)/99.2), highlighting important aspects of the status of the HIV/AIDS epidemic, the approach adopted by UNAIDS, the status of the UN response, the development of the UNAIDS unified budget and workplan, changes within the UNAIDS Secretariat, strategy development, advocacy to reduce stigmatization and discrimination, community action and the need for intensified action in Africa.

22. The PCB commended the report which provided a comprehensive overview of the current situation and showed that UNAIDS was developing in the right direction, adding value to the global response, and that the Cosponsors were increasing their commitment to addressing HIV/AIDS. However, concern was expressed at the relentless spread of the epidemic, which was outpacing the institutional changes needed to elicit an effective response. New infections had reached unprecedented levels in Africa and were increasing rapidly in Asia, Latin America and the Caribbean, and Eastern Europe. By the end of 1998, there were 33.4 million people living with HIV/AIDS, an increase of 10% since the end of 1997. AIDS was now the fourth most important cause of death in the world as a whole and the leading cause in Africa. The epidemic was having an increasingly significant impact on socioeconomic development, with dramatic reductions in life expectancy, rapid increases in mortality among those under five years of age, depletions in the populations of working adults, and falls in agricultural production. In North America, western Europe and

industrialized nations in Asia and the Pacific, although modern drugs were reducing the number of AIDS-related deaths, the number of new infections was at the same level as five years earlier, and there was a need to combat complacency about HIV transmission.

23. The PCB agreed that increasing the visibility of the epidemic and simultaneously decreasing the stigma associated with HIV/AIDS were essential preconditions for the social mobilization needed to address the epidemic. Senior policy-makers faced the challenge of creating an environment of solidarity in which communities could be supported to undertake effective prevention measures while meeting the needs of those most affected. The key to making further progress in harmonizing prevention, care and impact mitigation was mobilizing action at the community level – the greater involvement of NGOs and people living with HIV/AIDS would be an essential ingredient.

24. Primary prevention clearly remained of the utmost importance, and the Board agreed that stabilizing HIV prevalence and reducing incidence in young people were major priorities. Experiences in a number of countries had shown that successes were possible using existing tools, but more work was needed to translate those experiences into successful activities elsewhere. Further efforts were also needed in the areas of vaccine development and prevention of mother-to-child transmission.

25. The PCB agreed that particular emphasis should be given to the provision of appropriate education to ensure that young people become more aware of the epidemic, understand how HIV transmission can be prevented, develop a sense of personal responsibility and recognize the need to eliminate discrimination against those affected by the disease. It therefore urged the Secretariat and the Cosponsors to seek donor support for suitable programmes in that area and to expand the use of innovative approaches, including the involvement of the mass media, to reach the general public, especially young people. The Board noted that HIV/AIDS was having an increasing impact on the development of the education sector, affecting access to school systems. It therefore requested the Secretariat and the Cosponsors to examine the interaction of the epidemic and the education sector, and to report back on its findings.

26. The Board welcomed the recent progress made in combating the HIV/AIDS epidemic reported from a number of countries since its previous meeting. For example, in India, through “awareness camps” in 67 pilot districts, large numbers of the population had been reached, increasing awareness of HIV/AIDS and other sexually transmitted diseases (STDs), and primary health care systems had been strengthened to improve STD identification and drug management and supply. Those activities would be expanded into a nationwide campaign at the end of 1999. Support was continuing for activities in other countries in South-East Asia; Cambodia had held its first national AIDS control conference and the Philippines had developed a multisectoral national HIV/AIDS strategy for 2000-2004 to be implemented by the National AIDS Council. Brazil and Mexico were developing as major programmatic focal points for Latin America. In Brazil, the UN Theme Group on HIV/AIDS was

helping to manage HIV/AIDS-related activities financed by a recent World Bank loan and broad participation of NGOs and the private sector had been achieved. Switzerland had developed its prevention campaign for the next five years, conscious of the need to improve awareness that the epidemic was continuing to spread. In Côte d'Ivoire, a national fund had been established to help the poorest patients with costs of drugs, and programmes were being implemented on reduction of mother-to-child transmission and treatment of opportunistic infections.

27. Concern was expressed that many population groups continued to have little or no access to counselling and care, and there were calls for increased allocations to activities in that area. Governments should be encouraged to consult with NGOs and others at the community level with a view to setting national and community-based standards of care for those affected by HIV/AIDS and to strengthen their health care systems accordingly. Some progress had been made in improving the availability of antiretroviral drugs and drugs to treat opportunistic infections. However, continued efforts were needed in that regard and, in collaboration with the pharmaceutical industry and organizations such as WTO, in seeking mechanisms for developing more favourable pricing strategies. The establishment of treatment norms and standards and a database of suitable drugs should also be pursued.

28. The PCB welcomed the progress made in expanding the membership of the UN Theme Groups on HIV/AIDS, achieving broader agency representation in chairing those groups, and increasing the commitment of the Cosponsors to the process. In some countries, the increased participation had already succeeded in generating more interest in and additional resources for HIV/AIDS activities, and further expansion should therefore be encouraged. However, concern was expressed that effective UN system coordination was still weak in several countries. While about two-thirds of Theme Groups in countries with resident Secretariat staff had developed integrated workplans, only one out of five of Theme Groups in countries without such support had done so. The Secretariat and the Cosponsors were urged to continue joint efforts to monitor the situation and take steps to accelerate progress. Governments must know what to expect from Theme Groups in the way of effective support for national priorities and strategic planning, and the role of UNAIDS country programme advisers and their links with UN Resident Coordinators should be more clearly defined. In some areas, for example, in the small island states of the Caribbean and the South Pacific and countries in eastern Europe and central Asia, where there was little UN system representation, there was a need to develop appropriate alternatives for resource coordination.

29. In answer to enquiries about performance monitoring and evaluation, the PCB was informed that progress had been made in a number of areas. Indicators for monitoring the implementation of the 1998-1999 workplan had been developed, laying a foundation for the development of indicators for the 2000-2001 unified budget and workplan. A draft methods package including improved indicators for the monitoring and evaluation of national HIV/AIDS programmes had been developed and field-testing would start during the second half of 1999. An evaluation of the UNAIDS best practice collection had been initiated to assess the relevance, effectiveness,

distribution and use of the materials. Evaluation frameworks of other main functions of the UNAIDS Programme had been developed in accordance with the monitoring and evaluation plan and will be discussed with the UNAIDS Monitoring and Evaluation Reference Group for the major functions of the Programme. Work is also under way with the Cosponsors to develop systems for monitoring the implementation of the unified budget and workplan and with the Theme Groups to assess country-level integrated workplans for HIV/AIDS where those had been developed. Finally, the Cosponsors had themselves undertaken a number of individual monitoring and evaluation activities.

30. There were calls for the further strengthening of strategic support under special regional initiatives. Although some progress had been made, greater efforts were needed to improve technical cooperation and develop strategic planning in Central America and the Caribbean. The Board considered that those areas should be included as priority regions alongside Africa, Eastern Europe and Asia. It also urged that the efforts of intercountry teams be strengthened.

31. The Board welcomed the planned emphasis over the coming 18 months on the development of the UN System Strategic Plan for HIV/AIDS for 2001-2005 and the links between the UNAIDS unified budget and workplan, the UN global strategy on HIV/AIDS and the International Partnership against HIV/AIDS in Africa, noting that the Secretariat was establishing a programme development group to manage and support that process. The Secretariat and Cosponsors were urged to use the opportunity provided by planned international and regional meetings to ensure broad consultation. The Board requested that it be updated on developments at its next regular annual session and that consideration of progress in that area be included on the agenda of its next *ad hoc* thematic meeting.

32. Although there was welcome evidence of increasing political commitment to the fight against HIV/AIDS, the Board urged UNAIDS, the Cosponsors and other UN organizations to strengthen their advocacy in that regard and to press for greater involvement of sectors other than health. The welcome priority given to HIV/AIDS by the UN Secretary-General and Deputy Secretary-General and intergovernmental organizations such as the Organization of African Unity, the G8 group of countries and the European Union should serve to promote government responses still further. Reviews to follow up the programmes of action of international conferences such as the International Conference on Population and Development, the Fourth International Conference on Women and the World Summit for Social Development provided Member States, the Secretariat and the Cosponsors with possibilities for urging increased attention to the disease in future activities and to the cross-cutting issues of human rights, gender and the greater involvement of people living with HIV/AIDS. UNAIDS would need to articulate more clearly the increasing threats to socioeconomic development in order to bring in new and multisectoral partners.

33. It was suggested that regular discussions should be held with multilateral and bilateral donors with a view to intensifying their cooperation with UNAIDS, improving the coordination of their activities and ensuring that those activities were

consistent with global, regional and national priorities and with UNAIDS strategies. The Board was pleased to note the contributions from countries such as Japan through the Global Issues Initiative and activities in the Asia-Pacific region, France through its bilateral programme, and from initiatives such as the International Therapeutic Solidarity Fund and the International AIDS Vaccine Initiative.

34. In considering issues of governance, the PCB endorsed the Secretariat's proposals for harmonizing its alternate year budget and workplan submissions to the PCB with the reporting requirements to the Economic and Social Council of the United Nations to avoid duplication of effort and ensure a more efficient use of resources.

#### **Agenda item 4 – UNAIDS Unified Budget and Workplan for 2000-2001**

35. Purnima Mane (Chief, Office of the Executive Director, UNAIDS) presented the UNAIDS proposed unified budget and workplan for 2000-2001 (document UNAIDS/UWB/2000-01 and Add. I and II). As requested by the PCB, it had been developed in close collaboration with the six Cosponsoring Organizations, with a view to enhancing complementarity and clarifying the roles and responsibilities of the various partners. Consultations had been held to establish the strategic priorities to be addressed, the criteria for inclusion of proposals, the nature of the programme components and the programming itself, and the levels of the proposed allocations. Following a further series of consultations, the initial proposal of US\$ 220 million had been reduced to the proposed level, US\$ 140 million which, on the basis of anticipated income and the contributions received and/or pledged for 1998-1999, was considered to be a realistic figure.

36. The budget and workplan included proposals to be implemented by the Cosponsors and the Secretariat for which funds would be sought collectively, with no further Coordinated Appeal for Supplemental Funded Activities. It was structured around 13 programme components – areas of work critical to the HIV/AIDS epidemic in which the UN system can play an important role – which provided the framework for activities. Using a strategic approach, budgetary allocations were attributed by thematic, geographical and functional priorities. Criteria for decisions on implementation would include the comparative advantage of each entity as defined by its mandate, past track record, operational capacity, current budget allocation to the area (commitment to allocate resources in the form of matching funds and core budget allocations) and existing memoranda of understanding or other agreements.

37. The PCB approved the UNAIDS unified budget and workplan for 2000-2001 at the proposed level of US\$ 140 million, noting that it represented no increase over the total budget for 1998-1999, which included the Secretariat core budget together with the amount requested in the Coordinated Appeal. The Board recognized that the approved level did not include funding for HIV/AIDS-related activities under the core budgets of the Cosponsors and represented only one element of overall resource

mobilization for HIV/AIDS activities. Substantial additional resources would be needed, in particular at the regional and country levels, to make any significant difference in the response to the epidemic. Member States were urged to make explicit calls, through the various governing bodies, for greater commitment to HIV/AIDS-related activities by the Cosponsors and to ensure that such activities were undertaken in cooperation with UNAIDS.

38. Appreciation was expressed for the extensive collaborative work undertaken by the Cosponsors and the Secretariat in developing a unified budget and workplan for the first time. It represented a real step forward in interagency cooperation, which should enhance the UN system response to the HIV/AIDS epidemic at all levels, and showed that UNAIDS could make a real difference.

39. The involvement of the seventh Cosponsor, UNDCP, in the preparation of the next unified budget and workplan would add a further dimension, extending the valuable existing collaboration with that organization to full partnership.

40. The Board noted that the scope of the unified budget and workplan was limited to activities which, while meeting country needs, were managed at the global and regional levels. It was hoped that, as the Cosponsors strengthened their capacities and leadership on behalf of the UN system in specific areas of their comparative advantage, the Secretariat would increasingly be able to focus on its more catalytic and coordinating roles, in particular in such areas as policy analysis, strategy development, advocacy, political and social mobilization, best practice documentation, technical resource development, and evaluation and monitoring. Within the Secretariat, emphasis would be placed on strengthening and adapting staff capacities consistent with the evolving priorities of the Programme.

41. While welcoming the improvements in format, which enhanced transparency, the Board suggested that future budgets would benefit from a more streamlined presentation of strategies, priorities and objectives with greater focus on outcomes and impact. Further refinement of indicators was also needed, especially the development of qualitative indicators where appropriate. It would be important to provide baseline information in order to determine trends over time. More detailed, comparable information on the HIV/AIDS-related activities financed by the Cosponsors from their core budgets, and an indication of the size of the allocations to those activities as a proportion of their total allocations, would also be appreciated, although the difficulties of harmonizing expenditures developed under different budgeting systems were recognized. It was noted that the administrative costs of substantive activities to be carried out by the Cosponsors were not included in the unified budget and workplan.

42. The Board endorsed the proposed allocations to the 13 programme components, welcoming the balance between substantive and administrative expenditures and the emphasis given to capacity building. In implementing the workplan, the Secretariat and the Cosponsors should ensure that sufficient attention is paid to the integration of the cross-cutting themes – human rights, gender and the greater involvement of people

living with HIV/AIDS – in programme efforts, and to activities related to access to psychosocial counselling and other forms of care and support, especially in areas where few drugs were available, and to prevention of mother-to-child transmission, HIV/AIDS and tuberculosis, vaccine development, HIV/AIDS education and strengthening of NGOs. In addition, further efforts should be made to reduce the delays in disbursing allocations from the Strategic Planning and Development Funds (SPDF) and to evaluate the impact of those allocations.

43. While the focus on Africa was welcome and necessary, efforts to tackle the crisis in that region should not detract from activities in other affected areas, in particular Asia and Latin America and the Caribbean, where timely action might slow the current deterioration in the epidemiological situation.

44. Recognizing the need for an effective and unified joint resource mobilization strategy to secure adequate financing for the approved budget: the Board approved the recommendations of its Working Group on Resource Mobilization in that regard. The recommendations drew attention to UN General Assembly resolution 50/270, which requests greater sustainability and consistency on the part of Member States in relation to contributions to programmes and funds and therefore urged Member States to review the level of their contributions, to notify UNAIDS as soon as possible of forthcoming funds, to transfer contributions as early as possible in the biennium and to make two-year pledges corresponding to the biennial budget cycle where possible. Countries themselves affected by HIV/AIDS were encouraged to increase their commitments, including financial contributions, to activities to respond to the epidemic. In that context, the PCB welcomed announcements to the effect that Brazil would become a donor, that Belgium had signed a long-term cooperation agreement with UNAIDS, that France would increase its contribution, that the United Kingdom would maintain its contribution at least at the level for that of the current biennium and was considering entering a multiyear agreement, and that Australia would be paying its contribution for 2000 in the first quarter of the year. The Working Group recommendations also called on the Cosponsors to seek funds for activities at the global and regional levels within the unified budget and workplan and encouraged the Cosponsors, the Secretariat and Member States to enhance synergy between bilateral HIV/AIDS cooperation and the UN system response at country level within the framework of national HIV/AIDS strategies.

45. Following an exchange of views concerning the action to be taken should contributions exceed or fall short of the approved budget level, the PCB urged the Secretariat to monitor the financial situation carefully to ensure sound and transparent disbursement mechanisms and prudent cashflow management and to update income estimate regularly throughout the biennium. The Board decided that the Secretariat should be authorized, in consultation with the CCO and the Chairperson and Vice-Chairperson of the PCB, to use any surplus funds for additional activities, including the International Partnership against HIV/AIDS in Africa, within the framework of the unified budget and workplan. It further decided that any shortfall would need to be accommodated through proportionate reductions in the substantive activities of the Cosponsors and the Secretariat.

46. The UNAIDS unified budget and workplan was the first such exercise in the UN system and, although it required further refinement, the approach taken could be regarded as a useful model in the context of UN reform.

## **Agenda item 5 – Financial and budgetary update**

Agenda item 5.1 – Interim financial management information on the 1998-1999 biennium

47. The PCB took note of a report setting out the interim financial management information for the 1998-1999 biennium, which included the funds available and the obligations incurred from 1 January 1998 to 30 April 1999 (document UNAIDS/PCB/(8)/99.3).

48. The PCB was informed that, since 30 April, an additional US\$ 5.5 million had been received so that, as at 25 June, income for core activities amounted to US\$ 71.7 million. The figure included US\$ 63.4 million from 24 governments, US\$ 3.5 million from three Cosponsors and US\$ 4.8 million from miscellaneous income, mostly interest. There was a further US\$26.7 million in outstanding pledges. The total sum, US\$ 98.4 million, represented 82% of the approved budget level for the biennium, leaving a shortfall of US\$ 21.6 million (18%).

49. Total funds received by the Programme as at 25 June 1999 amounted to US\$ 99.2 million, consisting of US\$ 71.7 million income for core activities, plus US\$ 23.2 million received in 1998 against outstanding 1997 pledges, and an additional US\$ 4.3 million representing the 1997 fund balance following the establishment of the level of the Operating Reserve Fund at US\$ 33 million in May 1998. Total expenditure to date amounted to US\$ 82 million, representing an overall implementation rate of close to 70%. That left some US\$ 17 million in cash to finance core activities during the rest of the biennium, which had been costed at US\$ 38 million. Thus, unless there were early indications from donors that the core budget would be fully matched by contributions paid before the end of the biennium, there would have to be a slow-down in activities. The Board therefore reiterated the need for Member States to make good their pledges and to follow the example of those that had agreed longer-term commitments to UNAIDS. In that regard, it was pleased to note that a letter of credit for US\$ 15.2 million for 1999 had just been received from one donor.

50. The Board was informed that, of the US\$ 22 million target set for the Coordinated Appeal for Supplemental Funds, only US\$ 12 million had been made available.

#### Agenda item 5.2 – UNAIDS Operating Reserve Fund

51. Bernard Fery (Director, Programme Support Department, UNAIDS) introduced a report on the UNAIDS Operating Reserve Fund (ORF) which had been prepared in response to the request by the PCB at its sixth meeting. The ORF had been established in 1998 at a level of US\$ 33 million to take into account the need to obligate the full cost of UNAIDS salaries, some US\$ 20 million, in January each year, and to ensure that around US\$ 13 million was available for the first four months of operation.

52. The PCB noted that WHO, which provided administrative support to UNAIDS, had confirmed that it was not currently in a position to alter its existing rules and regulations in regard to the requirement to obligate salaries at the beginning of each calendar year. The PCB was informed that the WHO Executive Board had requested a general review of WHO financial and administrative rules and regulations. It urged Member States to point out to WHO the problems generated for UNAIDS by the requirement.

53. It was clear that the ORF remained essential to ensuring the continuity of UNAIDS operations. However, the positive trends in funding patterns, with improvements in the levels of donor contributions and the timing of payments, had eased cash-flow problems somewhat, and a level of US\$ 25 million was now considered adequate to satisfy requirements. The PCB therefore endorsed the re-evaluation of the level of the ORF from US\$ 33 million to US\$ 25 million. It decided that the amount of US\$ 8 million that would thereby be released should be used to intensify country activities within the framework of the International Partnership against HIV/AIDS in Africa and authorized the Secretariat to deploy the funds for that purpose, in consultation with the UN Theme Groups on HIV/AIDS.

#### **Agenda item 6 – International Partnership against HIV/AIDS in Africa**

54. Peter Piot (Executive Director, UNAIDS), introducing the item, said that, at previous meetings, the PCB had requested UNAIDS and the Cosponsors to prioritize their actions, giving special attention to the worsening situation in Africa. It was now clear that a concerted emergency response was needed to make any difference in that region, and it had therefore been decided to establish the International Partnership against HIV/AIDS in Africa.

55. Outlining events leading up to that decision, he recalled that, following numerous discussions and the adoption of relevant resolutions at the OAU Summit of Heads of State and the second Tokyo International Conference on African Development (TICAD II) in 1998, the UNAIDS Secretariat had begun a broad programme of

consultations with a view to establishing intensified action in sub-Saharan Africa, where the HIV/AIDS epidemic was having a particularly devastating impact. The discussions had revealed a growing political commitment to the fight against HIV/AIDS not just among Heads of State in Africa but also among other potential partners. The possibility of establishing an international partnership had therefore been discussed at the 1998 UNAIDS Cosponsor Retreat, as reported to the PCB at its previous meeting. Finally, in January 1999, the Cosponsors and the Secretariat had agreed on the concept and had adopted a resolution to create and support the International Partnership against HIV/AIDS in Africa.

56. The Cosponsors were now taking steps to enhance their capacity to contribute to the Partnership. The major challenge in that regard would be achieving the necessary radical shift in resource allocation at the country level within each agency. The Board was informed that the World Bank had declared HIV/AIDS as a development crisis for Africa and had reoriented its strategy under the umbrella of the Partnership, using its comparative advantage to encourage governments, the private sector and other partners to mobilize resources, particularly at the regional level, and establishing a committee to ensure that country-assistance activities incorporated an HIV/AIDS component. The strategy used HIV/AIDS as an incentive for debt relief and for activities to alleviate poverty and improve education, particularly for girls. World Bank country representatives were becoming more fully involved in the UN Theme Groups on HIV/AIDS and were working to clear disbursement bottlenecks. WHO had also approved a number of activities directly related to the Partnership. They concerned the strengthening of health systems in the countries affected, further integration of specific disease programmes, the improvement of preventive strategies, strengthening of care and counselling programmes and setting of standards in that regard, strengthening of epidemiological surveillance and improvement of monitoring and evaluations systems in order to provide accurate data for policy-makers. WHO was taking steps to improve the way it worked with countries and, more specifically, had appointed three health care specialists to be based in Kampala, Harare and Lomé, respectively and was collaborating with the World Bank to appoint a specialist in health financing to be based in Harare. The Board was informed that the United Nations saw support for the Partnership as vital and urged delegates to the forthcoming meeting of the Economic and Social Council to stress its importance during the Council's discussion of development in Africa. UNFPA was initiating activities to improve collaboration with UNAIDS, including a workshop for its intercountry support teams in Africa.

57. The UNAIDS Secretariat was developing appropriate staffing and management arrangements, undertaking training for country programme advisers and developing electronic communications to service the Partnership. In that regard, secondments of staff from donors to the UNAIDS Secretariat and the regional entities of the Cosponsors would be most welcome.

58. Members of the Partnership had initiated a series of country programming missions to explore ways of supporting countries to expand and accelerate national responses against HIV/AIDS. At a meeting of donors held in April 1999 in London, a

list of major tasks had been drawn up and donors had agreed to review their portfolios with a view to increasing attention to HIV/AIDS. The conclusions of the meeting had been circulated. Discussions with political leaders and policy-makers were also continuing. Although preliminary estimates of the cost of mounting an intensified national response to HIV/AIDS in Africa had been made, further work to develop methodologies in that area was urgently needed. It was hoped that by the end of 1999 it would be possible to develop an overall plan of action for the Partnership and goals for community-level action and resource mobilization, and that the UN Secretary-General would convene a high-level political meeting to promote the Partnership.

59. The PCB agreed that the HIV/AIDS epidemic in Africa had become a true development crisis, reversing many of the gains made in recent decades. The situation was extremely serious and called for an immediate, intensified and coordinated response. The Board therefore expressed strong support for the Partnership and endorsed the steps taken so far. There was clearly sufficient political momentum to underpin its establishment and there were well documented successes in achieving a decline in the number of new infections and improving care for and reducing stigmatization of people living with HIV/AIDS. Moreover, preliminary estimates appeared to indicate that it should be possible to mobilize the additional resources required, for example, by increasing existing budget lines for HIV/AIDS activities, finding new partners in other sectors and tapping into previously untapped sources, such as funds designed to assist the social sector or released through debt relief. However, it would be important to ensure that development of the Partnership did not detract from much-needed efforts in other regions.

60. The Partnership would require a broad coalition of support, including African and donor governments, bilateral agencies, the UN system, a wide variety of NGOs, people living with HIV/AIDS and major corporations – engaging those not yet engaged in activities to combat HIV/AIDS. The UNAIDS Secretariat, the Cosponsors and other UN organizations should continue their efforts to develop, refine and coordinate support for the Partnership, making use of the opportunities provided by international meetings to publicize activities. Donors should review their portfolios to see how they could provide additional financial and technical support to HIV/AIDS activities and improve funding transfer mechanisms. Mechanisms for South-South cooperation should be developed. African governments would need to play a full part, mobilizing all possible support within their own countries. National capacities would need strengthening in that regard. In deciding who should implement activities, care must be taken to ensure best use of comparative advantage.

61. It would be important to ensure national ownership of joint coordinated plans of action to intensify activities that were built upon existing structures and expertise; mobilization of sufficient resources to implement those plans; cost-effective and accountable disbursement; and improved regional support mechanisms. Plans should be sustainable in the long term and sufficiently flexible to respond to rapid changes in local situations, for example, resulting from conflicts or natural disasters. Moreover, monitoring and evaluation activities should be built in at the outset. In addition to broad overall goals, each country would need to develop its own national and

community-based targets. The Board noted that targets had already been formulated in some African countries as a result of the strategic planning process. The role of expanded UN Theme Groups on HIV/AIDS would be crucial in channelling resources effectively, and efforts should be made to improve the operation of Theme Groups in Africa accordingly.

62. The Board emphasized the need to ensure the involvement of communities and individuals in the development of intensified activities that were based on a respect for human rights and cultural traditions and the principles of non-discrimination and gender equity. The Partnership should not become a bureaucratic exercise centred on the logistics of coordination and programme delivery. It should focus on people and must be informed by past failures that had led to stigma, fear, despair and inability to act. Moreover, that vital human dimension should be reflected in future documentation.

63. The Board expressed the hope that tangible benefits of the Partnership to African countries would soon become visible and requested the Secretariat to prepare regular progress reports for its consideration. Experience in developing and implementing the Partnership should provide a useful model for intensified action in other regions of the world.

### **Agenda item 7 – UNAIDS and UN response at country level**

64. Gunilla Ernberg (Coordinator, Management, Department of Country Planning and Programme Development, UNAIDS) said that, in accordance with the recommendations made by the PCB at its sixth meeting, the UNAIDS Secretariat, in consultation with the PCB Working Group on Resource Mobilization, had further refined the model for prioritization of UNAIDS Secretariat resources for country activities and had proceeded with its application. The report before the Board (document UNAIDS/PCB(8)/99.6), besides detailing the four revised prioritization criteria and drawing attention to the “common goods” available to all countries as a result of UNAIDS’ advocacy and policy development roles, provided an update on implementation. The criteria had been applied to all countries, on a regional basis, to arrive at a composite score for each country that was weighted in relation to each criterion and to the countries within each region. Using the resulting scores, countries had been classified into one of three categories. There were 32 countries in category 1 (countries in each region with the greatest need and relatively the greatest potential for change with regard to the epidemic); 56 countries in category 2 (countries with significant needs and a relatively good potential for change); and 83 in category 3 (countries with relatively less need and/or potential for change). The model had been finalized half way through the current biennium and would therefore be fully implemented only in 2000-2001.

65. The PCB commended the progress made and endorsed the revised criteria and the emphasis given to the common goods available to all countries. The Secretariat gave

an assurance that the model would be applied with flexibility, and that the categorization of countries would be reviewed periodically to allow for reclassification as countries' needs and capacities changed. Implementation would be monitored in the context of overall patterns of donor contributions for HIV/AIDS activities, and due consideration would be given to strategic support for category 3 countries, since timely intervention at a low point in the HIV/AIDS epidemic could prevent rapid deterioration and raise political commitment. The Board stressed that care should be taken to ensure that where changes were made, for example, in the assignment of country programme advisers and the allocation of Strategic Planning and Development Funds, appropriate alternative arrangements were provided so that countries did not suffer.

66. The PCB recommended that the Secretariat should continue to apply the prioritization model, giving due attention to special regional initiatives, and requested that it be kept informed of progress in that regard.

### **Agenda item 8 – Next PCB meeting**

67. Sally Cowal (Director, External Relations, UNAIDS) said that, in accordance with the agreed cycle of meetings for the biennium, the next meeting of the PCB would be the regular annual session for 2000. That would be followed by an *ad hoc* thematic meeting to be held towards the end of 2000 and a further regular annual session in 2001.

68. The PCB agreed to hold its ninth meeting on 25 and 26 May 2000 in Geneva. It was proposed that consideration be given to holding the next *ad hoc* thematic meeting in the region of Latin America and the Caribbean.

### **Agenda item 9 – Other business**

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

69. Mr Warwick Jones (International Labour Office), Chairperson, Inter-Agency Advisory Group on AIDS (IAAG) informed the Board that, at its fifteenth meeting in June 1999, IAAG had considered two main subjects, HIV/AIDS and human rights, and the recurrent agenda item of HIV/AIDS in the UN workplace. It had also reviewed actions taken to implement the recommendations made at its previous meeting in the areas of HIV/AIDS in emergencies and peacekeeping operations, and HIV/AIDS in the UN workplace.

70. IAAG had welcomed the considerable progress made in a number of areas in relation to HIV/AIDS in the UN workplace: increased attention by UN bodies, notably the ACC, to UN staff and their dependants living with HIV/AIDS; further implementation of pilot programmes to make affordable care and drugs available to staff and their dependants in programme countries, and the launch of a joint

UNAIDS/UNICEF pilot project to test approaches; distribution of starter kits for post-exposure treatment to 144 field locations where there are UN system staff; reinforcement of the work of the UN Development Group's subgroup on Personnel and Training in raising awareness in regard to HIV/AIDS and developing improved training materials; and the conducting of training workshops on HIV/AIDS in the UN workplace for staff at headquarters and field locations by a number of UN organizations. The Group had made a number of further recommendations in that area.

71. In its discussion on HIV/AIDS and human rights, IAAG had reviewed relevant recent, ongoing and planned activities in a number of UN agencies and had concluded that it could play a useful role in improving the coordination of activities in that area using the *International guidelines on HIV/AIDS and human rights* as an analytical tool. Participating agencies were to examine the relationship of the *Guidelines* to their respective mandates and operational activities and report back to the Group at its next meeting. It had also been agreed that, with the assistance of UNAIDS, participating agencies should identify links in respect of HIV/AIDS and human rights and the UNAIDS 2000-2001 unified workplan and budget.

72. At its next meeting, IAAG would continue to examine issues relating to HIV/AIDS in the UN workplace and HIV/AIDS and human rights, and would initiate a discussion on HIV/AIDS in the context of globalization. In the coming year IAAG would be chaired by OHCHR, with UNICEF as Vice-Chairperson.

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

73. The decisions, recommendations and conclusions of the eighth 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 29 June 1999, are set out in Annex 3.

## **Annex 1**

### **List of Participants**

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## **MEMBERS**

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Ms Alimata Evezard, Vice-Chair, FICSA Standing Committee on Conditions of Service  
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Professor Dennis Altman, AIDS Society of Asia and the Pacific, c/o School of  
Politics, La Trobe University, Australia

Ms Monica Dolan, AIDS Section, CAFOD, (also representing Caritas Internationalis)  
London

Mr Joseph Scheich, International Coordinator, Global Network of People Living with  
HIV/AIDS (GNP+), Amsterdam

Ms Margaret Duckett, Mrs Deborah Glejser and Mr Florian Hubner, European Council of  
AIDS Service Organizations (EUROCASO), Groupe Sida Genève

Ms Susan F. Crane, Executive Director, International Family Health (IFH), London

Dr Getachew Gizaw, Senior Officer, Communicable Diseases and HIV/AIDS, Community  
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Dr Supanya Lamsam, International HIV/AIDS Alliance, London

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Dr Eric Ram, Director, International Health and International Relations, World Vision  
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**Annex 2**  
**Agenda**

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	<u>Reference documents</u>
1. Opening	
Opening of the meeting	
1.1 Opening of the meeting	
1.2 Election of officers	
1.3 Report by the Chairperson of the Committee of Cosponsoring Organizations	
1.4 Report by the NGO representative	
1.5 Adoption of the provisional agenda	UNAIDS/PCB(8)/99.1
2. Consideration of the reports of the sixth and seventh meetings	UNAIDS/PCB(6)/98.12 UNAIDS/PCB(7)/98.6
3. Report of Executive Director	UNAIDS/PCB(8)/99.2
4. UNAIDS Unified Workplan and budget for 2000/2001	UNAIDS/UWB/2000-01
5. Financial and Budgetary Update	
5.1 Unaudited Interim Financial Management Information on the 1998/1999 biennium	UNAIDS/PCB(8)/99.3
5.2 UNAIDS Operating Reserve Fund	UNAIDS/PCB(8)/99.4
6. International Partnership against AIDS in Africa	UNAIDS/PCB(8)/99.5
7. UNAIDS and UN response at country level	
7.1 Prioritization of support by UNAIDS Secretariat	UNAIDS/PCB(8)/99.6
8. Next PCB meeting	
9. Other business	
10. Adoption of decisions, recommendations and conclusions	

### **Annex 3**

## **DECISIONS, RECOMMENDATIONS AND CONCLUSIONS**

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### **Agenda item 1 – Opening**

1. The PCB warmly welcomed the accession in March 1999 of the United Nations International Drug Control Programme (UNDCP) as the seventh Cosponsoring Organization of UNAIDS. The joining of UNDCP and the implementation of the Political Declaration on Guiding Principles of Drug Demand Reduction adopted by the UN General Assembly in June 1998 were expected to enhance UNAIDS' efforts in addressing HIV/AIDS and illicit drug use.

### **Agenda item 2 – Consideration of the reports of the sixth and seventh meetings**

2. The PCB adopted the reports of the sixth regular annual session (UNAIDS/PCB(6)/98.12) and the second *ad hoc* thematic meeting (UNAIDS/PCB(7)/98.6) of the PCB.

### **Agenda item 3 – Report of Executive Director** (document UNAIDS/PCB(8)/99.2)

3. The PCB reiterated the importance of primary prevention for HIV, including the development of suitable preventive HIV/AIDS vaccines, and the need for multisectoral action in this regard.

4. The PCB recommended that the Secretariat and the Cosponsors continue efforts to identify strategies to make health care systems more responsive to HIV/AIDS including improved access to care and sustained accessibility to treatment for HIV infection and HIV-related diseases. In that context, the PCB welcomed the WHO "revised drug strategy", and requested that a progress report on access to care be submitted to the PCB at its next meeting.

5. The PCB recognized the increasing importance of the engagement of the education sector in promoting life skills and the role of the media in empowering young people to prevent HIV transmission and contributing to an environment free of stigmatization. The PCB therefore requested the Secretariat and the Cosponsors, in particular UNESCO, to document the contribution of the education sector to mitigating the impact of the epidemic and to analyse the impact of HIV/AIDS on the development of the education sector, especially access to schooling. The PCB further requested that a progress report in that regard be submitted at its next meeting.

6. The PCB urged Member States to ensure that HIV/AIDS was included on the agenda of the UNESCO General Conference in November 1999.

7. The PCB recommended that the Secretariat continue to provide support for the broadening of membership of the UN Theme Groups on HIV/AIDS and to ensure that the Groups operate effectively and interact transparently with governments, recognizing national strategies and priorities. The Cosponsors and the Secretariat should continue to take

measures to improve and monitor the effectiveness of the Theme Groups, and where functional Theme Groups do not exist, support should be given to the development of effective alternatives.

8. The PCB recommended that the Secretariat include Central America and the Caribbean as priority regions for strategic support under special regional initiatives, together with the African, Eastern European and Asian regional efforts, in conformity with the criteria developed by the Secretariat and endorsed by the PCB.

9. The PCB encouraged Member States, the Secretariat and the Cosponsors to participate actively in the review of the Programme of Action of the International Conference on Population and Development (ICPD+5), of the Beijing Platform for Action (Beijing+5) and of the follow-up of the World Summit for Social Development (Copenhagen+5) in order to ensure consistency with new HIV/AIDS priorities and strategies.

10. The PCB recommended that, commencing in 2001, a single document be prepared to meet reporting requirements previously covered by the biennial progress report to the PCB and the biennial report to ECOSOC on HIV/AIDS, and that the ECOSOC Secretariat be advised of that recommendation.

### **Global strategy**

11. The PCB encouraged the Secretariat and the Cosponsors to intensify their efforts towards developing a UN System Strategic Plan for HIV/AIDS for the years 2001-2005, detailing how the UN system will articulate a global strategy and support countries to intensify their national responses.

12. The PCB requested an update on the development of the UN System Strategic Plan for HIV/AIDS at its next regular annual session and a full discussion at a PCB thematic meeting to be held in late 2000.

13. The PCB further encouraged the Cosponsors to develop their institutional strategies, with balanced emphasis on priority regions, and to articulate their specific objectives, targets and plans to achieve those objectives.

14. The PCB encouraged the Secretariat and the Cosponsors to make use of planned regional fora, global conferences and governing bodies to consult broadly with governments and NGOs in the development of the UN System Strategic Plan for HIV/AIDS. The PCB further encouraged interested countries to actively support and facilitate the consultation process.

### **Agenda item 4 – UNAIDS Unified Budget and Workplan for 2000-2001**

15. The PCB approved the UNAIDS unified budget and workplan for 2000-2001 at a level of US\$ 140 million, as set out in document UNAIDS/UWB/2000-01.

16. The PCB commended the Secretariat and the Cosponsors on the success achieved in the complex process of developing a unified budget and workplan presented in a transparent fashion. It was seen as a useful approach for budgeting in the context of UN reform. Further consolidation and refinement of joint planning and budgeting were considered desirable.

17. The PCB drew attention to UN General Assembly resolution 50/270, which requests greater sustainability and consistency on the part of Member States in relation to contributions to programmes and funds.
18. The PCB encouraged Member States to ensure that contributions are sufficient to meet the US\$140 million approved budget level and to review possibilities for two-year pledges corresponding to the biennial budget cycle.
19. The PCB urged Member States to provide written notification of forthcoming contributions at the earliest opportunity, and to make every effort to transfer funds as early as possible in the biennium.
20. The PCB urged countries affected by HIV/AIDS to enhance their efforts, including their financial commitments, in order to ensure the sustainability of the national response to HIV/AIDS.
21. The PCB requested the Secretariat and the Cosponsors, in accordance with the principles of the Memorandum of Understanding on a Joint and Cosponsored United Nations Programme on HIV/AIDS, to seek funds for global and regional level activities within the unified budget and workplan, and urged the Secretariat and the Cosponsors to establish a joint resource mobilization strategy in support of the unified budget. It authorized the Secretariat, should resources beyond the approved level of US\$140 million become available, to finance additional activities, including the International Partnership against AIDS in Africa, within the framework of the unified budget and workplan, and in consultation with the CCO and the PCB Chairperson and Vice-Chairperson, recognizing that there are significant additional needs, particularly at regional level. It further proposed that any shortfall be accommodated through proportionate reductions in the substantive activities of the Cosponsors and the Secretariat alike.
22. The PCB urged Member States, the Secretariat and the Cosponsors to seek synergy between bilateral and multilateral contributions within the framework of national HIV/AIDS strategies.
23. The PCB urged the Secretariat to continue its efforts to refine the indicators within the workplan; to establish baselines where possible; and, in particular, to develop qualitative indicators where appropriate.
24. The PCB encouraged the Cosponsors to continue to take steps to improve financial reporting along comparable formats on HIV/AIDS-related activities financed within their core/regular budgets.

## **Agenda item 5 – Financial and Budgetary Update**

### **5.1 – Unaudited Interim Financial Management Information on the 1998-1999 biennium**

25. The PCB took note of the interim financial information on the 1998-1999 financial status contained in document UNAIDS/PCB(8)/99.3.

## 5.2 – UNAIDS Operating Reserve Fund

26. Taking into consideration the frequent but limited borrowing from the Operating Reserve Fund (ORF) and the improvement of the schedule of payment of contributions by governments and other donors, the PCB endorsed the re-evaluation of the level of the ORF from US\$ 33 million to US\$ 25 million, as proposed in document UNAIDS/PCB(8)/99.4. The new ceiling of the ORF was considered adequate to meet Programme funding obligations as well as the WHO Financial Rules regarding Secretariat salaries.

27. The PCB further approved the proposal to utilize the US\$ 8 million thus made available to respond, in consultation with UN Theme Groups on HIV/AIDS, to emerging needs in countries most affected by the epidemic, within the framework of the International Partnership against AIDS in Africa.

### Agenda item 6 – International Partnership against AIDS in Africa (document UNAIDS/PCB(8)/99.5)

28. The PCB declared the HIV/AIDS epidemic in sub-Saharan Africa as a development crisis that has become a major obstacle for economic and social development and has already reversed many of the development gains of the last several decades in parts of the region.

29. The PCB endorsed the concept and principles of the International Partnership against HIV/AIDS in Africa and requested the Executive Director to ask the Secretary-General to bring the HIV/AIDS crisis and the urgent need for an intensified response to ECOSOC and the General Assembly.

30. The PCB emphasized that the Partnership should help strengthen national capacities to save the lives of millions by halting the spread of HIV and sharply reducing its devastating impact on human suffering and social and economic development. The PCB further stressed that the Partnership should be based on respect for human rights, including the principle of non-discrimination.

31. While recognizing that HIV/AIDS requires a significant increase in resources for sub-Saharan Africa, the PCB also noted the need for governments and the international community to continue to address the situation in other regions.

32. The PCB requested:

- African governments to take a strong advocacy role on HIV/AIDS, organizing an effective multisectoral response in their countries, committing more of their own resources to respond to HIV/AIDS, and to invite other partners to support these efforts;
- governments outside Africa to develop their individual plans describing how they will commit increased resources to HIV/AIDS in Africa, identify and mobilize non-traditional sources of funding, engage other partners, and harmonize their efforts through a common framework to be established within the Partnership;

- the Cosponsors and the Secretariat to continue the dialogue with African governments, international development agencies, people living with HIV/AIDS, NGOs, the private sector and other concerned partners to further develop and refine the Partnership;
- the Secretariat and the Cosponsors to work together with other partners at the national and regional level to facilitate the implementation of the Partnership, building on existing structures, in particular the expanded Theme Groups;
- the Secretariat and the Cosponsors, with other partners, to identify mechanisms for the timely transfer of resources, including South-South cooperation, mobilized in support of the implementation of the Partnership; and,
- the Secretariat to report back on a regular basis to the PCB and other partners on the progress made in advancing the Partnership.

33. The PCB expressed its appreciation for the efforts made by the Cosponsors and the Secretariat to involve a broad range of actors and sectors in the on-going process of developing the Partnership.

34. The PCB encouraged the Secretariat, in consultation with the Cosponsors and other partners, to continue developing a methodology to calculate the overall cost of responding to the HIV/AIDS epidemic in Africa and formulate a related resource mobilization strategy, and to establish a timetable for the implementation of the Partnership.

#### **Agenda item 7 – UNAIDS and UN response at country level**

##### **7.1 – Prioritization of support by UNAIDS Secretariat (document UNAIDS/PCB(8)/99.6)**

35. The PCB recommended that the Secretariat continue its efforts in prioritizing support to countries and that it provide the PCB with a periodic update on the categorization of countries.

#### **Agenda item 8 – Next PCB Meeting**

36. The PCB recommended that its next meeting take place on 25 and 26 May 2000, in Geneva.