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Report of the Sixteenth Meeting of the UNAIDS Programme Coordinating Board Montego Bay, Jamaica 14 and 15 December 2004

Contents

1: Opening

1.1 Opening of the meeting and adoption of provisional agenda

1. The sixteenth meeting of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board (PCB) took place at the Half Moon Hotel, Montego Bay, Jamaica on 14 and 15 December 2004. The participants are listed in Annex 3.

2. On behalf of Canada, the Chair of the PCB, the Honourable Aileen Carroll, Minister of International Cooperation and responsible for the Canadian International Development Agency, opened the sixteenth meeting of the PCB and welcomed all those attending. She thanked the Government of Jamaica for its kind cooperation in hosting the meeting and looked forward to the opportunity to learn about the challenges in the region. She noted that the world was at a critical juncture in the battle against HIV/AIDS. Gender equality had become essential to reduce the spread of HIV, and concrete steps had to be taken to protect women and girls and enable them to lead full lives. Furthermore, the epidemic continued to take hold among marginalized groups, such as the poor, injecting drug users and prisoners, and though the response to the epidemic had grown, there was continued need for harmonization and coordination, lest the response become unmanageable. In this regard, the world was looking to UNAIDS to provide direction and focus, and this PCB meeting was an opportunity to renew the pledge to fight the epidemic. She called for a moment of silence to honour Paulo Longo, an NGO delegate from Brazil who had recently passed away from AIDS-related illness. She introduced the Prime Minister of Barbados, the Right Honourable Owen Arthur, and the Prime Minister of Saint Vincent and the Grenadines, the Honourable Ralph Gonsalves, and called on the Honourable John Junor, Minister of Health, Jamaica, to say a few words.

3. Minister Junor welcomed the participants to Jamaica. He stated that, though it was clear that those fighting AIDS had the ammunition to win the war against the epidemic, success could only be achieved through the collaborative efforts of governments, regional and international organizations and other stakeholders in the process. In this regard, he congratulated all the partners—UNAIDS, the Canadian Government, the Pan Caribbean Partnership against HIV/AIDS (PANCAP) and CARICOM who were part of the global coalition against AIDS. He stated that the PCB signalled the importance of such partnerships, as well as provided an opportunity to learn from each other. He noted the commitment of Jamaica to prevention knowledge, behaviour change, and reduction in HIV-related stigma and discrimination. This commitment had resulted in a slowing of the epidemic in Jamaica, including indications that some 100 000 new infections had been averted. Such success had been achieved through the collaboration of many players as well as the implementation of programmes that have been recognized as best practice. He described various elements of the response that formed part of national HIV/AIDS policy, including a behaviour change communication strategy, workplace policies and the provision of antiretroviral therapy at reduced cost. While recognizing that stigma and discrimination remained a challenge, he stated that the recent Human Rights Watch Report did not accurately reflect the current situation, particularly with regard to the Government's commitment and ongoing action to address the problem. He described the growing scope of the national response and stated that the fight against AIDS provides an opportunity to examine the social determinants of health, as well as ways to build systems that can be sustained through different crises. He urged the PCB to examine such issues with a view to future challenges.

4. Prime Minister Arthur (Barbados) expressed his appreciation for associating his office with the endeavours of the PCB. He described the region as one in transition buffeted by external forces, such as globalization and natural disasters. Responding to such forces, among which was the AIDS epidemic, was a massive challenge. He noted the daunting prospect of having the most productive part of society being decimated by HIV and stated that the ultimate solution lay in a change in human behaviour. He thanked those who were participating in the PCB and called upon them to support the institutions of the Caribbean as they faced this and other challenges in their region.

5. Prime Minister Gonsalves (Saint Vincent and the Grenadines) welcomed the opportunity to be at the PCB meeting and stated it represented part of the political commitment to fight HIV/AIDS throughout the region. He noted that, though the Caribbean had a high GDP per capita and did not appear to need assistance, it comprised in fact, an extremely vulnerable set of islands, subject to external shocks. It was also a region of a great deal of mobility and tourism, which was significant in light of the mobility of HIV. For these reasons, the region had special significance in the context of the fight against the epidemic. He pointed out that stigma and discrimination stemmed in part from ignorance. These needed to be replaced with a greater sense of compassion which recognized, among other things, the anguish and pain of dying from AIDS. He called for recommitment to three important principles: (a) having a focused policy which builds on each other's experience; (b) having a central authority; and (c) involving all the people. He wished the conference the best, promised support from those in Saint Vincent and the Grenadines, and asked for the support of those assembled.

6. The provisional agenda (UNAIDS/PCB(16)04.1/Rev.1) was adopted.

1.2 Confirmation of officers

7. The Chair confirmed that, as decided at the fifteenth meeting of the PCB, Canada would serve as Chair; Bahamas as Vice-Chair; and Kenya as Rapporteur for the sixteenth meeting of the PCB.

1.3 Statement of the Executive Director

8. Dr Peter Piot (Executive Director, UNAIDS) opened his remarks by acknowledging the presence of the Prime Ministers and other Ministers as a sign of the strong leadership in the region on HIV and AIDS. He recalled his visit with Thoraya Obaid (Executive Director, UNFPA) to Kingston earlier in the week, stating that it had given him a better understanding of the challenges and the nature of the effective responses being implemented in the region. He paid tribute to Sir George Alleyne (Special Envoy of the UN Secretary-General for HIV/AIDS in the Caribbean Region) and thanked Assistant Secretary-General, CARICOM, Dr Eddie Green, for their efforts in boosting the involvement of CARICOM and in launching in 2001 the centrepiece of regional action on AIDS, PANCAP. He expressed his sadness concerning the death of NGO delegate Paulo Longo, a pioneer in the epidemic, and the illness of three other NGO delegates, all of whom were women, which prevented their attendance. These sober facts served as a reminder of the reasons why all of those present were there and also why the theme of women and AIDS was so important. He recalled that the PCB had asked UNAIDS to devote more attention to issues in the Caribbean and stated that the decision to hold this PCB meeting in the region was part of that follow-up. The Caribbean continued to be the region second most affected by the epidemic, and

major challenges remained. These challenges indicated that Caribbean countries, though middle-income countries, still were in need of support in their efforts. He noted that many national and regional efforts were beginning to show good results, but it was necessary to take these examples of leadership and excellence to scale, and like every other region in the world, to tackle the stigma and discrimination that allows HIV to spread so perniciously. In this regard, he commended the high-level regional conference on Stigma and Discrimination hosted by the Prime Minister of St. Kitts and Nevis, H.E. Denzil Douglas, in November, 2004.

9. Highlighting a few key issues in his report to the PCB (UNAIDS/PCB(16)04.1.3), Dr Piot emphasized that the global response was moving into a new era. In terms of funding, he pointed out that, at the creation of UNAIDS, US$ 200 million dollars were spent per year on the epidemic in developing countries. At the time of the 16th PCB meeting, the amount had risen to US$6.1 billion, with half of the money coming from domestic resources. UNAIDS continued to promote the exceptionality of the epidemic, including its characterization as a long-term crisis. Having now achieved substantial political and financial commitment to tackle the crisis, it was time to focus on implementation—"making the money work" on the ground. Dr Piot noted four key challenges in this regard: technical support; human and institutional capacity; coordination and harmonization; and an inclusive and comprehensive response. These were familiar challenges in the development arena, but involved new dimensions in the face of the worst epidemic in human history.

10. With regard to capacity strengthening and technical support, Dr Piot reported that UNAIDS was in the process of establishing four regional technical resource facilities to be managed by existing institutions based in the regions. Among other things, these were intended to improve country access to quality technical support and to encourage greater harmonization and collaboration across the range of providers of technical assistance in all four regions. In terms of human capacity, Dr Piot stated that the chronic human resource crisis in sub-Saharan Africa had become the key constraint to tackling HIV and AIDS. UNAIDS was working with UNDP, WHO and the World Bank, as well as with bilaterals and national governments, to mobilize a concrete, national response to this challenge. Furthermore, the Norwegian Government intended to host a meeting in January 2005, when the outlines of an action plan prepared by WHO and the World Bank would be developed into an ambitious agenda for change.

11. Dr Piot noted that, with ten Cosponsors, the UNAIDS family had become stronger, but was also faced with new challenges of coordination and governance at global and country levels. There was much work to be done to improve the role of the UN, in particular, moving it away from implementation of projects to cohesive support to countries. The PCB could help guide UNAIDS by providing policy support and continuing to improve its own governance function. The establishment of a PCB Bureau had been welcomed in this regard. Among other things, the Bureau would be examining how to achieve stronger ownership and more business-like governance. Dr Piot also suggested that it seemed appropriate to consider whether the frequency with which the PCB met allowed it address the needs of the Programme in a fast and changing environment on AIDS.

12. In terms of coordination and harmonization at country level, UNAIDS has been working hard to make the "Three Ones" a reality on the ground. Dr Piot had made joint visits with a number of partners to promote greater harmonization, and

UNAIDS had conducted in-depth reviews of ten countries so as to identify examples of effective AIDS harmonization, as well as obstacles to be overcome. With regard to the 'Third One' (one national monitoring and evaluation mechanism), UNAIDS was in the process of establishing a monitoring and evaluation facility jointly with the Global Fund, PEPFAR, the World Bank and WHO. A further goal was to ensure civil society support, involvement in, and collaboration on, the "Three Ones". Finally, Dr Piot cited the continuing challenge to make the response more comprehensive and inclusive, with an appropriate balance between prevention and treatment.

13. Turning to the thematic agenda items to be considered at this meeting (women, gender, and AIDS; and HIV prevention), Dr Piot stressed that the engagement of the PCB was crucial both to help frame UNAIDS strategic objectives and mobilize commitment and action. Dr Piot noted that women continue to bear the disproportionate brunt of the epidemic, and in the last year, UNAIDS had established the Global Coalition on Women and AIDS in order to galvanise action in support of women and girls. Dr Piot pointed out that, though extremely critical, this focus on women, gender and AIDS was not popular everywhere; nor did the focus on women mean that UNAIDS would neglect the issues surrounding men who have sex with men, including the discrimination and violence faced by them. With regard to prevention, UNAIDS looked to the PCB to guide it in terms of the specific role of UNAIDS in revitalizing the prevention agenda, defining milestones and targets over the next twelve months, and encouraging countries to exploit the synergy between prevention and treatment when scaling up their comprehensive AIDS programmes.

14. Dr Piot closed by citing the next Board meeting in June 2005, at which time the budget would be considered, among other things. Based on current projections, it appeared that UNAIDS had raised the 2004 component of the budget, and Dr Piot thanked all those governments which had supported it. At the time of this meeting, UNAIDS was preparing the Unified Budget and Workplan (UBW) for the next biennium, 2006-2007. In this regard, he noted that UNAIDS had reached a turning point. While the overall levels of the UBW for Cosponsors and interagency activities had risen over the years, the funding level of the Secretariat had remained stable. Though the Secretariat would continue to prioritize activities and staffing to meet the requirements set by the PCB, Dr Piot stressed that the time had come to review whether UNAIDS, and the Secretariat in particular, were adequately resourced to fulfil its core mandate, as well as in substantive areas, such as AIDS monitoring and evaluation, harmonization, women and AIDS, HIV prevention, and the security implications of AIDS. He stated his belief that serious consideration should be given to increasing budgetary support for the Secretariat and welcomed the views of the PCB on the matter.

15. Mr Antonio Maria Costa (Executive Director, UNODC), Chair of the Committee of Cosponsoring Organizations (CCO), presented a report on the work of the CCO. Mr Costa began by stressing the strong commitment by all the Cosponsors to "make the money work" by providing countries with the necessary technical assistance to translate financial resources into tangible results. He noted that the Cosponsors were currently in the process of preparing the UBW for 2006-2007, which aimed at accelerating the response in countries. In this regard, he described some of the 16 principal results around which the UBW was organized. These included improved leadership; country capacity; partnerships; prevention, care and support; human rights; children affected by HIV/AIDS; impact mitigation; research and development;

HIV/AIDS in conflict and disaster affected regions; and resource mobilization.

16. Mr Costa noted that global initiatives played an important role in the work of the CCO and cited the "3 by 5" Initiative as a good example of how the UNAIDS family can work and help support the appropriate balance between treatment and prevention. He stated that other examples of such joint activity included the Southern Africa Capacity Initiative and the Global Initiative on Prevention Education, with UNESCO in the lead, which was on the verge of being rolled out with significant contributions from all Cosponsors.

17. In closing, Mr Costa brought to the attention of the PCB the plan to hold a ministerial-level meeting in Moscow in conjunction with the Spring CCO meeting. The purpose of the meeting was to clarify policy and programmatic responses to halt and reverse the serious epidemics in Eastern Europe and Central America. He stated that the deliberations were to focus on issues related to young people, injecting drug users and prisoners, with the goal of developing options for improved programme delivery addressing HIV/AIDS in the Commonwealth of Independent States.

18. The PCB thanked the Executive Director of UNAIDS for his statement and the Chair of the CCO for his report. The PCB also thanked the Government of Jamaica for hosting the PCB meeting. The PCB noted the importance of the struggle against the epidemic in the Caribbean region and the various initiatives and examples of progress. The PCB pledged its support to the governments of the region and to UNAIDS as they confronted the challenges, including the needs of those especially at risk of HIV, such as men who have sex with men, sex workers, mobile populations, drug users, prisoners, youth, women and girls. The PCB voiced its support for UNAIDS and its pivotal role at global and national levels. It further supported the various initiatives undertaken by UNAIDS, which brought people and action together on important challenges. The PCB appreciated the comprehensive nature of the statement and urged the Executive Director to report further at the next meeting on aggregate outcomes resulting from action by the UNAIDS Secretariat and Cosponsors.

19. The PCB noted that, in light of the recent *AIDS Epidemic Update*, it was clear that the epidemic was still out of control and was a long-term health crisis affecting development in large parts of the world. The PCB urged the Executive Director to continue to promote the exceptionality of AIDS, including the need to combine long-term investment with crisis management. In this regard, the PCB urged governments and international agencies to scale up their responses to the epidemic. The PCB stressed that the integration of gender equality, the empowerment of women, and prevention into the long-term investments in the response was crucial. The PCB noted that the "Three Ones" was a concrete example of how exceptional AIDS responses could be developed. The PCB pointed out that the year 2005 would be critical and offered opportunities, in the form of the Millennium Summit and the UNGASS targets, to place the epidemic squarely on the global development agenda. Furthermore, the replenishment conferences for the Global Fund comprised an opportunity to achieve predictable and sustainable funding. One PCB member stated that the response to AIDS must not only be exceptional but must also comprise a major paradigm shift wherein governments embraced civil society, controversial issues and groups; civil society learned to work with governments; scientists and companies shared knowledge; donors committed a fair share of what was needed; and individuals were able and willing to protect themselves.

20. The PCB noted the progress in financing the response to the epidemic and endorsed the view that its "emergency/long-term" nature would require financing to take new forms. It stressed that competition for funding was unproductive and that a methodology was needed by which to ensure that financing for HIV/AIDS meshed coherently with financing for development, health systems and other relevant sectors. The PCB agreed with the Executive Director that now was the time to "make the money work" and see results at country level. Work at country level was crucial with regard to achieving the goals of the UNGASS Declaration of Commitment and the Millennium Development Goals. The PCB urged UNAIDS to develop joint country-level UN system programmes on AIDS, based on a clear division of labour among the Cosponsors and close links to the national response. In this regard, the PCB welcomed the regional support teams which would bring support closer to client countries. However, it requested more information regarding the cost effectiveness of these teams and their complementarity with other UN regional offices so as to avoid duplication.

21. With regard to the 16th thematic meeting focusing on women and prevention, the PCB urged UNAIDS to develop and implement strategies based on evidence and realities, not on ideologies. It further called on UNAIDS to be bold in addressing the broader issues behind the epidemic (e.g., power relationships, sexuality, access, cause and effects) and in supporting all stakeholders to have real debates on these issues. The PCB noted the rapidly changing environment of the AIDS epidemic and the need for UNAIDS to address it with vigour and policy guidance.

22. The PCB welcomed the suggestions of the Executive Director concerning the role of the PCB, including the need to achieve greater ownership and efficiency of operation, and suggested that the PCB Bureau consider these and develop concrete proposals. The PCB suggested that discussions at the regular PCB be focused on a few key thematic issues leading to the definition of clear outputs and follow-up actions. While expressing its support for the format of the present meeting (short presentations on substantive issues followed by discussion, use of working groups), some PCB members called for a format that was even more results-oriented, less formal and more interactive. It noted the "constituency model" whereby multiple voices were heard through a small number of board members.

23. The PCB considered the issue of frequency of PCB meetings, with some members supporting greater frequency in light of the dynamic nature of the epidemic and others calling for caution and the need to ensure that meetings be short, sharply focused and implemented without undue cost. The PCB recognized its own role as a forum for global policy review and urged that there be better dissemination of its decisions and deliberations, particularly among UNAIDS staff at country level, Cosponsors, Theme Group members, governments and civil society. One PCB member suggested that the decisions and recommendations be more directed toward the work of UNAIDS at country level. Another PCB member welcomed time devoted to governance but cautioned against an excessive internal focus.

24. The PCB fully endorsed UNAIDS' promotion of the "Three Ones" principles, recognizing that the effective implementation of the "Three Ones" also depended on cooperation from governments, bilaterals and nongovernmental organizations. Furthermore, the strengthening of the role of civil society and its greater inclusion was of the utmost importance for the success of the "Three Ones". The PCB noted the

"one stop shop concept" in harmonization, and welcomed UNAIDS' intensive study of the experience of ten countries. It agreed that helping countries to coordinate and manage resource flows was a critical aspect of the "Three Ones" and hoped that UN efforts would help the UNAIDS Country Coordinator to unblock money so that it reached the appropriate end users. The PCB welcomed the strong progress in monitoring and evaluation, and stressed the need to support national policies for monitoring and evaluation at country level, particularly of national strategies. The PCB noted that the "Three Ones" must build upon the comparative advantages of the Cosponsors and that, given its mandate to coordinate the UN system, UNDP had an obvious role to play in the implementation of the "Three Ones" at country level. The PCB stated it would like to be provided with more information on how the Cosponsors were supporting the "Three Ones", stressing that the UNAIDS Secretariat should not take the full burden. One PCB member reiterated his desire to get greater clarity on the "how" and the "what" of the implementation of the "Three Ones".

25. The PCB agreed that it was time to review the resources of UNAIDS, particularly those of the Secretariat, in light of the exceptional response to the epidemic. A number of PCB members voiced their strong support for an increase in the Secretariat's budget, citing as one example, the important role UNAIDS played in supporting fundamental initiatives, such as the Global Coalition on Women and AIDS, as a means to move from advocacy to action. Some PCB members expressed their desire to see demonstrated added value, perhaps through more performance reporting on aggregate achievements under the UBW. The PCB recognized that priorities could change during the course of a UBW, and there should be flexibility to use core resources for new priorities.

26. The PCB welcomed UNAIDS' efforts to address the human resource capacity crisis, noting that it will take among other things, a commitment at all levels, including among donors. One PCB member cited the need to strengthen South-South cooperation as a way to offset the outflow. The PCB also noted the commendable efforts regarding the roll out of the "3 by 5" Initiative, including the coordinated efforts of WHO, PEPFAR, the Global Fund and the UNAIDS Secretariat to provide, in the beginning of 2005, updated information on the numbers of people currently under treatment worldwide, disaggregated by sex, socioeconomic status, and age. It also asked for information regarding rates of compliance and drug resistance. It urged that the Guidelines on Equity be widely disseminated to decision-makers at country level, e.g., Ministers of Finance.

2: Women, gender and AIDS

27. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) introduced Agenda Item 2: Women, Gender and AIDS, stating that the session would: first, examine in detail why many women and girls who themselves practice low-risk behaviour are often highly vulnerable to HIV; secondly, look at the contribution by HIV positive women and their networks to HIV prevention and mitigation efforts; and thirdly, examine the role of men and boys in reducing gender-based violence and preventing HIV transmission. She introduced the speakers who would address each of these issues in turn: Dr Geeta Rao Gupta (President, International Center for Research of Women), Violeta Ross (Coordinator, International Community of Women Living with HIV/AIDS in the Andean Region), and James Lang (Independent consultant and Advisor to the

Global Coalition on Women and AIDS). She also welcomed Dr Thoraya Obaid (Executive Director, UNFPA) who would also speak under the agenda item.

28. Dr Rao Gupta gave a presentation on "Women, Gender and HIV/AIDS: The Paradox of Low Risk and High Vulnerability". She presented the evidence which demonstrates that many women who are monogamous, in long-term relationships or married, i.e., "at low risk", are still becoming infected, and stated that gender was at the root of this paradox. Hence any analysis must move beyond factors of individual risk to inequalities of class, gender, ethnicity, race and poverty. Dr Rao Gupta went on to describe how gender expectations and norms have led to an unequal balance of power between men and women that was manifested in different ways across regions and contexts. The consequences of this gender inequality means that women and girls have limited knowledge about HIV and AIDS, sex and reproductive health; are unable to adhere to strategies of abstinence or condom use in the face of sexual violence, coercion and the non-cooperation and infidelity of men; and are unable to avoid or leave threatening relationships on which they depend economically or socially. Existing prevention, treatment, care and support strategies often do not respond to women's and girl's gender-based constraints and needs, and are therefore insufficient.

29. Focusing on prevention, Dr Rao Gupta stated that a realistic and expanded response must include: (a) access to reproductive health information and services for adolescents; (b) gender-sensitive reform of formal and customary law related to property ownership and inheritance; improved judicial capacity; awareness of rights; economic and social empowerment of women through ownership and use of assets; and (c) increases in girls' overall levels of enrolment and completion of primary and secondary schools, as well as improvements in the safety of schools and their potential to promote gender equity. Dr Rao Gupta pointed out that there was no single blueprint and that these responses should be context-specific. To date, women themselves have fought for and achieved change, but these efforts need to be brought to scale by change agents working at different levels, particularly in government and through new partnerships with congruent goals, to transform societies.

30. Dr Obaid (Executive Director, UNFPA) thanked the Government of Jamaica, including the Minister of Health, for its hospitality in hosting the PCB meeting. Given the increasing infection rates of women, particularly young women, she said there was an urgent need to mainstream gender strategically into the macro context of countries, the micro context of communities, and the response to HIV and AIDS. Secondly, there was a similar need to make the necessary linkages between reproductive health and HIV, not only because most infections are transmitted in the context of sex and reproduction, but also to take advantage of the long history of advocacy, community mobilization and outreach engaged in by reproductive health programmes. In light of the congruence of objectives and the opportunities presented, she urged the PCB to adopt a clear position on linking sexual and reproductive health and HIV prevention.

31. Turning to the Global Coalition on Women and AIDS, Dr Obaid stressed that it has brought to the top of the agenda two issues: young girls and AIDS; and the role of women living with HIV and AIDS as actors and resource persons. Noting that the "ABCs" were necessary but not sufficient, she called for efforts to empower women and protect their rights, including the promotion of zero tolerance for all forms of gender-based violence and discrimination. She also called for an increase in access to female-controlled methods of prevention, such as the female condom and through the

development of microbicides. She stressed the importance of all partners working together (the UN family, bilaterals, national governments) on the sensitive issues of power relations between women and men, sex workers, men who have sex with men, and injecting drug users in the face of an environment that, among other things, did not recognize the right of women to control their sexuality. She ended by quoting a representative of women living with HIV/AIDS who said, "What will kill us more than AIDS is despair. Please give us hope", and called on those present at the meeting to provide that hope by expanding responses.

32. The PCB strongly welcomed the attention being given by UNAIDS to women, gender and AIDS. It expressed its appreciation for the excellent presentation by Dr Rao Gupta and intervention by Dr Obaid and endorsed the analyses presented therein. The PCB encouraged UNAIDS to allocate sufficient financial and human resources now and in the future, to maintain its focus on women and AIDS. In this regard, it recognized that the Global Coalition on Women and AIDS was launched in the current biennium and was therefore not included in the UBW (2004-2005). In this regard, UNAIDS needed "bridging funds" to continue to develop the Global Coalition until the next biennium, when it would be fully integrated into the UBW (2006-2007).

33. The PCB stressed that the situation regarding the vulnerability of women and girls in the context of the epidemic required immediate action, a change in attitude and culture, and the meaningful participation of men and boys. The key challenge, however, was to identify concrete steps by which to move forward into action and implementation in the area of women and gender. The PCB called for broad networks to reinforce the implementation of internationally agreed goals and principles (UNGASS, MDGs, ICPD, and Beijing).The PCB confirmed that the social and economic empowerment of women was essential in order to address the epidemic effectively, particularly with regard to the disturbing facts that so few women had the information they needed or the power to negotiate safe sex. In this regard, the PCB called for intensified efforts to stop violence against women. The PCB called attention to a number of particularly vulnerable women, such as female migrants, female injecting drug users and sex workers, who deserved special attention in prevention programmes. Some PCB members noted the particular challenges faced by women where customary laws continued to deny women equality and freedom from harmful traditional practices, such as female genital mutilation.

34. The PCB voiced its support for the efforts of the Global Coalition on Women and AIDS in addressing the underlying social, economic and cultural inequalities that fuel the pandemic and in engaging women in the decision-making process at all levels as important agents of change. It noted the particular relevance of the Global Coalition's efforts to protect women's property and inheritance rights, and to reduce violence against women and girls. The PCB suggested that UNAIDS: (a) provide guidance on how to work in cultures where discussion on sex and gender are limited; (b) arrange more sharing of experiences, and; (c) involve women's groups in the fight to empower women in the context of the epidemic.

35. The PCB strongly endorsed the close integration of HIV/AIDS concerns and those of sexual and reproductive health and rights, particularly as HIV/AIDS, sexual and reproductive ill-health were driven by many of the same root causes, including gender inequality, poverty and social marginalization of the most vulnerable populations. In this context, some PCB members listed some relevant rights to

include: the right to knowledge; the right of young people, including girls, to know how to protect themselves and how to take responsibility for and control of their lives, including their sexuality and sexual behaviour; and the responsibility of States to create an enabling environment for the achievement of these rights. The PCB pointed out that services, such as voluntary counselling and testing (VCT), reproductive health and child health, were being funded and implemented separately, to the detriment of overall health. It stressed that one of the most important and effective components of the empowerment of women and girls was affordable, accessible and quality sexual and reproductive health care. It also called for greater investment in microbicides, the female condom and community preparedness for these interventions.

36. The PCB urged that gender be integrated into UNAIDS policies and programmes and recognized that this would take time, adequate human and financial resources, and a structure of accountability which reached country and regional staff. The UN Theme Groups on HIV/AIDS should also serve as forums to support the development of strategies for women in the context of different capacities of partners at country level. The PCB welcomed efforts to disaggregate data by gender and age and to conduct necessary gender analyses. Some PCB members called for gender-impact assessments as part of the criteria for budgeting and funding strategies at international and national levels. Other members called for UNAIDS to take the lead in developing gender indicators and strengthening gender issues in monitoring and evaluation efforts.

37. Ms Gracia Violeta Ross (Coordinator, International Community of Women Living with HIV/AIDS in the Andean Region) made a presentation on "The Contribution of Positive Women's Networks to the HIV Response in Latin America". Ms Ross related her own story as a young woman in Bolivia who had no knowledge of her vulnerability to HIV and none of the information or support she needed. She stressed that how she got infected mattered far less than what she had done with her life since her infection. She urged policy-makers to involve directly-affected communities in AIDS policy making and implementation, to challenge stigma and discrimination, and to empower HIV positive women and support their political participation. Such empowerment was necessary for the participation of HIV positive women given the fact that many suffered economic and social disadvantage. Ms Ross pointed out that, as HIV-positive women incarnate the failure of prevention programmes, their contributions would serve to make policies for prevention and care much more relevant and effective for women. Furthermore, disclosure of status demonstrated that AIDS could affect anyone, everyone was "at risk", and stigma and discrimination were inappropriate.

38. Ms Ross went on to describe the Andean International Community of Women Living with HIV/AIDS (ICW) Project funded by UNAIDS, which is strengthening the capacity of HIV-positive women in five countries. In this project, women have been at the centre of interventions; have met other groups of women and young people; have had access to officials and ministers; and have received training on leadership, advocacy, sexual and reproductive health, and treatment. Ms Ross described how this project was helping to meet the needs of women in prevention and care, and to promote the design of culturally appropriate policies and programmes. This effort supports the capacity of women's networks, not isolated projects or networks. In sum, the project had put HIV-positive women at the centre of the AIDS response, linking them with relevant actors. In conclusion, Ms Ross urged policy-makers and funders to see the

beneficial impact that the involvement of HIV-positive women had on prevention strategies, care policies, gender equality, and the political participation of women.

39. The PCB thanked Ms Ross for her presentation and UNAIDS for providing an opportunity to highlight the experience of HIV-positive women. It commended the engagement of women living with HIV in the Global Coalition through the involvement of the ICW. The PCB recognized that programming and policies would greatly benefit from the full and active involvement of women and girls, both infected and affected by HIV and AIDS, and that their participation was essential to overcome the epidemic. It noted that an analysis of gendered causes and consequences of HIV/AIDS should be fed into discussion at policy levels, at community levels, within families, and between women and men at the individual level. The absence of this analysis was in part related to the limited participation of women and women's organizations in HIV/AIDS work. In this regard, the PCB stressed the importance of involving national and community level women's groups in the fight to empower women in the context of the epidemic and noted that the Beijing Platform's call for States to strengthen the involvement of women in national machinery had not yet been achieved, including in the area of HIV/AIDS. The PCB urged that women living with HIV/AIDS be given a central role in the response to the epidemic. It stressed that sufficient steps should be taken to overcome the major obstacles to their participation. These were stigma, including self-stigma, and discrimination, and lack of funding and support for the organizational development of their networks.

40. One PCB observer called for the decriminalization of same sex relationships, stating that men's fear of reprisal and discrimination due to homosexuality caused them to use relationships with women as covers, thereby exposing female partners to risks. She also stated that now was the time to put women's bodies at the centre of science in order to develop methods, such as microbicides, beyond the condom; that the condom would never be consistently used among populations who, due to their poverty, had no other sources of pleasure but sex. She went on to say that women's health must be separated from the health of their children. Privileging the child's health over the mother's health was not in the best interest of the child or the mother. Another PCB member pointed out that, even though women in Latin America had access to health services, the rate of mortality of HIV-positive women was higher than that of HIV-positive men in the region, largely because women did not perceive themselves as at risk, and therefore sought testing too late or were otherwise misdiagnosed.

41. Mr James Lang (Advisor to the Global Coalition on Women and AIDS) gave a presentation on "Engaging Men and Boys in Gender Equality". He began his presentation by stressing that rigid gender roles put both men and women at risk. These roles comprised harmful renditions of masculinity which emphasized dominance and led to violence and coercion against women; irresponsible sexual behaviours, including multiple partners; and failure to seek health care. He pointed out, however, that there were a growing number of programmes that engaged men in transforming gender norms and defining positive roles. These involved more peaceful and equitable forms of masculinity, such as being caring, nurturing, gentle, non-violent, healthy, responsible, and equitable in productive and reproductive tasks. Mr Lang presented examples of such interventions at the policy, institutional, community and individual levels. He then went on to describe the lessons learned from these examples. First, there was need for holistic approaches to gender equality and masculinity with coherence across topics (fatherhood, violence, HIV/AIDS, sexuality)

and across level of interventions (policy to individual). Secondly, men and boys could be agents of change, but must be motivated to change and to take responsibility for their behaviour. In this regard, working with young men was crucial, and the earlier the interventions the better. Thirdly, efforts should use positive, relevant messages that emphasise positive aspects of masculinity, not negative messages or blame. The messenger was also important, and men who have shared experiences or come from the same communities should be encouraged to talk to each other.

42. The PCB thanked the Mr Lang for his excellent presentation. The PCB confirmed that the participation of men and boys was essential to achieving gender equity, to protecting women and girls, and to mounting an effective response to the epidemic. It confirmed that men and boys were key change agents, particularly in such areas as trafficking, violence against women, sexual coercion, transactional sex and other harmful practices that have devastating impact. The PCB urged that efforts to overcome harmful gender norms and stereotypes should engage a broad range of stakeholders, including the media, religious leaders and corporate cultures.

43. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) summed up the discussion on women, gender and AIDS, and the Global Coalition on Women and AIDS. She stressed that the Global Coalition was grounded in a solid gender analysis of the interaction between women and men in a range of spheres. The Coalition sought to highlight the specific problems and needs of women and girls in a world with AIDS, and to catalyze concrete, country- and community-level actions to address those needs and concerns. She pointed out that during the last six months, UNAIDS had focused on consolidating partnerships across the seven action areas of the Global Coalition and in catalysing new partnerships at country level. In addition to the seven action areas, the Global Coalition had adopted the slogan—"To make women count, count women"—based on the reality that "we measure what we value". In this regard, UNAIDS and WHO had made a start with the *Epidemic Update* 2004, which brought together all the available evidence and data on women and AIDS, and WHO had agreed to collect data disaggregated by sex and age in the "3 by 5" effort, with other partners following suit in their areas of focus.

44. Dr Cravero stated that, based on the recommendations of the PCB meeting, UNAIDS had identified the following issues to guide its future work: (a) the need for comprehensive and genuine mainstreaming of gender into HIV/AIDS efforts, including putting gender into the political agendas of countries and those of regional and global institutions, as well as into broader development programmes, including budgeting; (b) the development of gender impact assessments and gender indicators for the Third One—monitoring and evaluation; (c) the need to forge strong, fundamental links between sexual and reproductive health and HIV prevention and care efforts, as especially important for young women and as a vibrant component of the Global Coalition; (d) the need to expand prevention strategies to embrace the realities of women and girls and to include reducing violence, protecting property rights, providing education for girls, and understanding the connections between discrimination against same-sex relationships and increased vulnerability for the individuals and families involved; (e) grounding issues relating to women and girls within the frameworks of Cairo and Beijing and the Millennium Development Goals; (f) greater involvement of women's organizations; (g) addressing the needs of particular groups of women, such as sex workers, migrant workers, married adolescents, female injecting drug users; (h) the need to involve men and boys as

positive agents of change and to learn from successful efforts to date, and; (i) the critical importance of supporting and involving women living with HIV by, among other things, funding networks of women living with HIV and working with them to ensure equitable access to treatment for women. Dr Cravero closed by stating that UNAIDS would continue to rely on the PCB for guidance and support as it moved ahead on behalf of women and girls. She thanked those who had already provided or pledged support to the Global Coalition on Women and AIDS.

3: Intensifying HIV prevention

45. Dr Peter Piot (Executive Director, UNAIDS) opened the agenda item by noting how far the world had come in its support for providing treatment to all. However, it now appeared that prevention was being left behind. Dr Piot cited the estimate that only one person in five had access to prevention information and services, though the cost of such services was much lower than that of treatment services. Some vulnerable populations had even less access to prevention information and services. Furthermore, there appeared to be more rhetoric than action with regard to capturing the synergy between treatment and prevention in order to scale up prevention. These challenges, as well as the current gender dimensions of the epidemic, made it clear that it was time to rethink the approach to prevention. Dr Piot recalled the strategic framework for HIV prevention that was built upon risk, vulnerability and impact reduction, and formed part of the Global Strategy Framework on HIV/AIDS that was endorsed by the PCB in 2000. This Strategy was a good basis for rethinking prevention. However, it would require a collective effort and recommitment by all to re-secure prevention its appropriate place in the response.

46. Dr Purnima Mane (Director, Social Mobilization and Information, UNAIDS) gave a presentation on "Intensifying HIV Prevention: Foundations for a Strategic Framework". Dr Mane began by noting that, given the current context of the epidemic, including increased access to antiretroviral therapies and the continued growth of the epidemic, treatment would not be sustainable without intensified prevention. In light of this and the request by the PCB at its fifteenth meeting, UNAIDS had been in the process of developing a strategy by which to place HIV prevention more centrally on the global AIDS agenda. UNAIDS had consulted with the Cosponsors, national partners and civil society organizations, and had drafted the document, UNAIDS/PCB(16)04.3, being considered by the PCB which outlined the key issues and broad actions to be taken by UNAIDS, partners and stakeholders to expand prevention, build capacity at country level, and show results.

47. UNAIDS intended to follow a three-stage process for finalizing the strategy. First, it would incorporate the PCB inputs into the further development of the strategy; secondly, it would hold further consultations with key partners; and thirdly, it would present the finalized strategy for the consideration of the PCB at its meeting in June 2005. Dr Mane outlined the principles which underpinned the Foundations document. She cited the Global Strategy Framework on HIV/AIDS which, among other things, recognized the exceptionalism of the AIDS epidemic and emphasised the importance of involving people living with HIV/AIDS, tackling gender disparities, and promoting human rights. Dr Mane also outlined the full range of strategies involved in the three interrelated factors that affect prevention: those involved in reducing risk; vulnerability; and impact.

48. Turning to the second underlying principle, Dr Mane cited the UNGASS targets as the overall goals for the proposed HIV prevention strategy framework. While acknowledging that the actions required were not new, Dr Mane stressed that proven approaches had not been taken to scale. Therefore, the strategy framework focused on how the UN system, donors, national governments and civil society could work together to truly operationalise what worked. Dr Mane described the environmental and contextual barriers, as well as the operational barriers, that precluded effective prevention. She stated that these barriers should be addressed by: (a) maximising synergy between treatment, prevention and care; (b) meeting the needs of the most vulnerable; (c) dealing with structural factors; (d) tackling gender disparities; (e) working with young people; (f) addressing the challenges of development, urbanisation and migration, (g) nurturing new players; (h) financing new technologies for prevention, and; (i) ensuring the greater involvement of people living with HIV and of affected communities.

49. Dr Mane listed a number of priority actions by which to achieve the objectives of the strategy: scaling up prevention and increasing access to prevention services; redefining prevention in the context of availability of treatment, and harnessing the synergy between prevention and treatment, and; energizing all sectors and constituencies towards a stronger response. In closing, she outlined the next steps which involved a number of stakeholder workshops to develop priority actions. She asked the PCB for its input to guide the development of the strategy, and its agreement concerning the key principles underlying the strategy and the process by which to finalize it.

50. Following the presentation by Dr Mane, the PCB broke into four working groups to consider the draft document before them. The PCB gave its strong support for the draft document, and overall found it an excellent compilation of issues related to prevention. With regard to the role of UNAIDS, the PCB took note of the following suggestions with regard to the role of UNAIDS: (i) recognize the opportunity to guide and clarify the roles of UNAIDS and all UN agencies; (ii) develop a strategy aimed at supporting expansion; (iii) assist in removing taboos and obstacles; (iv) push for legislative changes, especially regarding vulnerable populations; (v) support countries for more civil society involvement; (vi) promote donors' harmonization at country level; (vii) improve monitoring of resources for prevention; (viii) facilitate access to prevention services not only for developing countries, but also for developed countries, and (ix) achieve agreement for further consultations.

51. The PCB expressed its appreciation for the opportunity to have an in-depth discussion of prevention and for the comprehensive Foundations document that represented a good start in framing a revitalized prevention strategy. The PCB reconfirmed that prevention remained a cornerstone of the response and must not be undermined while attention was paid to treatment, lest such treatment become unsustainable and the tragedy of the epidemic continues. The PCB agreed that a strategy for reinforced prevention should build on new opportunities that the growing availability of treatment offered for prevention. It also recognized the important lessons learnt with regard to effective prevention measures taken over the last twenty years, and confirmed its support for the underpinnings of the strategy based on the Global HIV/AIDS Strategy endorsed by the PCB in 2000. The PCB urged that the final strategy present the cost-effectiveness and economics of prevention in order to be able to procure funding for its implementation.

52. The PCB asked that the prevention strategy be: based on reality; specific and explicit; implementable; and measurable. In particular, the prevention strategy should be based on: (a) evidence; (b) realities 'on the ground'; (c) the cultural context of the country, and; (d) input from those affected by AIDS. The PCB commended the document for stressing the importance of adapting prevention programmes to the specific realities of the epidemic at country level, and recommended that, where possible, the strategy be contextualized to take into account country realities. Some PCB members called for greater discussion regarding the obstacles that prevented effective prevention. Among these, a number of PCB members cited the growing influence of ideology and moralism, as obstacles to effective prevention. Again, it encouraged UNAIDS to promote prevention programmes that were based on evidence, not ideology.

53. The PCB urged that the strategy be grounded in a human rights approach that addressed the needs of those particularly vulnerable to HIV infection, such as women and young people, men having sex with men, injecting drug users, sex workers, prisoners, refugees, internally displaced people and migrants. It welcomed the explicit focus on vulnerable groups found in the draft document and supported UNAIDS in facing these issues head on. The PCB asked that the inclusiveness of the strategy be linked to the "Three Ones". One PCB member urged that the strategy include the informal sector so that prevention messages and services better reach the women, market traders, youth and others in this sector who have not been reached in the past. The PCB urged that the media also be recognized as a critical partner.

54. The PCB stressed that, in light of the growing number of infections among women, gender analysis must be a starting point for a strategic framework for intensified prevention, and prevention efforts must be strongly integrated into efforts to secure sexual and reproductive health and rights. In this regard, the PCB urged UNAIDS to strengthen the linkage between sexual and reproductive health and rights and HIV/AIDS, including through the use of combined services. The PCB expressed various views regarding the "ABC" approach stating that it failed to take into account the realities confronting many people, such as women who cannot negotiate sex and have become infected while remaining faithful, girls who are coerced into unprotected sex, men who have sex with men, prisoners, etc. The PCB urged that the "ABC" approach be recognized as necessary, but not sufficient, and that disagreements on its utility not be allowed to create divisions among people. The PCB welcomed the strong reference to new technologies, such as microbicides and vaccines, as essential elements in a comprehensive response.

55. The PCB stressed that young people should be central in prevention strategies and that care should be taken to reach young people before puberty, lest it be too late to influence them. In this regard, the PCB urged that an increased focus on the involvement of young people and people living with HIV and AIDS be reflected in the final strategy. It stressed that it was important to consider the messenger since there have been prevention messages for over fifteen years without sufficient impact. Civil society was suggested as an important messenger.

56. The PCB urged that there be a strategy by which to roll out the UNAIDS HIV Prevention Strategy and get it fully implemented. Such a strategy could include, among other things, a training component that would cascade throughout the system.

One PCB member urged that UNAIDS avoid developing another "global strategy" that had no impact, but rather focus on technical and financial support by which to implement an effective strategy. Another PCB member urged UNAIDS to examine more closely the achievements, or lack thereof, of the current strategy, so as to identify which challenges could, or could not, be overcome in the new strategy.

57. The PCB stressed the importance of developing national systems for monitoring and evaluation of HIV prevention, in light of the need to base effective prevention on specific characteristics of the epidemic in a given country, on evidence, and on results. It urged that systems for monitoring and evaluation be concrete, articulating what should be monitored and by whom. The most important outcome would be to fulfil the UNGASS targets.

58. Mr Antonio Maria Costa (Executive Director, UNODC) highlighted the prevention needs of injecting drug users (estimated at 15 million globally), other drug users (58 million), and prisoners (10 million with an annual turnover of 30 million), citing the outward spread of infection from these groups into the general population in various countries. He urged that a comprehensive package of interventions that had been extensively proven to be effective be taken to scale, with adaptations to the specific cultural, social, legal and economic contexts. In response, a number of PCB members voiced their support for a comprehensive approach to HIV prevention among injecting drug users, which included harm reduction.

59. One observer described the efforts of his government which involved a variety of diverse approaches, including the ABCs, strategies for increased testing, stigma reduction, prevention of mother-to-child transmission, and improving blood safety and safe injection programmes as they applied to the medical transmission of HIV. He urged that UNAIDS consult and develop a prevention strategy that, keeping in mind the "Three Ones", would integrate diverse approaches and strategies in a coordinated plan that makes the most of the comparative strengths of stakeholders, reconciling differences where possible and recognizing evidence-based diversity where not.

4: Report of the field visits

60. The Government of Jamaica organized four field visits for PCB members on 15 December. Dr Yitades Gebre (Executive Director, National HIV/STI Control Programme, Jamaica) introduced the field visits. He described the background of the epidemic in Jamaica, which included an HIV prevalence of 1.4%. He went on to describe the objectives of the field visits which comprised sharing: (a) national experience and best practice in HIV prevention; (b) the challenges involved in selected HIV prevention and care interventions; and (c) mechanisms, advocacy work and policy issues in addressing the epidemic. The four sites chosen for field visits elucidated the health-sector response, care and prevention for groups marginalized by poverty, "edutainment", and the national policy for HIV management in schools. Dr Gebre thanked all those who participated in the field visits as well as all partners for their efforts in making the field visits so successful.

61. Dr Amery Browne (Technical Director, National AIDS Coordinating Committee, Trinidad and Tobago) presented the report of the field visit to the health sector response. Dr Browne expressed on behalf of the group its gratitude to the Government and people of Jamaica for sharing their country experiences. He went on to describe

how the group was divided into two subgroups, one of which visited the Sandals Resort and the Flanker Peace and Justice Mediation Center; the other of which visited the Community Clinic and Counseling Center, Outreach programme for Youth, and the Cornwall Regional Hospital. On behalf of the group, Dr Browne cited the Sandals Resort workplace programme on HIV/AIDS as an outstanding example of a workplace policy that involved comprehensive, sustained and applied components of peer support, non-discrimination and confidentiality. The group suggested that consideration be given to expanding efforts to include the tourists visiting the resort. As to the Flanker Peace and Justice Mediation Center, the group noted that it had begun by addressing conflict resolution in a community setting and had widened its scope to integrate an HIV/AIDS component. The Community Clinic and Counseling Center, Outreach Programme for Youth, on the other hand, was conducting numerous outreach programmes for young people, including interventions on safer sex. Among other things, the Programme appeared to enlist youth as agents of change, not just as targets of interventions. The group suggested that the Programme examine the implications of parental approval for treatment for those under 18, as well as the needs of youth in same-sex relationships. Dr Browne reported that the Cornwall Regional Hospital provided a strong programme for the prevention of mother to child transmission, as well as a decentralised approach to HIV treatment. In closing, Dr Browne expressed the wish of the group that the Government of Jamaica continue to refine, strengthen and expand their programmes within the wider Caribbean response to HIV and AIDS.

62. H.E. Ms Dolores Balderamos Garcia (Ambassador and Chair of the National AIDS Commission, Belize) reported on the field visit to the performance by the ASHE Caribbean Performing Arts Foundation. This involved a high energy, dramatic and musical performance lasting over an hour with a troop of approximately 14 performers presenting material about sex, sexually transmitted infections and life skills to about 500 children aged 10 to 19 from at least 14 different schools, (i.e., "edutainment"). The performance was followed by an interactive question and answer session with the students, and a short mini-workshop for parents, educators and group participants. The group noted the remarkable approach of packaging such information in an exciting and involving performance and felt it provided a platform, as well as positive concepts and role models, for the young people to learn about, understand, and discuss the issues. The group suggested that sufficient follow-up to a one time session would be important to affect behaviour change, and that other important messages, such as compassion and non-discrimination, be also included.

63. Dr Bilali Camara (Medical Epidemiologist/STD/AIDS Regional Advisor, CAREC-SPSTI, Trinidad and Tobago) reported on the field visit to the project by Jamaica AIDS Support (JAS) regarding prevention and care for marginalized groups. JAS used a human rights approach, seeing access to prevention, care and treatment as a human right, and stigma and discrimination as central human rights challenges that facilitate the spread of the epidemic by marginalizing and excluding the vulnerable and the infected. Their work included comprehensive programmes and work-income generation for people living with HIV/AIDS; counselling, life skills training and safe spaces for men having sex with men; and interventions for prisoners, orphans and vulnerable children and women. They evidenced a growing membership and clientele, courageous and well-qualified staff, support by multiple donors, and successful networking with public and private organizations. The group recommended more advocacy at higher political levels, harmonizing donor support, and strengthening the local response.

64. Mr Jacques Martin (Counsellor, Permanent Mission of Switzerland) reported on the national policy for HIV management in schools under the auspices of the Ministry of Education. The group attended one of the hundreds of small-group sessions which had been organized as part of the dissemination of the policy in order to sensitize those who would be responsible for implementing it. The group recognized the development and dissemination of the policy as major achievements. It felt the policy addressed the problems facing schools and encompassed all actors—students, teachers, and others, such as unions and parent associations—and that the commitment to dissemination through small groups was impressive. In terms of the content of the policy, the group felt that there was undue emphasis on potential risks linked to contamination through exposure to blood in daily life. It suggested that the policy be reviewed and revised in this regard when it was updated, and that the policy be disseminated through more interactive means and with the involvement of people living with HIV.

65. The PCB thanked the Government of Jamaica for its excellent organization of the field visits and took note of the reports from the various visits.

5: Other matters

5.1: Update on the Unified Budget and Workplan 2006-2007

66. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) presented an update on the Unified Budget and Workplan (UBW) 2006-2007, (UNAIDS /PCB(16)04.5.1). Dr Cravero informed the PCB that the development of the UBW 2006-2007 was well underway. As part of this, the Secretariat and Cosponsors had just completed two days of consultations in which they had begun the detailed process of prioritizing and costing the main lines of the budget, according to the comments and recommendations made by the PCB at its fifteenth meeting (June 2004).

67. Specifically and in order to present a clearer strategic focus as requested by the PCB, Dr Cravero noted that six main substantive priorities had been identified for 2006-2007, including, among others, full implementation of the UNGASS Declaration of Commitment and of the "Three Ones". Furthermore, so as to provide more stringent performance monitoring and accountability, UNAIDS had simplified the UBW structure and reduced the number of results and indicators to a more reasonable and measurable number, including aggregate results and key results for each agency, as well as specific deliverables for each result. In addition, UNAIDS had sought to streamline the process so as to reduce transaction costs in spite of the increase in the number of Cosponsors. Towards this end, most of the preparatory work had been done through the "virtual" interaction of a number of focal points. Finally, the UBW would provide an interagency component with, for the first time, measurable results and deliverables. Dr Cravero ended by saying that UNAIDS believed the UBW development process was on the right track and that she hoped the PCB would be pleased with the finished product in June 2005.

68. The PCB noted the progress on the development of the UBW and commended the amount of work completed, as well as the more strategic approach. It underlined the importance of embedding the aggregate principle results, so that the Board could track progress in terms of results from UBW to UBW. It urged UNAIDS to continue to orient the budget so as to improve support and collaboration at country level, and stressed that all activities carried out at global or regional levels should have direct

impact at country level. The PCB welcomed the inclusion of two new Cosponsors who brought new and needed expertise to the response—the UN High Commissioner for Refugees and the World Food Programme. One PCB member cautioned that, even though there was an increase in the numbers of Cosponsors, there should not be an increase in administrative costs, and that if there was to be an increase in expenditure, the revenue needed and the priorities envisioned be clearly explained.

5.2: Progress on the "Three Ones"

69. Dr Peter Piot (Executive Director, UNAIDS) opened the presentation by stating that he would be reporting in full on the "Three Ones" at the PCB meeting in June, 2005. However he wanted to take this opportunity to highlight progress to date, which was more fully covered in conference document UNAIDS/PCB(16)04.5.2. Dr Piot described the important meetings to be held in 2005 at which the "Three Ones" would be considered. On 1-2 March 2005, UNAIDS would present the challenges of harmonization of the HIV/AIDS response and early lessons learnt from implementation of the "Three Ones" during the Second High Level Forum on Harmonization and Alignment of the OECD in Paris. Preceding this meeting on 1 March, UNAIDS and DfID planned to host a meeting in Paris on the "Three Ones in Action". In the context of the Harmonization meeting, the "Three Ones" experience represented a key example of the UN becoming organized and harmonized around a concrete issue. In early June 2005, the "Three Ones" Progress report would be launched at the UNAIDS "Three Ones" global review meeting which would likely coincide with the UNGASS meeting in New York on 2 June 2005. Furthermore, there would be discussions before the Global Fund Replenishment Conferences on reaching agreement on global financing, as well as further clarification on the roles of various organizations and indicators to assess progress.

70. Dr Piot identified some of the main obstacles that continued to block effective harmonization. First, he noted that there were insufficient incentives to work together particularly at country level, where it was still considered better to "plant your own flag" versus contribute to a national response in which individual identify was lost. This was particularly a problem when donors "awarded" individual agencies at the expense of a single UN programme. Secondly, he stated that there was still a gap between global decision-making and country level implementation, mainly due to a lack of communication at country level. Finally, in countries where the State was very weak or non-functional, it was even more difficult to harmonize and achieve national ownership.

71. Dr Piot went on to describe some initiatives that were currently being undertaken in support of the "Three Ones". By January 2005, it is intended that a "Three Ones" electronic forum be launched. Dr Piot urged PCB members to participate in this e-forum and give their views regarding the discussion topic "inclusivity and civil society engagement in the "Three Ones" process". At the same time, UNAIDS was supporting an initiative by civil society to develop an issues paper on indicators regarding inclusiveness. There was also being established a joint Monitoring and Evaluation facility that would be operational by the end of January 2005. It is intended that one of the first publications of this facility involve a joint assessment of the number of people living with HIV and AIDS who have access to antiretroviral therapy. Furthermore, UNAIDS had conducted case studies in Asia and Africa in response to the needs to strengthen national monitoring and evaluation systems and to support the concept of a common monitoring and evaluation system in accordance with the "Three Ones" principles. The lessons learned would be consolidated into a

Best Practice publication to be made available on the UNAIDS website in 2005. Dr Piot pointed out that together with others, his office was organising a number of joint country missions so as to reduce the transaction costs of multiple missions. He intended that this policy be followed by all UNAIDS staff. In closing, Dr Piot stressed that the "Three Ones" were the joint effort of everyone at the PCB meeting. Implementation of the "Three Ones" was responding to the real needs of countries to reduce the transaction costs stemming from a lack of harmonization. He could not overestimate the importance of lowering these transaction costs. He thanked those governments which had given their support to the "Three Ones".

72. The PCB confirmed its endorsement of the "Three Ones" principles. The PCB welcomed the update on the "Three Ones", noted the positive steps being taken, and requested a further update at the 17th PCB on progress in promoting and implementing the "Three Ones". The PCB urged UNAIDS to continue to identify obstacles experienced by UNAIDS and by national governments and to suggest ways that these could be overcome, particularly at country level. The PCB encouraged the UN family to continue to take steps to improve its internal coordination. The PCB welcomed the stress on "inclusiveness", particularly with regard to marginalized groups and civil society. The PCB looked forward to the development of appropriate indicators for coordination and harmonization. One PCB observer (donor) stressed the importance of sending detailed instructions to its staff at country level regarding how they should work with their national counterparts in support of the "Three Ones".

5.3: Update on the World AIDS Campaign

73. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) presented an update on the World AIDS Campaign (UNAIDS/PCB(16)/04.5.3) noting that there had been important steps taken and changes made to strengthen the World AIDS Campaign. Dr Cravero pointed out that for the last seven years, UNAIDS has coordinated the World AIDS Campaign with close support from civil society. In 2002, consultations began between UNAIDS and a range of civil society groups concerning the management of the World AIDS Campaign. These culminated in a meeting in March 2003 at which time a decision was taken to hand over the World AIDS Campaign to civil society groups in 2005 for their governance and management. UNAIDS would continue to be closely involved and provide support.

74. It was also decided that from 2005 onwards, the World AIDS Campaign would be dedicated to support the fulfilment of the UNGASS Declaration of Commitment on HIV/AIDS under the theme: "Stop AIDS. Keep the promise". Dr Cravero stated that it was intended that the World AIDS Campaign would unite civil society—from labour to business to media—to ensure that the UNGASS commitments were met. In this regard, the Campaign would provide an umbrella under which national and local AIDS movements around the world could work together towards common UNGASS goals through greater coordination of action and capacity for advocacy. The intention was that local communities—particularly those affected most by HIV and AIDS—would have both a voice and a sustainable platform for action. Dr Cravero thanked the civil society members present at the PCB meeting who had helped in this transition, and the Swiss Government for its contribution in support of the Campaign. She closed by calling on everyone to help make the World AIDS Campaign a success.

75. The PCB recognized the important role that the World AIDS Campaign had played as a catalyst for advocacy and action around HIV/AIDS. It expressed its

appreciation to UNAIDS for leading and coordinating the Campaign in the past. The PCB approved the transfer of management of the World AIDS Campaign to civil society and agreed that this created an important opportunity to strengthen both the role of civil society and the World AIDS Campaign. The PCB noted with satisfaction the focus of the World AIDS Campaign on the achievement of the UNGASS Declaration of Commitment. It confirmed that the increased role of civil society, as well as increased advocacy and coordination around the Declaration, would be a significant addition to the response. The PCB urged that UNAIDS continue to play important roles in support of the World AIDS Campaign, such as using its comparative advantages and mobilizing governments to identify and back national mechanisms in support of the Campaign. The PCB urged that there continue to be clear orientation, strong organization, and results at the global and national levels, so that the Campaign would become an even more vital force in the response. The PCB asked that care be taken so that the new arrangement add value and build on existing linkages at national level, rather than create new structures. The PCB recognized that the new arrangement needed the full support of everyone. One PCB member stated that it would be exploring the possibility of financing the new structure and urged other members to do the same.

6: Next PCB meeting

76. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) reminded meeting participants that, as decided at its 14th session, the next PCB meeting would be held 28-29 June 2005, in Geneva, Switzerland.

7: Adoption of decisions, recommendations and conclusions

77. The decisions, recommendations, and conclusions for each agenda item of the 16th meeting of the PCB were prepared by the Drafting Group and were discussed and adopted in plenary prior to the closure of the meeting. They are set out in Annex 2. The Chair of the Drafting Group and those who participated in the Drafting Group were thanked for their excellent work.

Annex 1 – Agenda
Annex 2 – Decisions, recommendations and conclusions
Annex 3 – List of participants

Annex 1 – Agenda

UNAIDS/PCB(16)/04.1/Rev.1

PROGRAMME COORDINATING BOARD

Sixteenth meeting
Montego Bay, Jamaica, 14-15 December 2004
(Field visits on 13 December 2004)

Place of meeting: Half Moon Hotel, Montego Bay
Time of meeting: 09h00 - 12h30 and 14h00 - 17h00

Provisional Agenda

1. Opening:
    - 1.1 Opening of the meeting and adoption of the provisional agenda
    - 1.2 Confirmation of Officers
    - 1.3 Statement of the Executive Director

2. Women, Gender and AIDS

3. Intensifying HIV Prevention

4. Report of the field visits

5. Other matters:
    - 5.1 Update on the Unified Budget and Workplan 2006-2007
    - 5.2 Progress on the "Three Ones"
    - 5.3 Update on the World AIDS Campaign

6. Next PCB Meeting

7. Adoption of Decisions, Recommendations and Conclusions

Annex 2 – Decisions, recommendations and conclusions

2 March 2005

PROGRAMME COORDINATING BOARD

Sixteenth meeting
Montego Bay, Jamaica, 14-15 December 2004

Decisions, Recommendations and Conclusions

Agenda item 1.1: Opening of the meeting and adoption of the provisional agenda

1. The Programme Coordinating Board adopted the agenda.

Agenda item 1.2: Confirmation of Officers

2. As decided at its 15th meeting, Canada was confirmed as Chair, Bahamas as Vice-Chair and Kenya as Rapporteur of the 16th meeting of the Programme Coordinating Board.

Agenda item 1.3: Statement of the Executive Director

3. In welcoming the Statement of the UNAIDS Executive Director, the Programme Coordinating Board:

   3.1 notes with concern the increasing impact of HIV and AIDS in the Caribbean region, welcomes the various initiatives and examples of progress cited by the Executive Director and calls upon the international community, particularly national governments, to support a stronger and inclusive response to address the needs of those especially at risk of HIV exposure, including men who have sex with men, sex workers, mobile populations, injecting and other drug users, prisoners, youth, women and girls;

   3.2 recognizes fully the exceptionality of AIDS, and therefore endorses the call to combine increased long-term investments in the response to AIDS with

essential crisis management today. This exceptionality requires full funding of the response, innovative and radical strategies to strengthen the public sector, active engagement of the private sector, and enhanced community capacity and preparedness to address the epidemic. It also requires accelerating investment in preventive technologies, such as the development of HIV vaccines and microbicides, promoting gender equality and empowerment of women, and ensuring that such investments are used effectively;

3.3 urges UNAIDS to continue to play a leadership role in making the "Three Ones" a reality, promoting harmonization, and encouraging responsible donor behaviour, long-term commitment and, for those who are willing, pooling of funds to assist countries in managing their responses to AIDS more effectively;

3.4 supports the commitment by UNAIDS to "make the money work" at the country level by, amongst other things, scaling up technical support, building capacity and promoting coordinated and comprehensive responses;

3.5 recognizes its own firmly established role as the prime global AIDS policy forum and, in order to strengthen its deliberations, requests the Bureau to consult with members on the issues of constituency functioning and the frequency and focus of meetings and to present recommendations to the 17th Programme Coordinating Board meeting in 2005; and

3.6 congratulates donors for their ongoing and increasing support to the response to HIV and AIDS and encourages them to review the resource needs of UNAIDS, including the Secretariat, to ensure it can fulfil its core mandate, including the provision of sufficient funding for the 2006-2007 biennium which will be reviewed in the 17th Programme Coordinating Board meeting;

Agenda item 2: Women, Gender and AIDS

4. Recognizing the increasing impact of AIDS on women and girls, the Programme Coordinating Board:

4.1 encourages UNAIDS to ensure that women and girls are meaningful participants and leaders in the response to AIDS;

4.2 calls for a stronger focus on the underlying gender, social, cultural and economic issues that affect women and girls, in global advocacy as well as in national and community responses to AIDS, through integration of these underlying issues into initiatives at all levels and ensuring analysis informs relevant programming and monitoring and evaluation;

4.3 urges UNAIDS to improve and intensify action related to women and AIDS, in particular through further development of the Global Coalition on Women and AIDS, as well as through greater involvement of a wider range of partners;

4.4 urges all HIV prevention and AIDS care and treatment programmes to disaggregate, analyse and report data by sex and age;

4.5 urges UNAIDS and the Global Coalition on Women and AIDS and all partners to integrate, as strong and robust components of their work, AIDS interventions with sexual and reproductive health and the promotion and protection of reproductive rights, as well as the right to have control over and decide freely and responsibly on matters related to their sexuality, free of coercion, discrimination and violence;

4.6 encourages UNAIDS to build and promote innovative partnerships with women's and girls' organizations, in particular networks of HIV-positive women, and with groups that work with men and boys in an effort to reduce the impact of HIV and AIDS on the lives of women and girls—at local, country, regional and global levels;

4.7 calls for greater action to address the issue of gender-based and sexual violence, including in conflict- and post-conflict settings, recognizing the important role of men and boys as agents of change in this issue; and

4.8 recognizes that the Global Coalition on Women and AIDS was established during the existing biennium, and requests the Secretariat to examine ways to resource the initiative adequately from the existing core Unified Budget and Workplan and extrabudgetary resources, and to integrate it into the 2006-2007 biennium budget.

Agenda item 3: Intensifying HIV Prevention

5. Welcoming the action taken on the decision of the 15th Programme Coordinating Board in June 2004 for UNAIDS to develop a revitalized prevention strategy, the Programme Coordinating Board:

5.1 acknowledges the progress made to date on the development of a strategy to intensify HIV prevention and reiterates its support of the underpinnings of the strategy based on the Global HIV/AIDS Strategy, endorsed by the Board in Rio de Janeiro in 2000, and on the 2001 UNGASS Declaration of Commitment on HIV/AIDS;

5.2 requests UNAIDS to take the feedback and inputs provided by PCB members into consideration and engage in further consultations among PCB members, UNAIDS Cosponsors and a wide range of other partners, including national governments and civil society, in order to strengthen the strategy;

5.3 requests UNAIDS to ensure that the prevention strategy is clearly based on evidence, integrated with global and national prevention, care and treatment initiatives, and grounded in a human-rights approach that specifically addresses the needs of those especially at risk of HIV exposure, including women and girls, youth, men who have sex with men, injecting and other drug users, sex workers, people living in poverty, prisoners, migrant labourers, people in conflict- and post-conflict situations, refugees and internally displaced persons;

5.4 recommends that the strategy has clear links to sexual and reproductive health programmes as important entry points for HIV prevention;

5.5 recognizes that stigma and discrimination are major barriers to effective HIV prevention and encourages UNAIDS to address stigma reduction in the strategy, including by advocating for the adoption, strengthening and enforcement of antidiscrimination measures at country level;

5.6 encourages UNAIDS to include in the strategy a comprehensive, evidence-based approach to HIV prevention, treatment and care among prisoners as well as among injecting and other drug users that includes reducing the transmission of HIV; and

5.7 endorses the process proposed by UNAIDS for the development of the strategy and requests UNAIDS to submit the strategy to the PCB at its meeting in June 2005.

Agenda item 4: Report of the field visits

6. The Programme Coordinating Board expresses its appreciation to the Government of Jamaica for the support it has provided in the organization of the field visits.

7. The Programme Coordinating Board takes note of the report from the field visits covering: health sector response to HIV/AIDS in West Jamaica by the Western Region Health Authority; edutainment of the Ashe Caribbean Performing Arts Foundation; care, support and prevention programmes for marginalized groups of the Jamaica AIDS Support; and dissemination of the "National policy for HIV/AIDS management in schools".

Agenda item 5: Other matters

5.1 Update on the Unified Budget and Workplan 2006-2007

8. Noting with satisfaction the progress made in preparing the Unified Budget and Workplan (UBW) 2006-2007 the Programme Coordinating Board:

8.1 expresses its support for the strategic orientation of the UBW 2006-2007 and its overall thrust to support countries in scaling up their response to HIV/AIDS;

8.2 welcomes the inclusion of the UN High Commissioner for Refugees and the World Food Programme in the UBW 2006-2007, which each bring specific new strengths to the UNAIDS response, alongside the confirmed strong action by the existing Cosponsors and the UNAIDS Secretariat; and

8.3 also expresses its support for innovations in the UBW 2006-2007 to enhance results-based management, accountability and reporting, including the identification of the aggregated "principal results" and the "key results" to which each Cosponsor and the Secretariat are accountable.

5.2 Progress on the "Three Ones"

9. Taking note of the report on Global and Country Level Progress on the "Three Ones", the Programme Coordinating Board:

9.1 expresses support for UNAIDS efforts to promote the harmonization of donor support and stakeholder participation in national AIDS responses around the "Three Ones" principles;

9.2 encourages UNAIDS to continue its leadership role in engaging the support of governments, civil society organizations, the private sector, bilateral and multilateral agencies in the implementation of the "Three Ones" principles; and

9.3 requests an update at the 17th PCB on progress in promoting and implementing the "Three Ones" principles.

5.3 Update on the World AIDS Campaign

10. The Programme Coordinating Board notes with satisfaction the refocused and enhanced World AIDS Campaign in support of the UNGASS Declaration of Commitment on HIV/AIDS.

11. Noting the need for coordinated and increased advocacy in support of the Declaration of Commitment on HIV/AIDS, the Programme Coordinating Board:

11.1 further encourages UNAIDS to support the World AIDS Campaign as a vehicle for civil society to participate meaningfully in the fulfilment of the UNGASS Declaration of Commitment on HIV/AIDS, including engaging the United Nations System and public and private sector partners so that the World AIDS Campaign is adequately supported; and

11.2 requests governments to support the goal of the World AIDS Campaign and to increase efforts to raise the visibility of the UNGASS Declaration of Commitment on HIV/AIDS.

Agenda item 6: Next meeting of the Programme Coordinating Board

12. The Programme Coordinating Board reconfirms the decision of the 14th meeting that the 17th Programme Coordinating Board meeting be held on 28-29 June 2005. The Programme Coordinating Board also confirms that the meeting will be held in Geneva, Switzerland.

Agenda item 7: Adoption of Decisions, Recommendations and Conclusions

13. The Programme Coordinating Board expresses deep appreciation to the Government and people of Jamaica for hosting its 16th meeting, and adopts the decisions, recommendations and conclusions of the 16th Programme Coordinating Board meeting.

Annex 3 – List of participants / Liste de participants

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