



**Report of the Seventeenth Meeting of the UNAIDS
Programme Coordinating Board
Geneva, 27-29 June 2005**

Table of Contents

1. Opening.....	2
2. Report of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors.....	8
3. UNAIDS Policy Position Paper: Intensifying HIV Prevention	12
4. UNAIDS Unified Budget and Workplan 2006-2007.....	14
5. United Nations System Strategic Framework on HIV and AIDS 2006–2010.....	19
6. Information Items.....	20
7. Next PCB Meeting.....	23
8. Any Other Business	23
9. Adoption of decisions, recommendations and conclusions	23
ANNEX I Draft Provisional Agenda.....	24
ANNEX II Decisions, Recommendations and Conclusion	25
ANNEX III List of Participants.....	32

1: Opening

1.1 Opening of the meeting and adoption of the provisional agenda

1. The 17th meeting of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board (PCB) took place at the World Health Organization, Geneva, Switzerland, on 27–29 June 2005. The participants are listed in Annex III.

2. On behalf of Canada, the outgoing Chair of the PCB, H.E. Ambassador Paul Meyer (Permanent Representative of Canada to the Office of the United Nations and other international organizations in Geneva), opened the 17th meeting of the PCB and welcomed all those attending. Ambassador Meyer applauded the UNAIDS family for its accomplishments in the fight against AIDS, noting the leadership of UNAIDS in contributing to the expansion of treatment access and the reinvigoration of HIV prevention efforts. The PCB approved the provisional agenda for the meeting.

1.2 Election of officers

3. In accordance with agreed procedures, Brazil, the previous Vice-Chair, was elected the Chair of the PCB. Sweden was elected Vice-Chair, and China was elected Rapporteur.

4. The PCB approved the nomination of the following Nongovernmental Organization members for the period from 1 January 2006 to 31 December 2007: Rwanda Women's Network, Rwanda (Africa, Alternate); Global Youth Coalition on HIV/AIDS, India (Asia and the Pacific, Delegate); YouAct, Portugal (Europe, Delegate); Interagency Coalition on AIDS & Development (ICAD), Canada (North America, Delegate); Rede Latino-Americana de Redução de Danos (REDLARD), Brazil (Latin America and the Caribbean, Delegate).

5. H.E. Humberto Costa (Minister of Health, Brazil) expressed his appreciation for the election of Brazil as PCB Chair and thanked Canada for its hard work during the prior year. The Chair explained that a drafting group would be established for the meeting, open to all participants, with PCB members having priority to take the floor, followed by observers and others whom the Chair may invite to speak. The drafting group would address only issues raised in PCB documents circulated by the Secretariat or raised in the PCB plenary. The drafting group would draft decisions, recommendations and conclusions for each agenda item for adoption in plenary.

1.3 Consideration of the reports of the 15th and 16th meetings

6. The PCB approved the reports of the 15th (UNAIDS/PCB(15)/04.15) and 16th meetings (UNAIDS/PCB(16)/04.16).

1.4 Report of the Executive Director

7. Dr Peter Piot (Executive Director, UNAIDS) reported that the AIDS response is entering a new phase—the era of implementation—in which the overriding focus of efforts should be the scaling up of essential interventions and strategies. Dr Piot noted that this focus is in line with guidance the PCB has been providing to UNAIDS.

8. Dr Piot underlined the growing strength of national leadership on AIDS during the previous year. Dr Piot noted that Premier Wen Jiabao, with whom he met this year, had underscored that the response to AIDS would be a major priority in China's national five-year plan. Dr Piot also noted the continued importance of community-led responses to HIV, many of which are often sustained without significant external support. Of particular importance is the continued leadership of people living with HIV.

9. UNAIDS' partnerships with other stakeholders have grown stronger and more numerous over the last year, with high-level country visits by UNAIDS jointly undertaken with key partners. In his visit to China, Dr Piot was joined by United States Ambassador Randall Tobias. Bilateral donors and other partners, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, joined with UNAIDS in visits to Kenya, Mozambique, Swaziland and Uganda.

10. UNAIDS co-hosted with the United States, United Kingdom and France a high level international meeting to accelerate greater coordination between international institutions and support for nationally-led AIDS responses. From this meeting UNAIDS was instructed to establish a Global Task Team to improve coordination between multilateral institutions and international donors and a working group to support UNAIDS in producing updated estimates for resource needs for the AIDS response.

11. Dr Piot cited four key challenges facing UNAIDS as the global response enters the era of implementation.

- While the emergency response is still absolutely necessary, there is need to put in place systems that will support long-term sustainable solutions. Dr Piot proposed that UNAIDS bring the question of long-term planning for AIDS to the PCB for full discussion and consideration.
- There is need for a comprehensive response to AIDS which includes treatment, prevention as well as impact alleviation. Such response must also be full scale: nothing less than universal access to prevention and treatment will succeed in reversing the epidemic.
- With the marked growth in recent years of financial resources for AIDS, there is an urgent need to ensure that available funds are effectively put to use. This need, now the overriding priority for UNAIDS, is linked to the issues of country ownership, coordination and collaboration between funding mechanisms and technical support providers which are addressed in the “Three Ones” and by the Global Task Team. Efforts made by the UNAIDS Cosponsors and Secretariat to

strengthen their capacity at country level must also be seen in this context. Provision of technical assistance is a key function of the UN system; however much of this mandate remains unfunded. As a part of the follow-up to the Global Task Team recommendations a costing of country level technical assistance needs for the UNAIDS family will be prepared and tabled at the Global Fund replenishment conference in September 2005. Dr Piot reported that, in order to expand and complement access to technical support on AIDS, UNAIDS established in South Africa the first of four planned regional technical resource facilities. Equally important efforts have also been made toward enhancing the role of civil society as a key implementation partner on AIDS.

- The final challenge, which concerns UNAIDS as part of the larger UN system, is connected with the need to ensure that efforts to respond to AIDS are closely coordinated with current UN reform efforts. UNAIDS intends to continue to play a role as pathfinder for UN reform, for this reason it has commissioned an external review aimed at increasing the effectiveness of its Committee of Cosponsoring Organizations. UNAIDS will also ensure full implementation of the recommendations of the Global Task Team. Three of the recommendations directly affecting UNAIDS were then identified by Dr Piot as particularly urgent: establishing joint UN teams on AIDS at country level, reaching clear agreement within the UNAIDS family on the functional division of labour, and establishing a joint team with the Global Fund to Fight AIDS, Tuberculosis and Malaria to address bottlenecks that slow disbursement and/or programme implementation at country-level.

12. The PCB thanked Dr Piot for his comprehensive report and congratulated UNAIDS on its achievements in the prior year. The PCB also welcomed Dr Piot's call for enhanced planning for a long-term response to the epidemic. Several members of the PCB emphasized the importance of adherence to the "Three Ones" principles to ensure the most effective and strategic use of available financial resources, with one PCB member questioning why UNAIDS had not selected a francophone country as a priority country for early implementation of the "Three Ones". One member of the PCB questioned whether the global community had established overly ambitious goals for the global response.

13. The PCB cautioned that political commitment and public awareness remain inadequate in many countries. India, for example, is seeking to address the need for stronger national action by providing each of the 31 national ministries with its own AIDS budget and requiring that each develop its own plan for AIDS action. It was observed that the 16th PCB meeting, held in Jamaica in December 2004, helped accelerate regional momentum in the Caribbean to take effective action on AIDS. The PCB noted that stigma and discrimination continue to impede AIDS efforts in many countries.

14. Although financing for AIDS programmes has significantly increased, the PCB observed that funding levels have yet to match the scale of the epidemic. The PCB noted the scheduled September replenishment meeting for the Global Fund to Fight AIDS, Tuberculosis and Malaria and emphasized the importance that the conference succeed in

mobilizing needed funds. The PCB stressed the importance of improving the coherence, coordination and effectiveness of UN action at country level, including a clearer delineation of the roles and responsibilities of individual Cosponsors and the Secretariat. Furthermore the PCB expressed support for UNAIDS efforts aimed at identifying obstacles to implementation and working with countries to overcome such obstacles.

15. Endorsing the call for a comprehensive response, the PCB stressed the continuing urgency of strengthening HIV prevention efforts. Globally, more new HIV infections occurred in 2004 than ever before. It was noted that prevention is especially important in the Asia and Pacific region, which is in the early stages of its epidemic and has the opportunity to prevent a serious outbreak of infection. The PCB called for an approach to prevention that prioritizes access to evidence-informed programmes.

16. In addition to prevention, the PCB stressed the importance of accelerating access to antiretrovirals and other AIDS treatments as part of a comprehensive response. The PCB noted that the “3 by 5” Initiative had proven to be a remarkable mobilizing force for stronger action on AIDS. The PCB noted that the provision of antiretroviral therapy now accounts for a substantial percentage of health budgets in some countries and is likely to continue to do so, as life expectancy for people living with HIV on antiretroviral treatment is increasing.

17. The PCB noted the vital role of civil society in national AIDS responses and called on donors to prioritize financial assistance for AIDS efforts by civil society organizations. The PCB also emphasized the importance of actively and meaningfully involving people living with HIV in the development and implementation of AIDS programmes.

18. In response to the PCB’s discussion of his report, Dr Piot acknowledged that global AIDS goals are ambitious, but he emphasized that such goals are achievable. In support of these goals, he noted the need to develop creative solutions to address current shortages of technical capacity, including more effective use of under-utilized capacity in countries and communities. Dr Piot said the UNAIDS technical resource facilities that are currently being established in different regions capitalize on existing local institutions and expertise, accelerating the development of sustainable capacity and minimizing waste and duplication.

19. With respect to UNAIDS efforts to accelerate implementation of the “Three Ones”, Dr Piot said UNAIDS is concentrating on assistance to countries that have been most seriously affected by the epidemic. The shortage of French-speaking countries in the list of target countries for UNAIDS assistance stems primarily from the decision by UNAIDS to concentrate its efforts on East and Southern Africa, where AIDS is having the greatest impact.

20. Dr Piot seconded the PCB’s support for greater involvement of civil society organizations in national AIDS responses. He noted that civil society required significantly greater assistance to build long-term capacity to contribute optimally to

national efforts. In particular, Dr Piot emphasized the need for enhanced management capacity in civil society organizations.

21. Dr Piot expressed strong agreement with the PCB's emphasis on improved coherence of the UN system's efforts on AIDS. Dr Piot said substantial progress had been made in clarifying the roles and responsibilities of individual Cosponsors and the Secretariat, with the ultimate aim of turning the principles underlying joint action into management realities. Dr Piot also noted that UNAIDS has embarked on a major effort to improve mechanisms for staff recruitment in the Secretariat, including recruitment for UNAIDS Country Coordinators.

1.5 Report by the Chairperson of the Committee of Cosponsoring Organizations (CCO)

22. In his capacity as Chair of the Committee of Cosponsoring Organizations, Mr Antonio Maria Costa (Executive Director, UNODC), reported to the PCB on accomplishments of the CCO over the past year.

23. Mr Costa noted that the environment in which UNAIDS works has significantly changed in recent years. Governments and international donors are joining the AIDS response in greater numbers and with far greater commitment and resources. Public awareness of the AIDS threat has significantly increased throughout the world, and the prospect of increased access to antiretrovirals and other AIDS treatments has increased hope and optimism in the global response.

24. Notwithstanding this progress, significant challenges remain. Even with the growth in AIDS resources and the global efforts to make antiretrovirals available in resource-limited settings, access to critical treatment and prevention measures remains confined to a minority of those who need them. By 2008, total spending of US\$ 22 billion will be required to reverse the epidemic. While such sums would represent an unprecedented global investment, Mr Costa expressed optimism that spending on AIDS programmes would continue to increase.

25. Mr Costa said the epidemic in Africa remains acute. In addition to the economic and social impact of AIDS that has long been understood, Mr Costa said AIDS also contributes to crime, corruption and violence. In Eastern Europe and Asia, the epidemic is spreading, with potentially catastrophic consequences.

26. In the face of these challenges, Mr Costa reported, the UNAIDS family has significantly strengthened its own operations, streamlining processes, eliminating overlap, and improving coordination. In noting that UNAIDS had enhanced accountability among members of the Joint Programme, Mr Costa cited the Unified Budget and Workplan for 2006-2007, submitted to the PCB for its consideration and endorsement at this meeting, as an example. The meeting of the Committee of Cosponsoring Organizations held in Moscow in April 2005, reaffirmed its commitment to maximize the effectiveness of joint UNAIDS action on AIDS. UNAIDS has retained the services of the Boston Consulting Group to undertake a comprehensive review and

analysis of the CCO, with the aim of developing mechanisms, procedures and practices to improve coordination and coherence.

27. Mr Costa thanked the PCB for the opportunity afforded to UNODC to chair the CCO during the prior year. He noted that ILO would assume the position of Chair for the CCO during the upcoming year. On behalf of the ILO, Mr Assane Diop, Executive Director, Social Protection Sector, advised the PCB that the ILO places great value on the function of CCO Chair and looks forward to undertaking this position for the upcoming year.

28. The PCB thanked Mr Costa for his presentation and acknowledged the progress made by the Joint Programme in improving coordination and accountability. The PCB urged greater transparency and clarity regarding the precise roles and responsibilities of individual Cosponsors and the Secretariat.

1.6 Report by the nongovernmental organization representative

29. Mr Omololu Falobi (Journalists Against AIDS, Nigeria) reported to the PCB on behalf of the PCB nongovernmental organizations. Stating his need to speak with candour and passion, Mr Falobi said the world is losing the fight against AIDS.

30. Mr Falobi applauded the policy position paper on intensifying HIV prevention submitted by UNAIDS for the PCB's consideration. He noted the need to ensure appropriate prevention services for vulnerable populations and the importance of basing prevention strategies on evidence rather than ideology. Mr Falobi said it was important to invest in long-term research efforts to develop vaccines and microbicides and noted the need in the interim for other new prevention technologies.

31. Civil society has a vital role to play in national responses, Mr Falobi said, citing the particular importance of involving civil society in efforts to spend available funds most effectively. Mr Falobi encouraged UNAIDS to undertake stronger efforts to mobilize needed resources for civil-society organizations, which often possess capacity and expertise that is currently under-utilized.

32. Mr Falobi emphasized the importance of removing barriers to treatment for vulnerable populations. He also urged greater attention to immigration policies that discriminate against people living with HIV and stressed the need to oppose policies that impede implementation of evidence-informed prevention strategies, such as condom promotion and harm reduction programmes.

33. UNAIDS should move more rapidly to enhance its effectiveness in countries, Mr Falobi said. He urged Cosponsors to avoid engaging in organizational 'turf' disputes. Mr Falobi introduced to the PCB his fellow nongovernmental organization representative from Africa, Ms Asunta Wagura (Kenya Network of Women with AIDS).

34. The PCB welcomed the nongovernmental organization report by Mr Falobi, endorsed his call for the active involvement of civil society in the AIDS response and

urged UNAIDS to develop a long-term strategy to support such involvement. The PCB also embraced Mr Falobi's call for greater attention to HIV prevention, noting the importance of a comprehensive, rights-based approach to prevention.

35. The PCB suggested that improvements are needed in official efforts to monitor the number of AIDS deaths. In India, for example, it was noted that families of deceased individuals often resist having the death classified as HIV-related due to the risk of discrimination against the family.

36. The PCB echoed Mr Falobi's call for initiatives to build the capacity of civil society organizations. The International HIV/AIDS Alliance, a nongovernmental organization observer at the meeting, emphasized the importance of developing a framework for building the capacity of civil society and the need to recognize the civil society to select its own representatives in the AIDS response. It was observed by the PCB that certain nongovernmental organizations that do not represent the broader interests of civil society often seek to speak on behalf of nongovernmental organizations in AIDS forums.

2: Report of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors

37. The report on the Global Task Team (GTT) was jointly presented by Mr Michel Sidibe (Director, UNAIDS Country and Regional Support Department) and Mr Lennarth Hjelmåker (Ambassador, HIV/AIDS, Sweden). Mr Sidibe and Mr Hjelmåker co-chaired the Global Task Team.

38. Mr Sidibe observed that AIDS has evolved into a global crisis which is depleting capacity much faster than it can be replenished. Ensuring effective use of available funds at country level is often impeded by the dispersed nature of authority over AIDS initiatives, inadequate national planning and priority-setting, and fragmented efforts on monitoring and evaluation. As a result of these barriers, implementation of essential AIDS programmes is frequently delayed.

39. A high-level meeting on 9 March 2005 in London resulted in the establishment of the Global Task Team, which was charged with developing within 80 days a set of bold and actionable recommendations to improve the institutional architecture for an effective AIDS response. Despite the extraordinarily short timeline for the Global Task Team's work, the effort engaged 64 diverse stakeholders (representing developing and developed countries, civil society groups, regional bodies, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and UN system organizations).

40. The Global Task Team established three separate working groups—for programming and financing, technical support, and monitoring and evaluation. Each working group mapped major players and existing coordination mechanisms in its respective field, examined differences and similarities in the operating modes of key players, identified major bottlenecks to implementation, and made preliminary recommendations. The Global Task Team, which linked its work with key development

initiatives, including the Millennium Development Goals, the OECD/DAC Paris Declaration on Aid Effectiveness, and the UN reform process, generated recommendations in four areas: (a) empowering inclusive national leadership and ownership; (b) alignment and harmonization; (c) reform for a more effective multilateral response; and (d) accountability and oversight.

41. With respect to national leadership and ownership, Mr Sidibe reported that the Global Task Team focused on improving planning for national AIDS responses and on integrating AIDS planning into larger national development frameworks. The Global Task Team recommended that existing strategic frameworks be used as the basis for the rapid development of costed, operational plans that drive implementation and alignment.

42. On harmonization and alignment, Mr Sidibe noted that the Global Task Team aimed to increase the use of country-led and owned plans, financial systems, procurement systems, and reviews as the basis for international support. The Global Task Team recommended that the Global Fund and the World Bank accept joint participatory reviews as the primary means for evaluating their programmes. The Global Task Team also recommended that the Global Fund, World Bank, and other international partners progressively shift from project to programme financing.

43. Mr Sidibe reported that the Global Task Team made important recommendations in the area of multilateral reform. At the global level, it recommended a clearer division of labour among the UNAIDS Cosponsors and Secretariat, as well as progress toward clarification of roles and responsibilities between the World Bank the Global Fund. At country level, the Global Task Team called for a joint UN team on AIDS and a unified country support programme on AIDS. The formation of a joint UN system-Global Fund problem-solving team to accelerate the removal of bottlenecks to national implementation was also recommended.

44. To improve accountability and oversight, the Global Task Team recommended that national stakeholders formally review the performance of international partners. With the aim of promoting the alignment of international efforts on monitoring and evaluation with national efforts in this area, the Global Task Team recommended placement of international monitoring and evaluation officers within national units, the formation of joint monitoring and evaluation support teams at country level, and the development of a joint global monitoring and evaluation facility.

45. Mr Hjelmåker observed that the recommendations of the Global Task Team are grounded in the principle of national ownership, which is defined to include government, civil society and other national stakeholders. To implement the vision of the Global Task Team, Mr Hjelmåker reported, countries must create an enabling environment for the alignment of international support, including articulation of clear priorities and the implementation of strong accountability systems.

46. With respect to international funding mechanisms on AIDS, Mr Hjelmåker said the Global Task Team recommendations require that macroeconomic and public expenditure frameworks better support implementation of AIDS programmes. In

particular, he said expenditure ceilings should be re-examined and AIDS planning must be integrated with broader development instruments, such as Poverty Reduction Strategy Papers (PRSPs) and Medium-Term Expenditure Frameworks (MTEFs). Implementation of the Global Task Team's recommendations will require more flexible grants, as well as joint financial management and procurement assessments, joint reporting, and improved communications among donors.

47. Mr Hjelmåker observed that the Global Task Team recommendations have clear implications for the UN system. The clearer division of labour among UNAIDS Cosponsors and the Secretariat is expected to generate an increase in UN-provided and UN-facilitated technical support. Recognizing that UNAIDS currently labours under an unfunded mandate to provide technical support to countries to access and implement resources from the Global Fund, Mr Hjelmåker said the Global Task Team agreed that UNAIDS needs additional donor support to play this role, but did not want to create a new fund for such work. Instead, after examining existing mechanisms, the Global Task Team determined that UNAIDS Programme Acceleration Funds could be expanded and refocused to finance such technical assistance. Mr Hjelmåker said that the Unified Budget and Workplan (UBW) for 2006-2007 had been prepared before the results of the Global Task Team's deliberations and that revisions to the UBW might be required to ensure sufficient financing for enhanced technical assistance from UNAIDS. Mr Hjelmåker also noted the need to strengthen the UN Resident Coordinator system to maximize the coherence and effectiveness of the UN system's actions at country level in support of the "Three Ones".

48. Dr Jim Kim (Director, HIV/AIDS Department, WHO) said recent experience in scaling up AIDS treatment programmes underscored the need for improved linkages at global, regional and country levels. Recalling the UN's successful child survival drive years ago, when WHO and UNICEF held high-level meetings each month, Dr Kim said similar meetings should be instituted for AIDS to overcome duelling organizational mandates and to focus on time-bound outcomes, roles and responsibilities at country level.

49. Dr Debrework Zewdie (Director, Global HIV/AIDS Program, World Bank) reported that the World Bank is in the process of finalizing its new programme of action on AIDS, which will include joint reviews with the Global Fund. The World Bank and the Global Fund are already meeting to clarify respective roles and responsibilities, and Dr Zewdie said the PCB would receive future reports on progress in this regard. Dr Zewdie reported that the World Bank is strengthening the Global AIDS Monitoring and Evaluation Team and that a high level of commitment exists at the World Bank and the International Monetary Fund to mainstream AIDS in key development instruments.

50. The PCB welcomed the report of the Global Task Team and its recommendations, noted the speed with which the team had developed these recommendations, and said its findings could become a model for the development field. The current challenge, the PCB noted, is to move from recommendations on paper to action on the ground, making the "Three Ones" a visible reality at country level and positioning the Global Task Team's recommendations within the broader context of UN reform. To this purpose, the need to speedily develop an action plan for implementation of the Global Task Team

recommendations was emphasized. The PCB suggested that a global mechanism is needed to monitor progress on implementation of the “Three Ones” principles, and it was suggested that the PCB’s role in facilitating coordination of such implementation should be studied. While Africa remains a primary focus for early efforts to implement the “Three Ones”, the PCB noted the need to promote the “Three Ones” in Asia and other regions, as well.

51. The PCB expressed strong support for the principle of national ownership that underlies the recommendations of the Global Task Team. In many countries, the PCB observed, multiple donors pursue their individual goals and approaches without aligning their activities under nationally-owned strategies. Countries that receive external assistance often spend much of their time drafting reports to satisfy the requirements of multiple donors. The PCB agreed that full recognition of the right of countries to establish their own priorities is urgently needed and would represent a major step forward in both thinking and practice in the field of international development. The PCB said national strategic plans on AIDS should be developed and costed with inputs from the private sector, and situated within the broader development context. The PCB noted that a major challenge is to promote genuine national ownership without increasing the demands on national authorities. Some members of the PCB welcomed the concept of basket funding in support of national AIDS strategies, while one PCB member noted that basket funding was not acceptable to some donors.

52. The PCB strongly endorsed UN action to improve coherence and effectiveness in accelerating programme implementation. The governing boards of the UNAIDS Cosponsoring Organizations and other multilateral institutions including the Global Fund were urged to consider and endorse the Global Task Team recommendations. The PCB requested additional explanation of how the proposed joint UN country team would operate and how it would differ from current mechanisms, as well as additional information on the role and operation of proposed problem-solving mechanisms, the Programme Acceleration Fund, and the joint monitoring and evaluation facility.

53. The PCB emphasized the importance of flexibility in implementing the recommendations of the Global Task Team. Each country has its own context and challenges, requiring coordination approaches that will often need to be tailored to specific national circumstances. The PCB also noted the need to involve civil society, including vulnerable populations, in efforts to implement the “Three Ones”.

54. Mr Hjelmåker welcomed the PCB’s strong support for the Global Task Team recommendations. He suggested that the next PCB meeting might include a special session to assess progress in implementation, noting that each UNAIDS Cosponsor would need to approach their individual boards with unified, consistent messages regarding the importance of coherence in the UN response to AIDS. Mr Sidibe emphasized that the Global Task Team had avoided creation of new structures or mechanisms but sought instead to capitalize on existing systems and institutions.

55. Following the PCB’s endorsement of the recommendations of the Global Task Team, Dr Piot indicated that UNAIDS would develop an action plan and take immediate

steps to implement the recommendations. In response to questions from the PCB regarding its role in promoting coordination of key stakeholders, Dr Piot suggested that the PCB itself should take the lead in addressing such issues. He noted that UNAIDS had retained the services of the Boston Consulting Group to assess strategies to improve coordination among Cosponsors.

56. On the morning of the 28th of June, the meeting was opened by H. E. Ambassador Carlos Antonio da Rocha Paranhos who chaired the remainder of the meeting on behalf of Brazil.

3: UNAIDS Policy Position Paper: Intensifying HIV Prevention

57. The UNAIDS Policy Position Paper: Intensifying HIV Prevention was presented by Dr Purnima Mane (Director, Social Mobilization and Information Department, UNAIDS). Dr Mane observed that the Declaration of Commitment on HIV/AIDS identifies prevention as the mainstay of the AIDS response. As requested by the PCB at its 15th meeting, UNAIDS collaborated with diverse stakeholders to develop a position paper on HIV prevention, which was submitted to the PCB for its review and endorsement (UNAIDS/PCB(17)/05.03).

58. Dr Mane noted that the number of new HIV infections continues to increase, with women and young people accounting for about one-half of all new infections. HIV prevention services currently reach only a small portion of those who need them. Dr Mane said the sustainability of the AIDS response hinges on taking HIV prevention to scale. By 2008, an estimated US\$ 11.4 billion will be required for HIV-prevention activities, with costs escalating each year that effective action is delayed.

59. New opportunities exist to strengthen HIV prevention, Dr Mane reported. Extensive evidence and experience clearly indicate that HIV prevention works, the level of resources available for prevention efforts has significantly increased, the engagement of non-health sectors has strengthened, and expanding treatment access offers new opportunities to deliver and reinforce prevention services. New opportunities also exist for forging links with sexual and reproductive health and other sectors such as education and labour to intensify HIV prevention.

60. Dr Mane reported that effective HIV prevention is founded on certain key principles, which lead to sound policy actions and meaningful programmatic actions. Essential principles require that prevention be differentiated and locally adapted; be informed by evidence; respectful of human rights and gender equality; be comprehensive in scope; have sufficient coverage, intensity and scale to achieve impact; build on strong community participation; and be sustained over the long term.

61. The essential policy actions for HIV prevention identified in the UNAIDS position paper include: (a) encourage leadership from all; (b) involve people living with HIV; (c) address cultural norms and belief; (d) address gender norms and relations; (e) increase knowledge and awareness; (f) link with sexual and reproductive health; (g) mobilize community-based responses; (h) mobilize resources and strengthen human and

institutional capacity; (i) review and, where appropriate, revise legal frameworks; and (j) protect human rights.

62. The following are essential prevention actions: (a) prevent sexual transmission of HIV; (b) prevent mother-to-child transmission of HIV; (c) prevent the transmission of HIV through injecting drug use; (d) ensure the safety of the blood supply; (e) prevent HIV transmission in health care settings; (f) enhance access to HIV testing and counselling; (g) integrate HIV prevention into AIDS treatment services; (h) focus on HIV prevention among young people; (i) provide HIV-related information and education; and (j) confront and mitigate HIV-related stigma and discrimination.

63. In moving forward, Dr Mane said UNAIDS would lead the UN efforts for HIV prevention by promoting national leadership and ownership, creating a strong constituency for HIV prevention, and involving all sectors and engaging new actors. Dr Mane said UNAIDS planned to establish ambitious targets and ensure accountability for results. To achieve these aims, UNAIDS will undertake advocacy, policy development, technical support and capacity building for scaling up, coordination and harmonization, and tracking, monitoring and evaluation.

64. Dr Mane said UNAIDS would develop an action plan on prevention by the end of 2005. The plan will clearly define the division of responsibilities among Cosponsors and the Secretariat, capitalize on the comparative advantage of each member of the UNAIDS family, promote joint programming for HIV prevention, and set forth a clear framework for accountability. Periodic progress reports will be provided to the PCB. Dr Mane said UNAIDS will work with partners to develop global HIV prevention targets.

65. The PCB congratulated UNAIDS on the position paper on HIV prevention. The PCB indicated that nothing short of universal access to prevention will reverse the epidemic. The PCB said that HIV prevention should be grounded in human rights, recognizing the rights of people at risk to have access to proven prevention tools. To promote healthier gender norms and reduce the vulnerability of women and girls, the PCB advised that HIV prevention efforts should also focus on boys and men. The PCB also noted that political support for HIV prevention remains inadequate and that an important focus of activity should be advocacy to generate stronger commitment and leadership. As an example of political commitment, it was observed that Kenya is expected this year to enact a comprehensive law on HIV prevention.

66. The PCB stressed the importance of basing HIV prevention efforts on sound scientific evidence. To ensure continual improvement of HIV prevention tools, major additional efforts are required in both clinical and intervention research. In all circumstances, the PCB emphasized, prevention efforts should be adapted to local epidemiological circumstances.

67. One member of the PCB expressed some concern that the position paper placed too heavy an emphasis on biomedical interventions. The PCB underscored the importance of strong and continued emphasis on behaviour change programmes as a core component of effective prevention, with particular attention to the needs of young people.

It was observed that the position paper did not include reference to male circumcision as a key HIV-prevention tool and that emerging data point toward its potential usefulness in reducing new HIV infections.

68. The PCB supported the emphasis in the position paper on stigma reduction, noting the need to mainstream the concept of greater involvement of people living with HIV. The PCB also urged that UNAIDS place appropriate emphasis on the need for strong prevention efforts for especially vulnerable populations, such as injecting drug users, sex workers, prisoners, and men who have sex with men. The PCB also indicated that prevention efforts should be inclusive, actively involving civil society and people living with HIV. Some members of the PCB proposed inclusion of additional language noting the special role of faith-based organizations in helping prevent HIV transmission, but it was agreed that the position paper adequately captured the valuable contributions of faith-based groups in references to civil society.

69. Technical advice and support by UNAIDS will be essential to efforts to bring prevention services to scale, the PCB noted, as many countries currently lack capacity to implement prevention programmes as rapidly as needed. The PCB said it was important that UNAIDS Cosponsors and the Secretariat clarify their roles and responsibilities in promoting HIV prevention, consistent with the recommendations of the Global Task Team.

70. Several members of the PCB emphasized the strong scientific evidence demonstrating the effectiveness of harm-reduction programmes in reducing HIV transmission among injecting drug users. It was noted that United States laws prohibit use of United States funds to support syringe and needle exchange programmes and that other countries may have comparable restrictions. The PCB determined that the position paper did not obligate any donor to provide financial support for activities that are contrary to the donor's national laws or policies.

71. PCB members, including civil society members, expressed concern that Section IV of the position paper did not articulate a clear direction for UNAIDS in implementing the position paper. The PCB warmly welcomed UNAIDS' intention to develop an action plan by the end of 2005 and encouraged UNAIDS to use this process to clarify the roles and responsibilities of each Cosponsor and the Secretariat.

72. Dr Mane thanked the PCB for its intensive engagement on the position paper and collaborative spirit demonstrated by delegates during the process of its finalization facilitated by the PCB Bureau.

73. Following extensive discussion, the PCB endorsed the UNAIDS position paper on intensifying HIV prevention.

4: UNAIDS Unified Budget and Workplan 2006-2007

74. The PCB was asked to review and approve the UNAIDS Unified Budget and Workplan for 2006-2007 (UNAIDS/PCB(17)/05.4).

75. The UNAIDS Unified Budget and Workplan for 2006-2007 was presented by Dr Werasit Sittitrai (Director, Programme Development, Coordination and UN System Relations Department, UNAIDS). Dr Werasit noted that the Unified Budget and Workplan for the next biennium was prepared and being submitted for the PCB's review in the midst of rapid changes in the AIDS epidemic and the global response. While the epidemic continues to expand, awareness has increased and leadership has strengthened. Funding for the global response has increased significantly, and access to both treatment and prevention services, while still inadequate, has expanded.

76. Although the global response has evolved in promising ways, it nevertheless confronts major new challenges, as summarized by Dr Werasit. Bottlenecks at country level continue to slow implementation and expansion of key strategies, and the degree of scale-up remains inadequate in most countries. As more players become engaged in the global response, the need for coordination becomes ever more pressing. As the global response grows in its magnitude and complexity, expectations of the multilateral system also increase.

77. Dr Werasit noted that UNAIDS is unique within the UN system, as the sole joint programme organized around a specific thematic issue, with common workplans and corresponding budgets encompassing 10 Cosponsors and a Secretariat. UNAIDS seeks to address the challenges facing the global response by providing and facilitating technical support to countries and by enhancing the coordination of efforts both within and beyond the UN system. UNAIDS aims to be proactive rather than reactive, Dr Werasit said, with results at country level representing the ultimate test of success.

78. The focus of UNAIDS has changed as the epidemic has evolved. From an early overriding emphasis on advocacy, UNAIDS has come to emphasize supporting countries in implementing strong AIDS programmes. The emphasis on global action in the early years of the Joint Programme has been supplanted by an increasing focus on action at country level. Whereas global activities slightly outweighed country-level work in the 2002-2003 Unified Budget and Workplan, expenditures for UNAIDS regional- and country-level activities will be significantly larger than global efforts in 2006-2007.

79. Dr Werasit reported that development of the Unified Budget and Workplan for 2006-2007 was informed by certain key principles: (a) national leadership and ownership; (b) alignment and harmonization of the respective roles of the UNAIDS Cosponsors and Secretariat; (c) commitment to the most effective possible multilateral response; (d) transparency regarding both the respective contributions of Cosponsors and Secretariat and the results achieved; and (e) strong and improved accountability, including in-depth performance evaluations during the upcoming biennium.

80. The Unified Budget and Workplan articulates activities and budgetary allocations in three different categories: (a) activities undertaken by one of the 10 UNAIDS Cosponsors; (b) work conducted by the UNAIDS Secretariat; and (c) interagency activities that involve the joint work of UNAIDS Cosponsors together with the Secretariat. Together, these three components constitute a single, coherent plan of work for 2006-2007. In 2006-2007, the Unified Budget and Workplan allocates US\$ 120.7 million

for activities by individual Cosponsors, US\$ 115.4 million for the Secretariat, and US\$ 84.4 million for interagency activities. Dr Werasit said the requested US\$ 70 million increase (US\$ 35 million annually) represented the minimum amount required to enable UNAIDS to deliver on the expectations of the PCB and the international community. Dr Werasit observed that the increase takes account of the weakness of the US\$ against other currencies. He noted that the proposed Unified Budget and Workplan does not account for increases that may be necessary to enable UNAIDS to satisfy the recommendations of the Global Task Team. The proposed UNAIDS budget for 2006-2007 will leverage substantial additional resources, as Cosponsors have significantly increased their own independent contributions to AIDS efforts and anticipate mobilizing substantial supplemental resources in the next biennium.

81. In response to the PCB's mandate to streamline and simplify the Unified Budget and Workplan, the number of key results has fallen from 487 in 2004-2005 to 49 in 2006-2007. These key results support 16 overarching principal results. Indicators have been developed against each key and principal result to measure progress by UNAIDS in the next biennium.

82. The PCB welcomed the Unified Budget and Workplan for 2006-2007 and congratulated UNAIDS on significantly improving on prior versions of this instrument. The PCB said the Unified Budget and Workplan 2006-2007 present a more focused, clearer picture of objectives and anticipated outcomes and reflects UN reform in action. Strong support was expressed for the reduction in the number of key results in the Unified Budget and Workplan.

83. The PCB also applauded UNAIDS on inclusion of performance indicators in the Unified Budget and Workplan. Concern was expressed that the number of indicators remained quite large and that some were somewhat vague. The PCB said it was sometimes unclear how individual indicators related to achievement of key results and principal results.

84. It was suggested that the Global Task Team recommendations offer innovative new approaches to improve accountability and transparency, such as linking budget allocations in the Unified Budget and Workplan to documented performance.

85. PCB members said the Unified Budget and Workplan for 2006-2007 permits a clearer understanding of the roles, responsibilities and contributions of individual Cosponsors. The PCB submitted that additional transparency was needed on the allocation of core resources to individual Cosponsors. It was noted that not all Cosponsors had reported to their individual governing boards on how budget allocations from the Unified Budget and Workplan had been spent, as previously agreed. The PCB recommended that UNAIDS further improve the degree to which the Unified Budget and Workplan clearly and effectively builds on the comparative advantage of individual Cosponsors.

86. Leadership and advocacy, a core focus of UNAIDS, generated discussion among PCB members. The PCB advised that the section of the Unified Budget and Workplan devoted to leadership and advocacy should have a clearer explanation of activities. In

particular, it was requested that the Unified Budget and Workplan describe how UNAIDS intends to foster leadership at country level. The PCB expressed strong support for an active, well-resourced Global Coalition on Women and AIDS and said the Coalition should have a focused and concrete work plan.

87. The PCB suggested that interagency activities, which account for 26% of proposed expenditures in 2006-2007, are not adequately described in the Unified Budget and Workplan. One member of the PCB also said the allocation for global activities appeared to be disproportionately high for Cosponsors and suggested that the next Unified Budget and Workplan more clearly take as its starting point effective action at country level. It was also suggested that the Unified Budget and Workplan lacked clarity on the amounts that Cosponsors are devoting to AIDS activities from their own resources.

88. One member of the PCB said the Unified Budget and Workplan should become more dynamic in future versions, with mechanisms established to permit modification of strategies, activities and allocations to respond to emerging needs in a more timely manner. The PCB said it was unclear how the Unified Budget and Workplan relates to the UN System Strategic Framework and how UNAIDS' workplan and budget allocations in 2006-2007 would be affected by the recommendations of the Global Task Team.

89. The PCB noted that the Unified Budget and Workplan for 2006-2007 propose a significant increase in funding over amounts approved for 2004-2005. PCB members cited the addition of new Cosponsors and the increasing demands on the UN system as reasons why such an increase is merited. The PCB said the increased budget needs of UNAIDS is merely one component of the larger need to generate substantially greater resources for the AIDS response.

90. One member of the PCB questioned whether the Unified Budget and Workplan place sufficient emphasis on effective action in sub-Saharan Africa. According to this PCB member, only about 20% of the resources for 2006-2007 focus on sub-Saharan Africa, while the region accounts for 70% of people living with HIV. Another member of the PCB said it appeared that harm reduction was entirely absent from the 16 principal results in the Unified Budget and Workplan. PCB members spoke in favour of assuring appropriate action in a variety of areas, including capacity building in the health sector, prevention of mother-to-child transmission, condom promotion for girls and young women, and policy reforms to empower women and girls.

91. Responding to the comments of the PCB, Dr Werasit said effective action at country level was the central objective of the Unified Budget and Workplan for 2006-2007, with country and regional activities accounting for roughly two thirds of the core budget. Interagency activities, Dr Werasit explained, represent joint efforts in which each Cosponsor commits to particular deliverables, with work coordinated by specific convening agencies. A task force of Cosponsors during development of the Unified Budget and Workplan reached consensus on the specific areas of work that interagency resources should fund. Dr Werasit welcomed the emphasis on country-level advocacy and indicated that UNAIDS was working to improve advocacy by promoting the

development of country advocacy plans and facilitating regional advocacy initiatives, such as the Asia-Pacific Leadership Forum.

92. Dr Werasit said the priorities of the Unified Budget and Workplan are in accordance with the UN System Strategic Framework. He said that UN country coordination mechanisms represent the appropriate venue to ensure programmatic linkages between these two processes. Dr Werasit observed that the Global Task Team formulated its recommendations after the Unified Budget and Workplan was developed but that there was strong agreement between the two documents in key areas, such as monitoring and evaluation, coordination, alignment, and technical support. He noted that additional demands on UNAIDS required by the Global Task Team recommendations were not funded in the Unified Budget and Workplan and that a process is underway to cost the Global Task Team recommendations. Dr Werasit said that some sort of supplemental funding may be needed to cover costs associated with the recommendations of the Global Task Team.

93. Several Cosponsors addressed comments by the PCB regarding the Unified Budget and Workplan. Cosponsors expressed openness to alternative means of reporting AIDS activities to their individual governing boards, but they said governing boards were fully aware of Cosponsor activities under the Unified Budget and Workplan. It was noted that joint board meetings between various Cosponsors are already planned and that additional joint meetings are being considered. Cosponsors said development of the Unified Budget and Workplan was specifically informed by deliberations regarding the comparative advantages of respective Cosponsors. It was observed that work plans are currently under development for all seven work areas of the Global Coalition on Women and AIDS. Cosponsors underscored that the Unified Budget and Workplan seeks to leverage additional resources; while UNFPA receives US\$ 7 million under the UBW, for example, it allocates an estimated US\$ 70 million of its own resources for HIV/AIDS efforts.

94. Dr Piot said UNAIDS shared the PCB's vision of a more dynamic budgeting process that can respond to emerging priorities and enable UNAIDS to identify activities that may be obsolete. With respect to the Global Task Team recommendations, Dr Piot observed that some would entail additional costs, some would be cost-neutral, and others would lead to savings. He said UNAIDS aimed to have all recommendations costed by 15 July, with the expectation that any increase in needed resources would focus solely on country-level action. With only one PCB meeting per year and with no formal mechanism to facilitate budgetary flexibility, Dr Piot suggested that the PCB have a full discussion of the matter in the near future and agree on a mechanism to permit strategic amendments to the Unified Budget and Workplan.

95. Dr Piot underlined the improvement in the Unified Workplan through the identification of indicators, but he agreed that some of the indicators for 2006-2007 were weak. He noted that it is challenging to formulate meaningful indicators in areas such as measuring the involvement of civil society. UNAIDS continues to struggle to develop strong, comprehensive indicators, he said, and he promised continued progress in this regard.

96. UNAIDS has made significant progress in improving its internal monitoring procedures, Dr Piot said, although the existence of different cultures and management practices among 10 Cosponsoring agencies makes standardized monitoring a challenge. Dr Piot said efforts are underway to assess processes for AIDS reporting to the governing boards of each Cosponsor. He encouraged members of the PCB to use their presence on the governing boards of Cosponsors to ensure adequate and timely reporting of AIDS activities.

97. Dr Piot expressed confidence that UNAIDS could effectively spend the increase proposed for 2006-2007. He noted that the Programme's expenditure rate consistently approaches 100% and that UNAIDS uses budgeted funds in a cost-conscious manner. Citing trends in the global economy, increasing support for development assistance, and the fact that several major economies are not yet contributors to UNAIDS, Dr Piot said he was optimistic that UNAIDS could mobilize the funding levels set forth for 2006-2007 in the Unified Budget and Workplan.

98. Following this discussion, the PCB endorsed the strategies and approaches set forth in the Unified Budget and Workplan for 2006-2007 (UNAIDS/PCB(17)/05.4). The PCB approved the core budget of US\$ 320.5 million and the proposed distribution of those resources as follows: US\$ 120.7 million for Cosponsors; US\$ 115.4 million for the Secretariat; and US\$ 84.4 million for interagency activities. The PCB took note of the planned supplemental budgets for Cosponsors, the Secretariat and interagency activities.

5: United Nations System Strategic Framework on HIV and AIDS 2006–2010

99. The United Nations System Strategic Framework on HIV and AIDS 2006–2010 was presented by Dr Werasit (Director, Programme Development, Coordination and UN System Relations Department, UNAIDS). Dr Werasit noted that the PCB had endorsed the UN System Strategic Plan for 2001–2005. Dr Werasit said the mid-term performance report had demonstrated that the UN System Strategic Plan had enhanced engagement and coordination of diverse actors within the UN system.

100. To further improve the UN system's strategic focus, the UNAIDS Secretariat developed the UN System Strategic Framework on HIV and AIDS for 2006–2010. Dr Werasit said that this new approach to strategic coordination within the UN introduced several innovations, including the articulation of a clear goal and a set of objectives in support of implementation of the Declaration of Commitment on HIV/AIDS, identification of UN coordination mechanisms at global and country levels, and a concrete plan for performance monitoring. The UNAIDS Unified Budget and Workplan reflects the plans of Cosponsors and the UNAIDS Secretariat within the new UN System Strategic Framework. Country-based coordination mechanisms, such as UN Country Teams, UN Theme Groups, and UN Implementation Support Plans on AIDS, will serve as the primary vehicle for a coordinated UN system support to national AIDS responses. Dr Werasit noted that the performance reports on the individual organization AIDS plans will be submitted to the Governing Boards of UN organizations. On an aggregate level, a report for the entire UN system will be submitted to the PCB every two years.

101. The PCB welcomed the UN System Strategic Framework and said it represented significant improvement over the UN System Strategic Plan 2001–2005. The PCB emphasized the importance that the spirit of cooperation reflected in the UN System Strategic Framework translates into improved coherence and effectiveness at country level. A PCB member inquired how the UN System Strategic Framework related to the Unified Budget and Workplan. Another PCB member raised a concern over the funding of the individual AIDS plans of UN organizations. Two members of the PCB cited the need to ensure greater accountability on AIDS within the UN system and asked how the Strategic Framework would promote this goal. Other members of the PCB said it was unclear how the Strategic Framework related to the recommendations of the Global Task Team or to the UN reform agenda.

102. In response to the comments of the PCB, Dr Werasit said that the eight strategic objectives set forth in the UN System Strategic Framework are closely linked to key results in the Unified Budget and Workplan. Under the Strategic Framework, Dr Werasit said, objectives and achievements will be reviewed every two years, promoting accountability and permitting adjustment of the framework in response to emerging priorities and the evolving nature of the epidemic. The Framework requires increased responsibility and accountability of individual UN organizations. For example Governing Boards of the UN organizations should periodically review the implementation of their individual AIDS plans. The Inter-Agency Advisory Group on AIDS will promote coordination on an ongoing basis and undertake an annual review of progress in implementation of individual plans. Dr Werasit explained that the UN System Strategic Framework was in line with the recommendations of the Global Task Team.

103. In response to the comments made by PCB members, Dr Piot underlined the need to proceed to a review of the Framework concept which will assess its added value in light of the most recent developments concerning alignment and harmonization of AIDS action.

6: Information Items

6.1 Progress on implementation of the “Three Ones”

104. The PCB took note of a report submitted by UNAIDS on progress toward implementation of the “Three Ones”. The report was introduced by Mr Sidibe (Director, Country and Regional Support Department, UNAIDS) under agenda item 2. Significant highlights since the PCB’s last meeting in December 2004 included the 9 March 2005 high-level meeting in London, which resulted in endorsement of targets and actions and creation of the Global Task Team; extensive advocacy at regional and country levels; intensified work with 12 focus countries through assessments and missions; and progress by other countries on the “Three Ones”, including identification of obstacles to implementation.

105. The PCB thanked UNAIDS for its report, expressed strong support for rapid implementation of the “Three Ones”, and applauded UNAIDS for its increased assistance to countries. Members of the PCB acknowledged that actual implementation is more difficult than articulation of the “Three Ones” principles. Members of the PCB said

headquarters staff of Cosponsoring Organizations should increase their efforts to ensure that country-based staff adhere to nationally determined priorities and coordination mechanisms. Several PCB members said the momentum in favour of the “Three Ones” was already having an impact by guiding the closer collaboration of partners and their efforts to strengthen national AIDS responses. One PCB member said the UN system needed greater visibility if a successful implementation of the “Three Ones” principles were to occur in Eastern Europe and Central Asia. The representative from South Africa expressed concern about the weakening of public health sectors where health workers are leaving the service for a number of reasons, and called for creative ways to be found to strengthen and retain human resource capacity.

106. The PCB encouraged greater involvement of civil society in implementation of the “Three Ones”. It was noted that the International Council of AIDS Service Organizations and the International HIV/AIDS Alliance had jointly published a civil-society discussion paper, including a set of recommendations, on the “Three Ones”. A meeting of civil society in July 2005 sponsored by the UNAIDS Secretariat resulted in agreement on the importance of clear targets, the need for capacity-building assistance, and the imperative of having inclusive processes at country-level.

107. The PCB specifically noted the need to harmonize and strengthen monitoring and evaluation systems. The multiplicity of monitoring and evaluation indicators and systems, the PCB observed, is contributing to fragmentation and hindering efforts to obtain a clear picture of the epidemic.

108. Applauding the momentum toward implementation of the “Three Ones”, Mr Sidibe emphasized the importance of translating principles into practice. He noted that UNAIDS is embarking on a two-year project with the Russian Federation to accelerate implementation of the “Three Ones”. UNAIDS has helped ensure that civil society is in the forefront of implementation in Nigeria, while the Prime Minister himself is participating in “Three Ones” discussions in Haiti. Joint visits involving the UNAIDS Executive Director and both bilateral donors and multilateral partners have been undertaken in four heavily affected countries—Kenya, Mozambique, Swaziland and Uganda—to encourage rapid implementation of the “Three Ones”. The Global Fund is requesting countries to report on implementation of the “Three Ones” in their fifth-round funding proposals; UN Country Teams are making innovative use of Programme Acceleration Funds to promote the “Three Ones”; and UNAIDS is currently exploring with the United States government joint action in support of the “Three Ones”. Mr Sidibe also said the recommendations of the Global Task Team would strengthen efforts to facilitate implementation of the “Three Ones”.

6.2 Interim Financial Management Information for the 2004-2005 Biennium and Financial Update as of 31 March 2005

109. The Interim Financial Management Information for the 2004-2005 Biennium and Financial Update as of 31 March 2005 was introduced by Dr Werasit (Director, Programme Development, Coordination and UN System Relations Department, UNAIDS). Dr Werasit summarized findings in the ‘Interim financial management

information for the 2004-2005 biennium and financial update as of 31 March 2005' (UNAIDS/PCB(17)/05/7.2).

110. As of 31 March 2005, US\$ 184 million in contributions, or 68% of income required to fund the 2004-2005 Unified Budget and Workplan of US\$ 270.5 million, had been received by UNAIDS. Additional income received since 31 March 2005 brought total income to US\$ 238.2 million, or 88% of financial requirements for the 2004-2005 biennium. Thirty governments account for more than 96% of total amounts received as of 31 March 2005, with the remainder stemming from funds received by the World Bank (2.2%), interest on income (1.2%), and miscellaneous donations (0.1%). On behalf of the Executive Director of UNAIDS, Dr Werasit expressed thanks to all governments and other contributors for their financial commitment and support.

111. Programme expenditures (including transfers to Cosponsors) amounted to US\$ 207.8 million as of 31 March 2005, made possible thanks to the carryover from the previous biennium and contributions received during the current biennium. The expenditure rate of 77% as of 31 March 2005 suggests that UNAIDS should spend the totality of funds it has received, or expects to receive, by 31 December 2005. Should expectations concerning income and expenditure be realized, UNAIDS proposes that US\$ 60.2 million from funds carried from previous biennia be set aside to again permit a timely transfer in January 2006 of 50% of the Cosponsors' share under the Unified Budget and Workplan for 2006-2007, with the aim of ensuring continuation of activities during the transition into a new biennium. In addition, UNAIDS proposes to earmark US\$ 7.8 million as matching funds to support priority initiatives, such as activities relating to the "Three Ones", intensification of HIV prevention, review and analysis of the activities of the Committee of Cosponsoring Organizations, and information technology investments accompanying construction of the new building or needed to strengthen country-level work. UNAIDS further proposes to allocate US\$ 10 million from carryover funds to increase the operating fund reserve from US\$ 25 million to US\$ 35 million.

112. The PCB took note of the interim financial statement and thanked UNAIDS for the clarity of the presentation. One PCB member asked whether it might be possible to use the fund balance before the end of the year, another questioned whether the carryover funds to be allocated to the reserve fund might be better allocated to the Programme Acceleration Funds, and another asked whether allocations from the next and anticipated carryover to Cosponsors would be for all 10 Cosponsors. In response, Dr Werasit indicated that, if income allows it, it is Dr Piot's intention to use any available fund balance immediately rather than at the end of the year. He also said that the proposed increase in the operating reserve fund reflects good financial practice of other UN voluntarily funded programmes and agencies. Dr Werasit confirmed that the allocation to Cosponsors from the anticipated carryover in January 2006 will take into account the entitlements of all 10 Cosponsors under the next Unified Budget and Workplan.

113. In addition to taking note of the interim report, the PCB endorsed the Executive Director's proposal for utilization of anticipated fund balance at the end of 2005. The PCB further encouraged donor governments and others to release their contributions

toward the Unified Budget and Workplan for 2004-2005 as soon as possible, if they have not already done so.

7: Next PCB Meeting

114. The Chair announced that the eighteenth meeting of the PCB will take place on 27-28 June 2006 in Geneva.

8: Any other business

115. The PCB was informed that a note from the UNAIDS Staff Association had been included in the papers circulated during the meeting for information purposes.

116. One member of the PCB observed that an item on AIDS and security had been removed from the agenda, and hope was expressed that the topic would be discussed at a future PCB meeting. Dr Piot informed the PCB that he requested that the discussion paper on AIDS and security be withdrawn in order to encompass topics beyond uniformed services, as well as the activities of various Cosponsors in a subsequent discussion of this topic. Dr Piot said UNAIDS intended to submit a report to the UN Security Council at a special session on 18 July 2005 to focus on implementation of Security Council Resolution 1308, which addresses HIV/AIDS in the context of international peacekeeping.

9: Adoption of decisions, recommendations and conclusions

117. The decisions, recommendations and conclusions for each agenda item of the 17th meeting of the PCB were prepared by the drafting group and were discussed and adopted in plenary prior to the closure of the meeting. These decisions, recommendations and conclusions are appended to this report as Annex II.

118. Dr Piot thanked the PCB for the positive spirit of the meeting. He also thanked Luxembourg, which donated to UNAIDS funds that were originally intended to buy gifts to all delegations attending the most recent European summit. Dr Piot also noted that by the time of the next PCB meeting, the Secretariat would occupy its new building that is currently under construction, with major financial support from the Swiss Confederation.

119. The Chair thanked all delegations for their attendance and excellent work, adding a special word for the efforts of the Brazilian delegation.



PROGRAMME COORDINATING BOARD

Seventeenth meeting

Date: 27-29 June 2005

Venue: Executive Board Room, World Health Organisation, Geneva, Switzerland

Time of meeting: 09h00 - 12h30 and 14h00 - 18h00

Draft Provisional Agenda

1. Opening:
 - 1.1 Opening of the meeting and adoption of the provisional agenda
 - 1.2 Election of Officers
 - 1.3 Consideration of the reports of the fifteenth and sixteenth meetings
 - 1.4 Report of the Executive Director
 - 1.5 Report by the Chairperson of the Committee of Cosponsoring Organisations
 - 1.6 Report by the NGO representative
2. Report of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors
3. UNAIDS Policy Position Paper: Intensifying HIV Prevention
4. UNAIDS Unified Budget and Workplan 2006-2007
5. United Nations System Strategic Framework on HIV and AIDS 2006–2010
6. Information Items:
 - 6.1 Progress on implementation of the “Three Ones”
 - 6.2 Interim Financial Management Information for the 2004-2005 Biennium and Financial Update as at 31 March 2005
7. Next PCB meeting
8. Any other business
9. Adoption of decisions, recommendations and conclusions

ANNEX II

Programme Coordinating Board, 27-29 June 2005 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: Election of Officers

2. Brazil was elected as Chair, Sweden as Vice-Chair and China as Rapporteur of the 17th meeting of the Programme Coordinating Board.

Agenda item 1.3: Consideration of the reports of the 15th and 16th meetings

3. The Programme Coordinating Board adopted the reports of the 15th and 16th meetings.

Agenda item 1.4: Report of the Executive Director

4. Taking note of the achievements of UNAIDS during the last biennium, and recognizing the many continuing challenges for the response to AIDS and for UNAIDS, the Programme Coordinating Board:

4.1 supports UNAIDS' efforts to advocate for increased resources to be devoted to the response to AIDS, and to explore innovative options for expanding the funding base, nationally and internationally;

4.2 further supports UNAIDS' efforts to identify the obstacles to effective AIDS programme implementation and to support countries in overcoming such obstacles, and accelerate implementation through the tapping of national and regional capacities through its Technical Support Facilities, the brokering of horizontal cooperation, the strengthening of UNAIDS' own capacity in this area, and working with country partners, civil society and donors to articulate further the nature and scale of the problem, and how policies and programmes can be refined;

4.3 encourages UNAIDS Secretariat and Cosponsors and UN Country Teams to strengthen their support for the greater coherence and accountability of AIDS responses, through the adoption and implementation of the "Three Ones" principles in all countries, the integration of AIDS harmonization into the broader development agenda while continuing to recognize the exceptionality of AIDS, and the strengthening of greater coordination and alignment of monitoring and evaluation approaches;

4.4 recognizing the importance of a comprehensive approach to AIDS, encourages UNAIDS to continue to promote and support countries in the development of evidence-informed AIDS strategies, including efforts towards universal access to prevention, treatment and care services;

4.5 recognizing the equal importance of ensuring a sustained response to the global AIDS epidemic, encourages UNAIDS to develop a long-term approach for the global AIDS response taking into account: sustainable financing of comprehensive HIV prevention, treatment, care and support; the linking of AIDS to the broader development agenda; and the continuation of the current political momentum and public awareness on AIDS; in order to promote and support initiatives that tackle the enduring obstacles to development, and the social, demographic and economic impacts of AIDS, and

4.6 encourages UNAIDS to develop a strategy and continue to mobilize a truly inclusive response to AIDS including the promotion and facilitation of the inclusion of civil society, people living with HIV and AIDS and the private sector in national and international responses to AIDS, and the mobilization of greater management support for civil society organizations in grant application and programme implementation.

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

5. Noting with appreciation the Report by the Chairperson of the Committee of Cosponsoring Organizations, the Programme Coordinating Board:

5.1 welcomes the joint programme-wide initiatives undertaken by UNAIDS, led by various Cosponsors and in some cases by the Secretariat, notes their key achievements and multisectoral activities, and welcomes the commitment of the Cosponsors regarding the continuing challenges in the field of AIDS, and;

5.2 urges the Cosponsors and Secretariat to continue to strengthen the UNAIDS partnership, especially at country level, as well as to strengthen the collective working arrangements of the Cosponsors, and thereby contribute to a comprehensive response to AIDS.

Agenda item 1.6: Report by the Nongovernmental Representative

6. The Programme Coordinating Board welcomes the report of the nongovernmental organizations and recognizes civil society as a key partner; and

6.1 urges UNAIDS to lead in the development of a long-term strategy to enable access to resources by civil society to support and sustain the scale-up of their enormous human resource contribution toward implementation of HIV prevention, care, treatment and support activities worldwide.

Agenda item 2: Report of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors

7. Welcoming the rapid, high-level and highly participatory work of the ad hoc Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, the Programme Coordinating Board:

7.1 endorses the complete set of recommendations contained in the 14 June final report of the Global Task Team noting the central importance of country ownership;

7.2 requests the UNAIDS Secretariat and Cosponsors—and invites the Global Fund to Fight AIDS, Tuberculosis and Malaria—to develop action plans and to implement the Global Task Team recommendations and maintain the momentum created by the Global Task Team, within the specified timeframes;

7.3 urges the governing bodies of UNAIDS Cosponsors, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and other multilateral institutions to consider and endorse the Global Task Team recommendations;

7.4 urges all other international partners to consider and, whenever possible, implement the alignment and harmonization arrangements detailed in the Global Task Team recommendations;

7.5 requests the UNAIDS Secretariat and Cosponsors, in cooperation with the Global Fund to Fight AIDS, Tuberculosis and Malaria and other relevant development partners, to report on progress in the implementation of Global Task Team recommendations at a special session in the June 2006 Programme Coordinating Board meeting;

7.6 urges UNAIDS to promote the full participation of civil society at the country and global levels in implementing the recommendations of the Global Task Team; and

7.7 encourages the UNAIDS Secretariat to lead a rapid and inclusive process—including civil society—ahead of the September 2005 Global Fund Replenishment Conference for the expansion and refocusing of UNAIDS Programme Acceleration Funds so they enable the UN system and others to scale up the provision and facilitation of technical support.

Explanatory note to Section 7: the PCB recognizes that the implementation of the Global Task Team recommendations would have to be within the framework of national laws, as well as regulations and policies of the governing bodies of multilateral organizations and international institutions. The PCB also notes that a move toward a programme-based approach includes coordinated parallel financing and pooled funding.

Agenda item 3: UNAIDS Policy Position Paper: Intensifying HIV Prevention

8. Welcoming the action taken by UNAIDS on the decision of its 16th Programme Coordinating Board meeting in December 2004 for UNAIDS to engage in the development of a strategy for intensifying HIV prevention, the UNAIDS Programme Coordinating Board:

8.1 expresses satisfaction with the extent and range of consultations in which UNAIDS has engaged in the development of the UNAIDS Policy Position Paper: Intensifying HIV Prevention;

8.2 endorses the UNAIDS Policy Position Paper: Intensifying HIV Prevention, as amended;

8.3 urges UNAIDS to strengthen its leadership of, and support to, global, regional and national efforts to intensify HIV prevention as part of a comprehensive response to AIDS;

8.4 requests UNAIDS to take the lead in intensifying HIV prevention, through expediting the development of an action plan based on the Policy Position Paper and the recommendations of the Global Task Team, and to inform the Programme Coordinating Board of this action plan by December 2005; noting that this will entail further harmonizing and coordinating its efforts through a clear division of responsibilities between the UNAIDS Secretariat and Cosponsors, as well as by coordinating its efforts with national and global stakeholders;

8.5 requests UNAIDS to provide a progress report in June 2006 on UNAIDS' efforts to intensify HIV prevention; and

8.6 notes the United States statement that the United States could not fund needle and syringe programmes because such programmes are inconsistent with current United States law and policy, and notes that this external partner cannot be expected to fund activities inconsistent with its own national laws and policies.

Agenda item 4: UNAIDS Unified Budget and Workplan 2006-2007

9. The Programme Coordinating Board:

9.1 expresses its satisfaction with the success of the Secretariat and Cosponsors in responding fully to the decisions of the Programme Coordinating Board and further improving the Unified Budget and Workplan 2006-2007, by setting out clearly the contributions of UNAIDS to the global response and bringing further strategic coherence to work planning and budgeting;

9.2 commends UNAIDS for strengthening the results-based management framework of the Unified Budget and Workplan 2006-2007, making it a more

user-friendly and transparent document and a better tool for accountability, and notes with satisfaction the inclusion of results and corresponding indicators of achievement at the level of the Joint Programme as a whole and at the level of individual Cosponsors and the Secretariat;

9.3 recognizes that the Unified Budget and Workplan 2006-2007 is a prime example of United Nations' reform in action;

9.4 requests UNAIDS to take further steps to strengthen the Unified Budget and Workplan as an instrument for UN system coherence to capture country level financing and harmonization with a strengthened results-based management approach, and that UNAIDS report to the Programme Coordinating Board on these steps in June 2006;

9.5 urges UNAIDS Secretariat to establish a process aimed at aligning the Unified Budget and Workplan with the recommendations of the Global Task Team and to identify their financial implications;

9.6 notes with satisfaction the increases in the Cosponsors' own resources for global, regional and country level activities, all of which are tangible expressions of their increased capacity, commitment and action to fight the AIDS epidemic and its consequences;

9.7 requests UNAIDS to respond to Decision 8.2 of the 15th Programme Coordinating Board to present a harmonized report to Cosponsors' governing bodies; the 2006-2007 Unified Budget and Workplan provides an opportunity to present to the Programme Coordinating Board a summary report on country-level spending, including the use of Unified Budget and Workplan funds at the country level; in all cases duplicative reporting should be avoided; Programme Coordinating Board members also acknowledge their responsibility to ensure coherence as members of Cosponsors' governing bodies;

9.8 endorses the strategies and approaches contained in the Unified Budget and Workplan 2006-2007, in particular its emphasis on enabling countries to scale up the national response to the AIDS epidemic;

9.9 mindful that some regions or subregions bear a disproportionate share of the AIDS burden, often compounded, as in the case of sub-Saharan Africa, by very high levels of poverty and, underlining the importance of allocating funds to reflect this situation, requests the UNAIDS Secretariat to prepare an additional table in the Unified Budget and Workplan to show more clearly the regional distribution of resources;

9.10 urges UNAIDS Secretariat to examine and propose ways and means to the 18th Programme Coordinating Board to increase the flexibility of the Unified

Budget and Workplan, including the possible establishment of a contingency fund and a mid-term review;

9.11 approves the core budget of US\$ 320.5 million and the proposed distribution of those resources as follows: US\$ 120.7 million for the Cosponsors; US\$ 115.4 million for the Secretariat; and US\$ 84.4 million for interagency activities; and

9.12 urges all countries to fully fund the Unified Budget and Workplan 2006-2007 in accordance with the principle of burden sharing.

Agenda item 5: United Nations System Strategic Framework on HIV and AIDS 2006-2010

10. Recognizing the importance of strengthening commitment and expanding action of the United Nations system in response to AIDS, the Programme Coordinating Board:

10.1 welcomes the efforts of the United Nations system organizations to continue working together as a system under one framework, in line with the internationally agreed development goals, including those contained in the UN Millennium Declaration and the UN Declaration of Commitment on HIV/AIDS, and urges the UN system to demonstrate even greater progress toward harmonization and coordination goals;

10.2 commends the progress made by the Cosponsors, other UN system organizations and the UNAIDS Secretariat on the development of the United Nations System Strategic Framework on HIV and AIDS 2006-2010;

10.3 urges the United Nations system organizations to mainstream AIDS in their global, regional and national plans and programmes with concrete mechanisms for monitoring and evaluation, to direct their country offices to support national programmes, and to propose to their governing bodies that they discuss AIDS in the context of the United Nations System Strategic Framework on HIV and AIDS 2006-2010; and

10.4 welcomes the intention of the UNAIDS Executive Director to review the United Nations System Strategic Framework on HIV and AIDS 2006–2010, taking into account ongoing UN reform efforts (e.g. the Triennial Comprehensive Policy Review) and the ongoing implementation of the Global Task Team recommendations.

Agenda item 6.1: Progress on implementation of the “Three Ones”

11. The Programme Coordinating Board takes note of the progress on implementation of the “Three Ones”.

- 11.1 urges UNAIDS to continue to lead in building capacity and political support for the implementation at country level of the “Three Ones”, taking into account the recommendations in the Global Task Team report, through the development of tools and guidelines and monitoring and evaluation mechanisms, to strengthen national authorities and the participation of country level stakeholders including civil society; and
- 11.2 recognizes that the sustainable implementation of the “Three Ones” remains a challenge, especially as we move toward the 2006 UN General Assembly review of the UN Declaration of Commitment on HIV/AIDS, and requests UNAIDS to facilitate further harmonization of global monitoring and evaluation systems, and their alignment to country systems.

Agenda item 6.2: Interim Financial Management Information for the 2004-2005 Biennium and Financial Update as at 31 March 2005

12. Taking note of the interim financial management information for the 2004-2005 biennium and the financial update as at 31 March 2005, the Programme Coordinating Board:
 - 12.1 endorses the Executive Director’s proposal for the utilization of the anticipated fund balance, and;
 - 12.2 encourages donor governments and others to release their contributions towards the Unified Budget and Workplan for 2004-2005 as soon as possible, if they have not already done so.

Agenda item 7: Next PCB meeting

13. The Programme Coordinating Board reconfirms its decision from the 14th meeting that the 18th Programme Coordinating Board meeting will be held on 27-28 June 2006, in Geneva. The Bureau and the Secretariat may, bearing in mind the length of the agenda and the financial implications, extend the meeting by one day.

Agenda item 8: Any other business

14. The Programme Coordinating Board notes that the agenda item on AIDS and Security was withdrawn, and notes that the UNAIDS Executive Director committed to the inclusion of the item as soon as possible at a future Programme Coordinating Board meeting.

Agenda item 9: Adoption of decisions, recommendations and conclusions

15. The Programme Coordinating Board adopts the decisions, recommendations and conclusions of the 17th Programme Coordinating Board meeting.

ANNEX III



Joint United Nations Programme on HIV/AIDS

UNAIDS

UNICEF-UNICEF-WFP-UNDP-UNFPA
UNCDC-ILO-UNESCO-WHO-WORLD BANK

PROGRAMME COORDINATING BOARD

Seventeenth meeting

Date: 27-29 June 2005

Venue: Executive Board Room, World Health Organization, Geneva, Switzerland

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