



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

Geneva, 30 May–1 June 2001

### *Contents*

Opening of the meeting .....	1
Adoption of the provisional agenda .....	1
Election of the officers .....	1
Consideration of the reports of the ninth and tenth meetings .....	2
Report by the Executive Director .....	2
Report by the Chairperson of the Committee Cosponsoring Organizations .....	5
Report by the NGO Representative .....	9
UN System Strategic Plan on HIV/AIDS 2001-2005; UNAIDS Unified Budget and Workplan 2002-2003 .....	10
Financial and budgetary update .....	13
Progress reports .....	15
Next PCB meeting .....	18
Other business .....	18
Adoption of decisions, recommendations and conclusions .....	21
Annex 1 – Agenda .....	22
Annex 2 - Decisions, recommendations, conclusions .....	23
Annex 3 - List of participants .....	30

## **Agenda Item 1: Opening**

### **1.1 Opening of the meeting**

1 The eleventh meeting of the UNAIDS Programme Coordinating Board (PCB) took place at the headquarters of the World Meteorological Organization, Geneva, Switzerland from 30 May to 1 June 2001. The participants are listed in Annex 3.

2 On behalf of the outgoing Chair, Mr Osmo Soiniavaara (Minister of Health and Social Services, Finland), Mr Tapani Melkas (Director, Department for Promotion of Welfare and Health, Ministry of Social Affairs, Finland) opened the eleventh meeting of the PCB. Finland expressed its appreciation for having the opportunity to chair the PCB during a period in which it observed that UNAIDS is successfully leading the global fight against HIV/AIDS. In the last year, several important steps have been taken. These include: the endorsement of the framework for the International Partnership against AIDS in Africa; establishment of the Contact Group on Accelerating Access to HIV/AIDS-related Care; nomination of the Evaluation Supervisory Panel and initiation of the process of the five-year evaluation; and the holding of a thematic meeting in Rio that resulted in the endorsement of the Framework for Global Leadership on HIV/AIDS. The response to the pandemic has also been strengthened within the UN system and among other partners, as indicated by: the decision to hold a UN General Assembly Special Session on AIDS (UNGASS); important regional conferences, such as the OAU's special summit on AIDS held in May 2001; and a proposal to establish a Global Fund for HIV/AIDS and Health. All these indicate that both the commitment and resources necessary to combat HIV/AIDS have increased more than ever before. Unfortunately, the spread of infection, as well as the health and social burden of the pandemic, have also increased. It is hoped that new efforts to strengthen global, regional and national responses will stem the tide of the epidemic.

### **1.2 Adoption of the provisional agenda**

3 The provisional agenda (document UNAIDS/PCB(11)/01.1Rev.1) was adopted with the inclusion (under **Agenda Item 7, 'Other business'**), of consideration of a presentation on the Global Fund for HIV/AIDS and Health, and consideration of the Report on the Follow-up to the UNAIDS Financing Study (UNAIDS/PCB(11)/01/INF.DOC.1).

### **1.3 Election of the officers**

4 In accordance with agreed procedure, Dr C.P. Thakur (Minister of Health and Family Welfare, India), the previous Vice-Chair, was elected the new Chair of the PCB. Dr Thakur expressed his gratitude to all the PCB members for electing India as Chair. He noted that this PCB meeting was being held at one of the most crucial moments in the history of the global effort to control HIV/AIDS, citing the upcoming historic UN General Assembly Special Session on HIV/AIDS, which should unleash forces of strong political commitment as well as mobilize additional financial resources in the form of a global fund. He called on the members of the PCB to deliberate actively on important

agenda items such as the UN System Strategic Plan on HIV/AIDS 2001-2005 and the UNAIDS proposed Unified Budget and Workplan for 2002-2003, as these represent a significant scaling up of efforts to check the epidemic. He also noted that there is no room for complacency, given that the epidemic has already taken a heavy toll in Africa, has affected every country, to some degree, and continues to threaten countries with large populations that are vulnerable to the spread of infection, including many countries in Asia. He cited efforts in India, and urged that prevention, care and support be integrated so as to control the epidemic most effectively, while enabling people living with HIV/AIDS to lead an honourable, dignified and healthy life. He noted that the implementation of the UN system strategic plan posed a big challenge; but, under the dynamic leadership of Dr Peter Piot, UNAIDS is well placed to continue coordinating the various Cosponsors' efforts to provide technical and financial support to national programmes. He encouraged national delegations and NGO representatives to participate in a constructive dialogue and arrive at a strong consensus on this international agenda, while calling for the cooperation of all in the smooth conduct of the meeting.

5 Professor Fernando Aires Alves Nunes Ventura (Coordinator, National AIDS Commission, Portugal) was elected Vice-Chair, and Mr Vincent Musowe (Director of Planning and Development, Ministry of Health, Zambia) was elected Rapporteur. The PCB also approved and welcomed new NGO members of the PCB: Ms Alice Lamptey (GHANET, Ghana) representing Africa and, as an alternate, Mr Fernando Texeira (Red Cross Society, Mozambique).

#### **1.4 Consideration of the reports of the ninth and tenth meetings**

6 The reports of the ninth meeting (document UNAIDS/PCB(9)/00.8) and tenth meeting (document UNAIDS/PCB(10)/00.6) of the PCB were considered and approved.

#### **1.5 Report by the Executive Director**

7 Dr Peter Piot (Executive Director, UNAIDS) introduced his report for 1999-2001 (document UNAIDS/PCB(11)/01.2). The report covered a period during which the epidemic has been recognized as a major global emergency that threatens the health, welfare and security of many parts of the developing world. This recognition has brought unprecedented political commitment and the potential for mobilizing the resources needed to combat the epidemic. During this period, a more coherent, focused and coordinated response has also been developed both within the UN system and among a wider array of international and national actors. This response has been grounded in a better understanding of the dynamics of the epidemic, as well as in a better understanding of interventions that work. These developments set the context in which the PCB can consider the United Nations System Strategic Plan 2001-2005 and the UNAIDS Unified Budget and Workplan 2002-2003.

8 On the eve of the twentieth anniversary of the first report of HIV/AIDS, Dr Piot described how UNAIDS, now five years old, has brought about a number of changes in the national and international approach to the epidemic. First, UNAIDS has helped to put

AIDS on the top of the world's political agenda in both the North and the South. Second, there has been a paradigm shift: HIV/AIDS is now seen as central to development; care and prevention are understood as mutually-reinforcing (rather than competing) strategies; risk and vulnerability are both elements of the new paradigm; and the overriding focus is on young people. Change is also apparent in the nature of country action that is increasingly multisectoral and emphasizes partnership, decentralization and capacity-building. The need now is for better national coordination, a stronger focus on results, the costing of priorities, and more efficient support to communities. There has been a sea-change in access to care with the achievement of significant price discounts and acceptance by industry of preferential pricing for HIV drugs in developing countries. UNAIDS has continued to advocate a comprehensive care agenda, which ranges from addressing opportunistic infections to strengthening health systems. There have been major advances in the prevention of mother-to-child transmission in terms of new technical guidelines and more affordable interventions, with a current need to focus on making these interventions more widely available, extending the reach of voluntary counselling and testing and antenatal care, and making safe infant feeding a reality. A further noteworthy improvement has been in the coordination of the UN system, led by the Secretary-General's dynamic personal involvement and put into effect through: the development of a Framework for Global Leadership on HIV/AIDS; an unprecedented strategic plan covering 29 UN agencies; a Unified Budget and Workplan; and, at country level, increasingly effective UN Theme Groups on HIV/AIDS. Finally, there has been greater recognition of the vastly increased resources that are needed to fight AIDS worldwide. A significant element in raising the additional funding is the proposal for a new Global Fund for HIV/AIDS and Health, which reflects an intensified international response to the epidemic.

9 In closing, Dr Piot noted the greater transparency and unity that now exist in the UN system's response to AIDS, demonstrated in the Unified Budget and Workplan and the UN System Strategic Plan, and commended these to PCB members. He urged PCB members to recognize the global nature of AIDS—its global spread and the global inequities it highlights—and to take the lead in a truly global response.

10 The PCB thanked the Executive Director for his significant and exhaustive report and for the hard and excellent work of his staff. It agreed with his analysis of major developments in the last few years in which the ever-increasing challenges of the epidemic, in terms of social and economic impact, have been matched by growing commitment and progress in marshalling resources and a better response. It thanked UNAIDS for its important role in placing HIV/AIDS high on political and development agendas, developing strategic thinking, coordinating the UN system, supporting national responses, and helping with efforts to increase access to care, although it noted that work has only just begun in this area.

11 The PCB agreed with the Executive Director that the global crisis of AIDS requires a global solution and welcomed the increase in political commitment evidenced at international and national levels. It called on UNAIDS to make full use of UNGASS to promote national and international commitment and to translate this commitment into

practice. It further called on UNAIDS to continue promoting the integration of HIV/AIDS into development mechanisms, such as national development policies, the UN Development Assistance Frameworks (UNDAF), Common Country Assessments (CCA), Poverty Reduction Strategy Papers (PRSP), and processes for Highly Indebted Poor Countries (HIPC).

12 PCB delegates cited the need to maintain balance in response to the epidemic. This balance should involve global leadership in the fight against what is truly a global epidemic, as well as a response to differing national needs based on the nature of the epidemic found in particular countries. The Board acknowledged that Africa remains the most affected continent that must focus on prevention efforts, particularly among young people, as well as on massive efforts to mitigate the effects of the epidemic in terms of care and support for those living with HIV. The Board also noted with concern that there are many countries where prevalence is relatively low but vulnerability to infection is high. Some of these countries (e.g. Asia) have very large populations. These countries should receive sufficient attention and resources now to prevent high infection rates later, and thereby save millions of lives.

13 The Board suggested a number of areas that could benefit from global leadership, such as strengthening health care systems; increasing access to condoms, diagnostics and other HIV/AIDS commodities; promoting human rights and anti-discrimination legislation; and promoting harm-reduction strategies where the epidemic is driven by intravenous drug use. Delegates recognized that while most of the normative work on human rights has been completed, there is a need to implement these norms, including through regional and national human rights commissions.

14 The PCB supported increased resource mobilization at the global level, including in the context of the proposed Global Fund for HIV/AIDS and Health, and encouraged governments to continue to increase their domestic allocation for HIV/AIDS. The PCB stressed the importance of follow-up to various summits, including the Organization of African Unity's special summit on AIDS, held in Abuja. It was noted that a follow-up mechanism for that summit is being put in place by the OAU, in coordination with the OAU and the Economic Commission for Africa.

15 The PCB confirmed that prevention and care are not competing strategies but are complementary pillars of an expanded response. They should be integrated at national and local levels, with each reinforcing and securing the success of the other, including the reduction of stigma and the improvement and expansion of local health care. It was cautioned that where access to antiretrovirals is high, there is a tendency for the schism between prevention and care to increase. In such situations, it is essential to use community-based action to maintain the integration between prevention and care. The synergy between prevention and care can be clearly seen with regard to mothers and children. Prevention efforts to reduce the transmission from mother to child should be scaled up and should take place in the context of a comprehensive approach to the care and treatment of the mother, with provision of voluntary counselling and testing, antenatal care, and care and treatment for infected mothers to both improve their health,

and prevent transmission to their infants. Some delegations suggested that the phrase “the prevention of mother-to-child transmission” be replaced by the phrase “prevention in mothers and its transmission to children”. Delegates also stressed the need to focus prevention strategies on youth and among vulnerable populations, such as men having sex with men, intravenous drug users, sex workers, migrants, refugees, internally displaced people, and victims of armed conflict.

16 The PCB confirmed that care and support should be comprehensive, comprising not only access to antiretrovirals but also access to other HIV-related health services and commodities, such as voluntary testing and counselling, drugs for opportunistic infections and pain relief, and psychological, social and nutritional support. It was noted that faith-based groups could contribute significantly, and UNAIDS was urged to do more to solicit their commitment and action. There is an urgent need for greater efforts at impact alleviation, particularly regarding the material and social needs of women, young people, orphans, and others affected by HIV/AIDS.

17 The PCB called on UNAIDS to continue working with the pharmaceutical industry to make HIV drugs more accessible in the developing world and to encourage the development of local resources for treatment, including traditional medicines. The PCB commended the UNAIDS Secretariat for its Best Practice collection and encouraged its wider dissemination, while tailoring it more to local conditions, providing training to local partners in best practice, and encouraging regional efforts and partnerships, as well as South/South technical cooperation and exchange.

18 The PCB emphasized the need to increase and coordinate efforts by the Cosponsors at country level, including scaling up effective interventions, and supporting more effective health systems. It also urged the UNAIDS Secretariat and Cosponsors to continue efforts to improve the performance of UN Theme Groups on HIV/AIDS; to expand their membership to include government, members of civil society and people living with HIV/AIDS; and to incorporate their work into larger UN development assistance frameworks, including through the UN Resident Coordinator system. It called on UNAIDS to more fully explore how to assist countries that have a limited UN presence or representation.

## **1.6 Report by the Chairperson of the Committee of Cosponsoring Organizations**

19 Mr Mark Stirling (Principal Officer, HIV/AIDS, UNICEF), speaking on behalf of Ms Carol Bellamy (Executive Director, UNICEF), the Chair of the Committee of Cosponsoring Organizations (CCO), presented the report of the CCO. Mr Stirling opened his report by recognizing that, in the last eighteen months, the situation regarding the response to HIV/AIDS has irreversibly changed. The risk of inaction has been recognized; the cost of action has been quantified; and successful tools have been identified. But the epidemic has also rolled on. The challenge to the UNAIDS Secretariat, the Cosponsors and partner organizations now is to act—to scale up work, and to measure success by the impact on the ground.

20 Through the process of producing the Framework for Global Leadership on HIV/AIDS and finalizing the UN System Strategic Plan (2001-2005) and the Unified Budget and Workplan 2002-2003, the Cosponsors have better defined their priorities, have rationalized their roles, and have more clearly identified where partnership and collaborative action are required for success. Throughout the year, the Cosponsors have established HIV/AIDS as a priority in policies and operations. For example, the World Bank held a special session on the impact of HIV/AIDS on economic development, and approved the first half-billion-dollar tranche of the Multicountry HIV/AIDS Programme (MAP) for Africa. The World Health Assembly considered HIV/AIDS at each of its sessions. UNESCO launched its policy on Preventive Education, and the boards of UNFPA, UNDP, WHO and UNICEF established, or are in the process of establishing, HIV/AIDS as a priority in their medium-term plans.

21 Through development of the Strategic Plan and the Budget and Workplan, the UNAIDS Secretariat and Cosponsors have agreed upon a clearer division of labour, with the Cosponsors assuming stronger technical and programming responsibilities, and the Secretariat a more clearly defined role of advocacy and facilitation.

22 At the country level, Cosponsors are supporting the integration of HIV/AIDS into development plans and priorities, including through the UN Development Assistance Framework and the Resident Coordinator system. WHO is supporting national efforts to strengthen HIV/AIDS surveillance, improve blood safety, and expand services for the management of sexually transmitted diseases. UNFPA is strengthening its support for a comprehensive approach to condom programming. UNICEF, WHO and UNFPA are collaborating in their support to Ministries of Health and other partners to expand the reach of information and health services for young people and women. UNESCO, UNFPA and UNICEF are working with Ministries of Education to expand life skills training to equip young people with the skills and knowledge to prevent HIV infection; and UNDCP is collaborating within the UN and with other partners in work with injecting drug users to prevent HIV infection through demand-reduction strategies. UNDP continues to provide technical and policy advice on the socioeconomic impacts of HIV/AIDS, to develop anti-discriminatory legislation and to support institution-building and resource mobilization in an expanded response to HIV/AIDS. The World Bank is working to ensure that HIV/AIDS is addressed within Poverty Reduction Strategic Papers and that adequate resources are mobilized and channelled to support the work of government and NGOs.

23 Mr Stirling cited five major challenges to be addressed by the UNAIDS Secretariat and Cosponsors: (1) to take the UNGASS agenda forward at country level in support of governments; (2) to build and reinforce the national capacities needed to scale up the response; (3) to provide technical and programmatic guidance to address critical constraints to a scaled-up response; (4) to highlight and address human rights violations, discrimination and inequities that fuel the epidemic, particularly gender inequities; and (5) to monitor and report progress towards the achievement of national goals and UNGASS-agreed targets. He noted, however, that all these would be in vain if the resources required were not forthcoming. He thanked the Board for its support.

24 Dr Tomris Türmen (Executive Director, Family and Community Health, WHO) delivered a statement of behalf of Dr Gro Harlem Brundtland (Director-General, WHO). She highlighted the profound changes in the response in terms of greater political commitment, more available therapies, and new hope for millions. She noted that WHO has mainstreamed HIV/AIDS throughout its programmes and has established a Department of HIV/AIDS this year to scale up efforts through its normative mandate, technical support, and by mobilizing additional resources. WHO is working to improve health systems; to strengthen prevention and care and maintain an integrated balance of these two; and to secure consistent and sustainable funding. WHO will make available recently-produced technical guidance notes on the use of nevirapine in MTCT programmes, and is working on guidelines for treatment with ARVs.

25 Ms Sumru Noyan (Chief, External Relations, UNDCP) outlined the HIV-related priorities of UNDCP. UNDCP is mainstreaming HIV/AIDS into its demand-reduction activities as a way of preventing the spread of HIV associated with drug abuse. Activities include promoting skills development and helping young people to live a healthy, drug-free life; community mobilization; working with Cosponsors and other UN and international agencies to develop and disseminate successful approaches; and research on issues related to drug abuse and HIV/AIDS. Priority geographic regions for HIV/AIDS efforts include central and Eastern Europe, East Asia, the Southern Cone of Latin America and Africa.

26 Dr Monica Sharma (Team Leader of the Special Initiative on HIV/AIDS, UNDP) stressed that HIV/AIDS is high on the agenda of UNDP and outlined areas of focus related to the challenge of better governance. These include advocacy for resource mobilization and leadership; capacity development and South/South collaboration; mainstreaming into national development strategies; human rights dimensions, anti-discrimination legislation and gender; support to mitigation of impact; and strengthening of the Resident Coordinator system.

27 Dr Suman Mehta (HIV/AIDS Coordinator, UNFPA) indicated that UNFPA is taking steps to build its institutional capacity, intensify its support, and provide assistance to prevention programmes at country level. Recently, the Executive Director of UNFPA sent out a message to all country representatives emphasizing UNFPA's areas of comparative advantage with which to fight HIV/AIDS. These include prevention of HIV/AIDS among young people; comprehensive condom programming; prevention of HIV infection in mothers and its transmission to their children; and ensuring gender equality and women's empowerment. UNFPA is actively involved in preparations for UNGASS and will hold two side events—one on gender and HIV/AIDS, and one on strategic programming for prevention.

28 Mr Gudmund Hernes (Director, IIEP, UNESCO) noted the number of positive changes that have occurred as a result of the efforts of the UNAIDS Secretariat and the Cosponsors. These include placement of HIV/AIDS at the top of the world's agenda; integration of HIV/AIDS in the programmes of all UN agencies; greatly increased

cooperation within the UN system; and mobilization of governments, donors and civil society. He pointed out how the work of UNAIDS illustrates a successful programme in preventive education, with all the necessary components, such as advocacy at the global level, a tailored message to leaders, targeting those nations and people vulnerable and at risk, caring for those nations most affected, and responding to the impact in terms of coping mechanisms. He noted that the Secretariat's work with the Cosponsors has been demanding, hard and effective. Now that the top levels have been mobilized, the next phase should be one in which international and national commitments are 'downloaded' to have impact on the ground. The document, *UNESCO's Strategy for HIV/AIDS Preventive Education*, was distributed.

29 The PCB commended the increasingly coordinated and collaborative efforts of the Cosponsors, as well as their efforts to harness resources and scale up activities. Such efforts reflect a new synergy in the UN system that involves, *inter alia*, a growing consensus on major issues, such as the integration of prevention and care and the relevance of human rights. This is leading to a more positive impact by the UN. The PCB encouraged the continued integration between the UNAIDS Secretariat and Cosponsors. To reflect this, some members also suggested that next year it might be appropriate to have a single report from the Secretariat and Cosponsors.

30 PCB delegates noted with approval that there appears to be a transition among the Cosponsors from international efforts to regional and national efforts. The PCB asked that future priorities of the Cosponsors be focussed at national level, be more targeted to countries' specific conditions, and that the Cosponsors measure and report on their success at country level. It further recommended that the Cosponsors make efforts to ensure that funds support action in communities in the most direct and efficient manner possible, and urged that activities at the regional level be stepped up.

31 Some delegates noted a number of particular areas of strategic concern. In the area of care, it cautioned that budgets for support activities should be realistic in terms of an expected increase in the needs of countries' health care systems as people begin to benefit from more testing and counselling, as well as access to drug therapies. In the context of drug use and HIV/AIDS, members noted the need to review demand-reduction and harm-reduction strategies, and expressed the wish to work with Cosponsors to deal more effectively with that aspect of the epidemic driven by injecting drug use, including the stigmatization and marginalization of drug users. It was also noted that the gender dimensions of the multi-faceted HIV/AIDS epidemic are not fully appreciated. A need was expressed for gender analysis, and the use of gender issues—both male and female—in devising effective strategies on the ground. With regard to young people, a recent survey, conducted in Asia and supported by UNICEF, was described: it demonstrated that young people in Asia are not prepared to deal with HIV and that denial remains a major problem. It was suggested by a delegate that the survey be extended to other areas of the world and that its findings be addressed immediately. The Board also noted the importance of social networks as effective means by which to prevent the spread of HIV, mobilize communities, empower the most vulnerable, and exchange lessons learned.

These networks should involve people not as subjects, but as actors who address their own vulnerability and risk-taking.

### **1.7 Report by the NGO Representative**

32 Ms Alice Lamptey (NGO Africa) presented the report on behalf of the NGO representatives. She thanked the UNAIDS Executive Director and UNAIDS staff for their extremely hard work over the past year. She went on to register the frustration and disappointment of civil society with regard to the UNGASS informal consultations and the preparatory process as a whole, pointing out that many government delegates did not engage in the dialogue sessions with NGOs, nor had they included representatives of civil society and people living with HIV/AIDS on their delegations to the preparatory process.

33 Regarding specific regional concerns, Ms Lamptey noted that, in Africa, which is overburdened by debt, poverty and the epidemic, there is an urgent need to channel resources immediately to the community level, where the epidemic is actually raging. In Asia and the Pacific, there is a serious risk of a rapid expansion of the epidemic, particularly through drug use. Central America and the Caribbean are facing a rapid growth in the epidemic among men who have sex with men, women, mobile populations, male and female sex workers, disenfranchised ethnic groups, and injecting drug users. The epidemic is also spreading in North America among similar groups. In Europe, the quality of HIV prevention, risk and harm reduction is variable, with different forms of the epidemic developing or persisting.

34 Finally, Ms Lamptey reiterated a number of general and ongoing concerns. She pointed out that not enough funds are allocated for research on vaccines, traditional medicines, new prevention technologies, microbicides, or non-toxic affordable antiretroviral medications. There is a need to scale up best practice programmes. Governments should honour their pledge to commit 0.7% of the GNP to development assistance. Debt relief funds should go to HIV/AIDS prevention and care. Stigma, discrimination and denial, particularly with regard to vulnerable groups, should be addressed. Ms Lamptey closed with a call for greater commitment among governments and bilateral and multilateral agencies to include civil society, not just in a token manner, but as full partners in the design, implementation, monitoring and evaluation of HIV/AIDS programmes.

35 The PCB thanked the NGO representatives for their report. It noted the importance of a number of the issues raised, particularly the need to scale up access to treatment as well as provide means through which to monitor drug resistance, the need to devote more resources to research, and the need to provide specific and targeted support to different regions, according to the dynamics of the epidemic found there. It was also noted that, though the shortage of resources is a major problem, an equally pressing issue is the need for surer, quicker, less bureaucratic mechanisms for getting the funds to civil society actors working at community level. With regard to UNGASS, it was pointed out that, though UNGASS is essentially an intergovernmental process, NGO participation is essential. UNAIDS had made, and would continue to make, major efforts throughout the

process to ensure the meaningful involvement of civil society. UNAIDS will also fund the participation of NGOs to UNGASS, with resources specially provided for this purpose.

**Agenda Items 2 and 3: UN System Strategic Plan on HIV/AIDS 2001-2005; UNAIDS Unified Budget and Workplan 2002-2003**

36 Agenda Items 2 and 3, represented by documents UNAIDS/PCB(11)/01.3 and UNAIDS/PCB(11)/01.4 respectively, were presented together by Dr Peter Piot (Executive Director, UNAIDS); Dr Jim Sherry (Director of Programme Development and Coordination, UNAIDS); Ms Gillian Holmes (Senior Advisor on Strategy Development, UNAIDS); Dr Suman Mehta (HIV/AIDS Coordinator, UNFPA); Mr Joel Rehnstrom (Chief of Planning, UNAIDS); and Mr Mark Stirling (Principal Officer, HIV/AIDS, UNICEF).

37 Two years ago, the PCB requested the development of a five-year UN system-wide Strategic Plan to address the epidemic. This was endorsed by the Economic and Social Council. Subsequently, the Administrative Committee on Coordination called on all relevant UN system agencies to participate in the process. As the Strategic Plan was being developed, so were the UNAIDS Unified Budget and Workplan (UBW) and preparations for the UNGASS. This presented opportunities to connect the three processes through the elaboration of a set of UN-system strategic objectives that linked UNGASS to the Strategic Plan and the UBW. The UN Strategic Plan primarily builds the platform for UN action and collaboration. The UBW strengthens the agency efforts on which the platform is based. Though the Strategic Plan and the UBW are not yet ideal, their development reflects a number of major accomplishments, e.g. participation by 29 UN-system organizations in the Strategic Plan and all 7 Cosponsors in the UBW; coordination across the full range of UN-system capacities; and enhanced accountability through greater clarification of priorities and improved tools for information-sharing and performance monitoring.

38 The purposes of the UN System Strategic Plan are: to operationalize the Global Strategy Framework on HIV/AIDS within the UN system; to ensure a more intense and strategic UN system response over the next five years; to link the work of individual UN system organizations to the achievement of the UN system strategic objectives; and to guide the development and implementation of the UNAIDS UBW. The ultimate objective of the Strategic Plan is to reduce HIV transmission, vulnerability and impact. The efforts within the Plan are organized within nine areas of work: (1) ensuring an extraordinary response; (2) cross-cutting issues; (3) protecting young people; (4) addressing the most vulnerable; (5) care and support; (6) operations and biomedical research; (7) human and institutional resources; (8) socioeconomic impacts; and (9) regional strategy development. Each of these areas of work is focused on the achievement of one or more agreed goals, towards which all partners are working. The Plan emphasizes functions best performed by the UN system, i.e. the provision of current data on the epidemic and responses to it; facilitation of advice on best practice and policy; and mobilization of funds in support of country efforts. Each agency has developed a specific plan prepared in a standard format. This plan is linked to the UN

system objectives that, in turn, anticipate the goals and targets of the UNGASS declaration. The plans are in different stages of development and approval by agency boards. The Strategic Plan should be seen as a living document, which must be able to adapt to the changing epidemic and which will gain in prioritization and specificity over time. It is currently broadly related to the anticipated UNGASS goals and targets, and will be further refined once these goals are endorsed at UNGASS. The roles and responsibilities of the UN system in general, and individual UN system agencies in particular, with respect to achieving the UNGASS targets, will also be clarified after UNGASS.

39 The UNAIDS Unified Budget and Workplan 2002-2003 (UBW) comprises the combined global and regional HIV-related activities of the UNAIDS Cosponsors and Secretariat, together with the support provided to the UN Country Teams and Theme groups, *inter alia*, through Country Programme Advisors and Programme Acceleration Funds. It totals US\$378.5 million for the biennium 2002-2003 and consists of three components: (1) a core component of essential programme activities of the Cosponsors and Secretariat (US\$190 million) representing 50% of the total budget; (2) the regular budget or general resources of the Cosponsors dedicated to HIV/AIDS (US\$68 million) representing 18% of the total budget; and (3) a supplemental component representing additional requirements of the Cosponsors (US\$120.5 million), which comprises an additional 32% of the total.

40 Regarding the US\$190 million core component, the distribution is 34% for the Cosponsors; 22% for interagency-managed efforts; 26% for Secretariat-managed activities, and 18% for Secretariat posts. Compared to the last biennium, there is roughly a one-third increase overall, with a 117% increase in the Cosponsor share; a 25% increase in the interagency-managed efforts; and a 16% increase in the Secretariat-managed component, which reflects accounting of extrabudgetary contributions (mainly from the World Bank) as part of the UBW in 2002-2003. All of the UNAIDS entities have increased the share of their UBW core resources committed to regional efforts. By geographic focus, Europe and the CIS have the smallest share with approximately 7% of the resources, and Africa the largest share with approximately 25% of the total. Budgetary attributions by functional areas range from 5% for mobilizing resources, to roughly 22% for policy development, and 26% for advocacy—the areas of greatest overall investment within the UBW. Among the four major components of an expanded response, the allocation is 40% for prevention, 20% for vulnerability reduction, 25% for care and support, and 15% for impact alleviation. The distribution by areas of work ranges from the largest (26% of the total, for strengthening national strategic planning and coordination) to the smallest (2.7% for cross-cutting themes—human rights, gender, partnership development—which have been mainstreamed into the work of the Cosponsors). The largest share for a thematic area is in the area of children and young people.

41 The budget has been constructed to link planned actions with outputs and indicators to measure their implementation. The different budget outputs together contribute to the intermediate outcomes and the UN response, in support of an expanded

national response aimed at reducing HIV transmission, vulnerability and impact. Accountability in the proposed UBW and Strategic Plan is substantially improved by linking specific agency outputs to specific UN-system objectives to the achievement of specific UNGASS goals, impacting on the epidemic.

42 The PCB congratulated the UNAIDS Executive Director, his staff, and the Cosponsors for the clear presentation on the UN Strategic Plan and UBW and for the enormous efforts made to articulate the inputs of UN-system organizations, to place HIV/AIDS on their agendas, and together develop a strategic plan. It urged UNAIDS and other UN-system organizations to continue moving further away from an inventory of activities and to develop an even clearer strategic vision; to prioritize among the goals and outputs; to assign agencies clear responsibilities, including lead responsibilities; to identify more clearly where agencies complement or overlap; and to operationalize the Plan into action that will achieve specific goals as soon as possible. It further urged the UN-system agencies to ensure greater relevance of their global efforts to country-defined needs, to support the urgent scaling-up of interventions that have proven successful at country level, to mobilize funding rapidly for country action, to strengthen support to national health systems, and to integrate HIV/AIDS issues more completely into various aspects of the work of the agencies at country level, e.g. integrate HIV/AIDS into family planning programmes. There could also be more work done to link the Strategic Plan and the UBW at the country level, as well as to bilateral activities.

43 Though the UBW clearly describes the financial needs and inputs of the seven Cosponsors of UNAIDS, there is no similar costing done for the other agencies participating in the Strategic Plan, nor is financial distribution to each region clear. Some PCB members noted the need to maintain flexibility within the strategic objectives for varying regional concerns, as well as the need to encourage cross-fertilization and coordination among the regions. There is also a need to find appropriate balance among those countries worst impacted and those most vulnerable. Though the Board made a number of suggestions regarding the improvement of the Strategic Plan, it urged that more time not be spent in revising the document. Instead, the Plan should be used immediately as a tool to scale up and intensify efforts, and improvements to the Plan should be made through the monitoring and evaluation process as the Plan is implemented. Monitoring and evaluation should focus on what additionality has been achieved as a result of the Plan.

44 The PCB noted that the Strategic Plan should serve as guidance to the UN Theme Groups on HIV/AIDS and suggested that it be disseminated as a comprehensive guidance document to other partners of the international community, such as bilaterals and NGOs, as well as to national programmes. There might be a need to reformulate the document into a more user-friendly format and provide training to enable decision-makers and planners to understand and use the document effectively.

45 PCB members proposed that UN agencies have a dialogue with their governing boards regarding each other's goals and comparative advantages under the Strategic Plan and UBW, with a view also to improving communication among the agencies. The

responsibility among PCB members to ensure that PCB concerns are followed up in the governing boards of the Cosponsors was also recognized. Regarding authority over budgetary matters reflected in the UBW, it was clarified that the PCB has authority to approve the overall level of the core component, the distribution of the core component by area of work, the overall global and regional distribution levels of the core component, and the overall distribution of the supplemental component. On the other hand, the individual governing bodies of the Cosponsors have authority over the regular budgets of the Cosponsors. While welcoming the results-based budgeting approach, some PCB members noted that staff and activity costs should not be separated in results-based budgets. As regards funding of the budget, the PCB urged governments to indicate their intentions at the earliest possible time.

46 As is the PCB's opinion as well, it was pointed out that there is a clear agreement among the Cosponsors that the priority is to fund the core component of US\$190 million first, then to fund the supplemental component. Even though there have been funding shortfalls in the past, the UBW does not appear unrealistic, as there are indications that funding is on the increase, and currently there exists great political momentum. Because some unspent funds may remain from previous years, it will also be possible to have rapid start-up for the next biennium. Though there is no real increase in the budget for the Secretariat, the Secretariat should be able to cope with anticipated demands, as the Cosponsors are taking on a number of its functions. The UBW will provide support to country activities, but will not finance country activities themselves. On the other hand, it is envisioned that the Global Fund will be used entirely to finance country activities.

47 As for operationalizing the Strategic Plan, for the first time there is a clear statement describing the contributions that the various UN agencies can and should make. The Secretary-General plans to continue convening regular heads of agency meetings as follow-up to UNGASS, and there is a working group of Cosponsor representatives to review follow-up activities. Monitoring will also increase and guide the operationalization of the Strategic Plan and UBW through result-based management.

48 The PCB endorsed the UN System Strategic Plan for HIV/AIDS 2001-2005 and approved the Unified Budget and Workplan for 2002-2003.

#### **Agenda Item 4: Financial and budgetary update**

49 Dr Peter Piot (Executive Director, UNAIDS) presented the financial and budgetary update, as documented in Unaudited Interim Financial Management Information on the 2000-2001 Biennium (as of 31 March) (UNAIDS/PCB/11)/01.5) and in the Update on Income and Financial Obligations (as of 15 May 2001) (UNAIDS/PCB(11)/01.6). Dr Piot pointed out that UNAIDS has been operating on the basis of a Unified Budget and Workplan for 2000-2001 that was approved by the PCB at a level of US\$140 million. As of 30 April 2001, contributions specifically received for the UBW during the biennium were US\$83 million. In addition, UNAIDS has received approximately US\$30 million in written and firm verbal pledges for the remainder of the biennium. Given the anticipated additional contributions to the programme for which

pledges have not been received, it appears likely that the 2000-2001 UBW will be fully funded. A sum of US\$11.4 million, representing outstanding 1999 pledges, was also received during the first quarter of 2000, contributing to a total income of US\$94.4 million for the UBW. This total consisted of some US\$84.7 million dollars received from 26 governments, US\$3.7 million from one Cosponsor, and US\$6 million of miscellaneous income.

50 The obligations incurred against the 2000-2001 UBW, as of 30 April 2001, amounted to US\$108 million, resulting in an overall obligation rate of about 77%. The shortfall between income received during the 2000-2001 biennium and obligations incurred for this period is almost US\$14 million. However, owing to access to the 1998-1999 fund balance of about US\$26.6 million and the receipt at the beginning of the biennium of US\$11.4 million in outstanding contributions for the previous biennium, it was possible to fully fund UNAIDS activities and staff costs as planned. Due to the receipt of contributions late in the year, UNAIDS has twice been obliged to borrow from the Operating Reserve Fund, but will be able to restore the fund fully during the third quarter of 2001 when payment of the bulk of 2001 contributions is expected. Regarding the total expenditure against the 2000-2001 UBW, this comprises US\$26.6 million obligated under the Cosponsors section of the UBW; US\$14.6 million obligated under the Inter-Agency Resources section of the UBW; and US\$66.7 million obligated under the Secretariat section of the UBW.

51 With regard to the International Partnership against AIDS in Africa (IPAA), a total of US\$20 million was received, and expenditure is accelerating. With regard to other categories of contributions to the UNAIDS Trust Fund, on 30 April 2001, some US\$15.2 million was available for designated activities either to expand core budget activities or to fund new activities not included in the approved workplan, such as funds received from the World Bank to expand intercountry technical network development, grants for Japan to foster collaboration with UNAIDS, and funds from the European Commission for activities related to epidemiological surveillance. An amount of US\$3.8 million was also accessible for exclusive use in countries, and funds amounting to US\$3.4 million were available for support to Junior Professional Officers. The obligation rates in these three categories were respectively 46%, 65% and 69%.

52 In closing, the Executive Director reviewed the funding trends for the first three biennia of UNAIDS, and pointed out that it appears that the trend is going in a realistic direction in order to fund the budget level required for the next biennium—i.e. US\$190 million. The Executive Director thanked all contributors to the Programme and encouraged governments who have not done so to pledge their support to secure the 2000-2001 UBW.

53 The PCB took note of the report, and the Chair encouraged donors and other partners to release funds for the 2000-2001 UBW.

## **Agenda Item 5: Progress reports**

### **5.1 Special Session of the United Nations General Assembly on AIDS**

54 Dr Peter Piot (Executive Director, UNAIDS) presented a progress report on the United Nations General Assembly Special Session on HIV/AIDS (UNGASS). In preparation for UNGASS, informal consultations of the General Assembly were held from 26 February to 2 March 2001 to discuss the Report of the Secretary-General and the draft Issues Paper. In April-May, there were informal consultations on the first draft of the Declaration of Commitment; and open-ended informal consultations of the Plenary on the revised draft Declaration of Commitment began on 21 May and were extended to 1 June, primarily due to unresolved differences regarding the content and nature of references to vulnerable groups, human rights, and intellectual property issues. Dr Piot reviewed the key components of the Declaration of Commitment, pointing out that they closely match the Leadership Commitments approved by the PCB at its thematic meeting held on 14-15 December 2000 in Rio de Janeiro. A number of regional events have also been held in order to gain input into the preparatory process. These included a meeting of CARICOM, Heads of Government, 14-16 February, Bridgetown; the Organization of American States Summit of the Americas, 21-23 April, Quebec City; the 57<sup>th</sup> Session of the Economic and Social Council for Asia and the Pacific, 19-25 April, Bangkok; the Organization of African Unity Summit of Heads of State on HIV/AIDS, 24-27 April, Abuja; and the 56<sup>th</sup> Session of the Economic Commission for Europe, 7-11 May, Geneva.

55 The General Assembly outlined various modalities with regard to the participation of civil society in UNGASS. The number of civil society organizations accredited to UNGASS was over 300. Efforts were made to ensure civil society input into the Declaration of Commitment. A meeting of civil society actors was held on 25-27 April to review the draft Declaration of Commitment; a civil society forum took place on 21-23 May to provide input into the finalization of the Declaration of Commitment; and dialogues between civil society and Member States were held on 21 and 23 May. There have also been very intensive discussions on the electronic forum—‘Break the Silence’. In a number of countries, preparations for UNGASS have been the first occasion at which government and civil society actors have come together to discuss HIV/AIDS. UNAIDS pledged to continue encouraging governments to include representatives of civil society in their delegations.

56 There will be four Round Tables at UNGASS, each chaired by a country elected from a regional group and each supported by UN-system organization agencies: (1) *HIV/AIDS prevention and care*, chaired by St Kitts and Nevis and supported by WHO and UNFPA, with UNESCO; (2) *HIV/AIDS and human rights*, chaired by Poland and supported by UNICEF, with UNIFEM and ILO; (3) *the social and economic impact of the epidemic and the strengthening of national capacities to combat HIV/AIDS*, chaired by Pakistan and supported by UNDP, with UNDCP and ILO; (4) *international funding and cooperation to address the challenges of the HIV/AIDS epidemic*, chaired by Tanzania and supported by the World Bank, with UNDP. Participation in the Round Tables is decided by the President of the General Assembly, after consultation with the General Assembly itself.

57 It is expected that there will be high-level participation at UNGASS. However, such representation is confirmed so far primarily from African countries, the Caribbean, Ireland and Portugal. Dr Piot pointed out that, in order to promote strong, balanced and global commitment, there is need to ensure that wealthy countries are also represented at the highest level, as well as countries where prevalence is not yet high. There are numerous side events planned for UNGASS, with more being announced every day. These include exhibits and panel discussions organized by UN agencies, NGOs, foundations and others. It is expected that thousands of journalists will participate.

58 Dr Piot stated that UNGASS is a major achievement and a historic event—an important vehicle by which to increase commitment and accountability. He stressed, however, that it is only one aspect of the response, and its value will ultimately be measured in how well commitments are followed up at country level. Governments and the UN Theme Groups on HIV/AIDS will need to translate the commitments made at UNGASS into action, and indicators for measuring progress will need to be developed.

59 The PCB thanked the Executive Director and his staff for their enormous efforts in supporting preparations for UNGASS. The PCB requested that as much information as possible on the meeting be shared in advance, such as the agenda, the schedule and nature of participation in the Round Tables, any limitations on the size of delegations, and draft papers. The PCB noted the responsibility of its members and of the Secretariat to ensure that governments who are not members of the PCB participate and have sufficient information concerning the epidemic and appropriate strategies to combat it. The PCB recalled its earlier recommendation that the Framework for Global Leadership on HIV/AIDS be used as a guide and urged that its revised version be distributed widely. The PCB emphasized that there must be meaningful follow-up to UNGASS and noted the need to formulate a plan to sustain its outcomes.

60 While expressing its appreciation for the efforts made to include civil society, some PCB members expressed their concern that there had been under-representation of civil society in the UNGASS process and insufficient interest by governments in their input. There has also been some confusion regarding the accreditation process, for instance to preparatory meetings and accreditation to UNGASS itself. The PCB urged that further efforts be made to identify, at country level, representatives of civil society and provide financial support for their attendance, including representatives of vulnerable groups. Concern was also expressed by some members regarding the immigration policy of the host country, which restricts the entry and stay in the US of people living with HIV/AIDS. Though waivers are being granted, the waiver process requires that people declare their HIV status, and this information remains on immigration files. This situation highlights the need to examine again the wider issue of discrimination in travel against people living with HIV/AIDS, as well as the UN-system-wide policy regarding HIV-related meetings in countries with short-term HIV-related travel restrictions.

## **5.2 Report by the Chair of the Five-Year Evaluation Supervisory Panel (ESP)**

61 Professor Euclides Castilho (Chair, Evaluation Supervisory Panel) presented a report on the progress of the Five-Year Evaluation of UNAIDS. He and Ms Torild Skard (Vice-Chair, Evaluation Supervisory Panel) were available for questions. Dr Castilho thanked the outgoing Chair of the PCB, Minister Soininvaara, for his contribution in successfully launching the Evaluation during his chairing of the PCB and looked forward to working with the new Chair, Dr Thakur. He also expressed his sadness at the news of the death of his ESP colleague, Professor Ramalingaswami from India. The Chair called for a moment of silence to be held in memory of Professor Ramalingaswami.

62 Since his last progress report, the major achievement has been the selection of the Evaluation Team by international competitive tender. The United Nations Office for Project Services (UNOPS) assisted in this process. A request for expression of interest was sent out to some 1000 contacts worldwide in early February. Fourteen groups responded. Nine bids were made, representing 21 firms from ten countries on three continents. An assessment panel, chaired by UNOPS, assessed the bids against some 30 criteria drawn from the Request for Proposals and Mandate documents. Both the ESP and UNOPS endorsed the selection process as conforming to UN standards of competitive bidding, and both unanimously confirmed the recommended winning bid. The contract has been awarded to a consortium led by Information, Training and Development (ITAD) from the UK, with KIT Health from the Netherlands, and the London School of Hygiene and Tropical Medicine, also from the UK. The Evaluation Team started its work immediately upon signing the contract on 15 May, with consultations with key stakeholders in Geneva, including those present at the PCB. They will continue preparations for the draft Inception Report, which will be distributed to stakeholders on 29 June 2001. There will be opportunities to comment on this Report at a stakeholder workshop on 13 July in Geneva and through written comments due by 31 July 2001. Bulletins from the ESP Chair and other information on the Evaluation are posted on the UNAIDS website. The ESP and the Evaluation Team will meet on 14 July 2001 following the workshop to assess comments from stakeholders, and again at the end of August to finalize the Inception Report, which will be published on the website in early September 2001.

63 The ESP proposed to extend the timeframe of the evaluation for a few months in order to fully meet the terms of reference of the Mandate, including meaningful stakeholder consultation. The ESP will meet in late December to review progress with the Evaluation Team. A draft final Report will be available in May 2002 for consultation with stakeholders. Finalization of the Evaluation Report is scheduled for October 2002. The Report will be presented to the PCB Chair, in time for PCB consideration at its December 2002 meeting. It is envisaged that the report will provide opportunities for lesson-learning and consensus-building on the way forward, resulting in a stronger global response to HIV/AIDS, as intended in the ECOSOC mandate.

64 The PCB noted the report and oral statement of the Chair of the ESP and commended the efforts involved in the selection of the Evaluation Team. It looked

forward to continuing opportunities to provide input into the process. It stressed the importance of including those working at country level in the process, and noted that comments on methodology—including the countries chosen, criteria for selection, etc.—should be discussed during the consultations on the draft Inception Report.

65 The PCB accepted the proposed extension of the evaluation period. It looked forward to the presentation of a progress report on the evaluation at the next regular session of the PCB, with the final report to be submitted to the PCB Chair in October 2002, for discussion at the thematic PCB meeting to be held in late 2002.

#### **Agenda Item 6: Next PCB meeting**

66 Dr Olavi Elo (Acting Director, Country and Regional Support Department, UNAIDS) proposed, on behalf of the Secretariat, that the next PCB meeting take place from 29 to 31 May 2002 in Geneva. The PCB accepted the date and venue.

#### **Agenda Item 7: Other business**

67 Dr Peter Piot (Executive Director, UNAIDS) made a statement on resources and the proposed Global Fund for HIV/AIDS and Health. He began by emphasizing that there have been insufficient resources to fuel a powerful response to the epidemic, and there is an absolute need for more resources if there is to be meaningful scaling-up. At present, some US\$1.8 billion is spent on AIDS each year in low- and middle-income countries, with approximately US\$1 billion spent on prevention and US\$0.8 billion spent on care. Yet UNAIDS and others calculate that a total of US\$7–10 billion per year is needed within four to five years in low- and middle-income countries. This is based on effective costed interventions, including prevention, care, antiretroviral therapy at significantly reduced prices, and support to orphans. The capacity to absorb a significant increase in funds exists in middle-income countries, as well as in countries where huge investments in national strategies have been made and where community-based organizations are starved of resources. The additional resources can come from many sources: national governments, increased donor support, debt relief, re-allocation of expenditures, use of mechanisms such as a revolving fund, and through a global fund.

68 The idea of a global fund has been discussed since the Okinawa Summit of the G8 in July 2000 and was decisively raised by the UN Secretary-General in his call for action at the Abuja Summit. The UNAIDS Secretariat and Cosponsors have developed a joint position in favour of a single fund with a specific window for AIDS, and separate windows for malaria and TB. It is envisioned that the Fund, which will be an international fund (as opposed to a UN fund), will be open to governments and private donors and would involve an equal partnership among developing countries, donors, the multilateral system, civil society, the private sector and foundations. The principles that have so far guided the thinking on the Fund are additionality; support to leadership at the national level; transparency; accountability; support to ongoing national development processes; the participation of voluntary and private sectors; strengthening development assistance; streamlined management without new or elaborate planning processes; transparent and consistent criteria for selection; coherence with international agreements, including TRIPS; and use of existing mechanisms and structures. Mechanisms to receive

and disburse funds should maximize speed, transparency and participation. The funds should be used exclusively to support countries and community activities.

69 Consultations on the Fund have occurred among the governing boards of some of the UN agencies and at the UNGASS informal consultations. But much has yet to be determined about the Fund, such as governance, composition and location of a secretariat, and procedures by which countries apply for and/or receive funds. A further consultation on the Fund is planned on 3–4 June 2001. This consultation will involve Finance and Health Ministers (or their representatives) from 45 developing and middle-income countries, OECD countries, foundations, bilateral and multilateral organizations and civil society. PCB membership is a criterion for participation. The Executive Director called upon PCB members to assist in the creation of the Fund and thereby lay the foundation for a response that will change the course of the epidemic. Lest momentum be lost, he urged that there be rapid movement from political processes to commitment to implementation.

70 The PCB confirmed the timeliness and need for additional resources, and welcomed the progress made so far to establish a Global Fund. It noted the need to back the formation of such a Fund with strong political will. It confirmed the broad principles set out by the Executive Director. It further stressed that the Fund should be fully transparent; should produce funds additional to those already provided; should include members of civil society and people living with HIV/AIDS on its governing board, and an important role for UNAIDS in its governance; should involve simple, fast mechanisms for distributing money; should involve equitable regional distribution as well as equitable distribution among countries most affected and those most vulnerable; should cover prevention and care needs in an equitable and effective manner; and should disburse funds to existing programmes and projects, rather than require the creation of new ones.

71 The Board noted a number of outstanding unresolved issues, such as the nature of the organizational programmes that will deal with TB and malaria, the date when the Fund will become operational, and the use of the Fund for the purchase of antiretrovirals. With regard to antiretrovirals, one delegate suggested that UNAIDS should advocate that the Fund finance global and regional bulk purchases from multiple suppliers, that high-quality medicines and other commodities be purchased at best world prices through competitive bidding that is open to generic and branded drug manufacturers in a manner consistent with safeguards provided in international trade agreements, and that the Fund should make use of existing drug delivery channels, including UNICEF, WHO, PAHO, as well as mission hospitals, workplace programmes and appropriate NGOs.

72 At the request of one PCB member and by way of information, the Executive Director, UNAIDS, presented a brief report on the follow-up to the UNAIDS Financing Study (see conference room paper UNAIDS/PCB(11)/01/INF.DOC.1). The Executive Director said that UNAIDS had found the study useful in highlighting some important issues relating to financing the programme, and to resource mobilization in general. He thanked the five donor countries that provided funding for the study—Canada, Denmark, Norway, Sweden, and Switzerland. These countries, plus Finland, also acted as a Donor

Reference Group to help guide the study. Though the study, which was initiated some two years ago, has partly been overtaken by events, it found that: (1) donors should respond to the UBW with full funding in line with their request to develop a unified budget; (2) donor preoccupations with the value-added of UNAIDS at country level is potentially an inhibiting factor for increased funding; (3) there is a need for more regular interface with donors to explore funding issues, which has started through the Friends of UNAIDS group; and (4) UNAIDS will continue to rely primarily on donor funds for its budget, while exploring more thoroughly the possibility of foundation funding.

73 In response to the Study, UNAIDS has decided on a comprehensive budget approach through joint resource mobilization, including all global and regional activities of the Secretariat and Cosponsors; it has initiated a joint resource mobilization strategy with the Cosponsors. To mobilize more resources for the country level, UNAIDS is also working more with the corporate sector, including foundations and companies, such as the UN Foundation, the Gates Foundation, Coca-Cola, UNILEVER, and the Global Business Council on AIDS. UNAIDS is providing regular updates on the status of the Trust Fund and the funding of the UBW, and welcomes the assistance of former and new donors.

74 By way of information, Dr Julia Cleves (Chief, Policy Coordination, UNAIDS) presented a report on the Third Meeting of the Contact Group on Accelerating Access to HIV/AIDS-related Care, 29 May 2001, Geneva. In the first session of the meeting, reports were presented on national and regional initiatives. These reports demonstrated that considerable progress has been made at country level in the 12 months of accelerating access. In the second session, participants were updated on progress made at the international level in presentations by WHO, the UNAIDS Secretariat, NGOs and the research and development-based pharmaceutical industry. In the third session, WHO presented a technical update on voluntary counselling and testing.

75 The final session outlined a number of key issues for further consideration and action. These were: (1) the need for a balanced package of care; (2) the urgent need for strengthened health systems; (3) the usefulness of regional and subregional collaboration; (4) the need for greater transparency and information sharing; (5) the importance of integrating care and prevention more effectively; (6) the obligation to remain vigilant about the risks and realities of drug resistance; (7) the need for greatly increased resources; (8) the need to continue to achieve price reductions; and (9) the need for continuing technical assistance from UN agencies. The meeting concluded that, after one year, the process of accelerating access has taken off, and the focus of attention for the Contact Group can now shift from matters of principle to practical action and implementation. The full report is available on the UNAIDS website. It was announced that the NGO report would be distributed shortly.

76 By way of general discussion, the PCB expressed its concern over the proliferation of summits, meetings and conferences that are taxing the time and resources not only of the Secretariat and the Cosponsors, but of those working in the various countries. One delegate proposed that the Chair of the PCB might consider forming a

small, 'virtual' group charged with producing recommendations designed to maximize communications between UNAIDS and the PCB. It was also proposed that information technology be explored as an alternative to actual PCB meetings.

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

77 The decisions, recommendations and conclusions of the 11<sup>th</sup> meeting of the PCB were prepared by a drafting group established at the start of the meeting. These were discussed and adopted prior to the closure of the meeting on 1 June 2001. They are set out in Annex 2. The Chair of the Drafting Group, Mr Prasado Rao (Additional Secretary and Project Director, National AIDS Control Organization, India) and those who participated in the drafting group were thanked for their excellent work.

## **Annex 1**

### **AGENDA**

#### **Reference documents**

#### **Opening**

1. Opening of the meeting and adoption of provisional agenda (UNAIDS/PCB(11)/01.1)
  - 1.1 Election of officers
  - 1.2 Consideration of the reports of the ninth and tenth meetings (UNAIDS/PCB/(9)/00.8)  
  
UNAIDS/PCB(10)/00.6
  - 1.3 Report of the Executive Director (UNAIDS/PCB(11)/01.2)
  - 1.4 Report by the Chairperson of the Committee of Cosponsoring Organizations
  - 1.6 Report by the NGO representative
2. UN System Strategic Plan on HIV/AIDS 2001-2005 (UNAIDS/PCB(11)/01.3)
3. UNAIDS Unified Budget & Workplan 2002-2003 (UNAIDS/PCB(11)/01.4)
4. Financial and budgetary update:
  - 4.1 Unaudited Interim Financial Management Information on the 2000-2001 biennium (as of 31 March) (UNAIDS/PCB(11)/01.5)
  - 4.2 Update on income and financial obligations as of 15 May 2001 (UNAIDS/PCB(11)/01.6)
5. Progress reports:
  - 5.1 Special Session of the United Nations General Assembly on HIV/AIDS
  - 5.2 Report by the Chairman of the Five-year Evaluation Supervisory Panel
6. Next PCB meeting
7. Other business
8. Adoption of decisions, recommendations and conclusions

## Annex 2

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

#### *Agenda item 1: Opening*

1. The PCB endorsed the proposal to discuss the financing study under item 3 and the global fund under item 7.

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

2. India was elected as Chair, Portugal as Vice-Chair and Zambia as Rapporteur of the meeting.

#### *Agenda item 1.3: Consideration of the reports of the ninth and tenth meetings*

3. The PCB adopted the reports of the ninth and the tenth (third ad hoc) meetings.

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

4. The PCB:
  - noted with appreciation the Report of the Executive Director;
  - recommended that the challenges identified in the report be regarded as a foundation for an intensified, more effective and coordinated response by UNAIDS over the next biennium, that will have a greater impact on the epidemic.

5. Scaling up

The PCB:

- stressed the importance of facilitating the shift from pilot or small-scale interventions to programmes that cover much larger numbers of people in all areas set out in the Executive Director's report, including strengthening of health systems and activities in the area of orphans, voluntary counselling and testing, prevention of HIV in mothers and its transmission to children, protection of mothers' health, other prevention activities and access to care;
- recommended that HIV/AIDS be further integrated into mainstream development mechanisms, such as national development strategies, the UN Development Assistance Frameworks (UNDAF), Common Country Assessments (CCA), Poverty Reduction Strategy Papers (PRSP) and processes for Highly Indebted Poor Countries (HIPC).

6. Synergy between prevention and care

The PCB:

- emphasized that prevention and care are complementary pillars of the expanded response to AIDS, and that care and support are inextricably linked to effective prevention;
- emphasized that prevention remains a mainstay of the expanded response to the epidemic, with particular attention to interventions targeted at vulnerable populations and specifically tailored to regional and local realities in all regions, with Africa remaining a priority as the hardest-hit region;
- stressed the importance of investing in youth, by providing information and health services, including the need to integrate preventive measures and effective teaching methods into all formal and non-formal education programmes to reach all youth;
- acknowledged the need for continuing efforts to promote comprehensive care and support, to fight against stigma, and to ensure that access to care and support includes voluntary counselling and testing, access to affordable medicines including antiretroviral drugs, and psychological, social, and food as well as nutritional support; also recognizes the role of faith-based groups in the areas of care and support.

7. Impact alleviation

The PCB:

- requested that strong action to alleviate the economic and social impact of the epidemic be considered a priority in the following two years, with urgent attention to the material and social needs of women, young people, including orphaned children, and others affected by HIV/AIDS.

8. UN system coordination

The PCB:

- agreed that Cosponsor coordination and engagement at country level should be further strengthened through the operation of expanded UN Theme Groups on HIV/AIDS supported by the UN Resident Coordinator system and the development and implementation of integrated UN workplans in support of national strategic plans and implementation efforts.

9. Resources

The PCB:

- supported the intensified resource mobilization efforts at the global level, with a particular focus on a new global fund for AIDS and health;
- encouraged national efforts involving increased domestic commitment and the mainstreaming of HIV/AIDS into development processes.

*Agenda item 1.5: Report by the Chairperson of the Committee of the Cosponsoring Organizations*

10. The PCB took note of the report of the Chairperson of the Committee of Cosponsoring Organizations (UNICEF), as well as statements made by the Cosponsors WHO, UNDCP, UNDP, UNFPA and UNESCO.

11. The PCB recognized the contributions of the Cosponsors in scaling up the response through actions at national to global levels and encouraged a more complete reporting of the work and results of the Cosponsors at the country level.

12. The PCB encouraged the governing bodies of Cosponsoring Organizations to confirm the policy commitments outlined within the UN System Strategic Plan and establish the capacities and resources to reflect these commitments.

*Agenda item 1.6: Report by the NGO Representative*

13. The PCB took note of the report by the NGO Representative, including concerns expressed about the need for more effective channelling of funds to communities in need.

14. The PCB also took note of the NGO delegates' support for the need, identified by the Executive Director in his report, to provide specific and targeted support to the different regions, each with different transmission dynamics of its own.

*Agenda item 2: UN System Strategic Plan on HIV/AIDS 2001-2005*

15. The PCB commended the Cosponsors, other UN system organizations and the UNAIDS Secretariat on the development of the UN System Strategic Plan on HIV/AIDS 2001-2005 (UNSSP).

16. The PCB endorsed the overall content and strategic direction of the UNSSP and encouraged its urgent implementation.

17. The PCB requested that the UNAIDS Cosponsors, other participating UN system organizations and partners, and the Secretariat continue strengthening and updating the UNSSP, and provided the following guidance:

- ensure greater relevance and responsiveness of the global and regional efforts outlined within the UNSSP to country-specific needs and plans;
- further clarify the implementing roles, responsibilities and resource commitments of the UN system in general, and of the organizations participating in the UNSSP, with respect to achieving the UNGASS goals and targets, once established;
- strengthen the ongoing performance monitoring efforts to guide implementation and further refinement, including prioritization of actions within the UNSSP.

18. The PCB endorsed the overall approach of the UNSSP to performance monitoring and evaluation and further requested:

- a detailed description of a monitoring and evaluation (M&E) system that is based on a limited number of qualitative and quantitative indicators that would serve as markers to demonstrate and document how the UN system adds value at the country and global levels;
- the preparation of a mid-term performance report to be prepared by the Cosponsor Evaluation Working Group for review by the Interagency Advisory Group on AIDS (IAAG) prior to submission to the PCB in 2004.

19. The PCB recommended that further efforts be undertaken to strengthen system-wide accountability for the achievement of UN system strategic objectives, including through more explicit linkage of individual organization and Secretariat outputs to those objectives.

20. The PCB urged the UNAIDS Cosponsors and other UN system partners to mainstream HIV/AIDS in their global-, regional- and national-level plans and programmes, and to direct their country offices to support the relevant national programmes in achieving this objective.

21. Noting ECOSOC Resolution 1999/36, the PCB urged Cosponsors and other UN system agencies to submit their institutional strategies and plans on HIV/AIDS to their governing bodies.

*Agenda item 3: UNAIDS Unified Budget and Workplan for 2002-2003*

22. The PCB commended the Cosponsors and the Secretariat on the development of a second UNAIDS unified budget and workplan and its close link with the UN System Strategic Plan. The PCB endorsed its principles, structure and overall level, and approved:

- the overall level of the core component of the UNAIDS unified budget and workplan for 2002-2003 of US\$190 million, as set out in Approval Table 1 of document UNAIDS/PCB(11)/01.4;
- the distribution of the core component of the unified budget and workplan for 2002-2003 by area of work as set out in Approval Table 2;
- the global and regional distribution of the core component of the unified budget and workplan for 2002-2003 by UNAIDS Cosponsor and Secretariat as set out in revised Approval Table 3a;
- the overall level and distribution of the supplemental component of the unified budget and workplan for 2002-2003 as set out in Approval Table 4.

23. Consistent with previous decisions (UNAIDS/PCB(6)/98.12/paragraph 19), the PCB authorized the Executive Director to increase or decrease resources up to a maximum of 25% of the amount budgeted for each area of work in Approval Table 2, as part of periodic reprogramming exercises. Transfers exceeding 25% should only take place following consultation with the CCO, the PCB Chairperson and Vice-Chairperson.

24. The PCB also authorized the Secretariat to transfer resources in advance of the new biennium, as available, to Cosponsors on finalization of workplans to enable early and urgent implementation of the 2002-2003 unified budget and workplan activities.

25. The PCB encouraged further efforts at clarifying the roles and comparative advantages of the different Cosponsors and the Secretariat.

26. The PCB encouraged the Cosponsors and Secretariat to further review, harmonize and refine budget outputs, particularly at thematic and subregional level. The PCB also encouraged the Cosponsors and Secretariat to continue refining and sharpening indicators, including qualitative indicators, where appropriate, and establishing baselines.

27. The PCB noted the regular budget/general resource contributions of the Cosponsors to the UBW, and encouraged them to increase these levels. The PCB also encouraged the Cosponsors to continue improving financial reporting on HIV/AIDS-related activities financed from their regular budgets/general resources, including estimates of country-level expenditures. The PCB also encouraged the Secretariat to continue working with the Cosponsors and other partners on improving methodologies for estimating HIV/AIDS-related expenditures and on mapping the UN system country-level resources.

28. The PCB urged the Secretariat and the Cosponsors to coordinate their fundraising efforts for the unified budget and workplan, to dialogue with donors in these efforts, including on the recommendations of the financing study, and to report to the PCB on progress in this respect. The Secretariat shall have the primary responsibility for raising the core component of the UBW; the Cosponsors will have the primary responsibility for

raising the supplemental component. Shortfalls within the core budget should be accommodated through reductions in the activities of the Cosponsors, and the Secretariat agreed to through the CCO mechanism.

29. The PCB decided that the core component of the unified budget and workplan be funded as a priority and thereafter funds should be mobilized for additional activities included in the supplemental component of the unified budget and workplan.

30. The PCB encouraged governments and other partners to:

- indicate, at their earliest convenience, the likely level of their 2002-2003 contribution to the UNAIDS unified budget and workplan, 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;
- ensure that contributions are sufficient to meet the approved core budget of US\$190 million, and to review possibilities for two-year pledges corresponding to the biennial budget cycle of UNAIDS.

*Agenda item 4: Financial and Budgetary Update*

31. The PCB took note of the interim financial information for the 2000-2001 biennium and encouraged donor governments and other partners, who have not yet done so, to release their 2001 contributions towards the Unified Budget and Workplan for 2000-2001.

*Agenda item 5.1: Special Session of the United Nations General Assembly on HIV/AIDS*

32. The PCB noted with appreciation the work of the UNAIDS Secretariat and the Cosponsors in supporting the UNGASS processes.

33. The PCB recalled its previous recommendation that the Global Strategy Framework on HIV/AIDS be used to guide the preparatory process of the Special Session and calls on PCB members to actively advocate for its principles and leadership commitments. The PCB further called on the Secretariat to widely distribute the decisions and recommendations of the PCB, and encourage participation of non-PCB members as observers in its meetings to ensure better coordination between the PCB and the UNGASS process.

34. The PCB encouraged member states of the UN to work closely with civil society in their respective countries in their preparations for the UNGASS, and reiterated its recommendation that governments consider the request of the NGO representative to include representatives of the NGO community and of persons living with HIV/AIDS on their delegations to the Special Session and to provide support for this participation.

*Agenda item 5.2: Report by the Chairman of the Five-Year Evaluation Supervisory panel*

35. The PCB noted the report and oral statement of the Chair of the Evaluation Supervisory Panel, especially regarding the selection of the Evaluation Team.

36. The PCB agreed to the proposed extension of the original timeframe for the completion of the Evaluation. This will entail the presentation of a progress report on the Evaluation at the next regular session of the PCB. The final report will be submitted to the Chair of the PCB in October 2002, for discussion at the thematic PCB meeting to be held in late 2002.

37. The PCB encouraged the broad participation of stakeholders in the discussion of the inception report of the evaluation team.

*Agenda item 6: Next PCB meeting*

38. The PCB recommended that its next meeting take place in Geneva from 29 to 31 May 2002.

*Agenda item 7: Other business*

The global fund for HIV/AIDS and health

39. The PCB welcomed the creation of a global fund for AIDS and health and took note of the following broad principles expressed during the discussion:

- the fund should be established with new, additional resources;
- the fund should have broad and fully representative governance, including developing countries, and a central role for UNAIDS;
- the fund should support national-level priorities and development processes;
- the fund should promote voluntary and private sector participation, and full involvement of civil society, including groups of people living with HIV/AIDS;
- transparency, accountability and efficiency should be guiding principles in the establishment and administration of the fund.

Annex 3

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