



Report of the Ninth Meeting of the Programme Coordinating Board of UNAIDS

Geneva, 25-26 May 2000

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Agenda item 1 – Opening

1. The ninth meeting of the UNAIDS Programme Coordinating Board (PCB) took place at the Palais des Nations, Geneva, Switzerland from 25 to 26 May 2000. The participants are listed in Annex 3.
2. Dr Roberto Tapia Conyer (Mexico), speaking on behalf of the outgoing Chairperson, Dr Juan Ramon de la Fuente, who was unable to attend, welcomed the participants. Mexico has greatly appreciated the privilege of chairing the PCB over the previous year, as a representative of the Latin America and Caribbean region. This has given Mexico the opportunity to observe more closely UNAIDS leadership of the global response to HIV/AIDS, and the contributions of the Executive Director, his staff and their many partners. During the same period, in addition to its national HIV/AIDS activities, Mexico has participated actively in various regional and subregional groups, including the Horizontal Technical Cooperation Group for Latin America and the Caribbean. Mexico's National Health Institute has been designated as a UNAIDS collaborating centre. He drew attention to the need to focus on a limited number of priorities in extending global efforts to combat HIV/AIDS, highlighting activities to reduce drug prices, share experiences and expand partnerships.
3. In accordance with the agreed procedure, Mr Osmo Soininvaara, Minister of Health and Social Services (Finland), representing Finland as the previous Vice-Chair, was confirmed as the new Chairperson. Dr J.V.R. Prasada Rao (India) was elected as Vice-Chairperson and Dr Beverly Miller (Barbados) as Rapporteur. Mr. Soininvaara took the chair. Dr Prasada Rao chaired the second part of the morning meeting on 26 May 2000.
4. In his incoming address, the Chairperson paid tribute to the work of his predecessor. He also noted that Finland was the first Nordic country to have the privilege of chairing the PCB, and that he hoped to live up to the fine example set by previous chairpersons. The world is becoming increasingly aware of the huge and manifold consequences of HIV/AIDS; the challenge lies in translating the considerable political commitment that now exists into concrete action to fight the epidemic. Such action, especially at country level, is particularly relevant in the context of the framework for the International Partnership Against AIDS in Africa (IPAA), which is one of the most important items on the Board's agenda. Similar partnerships will be needed elsewhere, for example in South Asia, the Caribbean and the countries of Eastern Europe and the former Soviet Union. Experience in Africa will provide useful guidance in developing those activities. He looked forward to two days of constructive and cooperative debate in the PCB.
5. 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: Mr Charles Nigel De Silva of NEST as the representative for Asia and the Pacific; Mr Pedro Silvério Marques of the *Associação de Apoio a Pessoas Com VIH/SIDA* (ABRACO) as the representative for Europe; and Mr Ruben Mayorga of the *Organización de Apoyo a una Sexualidad Integral frente al SIDA* (OASIS) as the representative for Latin America and the Caribbean.
6. The provisional agenda (document UNAIDS/PCB(9)/00.1 Rev.1) was adopted, with the inclusion of consideration of plans for the five-year evaluation of UNAIDS under agenda item 11, Other business.

Agenda item 2 – Consideration of the report of the eighth meeting

7. The PCB adopted the report of its eighth meeting, the 1999 regular annual session (document UNAIDS/PCB(8)/99.7).

Agenda item 3 – Report of the Executive Director, 1998-1999

8. Dr Peter Piot (Executive Director, UNAIDS) introduced his report for 1998-1999 (document UNAIDS/PCB(9)/00.2), which focused on the UNAIDS and United Nations system responses to the epidemic and outlined the major challenges and opportunities for the future. The report also provided information on the current status of the epidemic and on the management, administration and activities of the UNAIDS Secretariat.

9. Dr Piot pointed out that the impact of the HIV/AIDS epidemic is now starkly visible in the worst affected countries, with serious effects on productivity and the human resource base in all sectors, especially health and education. For example, in some countries, more teachers are dying of AIDS each year than are graduating. Once the epidemic has reached a certain level, i.e. 5% HIV prevalence in the general population, the virus spreads quickly, bringing huge social and economic disruption. The pattern seen in the 21 countries in the world, with prevalence rates of over 7%, might be repeated in many other countries with developing or transitional economies unless appropriate action is taken immediately, while the epidemic is still young.

10. The global political tide is beginning to turn, with many countries making HIV/AIDS a national priority; their leaders speak out increasingly on the subject and new domestic and international resources are being mobilized. HIV/AIDS is now at the top of the United Nations agenda and mainstreaming of HIV/AIDS activities across the programmes implemented by the Cosponsors is accelerating. Moreover, since the Board's last meeting, a number of significant international political and economic meetings has focused on responses to the epidemic, which is now well understood as a fundamental threat to socioeconomic development and human security. This movement is mirrored by new success stories in countries across the world.

11. These developments, while providing reason for hope, are no cause for complacency, since reversals are possible and there is still a need to translate political mobilization into effective country-level action. Two decades into the epidemic, many countries still have no established standards of care, and for many individuals access to care and treatment remains inadequate. National capabilities must be accelerated and strengthened so that governments and civil society can improve their collective response to AIDS. Although the epidemic is a complex health and development challenge, there are now clearer opportunities than ever before to take forward coherent programmes, such as the International Partnership against HIV/AIDS in Africa. Mobilizing resources and effective partnerships is key to achieving successful action.

12. The PCB took note of the information provided in the report and commended the Executive Director and his staff on their hard work during the previous year. It further noted that efforts will continue to ensure that future reports are shorter and more analytical, identifying successes and shortcomings, relating activities more clearly to the budget and suggesting how strategies might be adjusted in accordance with changing situations.

13. The Board welcomed the remarkable increase in high-level political commitment to the fight against HIV/AIDS at the international, regional and national levels and stressed the need to

mobilize additional financial, human and technical resources. Clear strategies must be articulated, providing sound evidence of the likely returns on investments in HIV/AIDS programmes.

14. Despite positive developments such as the International Partnership against HIV/AIDS in Africa – discussed under agenda item 6 – the epidemic is showing signs of a rapid expansion in Africa and other regions. It is vital to mobilize political as well as technical and financial support in those areas, in order to avoid further deterioration.

15. Particular attention must be given to supporting governments to consolidate well-coordinated multisectoral national plans that focus on agreed priorities, reflect community needs and involve a wider range of partners. Full commitment by governments is essential to ensure effective primary health care systems and improved social and education infrastructure, and a climate in which human rights – in particular the rights of women and the girl child – are respected. Successful actions are characterized by: strong strategic planning; visibility and openness about the epidemic; extensive involvement of NGOs and people living with HIV/AIDS; effective social policies to address core vulnerabilities; recognition of the synergy between prevention and care; targeting of efforts on those most at risk of infection, in particular young people; and promotion of strong community participation. HIV/AIDS activities must be fully integrated into development and poverty reduction strategies, including Poverty Reduction Strategy Papers (PRSPs) and the Highly Indebted Poor Country (HIPC) Initiatives. Efforts are also needed to support responses in countries that are in or moving out of conflict.

16. In that context the Board noted that, although some of United Nations Theme Groups on HIV/AIDS are working well and developing integrated workplans, their performance remains uneven. It urged further efforts to stimulate participation of a wide range of partners and to support resource mobilization, ensuring that experiences such as the Malawi Round Table are shared.

17. The Board welcomed the progress made in establishing and enhancing regional and subregional cooperation mechanisms such as the Caribbean Task Force on HIV/AIDS and the Horizontal Technical Cooperation Group for Latin America and the Caribbean. South-South cooperation is also increasing, for example between Brazil and a number of Portuguese-speaking African countries. UNAIDS must continue to support such developments. The PCB would welcome more information on developments in national responses in a number of individual countries.

18. The PCB commended the progress made in accelerating access to HIV/AIDS care and treatment, including prevention of perinatal transmission, noting the recommendations contained in: World Health Assembly resolution 53.14 (“HIV/AIDS: confronting the epidemic”); the Ouagadougou Commitment to Action of the OAU Ministers of Health; and the Declaration of African Ministers of Health to the Fifty-third World Health Assembly. In that context, the joint statement of intent issued in May 2000 concerning discussions between five pharmaceutical companies and UNAIDS, (i.e., the Secretariat, WHO, the World Bank, UNICEF and UNFPA) to explore ways of collaborating more closely to accelerate access to HIV/AIDS-related care and treatment in developing countries, was warmly welcomed. The hope was expressed that the talks will lead to lower prices for antiretroviral medication and drugs to treat opportunistic infections. UNAIDS was urged to expand the process to include a larger number of companies and a wider range of products, such as those used in diagnosis and prevention, and to ensure fairness and transparency. The convening by UNAIDS and its Cosponsors of a contact group for that purpose, involving interested governments selected on a regional/subregional basis, NGOs and donors was welcomed. The use of drugs for the prevention of mother-to-child transmission poses far-reaching ethical, medical and cultural issues, which will necessitate particular attention.

19. Efforts must also be made to encourage the local production of antiretroviral drugs in accordance with international agreements, as for example in Brazil, and to maintain up-to-date databases, in cooperation with the Cosponsors and other relevant international organizations to provide Member States with information on the prices of HIV/AIDS-related drugs.

20. It was pointed out that due attention must be paid to the establishment of equitable drug distribution mechanisms and related training. It will therefore be useful to learn of the experiences in the pilot projects being undertaken in Chile, Côte d'Ivoire, Uganda and Viet Nam under the Drug Access Initiative. The development of training and operational manuals in languages other than English is also necessary.

21. The PCB was informed that the International Therapeutic Solidarity Fund is attracting increased technical and financial resources and that activities are underway in Côte d'Ivoire, Morocco and Senegal and will soon commence in Viet Nam. The Board noted a proposal to organize a meeting under the auspices of the United Nations on access to treatment for HIV/AIDS in developing countries, including access to antiretroviral medication, with a view to exploring mechanisms to mobilize long-term resources for that purpose. It recommended that the feasibility of the proposal be examined in the appropriate United Nations fora.

22. Treatment and care must not be expanded to the detriment of prevention activities. There is a need to intensify information and education campaigns, particularly for the young and other vulnerable groups, and to continue to pursue behaviour-change strategies.

23. The Board considered that more research on all aspects of the epidemic was needed, examining all evidence, old and new, in the search for solutions. Particular attention must be given to research on microbicides and on vaccines against all HIV subtypes. UNAIDS must encourage cooperation between all those involved in order to avoid duplication of effort.

24. Resource mobilization must be linked more closely with strategic discussions and serious consideration must be given to the overall level of the budget. Clearly, more resources are needed and UNAIDS and the Cosponsors must intensify their efforts to involve a still wider number of partners. National governments must seek to increase domestic allocations to their own national HIV/AIDS plans by all means possible, including the use of debt relief. The Cosponsors, other United Nations organizations, international financial institutions, NGOs, especially national NGOs in developing countries, foundations and the private sector can all play an important role in improving financing at the international, regional, subregional and national levels.

25. The PCB recognized that among the most valuable attributes of the UNAIDS Secretariat are its knowledge base and communications. In that regard, it recommended that greater efforts be made to harness the intellectual and technical capabilities of academic institutions, for example through the collaborating centre mechanism. Noting the creation of task teams, further evaluation of best and new practices, and increasing use of electronic means to carry out tasks, the Board expressed confidence in the ability of UNAIDS to scale up its responses to the epidemic in accordance with its unique mandate.

Agenda item 4 – Report by the Chairperson of the Committee of Cosponsoring Organizations (CCO)

26. Ms Eimi Watanabe (Assistant Administrator and Director, Bureau of Development Policy, United Nations Development Programme), speaking on behalf of Mr Mark Malloch Brown (Administrator, UNDP and Chairperson of the Committee of Cosponsoring Organizations), said that, working together, the Cosponsors and UNAIDS are continuing to expand strategic alliances – with governments, the media, religious organizations, NGOs, the business sector (including the pharmaceutical industry) community-based groups, local leaders and people living with HIV/AIDS – to mobilize political commitment and resources for an intensified response to the epidemic in sub-Saharan Africa. Efforts are also continuing to ensure that HIV/AIDS activities feature prominently in all development strategies and plans. Key milestones in the previous year include the December 1999 meeting called by the Secretary General of the United Nations (which brought together for the first time all five constituencies of the International Partnership against AIDS in Africa – IPAA), and the January 2000 debate on HIV/AIDS in the United Nations Security Council (which gave international recognition to the issue as a global security concern). Those events have generated a sense of urgency to which all partners appear to be responding: additional resources are being made available and there is increasing national leadership for action. At the most recent meeting of the ACC there were calls for all United Nations organizations to become more involved. FAO, ILO, IOM, UNHCR, WIPO and others are already taking steps to integrate HIV/AIDS activities into the work of their organizations. ILO has expressed an interest in becoming a Cosponsor of UNAIDS.

27. Over the past year, the Cosponsors have been reorienting and strengthening their programmes to respond to the request made by the Board at its eighth meeting for further development and sharpening of their institutional strategies, with emphasis on priority regions. UNICEF is undertaking a major reallocation of human and financial resources in eastern and southern Africa and has intensified technical support and advocacy related to the prevention of mother-to-child transmission and for support of AIDS orphans. The World Bank has launched a new strategy placing HIV/AIDS at the centre of its development agenda in Africa and is intensifying HIV/AIDS activities in all other regions. UNFPA continues to give high priority to prevention of HIV/AIDS as an integral component of reproductive health, and is giving particular attention to information, education and communication, especially among young people, to the training of health care personnel, the promotion of male and female condom use, and the gender dimensions of the epidemic. The regional multidisciplinary country support teams of UNICEF have held regional workshops with other important partners in Africa and Asia; those teams are being strengthened. A joint UNAIDS/UNFPA review has provided useful guidance on future approaches. WHO has launched an HIV/AIDS/STI initiative mainstreaming HIV/AIDS activities across 23 departments, focusing on health system strengthening, prevention, care, monitoring and evaluation. The recently adopted World Health Assembly resolution 53.14 “HIV/AIDS: confronting the epidemic” provides a powerful tool for actions to counter the epidemic and gives a clear mandate for implementation of proven, evidence-based strategies and interventions. UNESCO is developing strategies and actions in the education sector and mobilizing Ministries of education, culture and communications to respond to the impact of the epidemic on education. UNDCP has begun to integrate HIV/AIDS prevention into its programmes within the framework of the IPAA and is also focusing on areas of Asia and Eastern Europe, where one of the main forms of HIV transmission is linked to injecting drug use. UNDP is working with all partners at country level to ensure that HIV/AIDS issues are an integral part of all development planning and management processes. It has identified HIV and development as a top priority in sub-Saharan Africa and has finalized a subregional strategy for southern Africa that is awaiting resource mobilization.

28. The heads of the Cosponsoring Organizations met in April 2000 to review progress on the IPAA and to discuss joint work in the education sector. The various inter-agency working groups

have continued to align agency approaches and develop common positions, and a new group on access to drugs for HIV and HIV-related conditions was established in 1999. In addition, consultative meetings were held to facilitate coordination and collaboration of activities in regions other than Africa, including Central America and the Caribbean, Asia and Eastern Europe. The Cosponsors are also taking part in a review of the Programmes of Action of ICPD+5, Beijing+5 and Copenhagen+5 in order to ensure consistency with new HIV/AIDS priorities and challenges; ICPD+5 has produced an internationally agreed target for the prevention of HIV infections among young people by 2005.

29. The PCB welcomed the intensified efforts by the Cosponsors to mainstream HIV/AIDS activities across their programmes, and to collaborate in support of national goals. They encouraged the Cosponsors to give still higher priority to HIV/AIDS in their programmes and to allocate increased resources for that purpose. Further efforts must be made to strengthen the United Nations Theme Groups on HIV/AIDS, and to improve coordination with the Comprehensive Development Framework, the United Nations Development Framework, Poverty Reduction Strategy Papers and other actions at country level. Concern was expressed about the impact of interruptions in resource flows to projects supported by the Cosponsors. Every effort must be made to ensure the sustainability of programmes.

30. The PCB took note that the incoming Chairperson of CCO is Ms Carol Bellamy, Executive Director of UNICEF.

Agenda item 5 – Report by the NGO representative

31. Speaking on behalf of NGOs/people living with AIDS, Mr Ruben Mayorga (OASIS and NGO representative for Latin America and the Caribbean), said that the mobilization of political commitment in many parts of the world has resulted in greater support for the work of NGOs, community-based organizations and organizations of people living with HIV/AIDS. The greater involvement of people living with HIV/AIDS (GIPA) is vital to effective national response.

32. In Latin America and the Caribbean, as in many other areas, efforts must focus on prevention, care and treatment, including access to antiretroviral drugs among the most affected populations: men who have sex with men; male and female sex workers; and injecting drug users. Education for the general population must include frank and unprejudiced discussion of all forms of sexuality. Active participation of civil society at all levels of HIV/AIDS programme planning and implementation must be vigorously pursued. A strategic planning process for HIV/AIDS prevention, care and support for men who have sex with men is ongoing in the region – the first example of such planning for a vulnerable group. The promotion of human rights and anti-discrimination legislation is another priority in the region. In Asia and the Pacific, although the epidemic is expanding, there still is inadequate political will in some countries to tackle the problem; this leads to inappropriate responses and planning and lack of progress in countering stigmatization and discrimination. In Africa, where the epidemic has become generalized, there is an urgent need to deal with the vulnerability of women, particularly adolescent girls, with interventions for reducing mother-to-child transmission of HIV, and with support for orphans within the IPAA. In North America, the pattern of the epidemic and measures to counter it is uneven. HIV/AIDS prevalence and mortality are increasing in some sections of the population, while declining in others, and women, adolescents and injecting drug users continue to be at high risk. Needle-exchange and other harm-reduction programmes are supported in some areas but not in others. Support for microbicide and vaccine development is insufficient and the misperception that such products increase promiscuity is holding back funds for research in that area. The NGOs

proposed that progress in such research be reviewed at a future PCB meeting. The PCB noted that some governments are now showing increased support for global HIV/AIDS efforts, largely thanks to pressure from NGOs. Problems are growing in central and Eastern European countries while, in western countries, the availability of care has led to a reduced political priority for HIV/AIDS. Despite the continued vulnerability of certain population groups HIV/AIDS is not included as a specific issue in the proposed European Union Public Health Framework. Particular attention is needed to promote human rights, particularly in respect to vulnerable groups, and to introduce pragmatic and effective harm-reduction programmes. At the global level, equitable access to care and antiretroviral therapies and respect for human rights are the main priorities.

33. Mrs Dorothy Odhiambo (Women Fighting AIDS in Kenya (WOFAK) and NGO representative for Africa) added that the Paris Declaration, signed by 42 governments in 1994, has signified, *inter alia*, a commitment to supporting the development of UNAIDS and GIPA in their responses to the epidemic. Six years later, no additional countries have signed the Declaration. In many countries, people living with HIV/AIDS are still not adequately consulted in the planning, development and implementation of HIV/AIDS activities, and there appears to be a lack of appreciation by governments and organizations of the value of doing so. It is clear that responses that do not involve people living with or affected by HIV/AIDS lack insight and are less likely to succeed. The principle of GIPA recognizes the important contribution that can be made by people living with or affected by HIV/AIDS and creates spaces within society for their active participation. A recent consultation concluded that GIPA programmes must focus primarily on persons infected and those directly affected by HIV/AIDS, such as close relatives and caregivers for AIDS orphans. However, those groups are often hampered – by denial, fear and stigmatization, by their economically vulnerable position or by a lack of education and skills – from participating fully in policy and programme planning and implementation at all levels.

34. The PCB noted the NGO recommendation urging UNAIDS and the Cosponsors to take steps to promote GIPA within their organizations and in all aspects of their work. A plan of action for increasing GIPA initiatives globally must be developed.

Agenda item 6 – Framework for the International Partnership against AIDS in Africa

35. Dr Meskerem Grunitzky-Bekele (Associate Director and Manager of the International Partnership against AIDS in Africa, UNAIDS) reported on the progress made following the decision taken at the eighth meeting of the PCB to establish the International Partnership against AIDS in Africa (IPAA). A meeting convened by the United Nations Secretary General in December 1999 brought together for the first time the five constituencies involved African governments, the United Nations, donor countries, and both the community and private sectors – calling for a specific framework for action to define the vision, principles and goal of the Partnership, and setting out operational mechanisms, roles and responsibilities as well as expected outputs. The framework must be regarded as a flexible foundation for strengthening and monitoring the Partnership that can be adapted in the light of experience. Following an exhaustive consultation process, a draft framework has been formulated and is now submitted for the Board's consideration.

36. The draft framework envisages that within the next decade, African nations, with the support of the international community, will implement larger-scale, sustained and more effective multisectoral national responses to HIV/AIDS, with strong African ownership and leadership, active involvement of people living with HIV/AIDS, respect for human rights and active opposition to all forms of stigma. Over the next year, activities will be implemented to intensify country-level action, strengthen national capacity, agree upon goals, outputs and milestones, increase advocacy

and resource mobilization, and establish effective partnership mechanisms. The IPAA is designed to operate at national, regional and international levels, with particular emphasis on action within countries, and to attract collaboration from a wide variety of partners.

37. The IPAA has already attracted considerable political commitment from African heads of State, the United Nations system, donors, the non-governmental and community-based organizations and the private sector. Moreover, it is already leading to increased mobilization of resources, strengthening of national capacity and improved communication and collaboration among partners. Numerous African governments have begun to readjust national priorities and financial allocations in favour of HIV/AIDS activities, and significant intensification of country-level action is being achieved in a growing number of countries.

38. The next phase should see commitment translated into action by all partners to achieve the planned objectives for 2000-2001, especially at country level. That will include: endorsement of the framework at an OAU summit in July 2000; the convening of an African Development Forum on the impact of HIV/AIDS in October 2000; intensification of the national response in at least 12 countries by the end of 2000; development of a strategy for countries in conflict situations; expansion of sources of financing on the basis of better-defined cost estimates; and formulation of guidance on the incorporation of HIV/AIDS activities in poverty-reduction strategies.

39. The PCB endorsed the draft framework for the IPAA and called upon partners for its immediate implementation. The Board commended the broad consultative process employed in its development, reaffirmed its support for the Partnership and welcomed the progress made in intensifying activities in a number of African countries. It stressed the importance of capitalizing on the current climate of political engagement noting that, so far, national strategic plans are in place in only 20 countries, with only four being implemented on a wide scale. Full commitment by all five constituencies will be needed for the Partnership to be successful; it will also be vital to ensure long-term sustainability and donors are therefore urged to fulfil their pledges. Support from African governments themselves is critical, and greater attention must be given to the involvement of NGOs and people living with HIV/AIDS, and to the development of innovative ways to ensure adequate community representation.

40. The Board urged a flexible approach that will allow further refinement and revision of the framework, with opportunities for regular meetings of the five constituencies concerned. It recommended setting up a monitoring and evaluation system, based on existing mechanisms, in order to measure the achievements of the IPAA. In this regard, progress by countries at national, sub-regional and local levels is needed. The Board further advised that data on the status of the financial contributions of partners to the IPAA be updated, and that the costing exercise for the implementation of the framework for action be completed. Careful coordination will be essential and the role of the United Nations Theme Groups on HIV/AIDS must be clarified. It would be useful to develop, with representatives from the five constituencies, a plan for the operationalization of the framework, taking into account the need for human and financial resources. It is imperative to ensure rapid translation of this plan into concrete actions in countries.

41. Experiences within the IPAA will provide useful lessons for future action both in Africa and in other parts of the world, and must be carefully monitored, documented and evaluated. The Board looked forward to receiving a progress report on the IPAA at its 2001 regular annual session.

Agenda item 7 – Impact of HIV/AIDS on the Education Sector

42. Dr Awa Coll-Seck (Director, Department of Policy, Strategy and Research, UNAIDS) introduced a report on HIV/AIDS and the education sector (document UNAIDS/PCB(9)/00.3), prepared in response to the request made at the eighth meeting of the PCB. Based on a review of the literature and an analysis of country experiences, it lays the foundation for strategies for action at country level. The World Forum on Education held in Dakar in April 2000 has reaffirmed that HIV/AIDS is a serious threat to the attainment of the goal of education for all, and that education is important for HIV/AIDS prevention and for the care and support of people living with the disease.

43. While there are reports from various countries on the impact of HIV/AIDS on the education sector, more in-depth research is needed to understand the full impact of HIV/AIDS on the demand, supply, quality and management of education. These reports indicate that in areas seriously affected by the epidemic, there is a decline in school enrollment as a direct consequence of increased AIDS-related mortality. Drop-out rates have also risen for a variety of reasons, such as reduced family income, the need to care for family members, and stigma against those affected by HIV/AIDS. On the supply side, levels of morbidity and mortality among teachers and educators are rising. These disruptions in demand and supply in turn affect the quality of education and the ability to plan and manage education services. An important step towards overcoming these problems is to establish precise estimates of their magnitude within specific country contexts, including both formal and non-formal education systems, in order to inform policy and programme development.

44. The paper on HIV/AIDS and the education sector identified eight strategic areas for action: development of relevant national policies; reform of HIV/AIDS programmes within school curricula; skills-based teacher training for HIV/AIDS education; improved liaison between schools and counseling and health services, with specific efforts to reach children not in school; development of community links and partnerships for HIV/AIDS and education; resource mobilization; education system capacity-building; and research and evaluation. In addition, three priority areas have been identified to respond to the impact of the epidemic on some of the most vulnerable populations (AIDS orphans, children who head households, and young girls): the provision of comprehensive programmes that include AIDS education components; the integration of AIDS education into non-formal education programmes; and the development of innovative or alternative education approaches for young girls. Multisectoral and well-coordinated programmes using a variety of strategies are needed. The Interagency Working Group on Education recommended the development of a coordinated strategy for the education sector that supports national responses; ensures exchange of experiences and best practices; strengthens activities aimed at attaining education for all; and strives to mitigate the negative impact of the epidemic on education as well as to maximize the impact of education on the prevention and control of HIV/AIDS.

45. Recognizing that education is a powerful tool for change, the PCB recommended that, in developing the proposed strategic framework, UNAIDS and the Cosponsors strengthen advocacy for resource mobilization and look for better ways of supporting institution- and capacity-building in the education sector. Strategies to cope with the loss of teaching staff will also be needed. All countries must be encouraged to take steps to: reduce stigmatization of and discrimination against children affected by HIV/AIDS; overcome resistance to comprehensive reproductive and sexual health education for young people; and integrate HIV/AIDS education in programmes designed to develop life skills at an early age. Efforts must be made to reach children not attending school, who are often the most vulnerable, and to integrate AIDS education programmes in development sectors through informal and formal educational means. The documentation and dissemination of best practices and experiences in the training of teachers and the involvement of peer educators will be useful in that regard. Due attention must be given to the rights of girls and orphans and to

protecting the right to education of pregnant girls, disabled people and drug users. The greater involvement of NGOs in development and implementation of actions for the education sector is critical for the successful implementation of these strategies.

Agenda item 8 – Status of the development of the Global Strategy

46. Dr James Sherry (Director, Programme Development and Coordination Group, UNAIDS) presented a report on progress in the development of the two major components of the global strategy for HIV/AIDS, the Global Strategy Framework and United Nations System Strategic Plan for HIV/AIDS for 2001-2005 (document UNAIDS/PCB(9)/00.5), as requested by the PCB at its eighth meeting. The PCB was invited to review the report and provide further guidance to the UNAIDS Secretariat and Cosponsors.

47. The Global Strategy Framework is designed to promote a common understanding of the HIV/AIDS epidemic, the forces that fuel it and the successful approaches available to contain it. The United Nations system organizations and other partners should then be able to build a consensus around a common approach for taking the strategy forward. The Framework seeks to promote a common understanding of the epidemic and the enabling environment required for action. It outlines what is involved in expanding responses, sets out common goals and principles and indicates links to supporting strategies.

48. Following consultations in September 1999, a draft framework has been prepared as a basis for further discussion. The consultation process was very broad, encompassing regional consultations on priorities, development of strategies for key sectors, thematic consultations, for example on human rights, access to drugs, voluntary counseling and testing and mother-to-child transmission, as well as partner programme reviews. Using the guidance provided by the PCB, consultations will be intensified and broadened, with a Cosponsor retreat in the autumn of 2000. The PCB will then consider the draft Framework in detail in December 2000.

49. The United Nations System Strategic Plan for HIV/AIDS for 2001-2005, is a consolidated medium-term plan for approximately 20 UN system organizations and programmes. The Plan sets out the role of the United Nations system within the global response to the epidemic, organizational approaches and the institutional strategies of the various organizations. Following the introduction of the plan to the United Nations Administrative Committee on Coordination (ACC) in April 2000, good progress has been made by 19 of the organizations concerned in defining governing body actions, global-level institutional priorities and strategies, efforts within each region and priorities for country-level action. Work will continue throughout 2000 and the first quarter of 2001, with a view to submitting the draft plan to the PCB for consideration at its next regular annual session in June 2001. In addition, work will continue on the development of the unified budget and workplan (2002-2003) for UNAIDS and its Cosponsors.

50. The PCB expressed appreciation for the information provided and looked forward to discussing the draft Global Strategy Framework at its next meeting. The Board was encouraged by the broad consultation process, which will ensure a comprehensive and dynamic strategy that is responsive to existing and emerging challenges. Member States have an important role to play in that process, in particular through regional and subregional mechanisms. There must also be an opportunity for countries of similar prevalence rates to exchange experiences. Greater involvement of NGOs and people living with HIV/AIDS will also provide useful inputs. The Framework document will provide a concise outline of global priorities, focusing on risk- vulnerability- and impact-reduction programmes.

51. The Board also welcomed the progress made in developing the United Nations System Strategic Plan for 2001-2005 and urged Member States to take part in governing body discussions on appropriate institutional strategies. The PCB requested the UNAIDS Secretariat to submit a preliminary draft of the Plan for consideration at its thematic meeting in December 2000, in advance of detailed discussion at its next regular annual session.

52. Donors will have a greater incentive to contribute to a strong global strategy with clearly defined goals and objectives once a clear framework is in place. It is essential to clarify how the various frameworks and plans – including national plans – come together in the overall strategy, to distinguish the various constituencies concerned, and to ensure adequate monitoring and evaluation at all levels. The costs of strategy development are not insignificant, and it is therefore vital to complete the process rapidly and move on to implementation of concrete actions at country level.

Agenda item 9 - Financial and budgetary updates

Agenda item 9.1 - Financial report for the biennium 1998-1999

53. The PCB took note of the financial report and audited financial statements for the period 1 January 1998 to 31 December 1999 and the Report of the External Auditor (documents UNAIDS/PCB(9)/00/6 and Add. 1 and Add. 2). The Board welcomed the transparency in presentation and noted that the financial operations had been fully audited by the External Auditors and found to be in accordance with the Financial Regulations of WHO and the United Nations System Accounting Standards.

54. The Board was reminded that, at its April 1997 meeting, it had approved a budget and workplan for the 1998-1999 biennium of US\$ 120 million, the same level as for the previous biennium. In addition, US\$ 20 million had been outlined in a Coordinated Appeal for supplementary activities of the Cosponsors. The approved budget and workplan was divided into 21 programme components in two main categories: substantive programme expenditures represented some US\$ 95.6 million; and programme management and administration around US\$ 24.4 million. Total pledges received amounted to US\$ 113.4 million. Of that, US\$ 102 million had been received during the biennium, representing a rate of collection of some 90%, compared with 81% in the previous biennium. A further US\$ 23.2 million, representing funds pledged for 1997, had been received in 1998. Expenditures against the approved 1998-1999 budget and workplan amounted to US\$ 112.5 million, an increase of US\$ 10.8 million over the previous biennium, which represented a significant strengthening of the UNAIDS Secretariat and its capacity to deliver. The level of expenditure has been higher than the amount pledged owing to the additional funds received relating to 1997 pledges. During the biennium, funds contributed to the UNAIDS Trust Fund amounted to US\$ 9.6 million to fund additional designated activities and US\$ 4.2 million for exclusive use in countries. In addition, the Coordinated Appeal attracted US\$ 6.4 million, and US\$ 2.4 million had been received for support to junior professional officers. In-kind contributions amounted to a value of US\$ 1.1 million for staff secondments to the UNAIDS Secretariat and approximately US\$ 1 million for free office accommodation, supply of office equipment, local staff services and logistical support.

Agenda item 9.2 – Financial update, January–March 2000

55. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) recalled that the UNAIDS unified budget and workplan for 2000-2001 has been set at a level of US\$ 140 million, with three core activities: core staff and activity costs (62.4%); inter-agency managed activities, mainly support to strategic elements of the integrated workplans of United Nations Theme Groups on

HIV/AIDS and other types of joint planning and activities at country level (16.1%); and global and regional activities of the Cosponsors (21.5%). This last category incorporates the Coordinated Appeals of previous years and reflects a set of agreed priority actions at global and regional levels. Contributions are welcome for any one or all of the three categories of the budget. Contributions to the third category can be made through UNAIDS or directly to the Cosponsors; unearmarked contributions are divided across the three categories.

56. With the guidance of the PCB Working Group on Resource Mobilization, the UNAIDS Secretariat and Cosponsors have developed a comprehensive resource mobilization strategy and an integrated workplan for its implementation. While government contributions continue to be the mainstay of support, emphasis is being given to identifying additional sources of funding and to building a sense of collective responsibility for mobilizing resources.

57. The PCB urged donors, governments and the Cosponsoring Organizations to continue their efforts to seek increased contributions, ensure payment of pledges early in the biennium and arrange multi-year pledges in order to ensure a predictable flow of funds. In that context, it noted the importance of the Operating Reserve Fund in permitting continued operations pending the receipt of pledges. The PCB also requested that future financial reports benefit from a more analytical approach.

58. A UNAIDS Consultant outlined progress to date in the UNAIDS Financing Study undertaken following a request by the PCB at its eighth meeting. The study, which is funded from extrabudgetary resources by a group of concerned donors, examines the trends to date in funding the UNAIDS budget and the possible role of new sources of funding. The study involves a review of relevant documentation, a written questionnaire to key donors and personal interviews with representatives of donors and Cosponsors. The full report of the study will be available late in 2000.

59. Interim results suggest that governments must assume the overall funding responsibility for the UNAIDS unified budget and workplan. It is unrealistic to expect that alternative sources, such as private foundations, corporations and the general public, will provide substantial core funding, although they can play a more important role in funding country level activities. Contributions to UNAIDS to fund the unified budget and workplan, including the activities of the Cosponsors, is the ideal way forward. The study results also points to the need for a forum, in addition to the PCB, in which UNAIDS can meet regularly with donors and discuss funding issues.

60. The study shows that, while HIV/AIDS activities are an increasing priority for donors, funding UNAIDS per se is not increasing at the same rate. The report recommends that UNAIDS play a more pro-active role in fund-raising at country level and that Theme groups participate actively in this process.

61. The PCB expressed appreciation for the information provided and looked forward to an in-depth discussion of the final report of the study in due course. It urged that a collective approach to resource mobilization be encouraged, making better use of the United Nations Theme Groups on HIV/AIDS for channeling resources at country level. The PCB Working Group on Resource Mobilization should be fully involved at an early stage in all these activities, including the continued development of the joint resource mobilization strategy. This should take into account the conclusions of the financing study and the development of workplans that define the responsibilities of each of the Cosponsors within that strategy. Member States must also be fully consulted, using the Geneva-based permanent missions to the United Nations as a platform for

interaction between the various parties. Greater efforts must be made to take advantage of the funds and fund-raising experience available through NGOs.

Agenda item 10 – Next PCB meeting

62. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) stated that, as noted at the eighth meeting, the tenth meeting of the Board will be an *ad hoc* thematic meeting. An invitation had been received from the Government of Brazil to host that meeting in Rio de Janeiro in December 2000.

63. The PCB expressed appreciation to the Government of Brazil for its invitation and agreed to hold its tenth meeting, on 14 and 15 December 2000 in Rio de Janeiro, preceded by field visits on 13 December. It further agreed that the main themes for discussion will be the Global Strategy Framework and the United Nations System Strategic Plan, 2001-2005.

64. The Board was informed that for future meetings, the UNAIDS Secretariat will distribute meeting documents, in both English and French, in a timely manner to ensure that participants have adequate time to prepare their comments.

Agenda item 11 – Other business

Five-year evaluation of UNAIDS

65. Dr Peter Piot (Executive Director, UNAIDS) recalled that at its seventh meeting the PCB had approved a framework and plan for the monitoring and evaluation of UNAIDS that envisaged an evaluation of UNAIDS in 2001, five years after its establishment. As indicated in the draft discussion paper on planning for the evaluation (document UNAIDS/PCB(9)/00 Conference Paper 1), the evaluation will focus on processes, outputs and outcomes, and assess the value of UNAIDS as a cosponsored programme within the United Nations system. It will be strategic, participatory and forward-looking, addressing success factors, constraints and ways of overcoming obstacles. The specific issues to be addressed will be determined through consultation, including, among others: the ability of UNAIDS to lead the coordinated response; achievement of policy and programme consensus; the extent of political and social mobilization and commitment; the level of involvement of different sectors and institutions; implementation of United Nations action at country level; and the degree of strengthening of national capacities to develop HIV/AIDS strategies. The Monitoring and Evaluation Reference Group (MERG), established by the PCB on the recommendation of its Working Group on Indicators and Evaluation, will serve as the primary review and coordinating body for the evaluation. It was proposed that a well-qualified independent expert be appointed as evaluation director, and be assisted by an evaluation reference panel with 3-5 members. Consultations are under way to define the scope, methodologies, potential milestones and scheduling of the evaluation. Experience gained in previous United Nations evaluations will be taken into account. At its meeting in September 2000, the MERG will review the terms of reference and make recommendations regarding the evaluation director and reference panel. The plan will be submitted to the PCB for consideration at its ninth meeting. The evaluation will be undertaken from January to October 2001 followed by a review of findings. The final report will be submitted to the PCB in May 2002.

66. The PCB, welcomed the opportunity to comment on the proposals at a preliminary stage, endorsed the need for an evaluation and stressed that careful planning and financing are required to ensure an effective, independent process and derive maximum benefits. The plan for managing the evaluation as set out in the conference room paper, was perceived as somewhat lengthy and complex; the engagement of an external evaluation director and reference panel was seen as

ensuring a more independent process. The roles of the MERG and the PCB also required further consideration. It would be important, for example, to ensure that no conflicts of interest exist. The benefits of requesting an external body to undertake the evaluation (e.g., through an international bidding process) was suggested. The terms of reference should be clear and straightforward, and identify the evaluation "client". It is also essential to consider how the results of the evaluation will be used, for example, in the development of the global HIV/AIDS strategy.

67. The Board recommended that wide-ranging consultations continue and suggested that its members forward written comments on the evaluation proposals to the Secretariat. The proposals should be considered in detail at the September 2000 meeting of the MERG, and PCB members should strengthen their participation in the meeting for that purpose. The PCB looked forward to receiving an update on the evaluation plan at its ad hoc thematic meeting in December 2000.

Inter-Agency Advisory Group on AIDS

68. Ms Cecilia Thompson, representative from the Office of the High Commissioner for Human Rights, Chair of the Inter-Agency Advisory Group on AIDS (IAAG), recalled the terms of reference of the Group and informed the Board that its sixteenth meeting will be held on 29 and 30 May 2000. One of the main items on the agenda, HIV/AIDS in the United Nations workplace, will cover the development of a guidance note for United Nations Resident Coordinators, outlining key steps for establishing local HIV/AIDS care and support for United Nations staff and their dependants. The problem of medical insurance cover for national staff will also be addressed. The IAAG will consider agency activities on HIV/AIDS and human rights, and ways of strengthening the rights of those affected by HIV/AIDS through actions of the United Nations Theme Groups on HIV/AIDS at country level. Other items include: the United Nations System Strategic Plan for 2001-2005; an introduction to HIV/AIDS and globalization; progress reports on inter-agency working groups on HIV/AIDS issues; and follow-up to the ACC session held in April 2000. A report of the meeting will be presented to the PCB at its next regular annual session in 2001.

United Nations

69. Mr Johan Schölvinck (Chief, Policy Coordination Branch, Division for ECOSOC Support and Coordination, Department of Economic and Social Affairs, United Nations) reported on the HIV/AIDS activities undertaken at United Nations headquarters since the previous meeting of the PCB. The Secretariat continues to focus on research and the study of the socioeconomic and demographic impact of the HIV/AIDS epidemic. The results of these efforts are reflected in its various reports, including the *World population monitoring 2000 (World Population Estimates and Projections for the year 2000)*. This includes a discussion of the gender aspects of HIV/AIDS and their implications for the health of women. The Secretariat is also taking the HIV/AIDS epidemic and its impact into account in its preparations for the follow up to the World Summit for Social Development, paying particular attention to the effects on young people, especially HIV/AIDS orphans. A focal point for HIV/AIDS has been appointed in the Division of Social Policy and Development within the Department for Social and Economic Affairs. The draft outcome document of the General Assembly Special Session on Beijing + 5 (June 2000) will consider the effects of the epidemic on women and girls, focusing on prevention and treatment. The Department of Public Information continues to draw attention to the critical nature of the epidemic and its consequences for development, and has actively participated in the observance of World AIDS Day on 1 December 1999. Following the UN Security Council meeting in January 2000, the Economic and

Social Council has held a special meeting to discuss the development issues that have emerged in the Security Council debate and examined ways of establishing cooperation through special initiatives on HIV/AIDS in Africa. HIV/AIDS has also been one of the topics discussed during the ECOSOC/World Bank Exchange Programme in March 2000. Finally, the United Nations has also focused attention on HIV/AIDS prevention and care for its own staff members. The Department of Peace-keeping Operations has re-established a medical unit for staff on mission. In addition, a training centre has been set up to provide HIV prevention and behaviour-change education for international military personnel and a training manual has been developed.

Agenda item 12 – Adoption of decisions, recommendations and conclusions

70. The decisions, recommendations and conclusions of the ninth meeting of the PCB, which were prepared by a drafting group established at the start of the meeting, discussed and adopted prior to the closure on 26 May 2000, are set out in Annex2. It was agreed that decisions, recommendations and conclusions concerning the five-year evaluation of UNAIDS, discussed under item 11 of the Agenda, will be included with those on Agenda item 3, the Report of the Executive Director 1998-1999. The Chairperson commended the drafting group on its valuable contribution to the work of the Programme Coordinating Board.

Annex 1 Agenda

Reference documents

1. **Opening**
 - 1.1 Opening of the meeting
 - 1.2 Election of officers
 - 1.3 Adoption of the provisional agenda
 2. Consideration of the report of the eighth meeting
 3. Report of the Executive Director, 1998-1999
 4. Report by the Chair of the Committee of Cosponsoring Organizations
Discussion with Cosponsors
 5. Report by the NGO representative
 6. Framework for the International Partnership against AIDS in Africa
 7. Impact of HIV/AIDS on the Education Sector
 8. Status of the development of the Global Strategy
 9. Financial and Budgetary Updates
 - 9.1 Financial report for the biennium 1998-1999
 - 9.2 Financial update, January – March 2000
 10. Next PCB meeting
 11. Other business
 12. Adoption of decisions, recommendations and conclusions
- UNAIDS/PCB(9)/00.1 Rev.1
- UNAIDS/PCB(8)/99.7
- UNAIDS/PCB(9)/00.2
(Annex 1: Access to Care
(Annex 2: Monitoring and
Evaluation)
- UNAIDS/PCB(9)/00.4
- UNAIDS/PCB(9)/00.3
- UNAIDS/PCB(9)/00.5
- UNAIDS/PCB(9)/00.6
- UNAIDS/PCB(9)/00.7

Annex 2

DECISIONS, RECOMMENDATIONS AND CONCLUSIONS

Agenda item 1 – Opening

1. The PCB endorsed the addition of an agenda item on the five-year evaluation under “Other business”.

Agenda item 2 – Consideration of the report of the eighth meeting

2. The PCB adopted the report of the eighth regular annual session (UNAIDS/PCB(8)/99.7).

Agenda item 3 – Report of the Executive Director, 1998-1999 (document UNAIDS/PCB(9)/00.2)

3. The PCB took note of the report of the Executive Director. It welcomed the confirmation of the Executive Director that future reports will be more analytical, shorter and identify successes and failures.

4. The PCB recommended:

- further strengthening and maintaining of political mobilization against the epidemic;
- strengthening and accelerating efforts to implement well coordinated national responses, working with a wider range of partners;
- intensified support to the regional and subregional responses on HIV/AIDS;
- continued development of UNAIDS as knowledge-based and communication-driven; and
- decentralisation of efforts to ensure a more broad-based and coordinated response by all actors, including Theme Groups.

5. The PCB supported the country focus for UNAIDS, including the emphasis on the development and implementation of national and regional strategic plans and on resource mobilization. This support should be provided through all available channels, particularly through the expanded UN Theme Groups and the integrated, multisectoral work plans developed at country level.

6. The PCB recommended mobilizing substantially more financial resources for national, regional and subregional AIDS programmes, and other partners, and the further integration of HIV/AIDS into the mainstream development agenda. Promising new approaches to resource mobilization and mainstreaming of AIDS, such as integrating AIDS activities into a range of development programmes, the Highly Indebted Poor Country Initiative (HIPC), Poverty Reduction Strategy Papers (PRSPs) and poverty reduction strategies, and pursuing resources available through foundations and the private sector, should be vigorously pursued. To achieve success:

- traditional and non-traditional donors are strongly encouraged to support developing countries financially in the development and implementation of expanded responses to HIV/AIDS, encouraging South-South cooperation as fully as possible;
- Governments should increase their own domestic financial allocations to their national HIV/AIDS plans and consider using debt relief and other financing instruments, including public budget support. Every effort must be made to channel resources in support of community responses to HIV/AIDS;

- international financial institutions, donors, and national governments should be further encouraged to give prominence to HIV/AIDS in PRSPs, poverty reduction strategies and HIPC agreements;
- UNAIDS Cosponsors and other UN organizations should raise their own financial allocations for AIDS and increase their advocacy and technical support to developing countries for expanded resource mobilization and for inclusion of HIV/AIDS goals and indicators in country-based programming mechanisms through an integrated planning process among these organizations, including the United Nations Development Assistance Framework (UNDAF), the Common Country Assessment (CCA), poverty reduction strategies (e.g., PRSPs and HIPC agreements);
- UNAIDS Secretariat and Cosponsors must intensify their current efforts in advocacy, facilitation, and sharing of information and experience in the areas of resource mobilization (including from foundations and the private sector) and the mainstreaming of HIV/AIDS into the development agenda; and
- NGOs, especially national NGOs in developing countries, must play an active part in the development of poverty reduction strategies at country level, including PRSPs and the implementation of locally managed AIDS responses.

Prevention

7. The PCB recommended that governments, bilateral partners, NGOs and UNAIDS provide accelerated support to the key strategies for HIV/AIDS prevention in all affected sectors, through country-based, regional and global efforts. In this context, it is recommended that support for research on microbicides and vaccines, including all sub-types relevant for developing countries, be continued.

Access to Care

8. The PCB referred to the recommendations contained in the World Health Assembly resolution WHA53.14 (“HIV/AIDS: confronting the epidemic”), the Ouagadougou Commitment to Action of the Organization for African Unity Ministers of Health, and the Declaration of African Ministers of Health to the World Health Assembly. The PCB welcomed the progress UNAIDS has made with regard to access to care and support and encouraged further efforts in this area.

9. The PCB recommended that UNAIDS identify a process whereby the multiple technical issues surrounding care and treatment for persons living with HIV/AIDS are explored. These issues include the full range of essential access, treatment and monitoring activities. The UNAIDS Secretariat and Cosponsors should include other relevant organizations in this process.

10. The PCB also noted that a proper balance must be maintained between prevention and care so one is not addressed to the detriment of the other.

11. The PCB recommended that UNAIDS give high priority to the analysis of the ongoing pilot projects (called the UNAIDS Drug Access Initiative) in four countries (Chile, Côte d’Ivoire, Uganda and Viet Nam) and to patient access to drugs in general.

12. In this regard the PCB welcomed the negotiations undertaken by the UNAIDS Secretariat and Cosponsors with the pharmaceutical industry in order to reduce prices of antiretroviral (ARV) drugs as well as that of drugs for the treatment of opportunistic infections. It encouraged UNAIDS to include a larger number of pharmaceutical companies in the negotiations and to extend the range of medicines and other relevant commodities for prevention and care to ensure a transparent

process. The PCB welcomed the establishment of a contact group to be convened by the UNAIDS Secretariat and its Cosponsors, involving interested governments (selected on a regional/subregional basis), NGOs and donors, with members of the PCB also playing an important role. These negotiations should complement broader strategies to promote sustainable access to drugs, such as the encouragement of local manufacturing and import practices consistent with national laws and international agreements. The PCB further encouraged UNAIDS to actively support countries in the development, implementation and financing of care strategies that enhance the overall effectiveness and sustainability of national responses to HIV/AIDS, such as clinical guidelines, drug administrative and control management, diagnostic infrastructure and follow-up mechanisms.

13. The PCB took note of a proposal to organize a meeting under United Nations auspices on access to care for HIV/AIDS. The feasibility of such a meeting must be further analyzed in the appropriate United Nations fora.

14. At their request, the UNAIDS Secretariat should, in collaboration with Cosponsors and other international organizations, assist countries in regularly updating databases, in order to provide Member States with information on prices of HIV-related drugs.

Monitoring and Evaluation

15. The PCB welcomed the update on monitoring and evaluation annexed to the Report of the Executive Director, including the proposed steps for the Five Year Evaluation of UNAIDS.

16. The PCB noted that the Five Year Evaluation will examine the overall UN response to HIV/AIDS, including the efforts of the Secretariat, the Cosponsors, the CCO and the PCB. It requested that the Evaluation be completed within a year from initiation and presented to the following meeting of the PCB.

17. The PCB encouraged its members to forward written comments to the Secretariat on Conference Room paper 1 (*Planning for the 5-year Evaluation of UNAIDS – draft Discussion Paper*) and encouraged the Secretariat to consult broadly on the terms of reference for the evaluation through the Monitoring and Evaluation Reference Group (MERG), including at its meeting in September 2000. It urged Cosponsors and PCB members to strengthen their participation in the MERG for that purpose.

18. The PCB emphasized the importance of objectivity in the design, implementation and appearance of the Evaluation process. The PCB further emphasized the need to conduct the Evaluation on a timely basis in order to properly inform the global strategy development process; to make the design as straightforward as possible; and to minimize the staff demands on the Secretariat.

19. The PCB requested that, at the time of the December 2000 Thematic Meeting, the Secretariat provide for the information of the PCB an updated plan for the Five-Year Evaluation.

Agenda item 4 – Report by the Chair of the Committee of Cosponsoring Organizations and discussion with Cosponsors

20. The PCB requested Cosponsors to give higher priority to HIV/AIDS in their respective organizational plans and to increase resources for HIV/AIDS programming at all levels.

21. The PCB requested that the work of Cosponsors focus on a broad-based agenda of prevention and care and recommended a focus across different development sectors.

22. The PCB requested better coordination between the Comprehensive Development Framework (CDF) and the United Nations Development Assistance Framework (UNDAF), requesting also that the Theme Groups on HIV/AIDS be involved in both these processes.

Agenda item 5 – Report by the NGO representative

23. The PCB noted the recommendations proposed by the NGO representatives as follows:

- Regional recommendations:
 - Latin America and the Caribbean: efforts must be focused on targeted prevention and care for the most vulnerable populations, including access to antiretroviral drugs, and the promotion of human rights and of anti-discrimination legislation for persons living with HIV and AIDS;
 - Asia and Pacific: denial of the situation and lack of political will is leading to lack of action in some countries; coherent prevention, attention and care efforts in the region must focus on the needs of the populations most affected;
 - Africa: the issue of prevention of mother-to-child transmission should be given priority and concrete steps should be taken immediately to care for orphaned children;
 - North America: more research on vaccine and microbicide development, and pragmatic and effective harm reduction programmes are urgently needed; and
 - Europe: the promotion of human rights of populations particularly vulnerable to HIV/AIDS (including injecting drug users, inmates, migrants, non-legal residents, men who have sex with men, and sex workers) is needed.
- Greater Involvement of People Living with HIV/AIDS (GIPA) recommendations:
 - that UNAIDS adopt an affirmative employment policy to ensure the engagement of more people with HIV within the Programme;
 - that UNAIDS and the Cosponsors address the issue of equity in health care for all employees with HIV;
 - that UNAIDS treat GIPA as a priority and that GIPA be integrated across all aspects of its work. This will include:
 - advocating for more initiatives on GIPA at all levels;
 - encouraging those countries that have not signed the Paris Declaration to do so;
 - developing a plan of action for increasing GIPA initiatives globally; and
 - establishing a dialogue with the Cosponsors to implement GIPA.

Agenda item 6 – Framework for the International Partnership against AIDS in Africa (IPAA) (document UNAIDS/PCB(9)/00.4)

24. The PCB congratulated the UNAIDS Secretariat on leading a broad consultative process on the Framework for Action, involving all partners.

25. The PCB took note of the substantial progress made in several countries in operationalising the IPAA.

26. The PCB endorsed the Framework for Action as the basis for country strategies within the International Partnership against AIDS in Africa for all five constituencies. It will be further refined and revised as necessary, based on lessons learned. A shorter version will be available within a few weeks.

27. The PCB called upon all partners for immediate implementation of the Framework and:

- stressed the importance of African ownership and leadership of the Partnership at all levels (i.e., government priorities should drive the action and national action plans be based on local community priorities and contexts);
- reiterated the focus of the Partnership on an intensified response to HIV/AIDS at country level;
- requested all partners to ensure full communication within and among their organizations, especially at country level;
- urged all partners to scale up successful actions in a coordinated way and to address the political, institutional and managerial challenges in doing so; and
- requested all partners to mobilize additional technical, financial and human resources and to establish resource transfer mechanisms to local communities.

28. In order to facilitate coordinated planning at the country and subregional levels, the PCB recommended that UNAIDS, its Cosponsors, other UN agencies and donor governments disclose in a timely manner the extent of the resources available for such activities.

29. The PCB recommended that the UNAIDS Secretariat:

- continues the coordination and facilitation of the IPAA;
- sets up a monitoring and evaluation system, based on existing mechanisms in order to measure the progress of the IPAA;
- reports on progress by countries at national, regional/subregional and local levels;
- finalizes the work on a costing exercise for the implementation of the framework for action;
- provides data on the status of the financial contributions of partners to the International Partnership against AIDS in Africa;
- continues its work to coordinate the mainstreaming of AIDS in key development instruments including Poverty Reduction Strategy Papers (PRSPs), debt relief (HIPC-Initiative), Sector Wide Approach Programmes (SWAPS) and Social Development Funds;
- develop a plan for the operationalization of the framework, taking into account the need for human and financial resources, in close collaboration with representatives from the five constituencies; and
- organizes a stakeholder meeting with all five constituencies as soon as possible.

Agenda item 7 – HIV/AIDS and the Education Sector (UNAIDS/PCB(9)/00.3)

30. The PCB welcomed the document on HIV/AIDS and the Education Sector and endorsed the process for developing a coordinated strategy in the education sector to support and strengthen regional and national responses. The PCB made the following recommendations:

30.1 That UNAIDS, in cooperation with Cosponsors, strengthen advocacy for:

- mobilization of resources for the education sector to reinforce its capacity in general and more specifically to realize its full potential in HIV prevention and AIDS impact alleviation;
- integration of AIDS education in formal and nonformal programmes carried out not only by the education sector but also by other development sectors;
- documentation of culturally appropriate and age-adapted best practices and effective contributions of young people in AIDS education, especially as peer educators;

- sensitization and mobilization of country-based education professionals on issues related to sexuality and prevention of HIV/AIDS as education concerns, so that they be fully accepted as the responsibility of the educational sector; and
- addressing socio-cultural obstacles to implementation of comprehensive drug and sexuality education programmes.

30.2 That the process outlined above be expanded in the following ways:

- broaden the scope and composition of the UNAIDS Interagency Working Group on Education to include other key players and agencies involved in formal and nonformal AIDS and sexuality education programmes, and link its efforts to existing subregional, regional, and other informal global structures and mechanisms;
- highlight the positive role of the education sector as an HIV/AIDS prevention platform, thereby addressing the diversity of needs of a full range of countries, including those less affected;
- meet the special circumstances and needs of population groups, such as out-of-school adolescents, the girl child, orphans, street children, mentally disabled and drug users, which are not reached by the formal education system; and
- involve civil society groups, particularly NGOs and local community leaders, in developing and implementing a more innovative and expanded response of the education sector.

30.3 Highlight the need to eliminate discriminatory practices towards education personnel and pupils affected by HIV. Strategies to this end should include strengthening of voluntary counseling and testing services.

Agenda item 8 – Status of the development of the Global Strategy (UNAIDS/PCB(9)/00.5)

31. The PCB welcomed the update on the development of the Global Strategy Framework and urged the Secretariat, Cosponsors and other partners to accelerate and intensify efforts to finalize the Framework for discussion at the Thematic PCB meeting in December 2000, and take appropriate steps to ensure that it is well reflected in the development of the UN System Strategic Plan 2001-2005.

32. The PCB urged its members to fully engage in consultations through existing fora – including regional and sub-regional fora – to finalize the Global Strategy Framework.

33. The PCB reaffirmed its request to the Secretariat to proceed with the development of the UN System Strategic Plan 2001-2005 in broad consultation with UN system and other partners. The PCB endorsed the proposed process and requested the Secretariat to table a working draft of the elaborated UN System Strategic Plan for discussion at its December 2000 Thematic meeting.

34. Consistent with the Economic and Social Council (ECOSOC) resolution 1999/36 of 28/97/99, the PCB urged Cosponsors to complete the development of their institutional strategies, and to submit to their governing bodies their proposed contribution to the United Nations System Strategic Plan 2001-2005.

35. The PCB noted the importance of strategic information on national and donor responses to AIDS to assist policy makers in allocating scarce resources, and urged the Secretariat to strengthen its capacity to collate and analyze such information.

Agenda item 9 – Financial and Budgetary Updates (document UNAIDS/PCB(9)/00.6)

36. The PCB examined and took note of the financial report and audited financial statement for the period from 1 January 1998 to 31 December 1999 and the unqualified report to the PCB of the external auditors. It took note of the financial update for the beginning of 2000 and recognized the significance of the UNAIDS Operating Reserve Fund in assuring adequate cash flow during the first several months of the biennium.

37. Recalling its recommendation at its regular meeting in June 1999, the PCB urged Member States to provide full funding for the UNAIDS 2000-2001 Unified Budget and Workplan. Countries are also encouraged to make multi-year pledges to UNAIDS in order to increase the predictability of resources during the biennium.

38. The PCB urged Member States to transfer funds as early as possible in the biennium to ensure adequate cash flow and avoid disruption of activities.

39. The PCB acknowledged the role of the Geneva-based Permanent Missions to the United Nations in advocating, among other things, full funding of the 2000-2001 Unified Budget and Workplan.

40. The PCB encouraged all countries to intensify efforts to ensure adequate funding of comprehensive, multisectoral responses to the epidemic at all levels.

Agenda item 10 – Next PCB Meeting

The PCB recommended that its next meeting take place in Brazil on 14 and 15 December 2000, with field visits on 13 December. The PCB further confirmed that the main theme on the agenda will be the Global Strategy Framework and the UN System Strategic Plan, 2001-2005.

Annex 3
List of Participants/List des Participants

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