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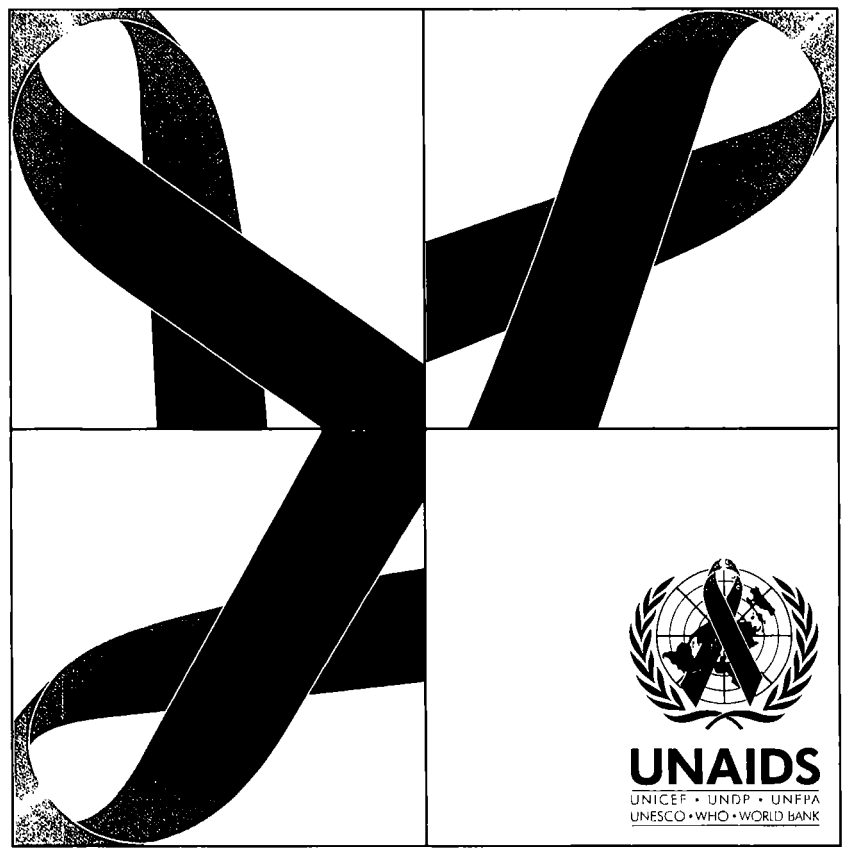
Microbicides for HIV prevention



UNAIDS technical update

April 1998

UNAIDS Best Practice Collection

Adult & Child New Infections - 1997

North America
44 000

Western Europe
30 000

Eastern Europe &
Central Asia
100 000

East Asia & Pacific
180 000

Caribbean
47 000

North Africa
& Middle East
19 000

South
& South-East Asia
1.3 million

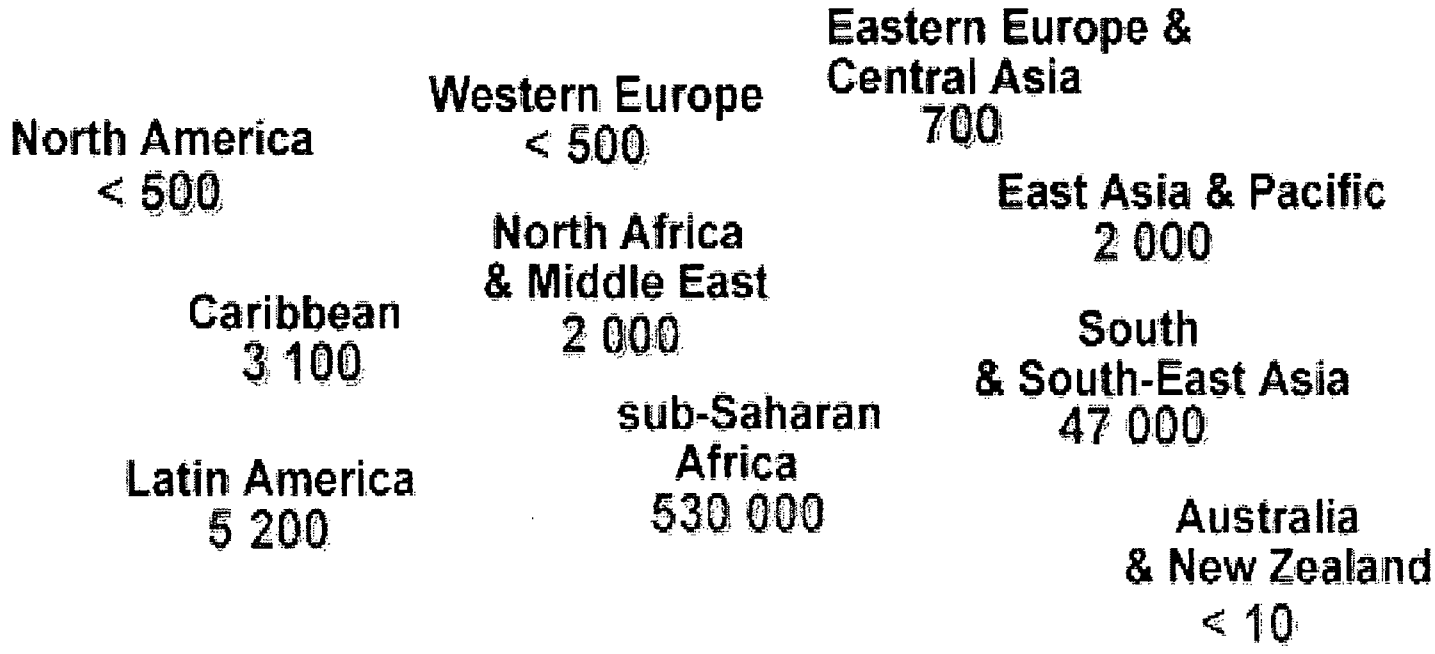
Latin America
180 000

sub-Saharan
Africa
4.0 million

Australia
& New Zealand
600

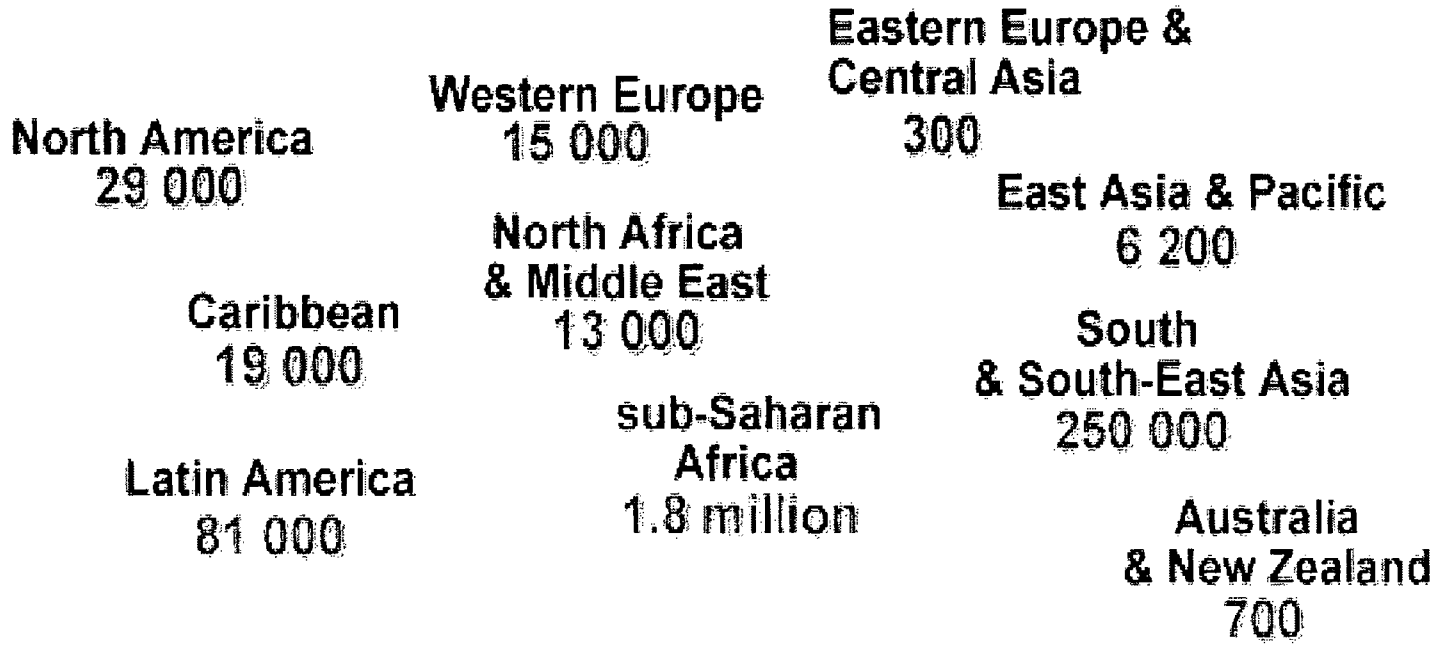
Source: UNAIDS

Children (<15) Infected in 1997



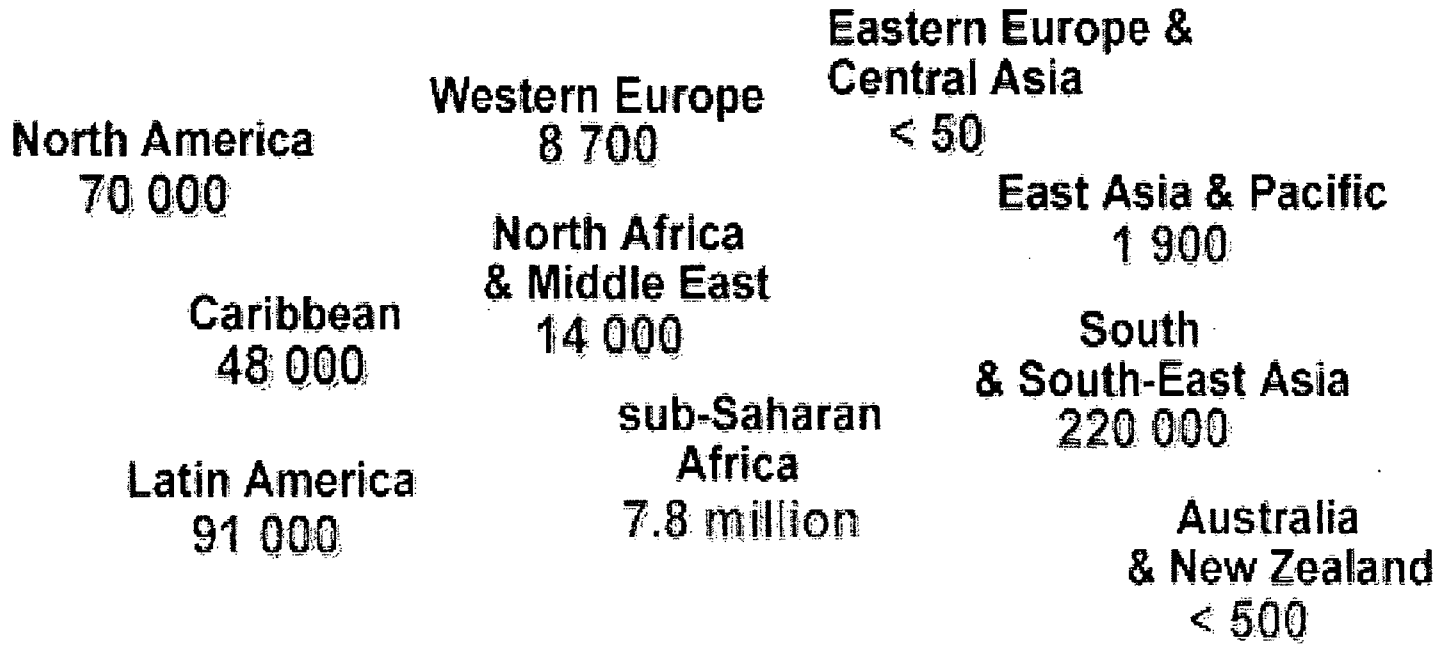
Source: UNAIDS

Adult & Child Deaths - 1997



Source: UNAIDS

Cumulative Orphaned Children



Source: UNAIDS

End-1997 global estimates

People living with HIV/AIDS	30.8 million
New HIV infections in 1997	5.8 million
Deaths due to HIV/AIDS in 1997	2.3 million
Cumulative number of deaths due to HIV/AIDS	11.7 million

FORCE FOR CHANGE
World AIDS Campaign with Young People

The Joint United Nations Programme on HIV/AIDS (UNAIDS) and its co-sponsors and partners have chosen to focus the 1998 World AIDS Campaign on young people. The main reasons for this focus are:

- Over 50% of new infections with HIV, the virus that causes AIDS, are now occurring in young people in the 10-24 age group. Young people are particularly vulnerable to HIV infection and are being very seriously affected by the epidemic.

- Young people have the power to change the course of the epidemic. Young people are not only being infected and affected by HIV/AIDS, but they are also a key resource in mobilizing an expanded and effective response.

The campaign will be a chance to sustain the momentum created during last year's campaign on the theme of "Children living in a world with AIDS" and to build on some of the initiatives that were begun over the past months. Similarly, it is hoped that the activities initiated during the course of this year will be carried over beyond the year-end, and that the campaign will be seen as an occasion to develop new approaches and to achieve consensus about what needs to be done in both the immediate future and the longer-term.

The theme that has been selected for the 1998 campaign is **"Force for Change: World AIDS Campaign with Young People"**. This highlights the intention of the Steering Committee that the campaign be used as a real opportunity to set up and strengthen processes for involving young people in reducing the spread of HIV, as well as mobilizing support for young people who are already suffering from the impact of the epidemic on their own lives, their families and their communities. The campaign also provides a platform for emphasizing the links between HIV/AIDS and other factors that are critical to young people's health and development including, in this anniversary year of the Universal Declaration of Human Rights, the promotion and protection of their rights.

In preparing this campaign, UNAIDS has been advised by a Steering Committee composed of its cosponsors (UNICEF, UNDP, UNFPA, UNESCO, WHO, and World Bank) as well as the Association François-Xavier Bagnoud, Education International, the International Federation of Red Cross and Red Crescent Societies, MTV International, Rotary International, and the World Assembly of Youth.

Secretariat

UNAIDS

Steering Committee

• UNAIDS
and co-sponsors:

UNICEF

UNDP

UNFPA

UNESCO

WHO

WORLD BANK

• *Others:*

Association François-Xavier Bagnoud

Education International

International Federation of Red Cross and Red Crescent Societies

MTV International

Rotary International

World Assembly of Youth

UNAIDS
20, avenue Appia
CH-1211 Geneva 27
Tel. (+41 22) 791 47 65
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http://www.unaids.org
e-mail: renaudt@unaids.org

Theme of the Campaign

Force for Change: World AIDS Campaign with Young People

Goal of the Campaign

To mobilize young people to reduce the spread of HIV infection and to strengthen support for young people infected and affected by HIV/AIDS. To promote and protect their human rights.

Objectives, Messages and Outcomes

This framework document outlines the overall goal and objectives of the campaign and serves as a guide for action. The main ideas are supported by messages and outcomes that remain broad and qualitative so that they can be adapted to country-level needs. On a country level this document can be used as a base to develop the most effective course of action: outlining specific activities, determining who the main actors will be, and taking into account the urban-rural and socio-economic and cultural differences within each context. At the end of the year, the outcomes will help to determine the campaign's contribution in promoting young people's health and development.

1. Promote young people's genuine participation

Messages

- Young people care about making the world a better place and can be a force for change in promoting health and human rights when they are supported by adults.
- Young people can be mobilized and trained as health promoters for their peers and friends.
- Through direct participation young people can further develop a genuine sense of their own competence and responsibility.
- Young people can play a valuable and lasting role if their participation is taken seriously by adults and aimed at developing their competencies and strengths.
- Openness on the part of adults, especially parents, to listen to and communicate with their children is a necessary part of young people's healthy development.

Outcomes

1.1 Young people's involvement in taking action to ensure their access to information, education, youth-friendly health services, and supportive environments.

1.2 Adults' increased understanding of the strengths of young people and recognition of their potential to contribute to families and communities.

1.3 Increased opportunities for young people to contribute actively to their families and communities while enhancing their own well-being.

1.4 Recognition and support of effective organizations in which young people actively participate in the development and implementation of policy.

2. Promote policies and action for young people's health and development using a human rights framework

Messages

- The Universal Declaration of Human Rights, the UN Convention on the Rights of the Child, and the UN Convention on the Elimination of all Forms of Discrimination against Women, can serve as powerful instruments for reducing discrimination and vulnerability to HIV/AIDS.
- Meeting and protecting human rights to information, education, recreation, safe spaces, and employment is fundamental to reducing new HIV infections.
- Young people have the right to be protected from discrimination and exploitation irrespective of their sex, sexual practices, and HIV status.
- Young men should not be fooled into believing that being manly means having unprotected sex with many women. Being manly is the ability to stand up to negative pressure from friends.
- Effective youth work recognizes the strengths of young people.
- Information is not enough! Young people have the right to develop skills, access services, and live in supportive environments.
- Good quality sexual and reproductive health programmes can delay first intercourse and protect sexually active young people from unwanted pregnancy and from sexually transmitted diseases, including HIV.
- Prevention works: In Uganda, HIV prevalence among pregnant women aged 15-19 years dropped by over 20% between 1990-93 and 1994-95. In Northern Thailand 21-year-old males have increased their condom use when visiting sex workers from 60% in 1991 to 90 % in 1995.
- Health services must be of good quality, confidential, accessible, affordable, and provided with respect.
- The media can increase societal debate on young people's participation in promoting their health and development.
- Young people who are infected with, and affected by, HIV/AIDS have a right to health care and need support in dealing with loss and grief.

Outcomes

2.1 Programmes and policies developed and implemented for young people are grounded in the principles of the Universal Declaration of Human Rights, the UN Convention on the Rights of the Child, and the UN Convention on the Elimination of all Forms of Discrimination against Women.

2.2 Stated commitment by governments, and the civic and private sectors to promoting young people's fundamental rights to information, education, recreation, safe spaces, and employment.

2.3 Better informed educators, school administrators and parents who can promote skills-based school programmes on sexual and reproductive health, gender equality, as well as skills for coping with and reducing substance use and violence.

2.4 Quality educational and entertainment programmes promoting young people's health and development on national and regional television and radio networks.

2.5 Trained health-care professionals and counsellors who understand and provide youth-friendly and gender-sensitive sexual and reproductive health services for young people. These services should include counselling, testing, treatment of sexually transmitted diseases (STDs), peer support, and access to HIV prevention and contraceptive supplies.

2.6 Support by governments and law enforcement offices for programmes providing youth-friendly counselling and treatment for drug-related problems, clean injection equipment, and information on needle sterilization techniques.

2.7 Developed and expanded community-based support networks for young people affected by and infected with HIV, as well as for AIDS orphans.

2.8 Statements by world leaders and celebrities from each region calling for young people's participation in developing policies and taking action on young people's health and development.

2.9 Activities related to the 1998 World AIDS Campaign are extended beyond the campaign year.

3. Increase awareness of the impact of HIV/AIDS on young people and young people's impact on the course of the epidemic

Messages

- Of the 30 million people living with HIV in the world, 9 out of 10 do not know that they are infected.
- 7,000 young people aged 10-24 are infected with HIV every day. Five young people are infected with HIV every minute.
- 1.7 million young people are infected with HIV every year in Africa. 700,000 young people are infected with HIV every year in Asia and the Pacific.

- By the year 2020 there will be over 40 million orphans under the age of 15 in 23 countries highly affected by HIV/AIDS. Most of these children will have lost their parents to AIDS.
- Young people's energy, idealism, and commitment can be channelled to stop the further spread of the HIV/AIDS epidemic and its social and economic impact.
- Programmes have demonstrated young people can be valuable resources when given concrete opportunities to promote their own health and development. It is critical to involve young people in developing and implementing policies and programming with and for young people.
- Young men and women living with HIV often face severe discrimination within their families, communities, schools, and workplaces.
- Young people infected with HIV have the same rights to education, health care and support as young people who are not infected with HIV.
- Gay and lesbian young people are often the victims of discrimination and violence. Such discrimination reduces their access to relevant HIV prevention programmes, to friendly health care, and to supportive environments.
- Some young people such as sex workers, drug users, street youth, domestic labourers, young men in the military, indigenous young people, and imprisoned youth are especially vulnerable to HIV/AIDS. The social and economic conditions in which they live reduce their ability to protect themselves and others against HIV infection.
- There are 250 million working children under the age of 18. At least one-third are performing dangerous work such as bonded labour, commercial sex, and domestic service which violates their rights to health and development and makes them particularly vulnerable to HIV infection.
- Young people who are commercially sexually exploited have little or no power to negotiate safer sex.
- For many young people, unprotected sex may be a means of securing money, affection, comfort, shelter and protection.
- Young women are biologically and socially more vulnerable to HIV infection than young men. HIV infection among young women aged 13-19 in Uganda is 20 times higher than in young men of the same age.
- Young women's control over safer sex is inadequate. A study in Jamaica found that 47% of girls had been pregnant by age 19, and that over 80% of these pregnancies were unwanted.
- More than half of the 333 million new cases of STDs per year are among young people.
- Young women often face physical and sexual violence from their partners, family members, sex partners, teachers, and employers placing them at high risk for unwanted pregnancies, sexually transmitted diseases and HIV/AIDS.
- Young people often face major barriers in accessing health care. Such barriers include excessive cost and health providers' discrimination against young people. These violations of rights must stop to change the course of the epidemic.

- We need to know at what age young women and young men are being infected with HIV in order to develop effective interventions.

Outcomes

3.1 Statements by community and national leaders promoting young people as a force for change in HIV/AIDS prevention and support.

3.2 Increased media and government attention to young people's vulnerability and risk behaviours for HIV including: young women's vulnerability to HIV; violence in the home, school, workplace, and public space; limited access to voluntary HIV counselling, testing, medical treatment and care; shared drug injection equipment and sexual risk behaviour.

3.3 Data on young people with HIV/AIDS disaggregated by age and sex, collected, analysed and disseminated.

4. Mobilize social and private sectors to work in partnership on young people's health and development

Message

- Partnerships between social and private sectors, which include sharing of resources and joint action for young people, are powerful forces in changing a world with AIDS.

Outcomes

4.1 Partnerships on young people's health and development, bringing together governmental and non-governmental organizations including community, youth, and religious organizations, as well as people living with HIV/AIDS, academic institutions, international agencies, the media, and the private sector.

4.2 Young people, community groups and the private sector collaborate in supporting cultural and recreational activities to promote young people's health and development.

5. Monitor the campaign

Messages

- The 1998 World AIDS Campaign provides a platform to promote policies and action on young people's health and development.
- The 1998 World AIDS Campaign is an opportunity to increase young people's participation in policies and action which promote their own health and development.

Outcomes

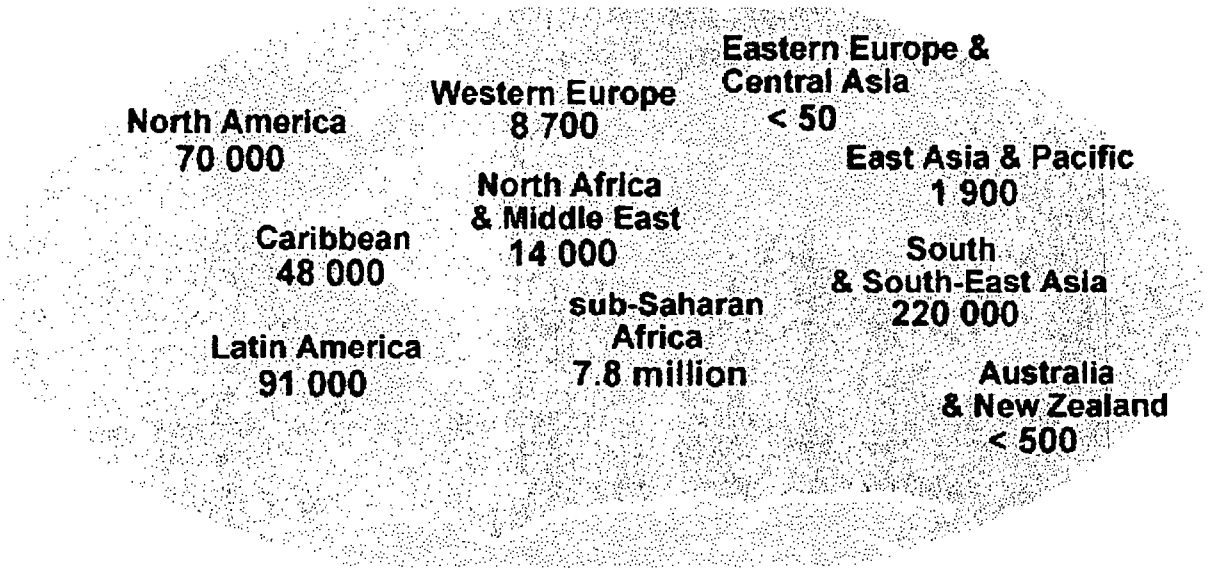
5.1 Examples of the campaign's contribution towards promoting young people's participation in ensuring their own health and development.

5.2 Examples of the campaign's contribution towards promoting policies and action on young people's health and development using the human rights framework.

5.3 Examples of the campaign's contribution to increasing awareness of the impact of HIV/AIDS on young people and young people's impact on the course of the epidemic.

5.4 Examples of the campaign's ability to mobilize social and private sector partnerships for young people's health and development.

Cumulative number of children estimated to have been orphaned by AIDS* at age 14 or younger



Total: 8.2 million

Last updated on Mon, Jun 22, 1998

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Access to drugs

UNAIDS
Technical update

October 1998

UNAIDS Best Practice Collection

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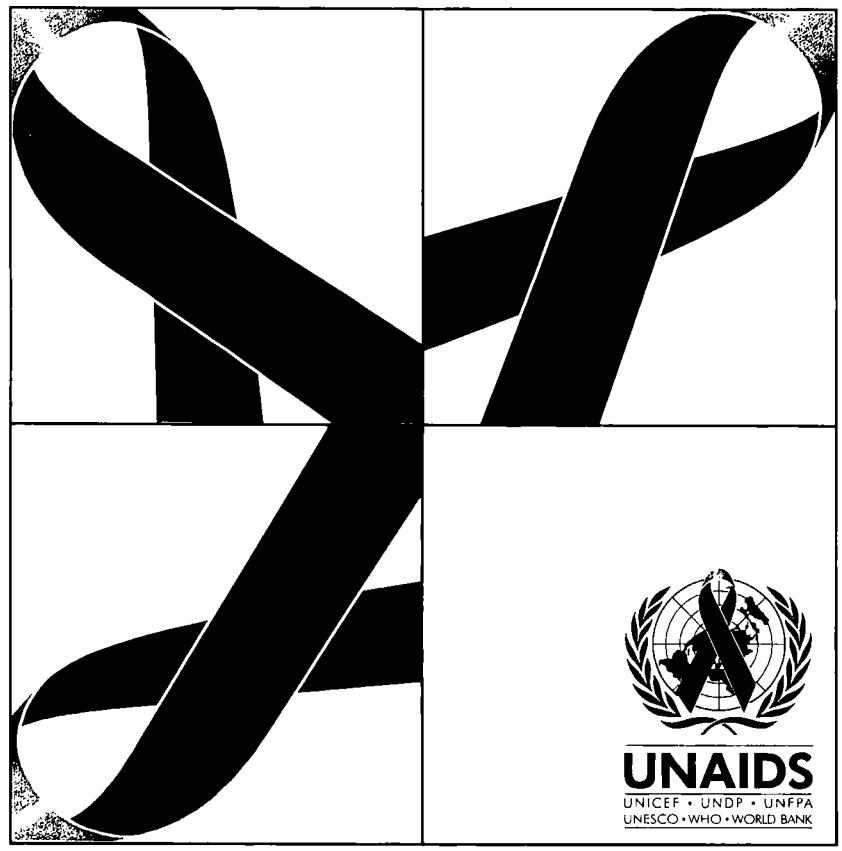
HIV-related opportunistic diseases



UNAIDS Technical update

October 1998

UNAIDS *Best Practice* Collection

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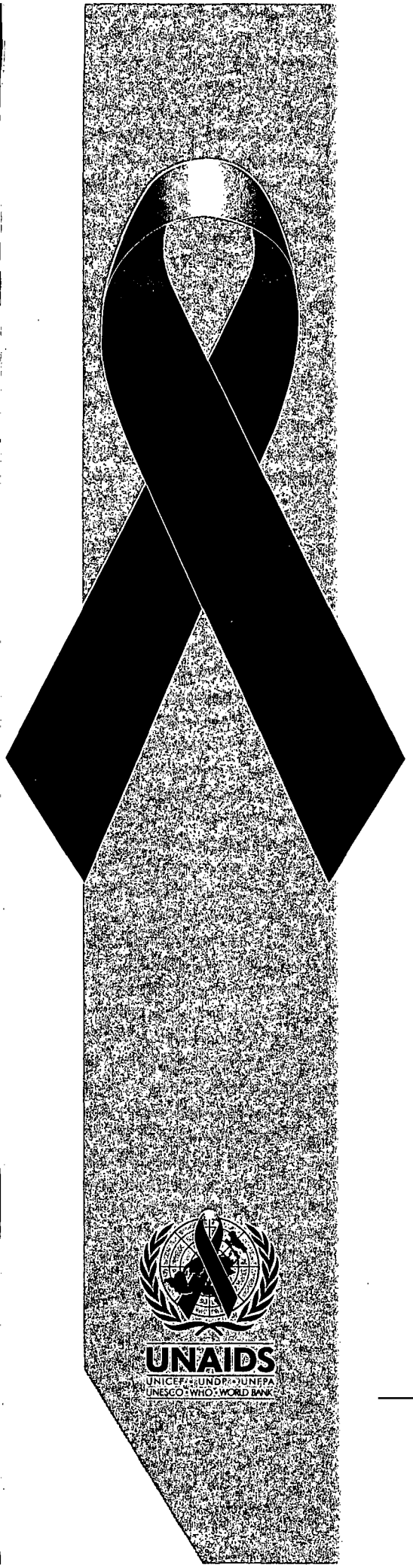

AIDS epidemic update:

December 1998

World Health Organization

Joint United Nations Programme on HIV/AIDS
UNAIDS
UNICEF • UNDP • UNFPA
UNESCO • WHO • WORLD BANK

PRESS RELEASE

Contact: Abigail Bing 212/584-5024

EMBARGO UNTIL 10:00 am EDT
Geneva, 22 April 1999

FUNDING OF AIDS EFFORTS NOT KEEPING PACE WITH EPIDEMIC

New Study Tracks Spending on HIV Prevention by Donors and Developing Countries

Wealthy countries' level of support for the international fight against AIDS is being vastly outpaced by the epidemic, with donor nations providing approximately US$ 350 million a year for an epidemic that has already infected 47 million people and grows by nearly 6 million new infections annually, according to a report released today.

"Weighed against the global catastrophe of the AIDS epidemic, the level of spending for HIV prevention around the world is minimal", said Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

The study, prepared by UNAIDS and the Francois-Xavier Bagnoud Center for Health and Human Rights at the Harvard University School of Public Health, examines donor spending on national, regional and international efforts to address HIV/AIDS, and national HIV/AIDS spending among developing countries for the years 1996 and 1997. It incorporates reports from 15 donor countries' official development assistance (ODA) programmes, the European Commission, 7 United Nations organizations, and 64 developing countries' national AIDS programmes.

The report finds that among industrialized countries, the United States is the largest funder of international AIDS programming, contributing US$ 135.2 million in 1997. But when AIDS funding is broken down as a proportion of gross national product (GNP), the Netherlands and Norway rank first and second, respectively. The report indicates that AIDS funding has not suffered the same declines as overall development assistance during the past few years. However, the amount allocated for HIV/AIDS has remained small – less than 1% of donor countries' annual ODA budgets.

"Donor nations must realize that their substantial investments toward improving conditions in developing countries will be effectively obliterated unless more is invested in fighting AIDS – the single greatest threat to global development today", said Dr Piot. According to UNAIDS, 95% of people living with HIV/AIDS are in developing countries. And in many countries in sub-Saharan Africa – home to the majority of people living with HIV/AIDS – AIDS is reducing life expectancy and increasing child mortality to rates not seen since the 1950s.

The report also uses available historical data from a group of countries that together comprise 75% of ODA funding to uncover a global spending trend for the years 1987 to 1997. After a quick influx of donor support, AIDS funding began to level off in 1990. And between 1990 and 1997, when the number of people living with HIV more than tripled – from approximately 9.8 million to 30.3 million -- HIV/AIDS funding rose only from US$ 165 million to US$ 273 million.

- more -

"Twenty years into the epidemic, it is alarming that AIDS is expanding three times faster than the funding to control it", said Dr Piot.

The study also includes reports of HIV/AIDS country-level spending by 64 developing countries, broken down by funding sources – ODA (excluding funds for international and regional efforts), UN organizations, World Bank loans, and developing countries' national budgets. Approximately three-quarters of the world's HIV-positive population live in the 64 countries included in the report.

Altogether, countries reported US$ 548.5 million of HIV/AIDS expenditure from all sources. However, the study authors caution that these estimates capture primarily money spent on prevention efforts, with the exception of Brazil and to a lesser extent Thailand (countries which fund most of their own programmes, including for AIDS care). Most donors have not traditionally financed programmes for the care and support of people living with HIV; these costs are largely borne by individuals and national governments, and were very difficult to capture in a survey of this kind.

Yet the country-level estimates provide some insights. Nearly US$ 280 million of the $548.5 million total was reported by Brazil and Thailand alone. Only US$ 140 million of the country-level spending was reported by the sub-Saharan African countries included in the report. Uganda, where a strong national effort has succeeded in turning the tide of the epidemic, reported the highest spending in this region – US$ 37 million in 1996. In comparison, Nigeria, where the epidemic is increasing at an alarming rate, reported less than US$ 4 million for 1996.

"In countries with huge numbers of people already infected with HIV, where city hospitals estimate that three out of four of their beds are occupied by people suffering from AIDS-related illnesses, the epidemic is costing countries much more than we have been able to capture in this study", said Dr Daniel Tarantola, formerly the Director of the International AIDS Program at the Francois-Xavier Bagnoud Center for Health and Human Rights, and now a Senior Policy Adviser to the Director General of the World Health Organization. "The study does show clearly that the gap between HIV/AIDS needs and resources has never been deeper, and unless much more is invested today, the situation will only grow much worse."

For more information, please contact Anne Winter, UNAIDS, Geneva, (+41 22) 791.4577, Lisa Jacobs, UNAIDS, Geneva, (+41 22) 791.3387 or Abigail Bing, UNAIDS, New York, (+1 212) 584.5024. You may also visit the UNAIDS Home Page on the Internet for more information about the programme (http://www.unaids.org).

UNAIDS/PCB(6)/98.12
11 August 1998

UNAIDS
UNICEF • UNDP • UNFPA
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Joint United Nations Programme on HIV/AIDS

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

Geneva, 25-27 May 1998

Contents

Agenda item 1 – Opening

1. The sixth meeting of the UNAIDS Programme Coordinating Board (PCB) was held at the Palais des Nations, Geneva, Switzerland from 25 to 27 May 1998. The participants are listed in Annex 1.

2. In the absence of the outgoing Chairperson, Dr Dlamini Zuma (South Africa), who was unable to attend, the outgoing Vice-Chairperson, Mr Hans Moerkerk (Netherlands) welcomed the participants.

3. The PCB adopted the procedure for the election of future PCB chairpersons and vice-chairpersons set out in document UNAIDS/PCB(6)/98.11, which had been proposed by the outgoing Vice-Chairperson in consultation with the outgoing Chairperson as requested by the PCB at its fourth meeting. It was noted that the PCB *Modus Operandi,* adopted at the first meeting in July 1995, would need to be amended accordingly.

4. Dr Michael Wooldridge (Australia) was elected as Chairperson and took the Chair. Dr Roberto Tapia Conyer (Mexico) and Dr Alexandre Golioussov (Russian Federation) were elected as Vice-Chairperson and Rapporteur, respectively.

5. In his outgoing address, Mr Moerkerk said that, despite a decade of hard work in the fight against HIV/AIDS, the epidemic continued to cause much suffering and remained a serious threat to equitable socioeconomic development. The establishment of UNAIDS represented an excellent opportunity to coordinate the joint efforts of the United Nations family, national governments, nongovernmental organizations (NGOs) and people living with HIV/AIDS. Although considerable progress had been made and there were many examples of good practice, those efforts must continue as it was only through a broad-based collaborative approach that success would be achieved.

6. The PCB approved the following nominations submitted by the NGO community for representatives of NGOs/people living with HIV/AIDS to participate in the work of the PCB: Ms Dorothy Odhiambo, Women Fighting Against AIDS in Kenya, as the representative for Africa; and Mr Jairo Pedraza, Global Network of People Living with HIV/AIDS (United States of America) as the representative for North America.

7. In his opening remarks, the Chairperson emphasized the need for both national and international efforts to combat HIV/AIDS. His own country, Australia, had successfully taken national HIV/AIDS programming out of the party political arena to ensure greater stability and had recognized the need for the involvement of a broad range of partners to ensure that activities reached all population groups. The country was also making a substantial contribution to international efforts, in particular in Africa and the Asia/Pacific region. He drew attention to the important role that the PCB could play in ensuring the effectiveness and accountability of UNAIDS and in seeking innovative ways of expanding international assistance. UNAIDS had a daunting mandate – it must now build on the substantial progress it had made in its first two years, in particular to increase its effectiveness at country level.

8. Mr Maurizio Iaccarino (Assistant Director-General for Natural Sciences, UNESCO and Chairperson of the Committee of Cosponsoring Organizations, CCO), speaking on behalf of the Cosponsors, reported that the three-day UNAIDS Cosponsor Retreat hosted by UNESCO in Venice in March 1998 had resulted in a number of important recommendations. Subsequently endorsed by the CCO in April 1998, the recommendations covered three broad areas: global policy development and technical guidance; the response at country level; and regional responses in areas with an HIV/AIDS emergency.

9. He welcomed the support already received for the 1998-1999 Coordinated Appeal, launched in November 1997, which currently stood at US$ 8.3 million.

10. Mother-to-child transmission of HIV was a subject of major concern, and two meetings had been held with the active involvement of the UNAIDS Secretariat, UNICEF and WHO to lay the basis for progress at country level in access to testing and counselling, antiretroviral drugs and breast-feeding substitutes.

11. HIV/AIDS had been discussed at recent sessions of the governing bodies of several of the Cosponsors. The Inter-Agency Advisory Group on AIDS (IAAG) continued to provide a useful forum for discussion among the UN system beyond the Cosponsors. At the Twelfth World AIDS Conference to be held in Geneva in June-July 1998, UNAIDS would be making a joint appeal to the world community to develop strategies for a step-by-step approach to improve the access of people living with HIV to a comprehensive package of care. The Cosponsors must speak with a single voice and call upon all governments to mobilize and intensify their efforts. In that context, the strong support given to UNAIDS by the G8 countries at their Summit in Birmingham, England in May 1998 was most welcome.

12. In conclusion, he noted that when UNESCO completed its term as chair of the CCO at the end of June 1998, all the Cosponsors would have chaired the Committee for one term of six months and the chair would pass back to WHO for one year.

13. Mr Jairo Pedraza (Global Network of People Living with HIV/AIDS, USA and the NGO representative for North America on the PCB), speaking on behalf of the representatives of NGOs/people living with HIV/AIDS, commended the efforts made by UNAIDS in the previous year to improve its relations with NGOs, which included the convening of a meeting of major development agencies to develop joint strategies, and a meeting of NGO representatives to evaluate NGO involvement in the PCB. In return, the NGO community was increasing its support for UNAIDS.

14. Access to treatment and health for people living with HIV/AIDS remained a critical issue and the United Nations Theme Groups on HIV/AIDS should give it high priority. There was also a need to develop standards, quality control and good practices in relation to the alternative treatments being used in many places. The NGO community supported the call of the G8 countries for development of an AIDS vaccine to be made an urgent public health imperative; immediate financial and technical support were needed if that goal was to be attained in the near future. In the meantime, high priority should be given to the development of microbicides. Greater recognition should be given to the impact of the HIV/AIDS epidemic

on women and to measures for their protection, in particular from sexual abuse. Particular attention should be given to the complex questions surrounding the provision of antiretroviral treatment for HIV-infected pregnant women. UNAIDS should also encourage the development of needle-exchange programmes.

15. At country level, the Theme Groups should step up efforts to encourage governments to work with NGOs and to emphasize human rights – people with HIV/AIDS were still being detained or imprisoned in many countries.

16. The continued expansion of the epidemic in many parts of the world, inflamed by civil unrest and economic crisis, necessitated a re-evaluation of HIV/AIDS activities. NGOs must be involved at all stages of programme planning and evaluation; greater involvement of people living with HIV/AIDS and their quality of life must be at the centre of the response.

17. The provisional agenda (document UNAIDS/PCB(6)/98.1) was adopted (see Annex 2).

Agenda item 2 – Consideration of the reports of the fourth and fifth meetings

18. The PCB adopted the reports of its fourth and fifth meetings (documents UNAIDS/PCB(4)/97.10 and UNAIDS/PCB(5)/97.6). Attention was drawn to a document outlining progress to date in implementing the recommendations made by the PCB at its fourth meeting.

Agenda item 3 – UNAIDS Biennial Progress Report (1996-1997)

19. Dr Peter Piot (Executive Director, UNAIDS), introducing the Programme's Biennial Progress Report for 1996-1997, which covered the first two years of activities, highlighted recent trends in the HIV/AIDS epidemic and the progress achieved in developing the Programme. Although the epidemic was receding in some places, demonstrating the efficacy of comprehensive prevention programmes, it continued to expand alarmingly, in particular in southern Africa, threatening to wipe out hard-won development achievements. The PCB commended the report for its comprehensive and frank analysis of the situation, expressing concern at the increasing gaps between low- and high-income countries in efforts to combat the epidemic, and urging donors to increase their assistance and ensure consistent financing. Bilateral funding agencies should be encouraged to work in cooperation with UNAIDS and the Cosponsors should be urged to increase allocations to HIV/AIDS activities from their own respective budgets.

20. The more coherent response to the epidemic being developed by the United Nations system, involving not only the UNAIDS Cosponsors but also UNDCP, ILO, FAO and UNHCR was welcomed. The PCB endorsed the recommendations arising from the UNAIDS

Cosponsor Retreat and looked forward to the development of an integrated workplan for UNAIDS and the Cosponsors over the course of the next biennium.

21. Although there had been significant improvements as UNAIDS continued to define its role and develop its activities at the global, regional and country levels, regional cooperation needed further strengthening, drawing on existing networks, including those of the Cosponsors. Moreover, major challenges remained to ensure that the United Nations Theme Groups on HIV/AIDS worked effectively at country level in facilitating the development, implementation and financing of national strategic plans. Further efforts were needed to tailor the structure of Theme Groups more closely to local needs, to strengthen the commitment of Cosponsor representatives and to develop multisectoral partnerships in support of government action. There was also a need to define more clearly the role and training of country programme advisers. The PCB welcomed the continuing reform of United Nations activities at country level through the United Nations Development Assistance Framework, noting that the Theme Groups were providing a role model in that regard. UNAIDS should increase its efforts to broaden collaboration at all levels with relevant international, national and nongovernmental groups, including religious organizations and groups.

22. The PCB recognized that national strategic planning was a national responsibility and that there was a need to translate plans into activities at the national, provincial and district levels, taking into account local priorities.

23. Many people were still denied access to various aspects of care, ranging from voluntary diagnostic testing and counselling, to humane support, palliative treatment, treatment for opportunistic infections and antiretroviral therapy. The PCB reiterated the recommendations on access to drugs arising from its fifth meeting in Nairobi and noted the UNAIDS guidelines on voluntary testing and counselling. Given recent research findings, the provision of antiretroviral treatment to HIV-infected mothers to prevent mother-to-child transmission was a matter for urgent consideration, although it gave rise to complex questions related to ethical aspects, possible development of resistance, etc., in addition to the high cost. Further efforts were needed to seek the procurement of diagnostic test kits, antiretroviral drugs and drugs to treat opportunistic infections at lower cost, in particular for low-income countries.

24. The PCB commended the UNAIDS Best Practice Collection and recommended that increased attention should be given to disseminating it more widely and encouraging its use. The material should provide examples not only of successful approaches but also of unsuccessful ones as these could provide useful lessons. The series should be expanded to include information on ways of achieving successful institutional change and to provide guidance on reduction of mother-to-child HIV transmission and on the development of an appropriate legislative framework for questions related to HIV/AIDS.

25. The PCB called for future biennial reports to be more concise and to provide an executive summary, which should highlight current findings. The reports should also incorporate more information on the obstacles being encountered and on the findings of monitoring and evaluation exercises. Further thought should be given to the precise purpose of the reports in the context of the strategic budget process.

Agenda item 4 – UNAIDS and the United Nations response at country level

Agenda item 4.1 – Funding status of national AIDS activities

26. Dr Bernhard Schwartländer (Team Leader, Epidemiology, Monitoring and Evaluation Team, Department of Policy, Strategy and Research, UNAIDS) introduced a report (document UNAIDS/PCB(6)/98.3) on the preliminary findings of a study designed to estimate the amount of national and international resources made available and spent in support of national responses to HIV/AIDS in 1996 and 1997, and to make recommendations for the development of a system for monitoring such information on an ongoing basis. The study was being carried out by the UNAIDS Secretariat and the François-Xavier Bagnoud Center for Health and Human Rights, Harvard School of Public Health, pursuant to a recommendation made by the PCB at its fourth meeting.

27. The PCB commended the work undertaken to date, noting that international funds had remained relatively stable since 1993, and that there was an increasing trend towards bilateral, at the expense of multilateral and multibilateral contributions. It was also clear that the flow of international and national funding was uneven and did not correspond to the pattern of the epidemic, so that resources were not necessarily going to areas where the needs were greatest.

28. It was recommended that the study should be completed, despite the limitations set out in the report. The findings, which should be submitted to the Board, would provide a baseline for future monitoring and evaluation of the availability and use of financial resources, which was seen as part of UNAIDS mandate.

29. The Board recognized the complexities of collecting the necessary data. At a time when approaches were rightly shifting in favour of integrated activities, it was becoming increasingly problematic to determine the precise amounts being spent in combating the epidemic. The separation of expenditures on advocacy and prevention from those on treatment and care was also difficult. Nevertheless greater efforts were needed to collect accurate and up-to-date information, and countries, donors and other agencies concerned should be encouraged to cooperate in that regard. The successful development of epidemiological surveillance in the face of similar complexities had shown that progress was possible.

30. UNAIDS should use the findings of the study to refine the methodology for the collection of data and subsequent application of the findings on an ongoing basis, if necessary with the help of a technical reference group with clearly defined terms of reference.

Agenda item 4.2 – Criteria for prioritization of UNAIDS support

31. Dr Peter Piot introduced revised proposals for prioritization in the allocation of UNAIDS Secretariat resources for the support of country activities (document UNAIDS/ PCB(6)/98.4), which included guidelines for the use of Strategic Planning and Development Funds and

which had been prepared by the Secretariat in response to a request by the Board at its fourth meeting.

32. The PCB reiterated the need for a transparent prioritization process based on objective need-based and opportunity-driven criteria and commended the progress made in refining the proposals. Although the resources concerned were limited in absolute terms and represented only a small part of the overall United Nations response to the HIV/AIDS epidemic at country level, they were strategically important and must be used in the most efficient and effective way possible. Involvement of NGOs and people living with HIV/AIDS should be stressed. Prompt receipt of agreed allocations was also essential.

33. General approval was expressed in respect of most of the proposed criteria. However, a pragmatic and flexible approach to their application was essential to secure an equitable interpretation, and the process should take into account the capacities within countries and the possibility of rapid changes in the HIV/AIDS epidemic. The special needs of certain groups of countries, such as those in the Caribbean and Pacific regions, should also not be ignored. It would be particularly important to ensure that the criteria related to population size and potential to effect change did not unfairly penalize smaller countries, or those where the United Nations system response through the Theme Group on HIV/AIDS was ineffective or absent, respectively.

34. The criterion on regional influence was not considered appropriate; it was highly subjective, difficult to assess and had political implications, and should therefore be deleted.

35. Loans negotiated by governments with development banks should be considered in the assessment of government financial commitment. In addition, the presentation of the process should be revised to emphasize the overall benefits provided by the UNAIDS Secretariat and the UN system to countries, i.e., access to "common goods" such as the Best Practice Collection and information exchange and technical resource networks, which are available to all countries, and the incremental benefits available to countries in different categories.

36. The PCB approved the immediate initiation of the prioritization process by the UNAIDS Secretariat. Implementation should take into account the Board's comments and the process should be reviewed and developed further in close consultation with the PCB Working Group on Resource Mobilization. A progress report should be prepared for submission to the PCB at its next regular annual session.

Agenda item 4.3 – Establishment and functioning of inter-country teams and technical resource networks

37. The PCB took note of the report on technical resource networks and inter-country teams (document UNAIDS/PCB(6)/98.5) introduced by Dr Awa Coll-Seck (Director, Department of Policy, Strategy and Research, UNAIDS), welcoming the progress made during the biennium in establishing and strengthening a wide variety of technical resource networks, information exchange networks, task forces, inter-agency working groups, UNAIDS collaborating centres

and UNAIDS inter-country teams to meet the increasing demand by countries for technical resources in a broad range of programme areas.

38. In reply to a question concerning the designation of UNAIDS collaborating centres, the Board was informed that the Secretariat was designating such centres on the basis of technical criteria; no financial arrangements were involved. Every effort would be made to avoid duplication. The centres were designated for an initial period of three years and renewal would be subject to evaluation of performance.

Agenda item 5 – Performance Monitoring and Evaluation Plan

39. Dr Nefise Bazoglu (Senior Evaluation and Monitoring Adviser, Department of Policy, Strategy and Research, UNAIDS) introduced the UNAIDS Comprehensive Monitoring and Evaluation Plan, 1998-1999 (document UNAIDS/PCB(6)/98.6) developed in consultation with the PCB Working Group on Indicators and Evaluation in response to the recommendations made by the PCB at its fourth meeting. The plan was based on the four-stage conceptual framework of outputs, intermediate outcome, outcomes and impact presented to the Board at that meeting, and drew upon a series of in-house consultations and a set of reports produced by the Working Group. It was designed to develop tools for monitoring and evaluation of United Nations and national responses to the epidemic in order to track trends in the epidemic and provide coherent information that would facilitate more effective governance and strategic management. As recommended by the Board, a Monitoring and Evaluation Reference Group (MERG), with broad-based participation, was being formed to provide technical and managerial advice; the Group would replace the PCB Working Group on Indicators and Evaluation. In addition to the activities outlined in the report, an integrated monitoring and evaluation plan to assess the performance of the UNAIDS Secretariat based on the workplans of each team would be phased in as the new Activity Management System was introduced. A full evaluation of Secretariat performance would be undertaken following its fifth year of operation.

40. Recognizing the difficulty, because of its unique structure, of assessing the facilitating role of UNAIDS, the PCB expressed appreciation for the progress made in developing a suitable monitoring and evaluation plan. It also welcomed the wide range of interim monitoring and evaluation activities, which included substantial development of the epidemiological information structures and systems, formulation of a framework to assess the functioning of Theme Groups and the coordinated United Nations response in countries, several user satisfaction surveys of individual Theme Groups, Theme Group assessments by means of questionnaires, development of a UNAIDS Secretariat workplan, further definition of the roles and responsibilities of Secretariat staff and strengthening of the resources for epidemiology, monitoring and evaluation. However, further work was needed for the achievement of a complete draft plan as called for at the Board's fourth meeting. The plan should be linked more closely to the UNAIDS Programme Budget and Workplan for 1998-1999 and to the core activities and workplan of the Secretariat, and should provide a clearer indication of the nature and frequency of the specific activities to be undertaken, cost-

benefits, and the overall time-frame, taking full account of the principles established by the PCB Working Group on Indicators and Evaluation. Impact evaluation should be conducted as a separate exercise in order to simplify the performance monitoring and evaluation process.

41. Further efforts were needed, in consultation with the MERG, the Cosponsors, governments, and NGOs, to define more precisely the purposes of the monitoring and evaluation exercise and the roles and responsibilities of the various partners, and to elaborate the necessary indicators, together with definitions of the levels of change in those indicators that would constitute progress. Indicators related to psychosocial aspects should be included. In the context of national strategic planning, monitoring should be undertaken at an early stage in order to facilitate the development of operational tools for national plans.

42. Emphasizing the urgency of putting a monitoring and evaluation plan into operation, the Board requested the Secretariat to proceed, in consultation with the MERG, with those parts of the existing plan that were ready for implementation – such as the continuation and further development of the Theme Group assessment, the development of the AIDS programme efforts index and the further development of indicators for monitoring and evaluation of outcomes and impact – while continuing to develop areas not yet fully defined. A new draft plan should be circulated to the MERG as soon as possible, using electronic means to accelerate consultation. The Secretariat should also review its commitment to the monitoring and evaluation process to ensure that sufficient human and financial resources were available to finalize the plan and, in the longer term, to undertake monitoring and evaluation activities. Consideration should be given to the use of external expertise, including support offered from PCB members, in finalizing the plan and for instituting a measure of independent evaluation in the future. A report on progress should be prepared for submission to the PCB at its next meeting.

Agenda item 6 – Financial Report for 1996-1997, and Report of the External Auditor

43. In presenting the financial report and audited financial statements for the financial period 1 January 1996-31 December 1997 (document UNAIDS/PCB(6)/98.7), Mr Bernard Fery (Director, Programme Support Department, UNAIDS) pointed out that it was the Programme's first such report and the first to be submitted to the External Auditor, whose unqualified report was included as Part II. The report had been prepared in accordance with the latest United Nations System Accounting Standards and therefore provided a consolidated statement summarizing income, expenditure, and balance at 31 December 1997 (Statement I). Additional information was provided on in-kind contributions to UNAIDS (document UNAIDS/PCB(6)/98.7 Addendum I) and on UNAIDS contractual agreements with its Cosponsors (document UNAIDS/PCB(6)/98.7 Addendum II) during the 1996-1997 biennium. Mr Graham Randall (representative of the External Auditor) expressed appreciation for the excellent cooperation received from the UNAIDS Executive Director and his staff by the external audit team.

44. The PCB accepted the financial report and financial statements and the report of the External Auditor, noting that an overall obligation rate of 85% had been recorded as compared to the approved budget. It also noted that there was a shortfall at the end of the biennium of US$ 1.4 million due to late payments by several donors. A total of US$ 123 million had been pledged in voluntary contributions for the 1996-1997 biennium, and as of 30 April 1998, US$ 121.4 million had been received.

Agenda item 7 – Financial and budgetary update for 1998-1999

Agenda item 7.1 – Interim report on the 1998-1999 biennium

45. Mr Bernard Fery introduced the interim report on the 1998-1999 biennium (document UNAIDS/PCB(6)/98.8). The PCB took note of the information provided and urged donor governments and other partners who had not yet done so to confirm their 1998 contributions to UNAIDS and to the Coordinated Appeal and to transfer the funds as soon as possible. The Board was informed that an additional US$ 4.8 million in contributions had been received from four countries since 30 April 1998, bringing the total at 25 May 1998 to US$ 15.4 million. The attention of the Board was also drawn to a table presenting the status of received contributions towards the 1998-1999 Coordinated Appeal as at 20 May 1998.

Recognizing the need to modify the authority given to the UNAIDS Executive Director to make transfers between programme areas within the 1996-1997 budget, the Board approved the proposal for the authorization of transfers between the 21 programme components of the 1998-1999 UNAIDS Programme Budget and Workplan set out in paragraph 26 of the document (reproduced in recommendation 19, Annex 3).

Agenda item 7.2 – UNAIDS Operating Reserve Fund

46. Mr Ole Torpegaard Hansen (Denmark), Chairperson of the PCB Working Group on Resource Mobilization, introduced the Working Group's recommendations on the establishment of an Operating Reserve Fund and on the sustainability and predictability of UNAIDS financing (document UNAIDS/PCB(6)/98.10). The PCB endorsed the recommendations and expressed appreciation for the work of the Working Group, which should be continued.

47. The establishment of an Operating Reserve Fund at a level of US$ 33 million (US$ 20 million for staff commitments and US$ 13 million for the implementation of activities in the first four months of the year) using carry-over funds available to the Programme, and the proposed rules and procedures for establishing and using the Fund (document UNAIDS/PCB(6)/98.9) were approved.

48. The Board recognized the constraints imposed by the administrative agreements between UNAIDS and WHO, noting that the high level of the Fund was necessitated mainly by the

requirement of the WHO Financial Rules – by which UNAIDS operated – to obligate salaries and related costs for the full calendar year on 1 January. Delays in receipt of contributions from donors were also a factor. The Secretariat was requested to continue discussions with WHO on means of improving the situation and to report back to the PCB at its next regular annual session, when the level of the Fund should be reviewed. The Board was informed that any amendment to the WHO Financial Rules and Regulations would require a lengthy procedure of consultation and approval by WHO's governing bodies.

49. Efforts by donors, the Secretariat and the PCB Working Group on Resource Mobilization to improve the sustainability and predictability of funding should be continued; in particular, donors should review payment mechanisms to ensure earlier notice of contributions and transfer of funds. The PCB requested that a study, to be financed by extrabudgetary resources, should be undertaken as recommended by the PCB Working Group on Resource Mobilization to provide an in-depth analysis of current financing mechanisms and their implications for the Programme in the short and long term and to suggest additional options for consideration by the PCB. A broad-based reference group should be established to provide information and advice in that regard.

Agenda item 8 – Next PCB meeting

50. The PCB agreed that its next meeting should be an *ad hoc* thematic meeting, preferably to be held outside Geneva towards the end of 1998. The date and place of the meeting and the themes to be included on the agenda should be decided by the Secretariat in consultation with PCB members, taking into account suggestions for the impact of migration and the mobility of populations on HIV/AIDS and the expanded response to the epidemic at the district/ provincial level to be considered as possible topics. Given the urgency of adopting a performance monitoring and evaluation plan, the revised draft plan should also be reviewed at that meeting and the Secretariat should ensure that the revised plan was circulated well before the meeting. The kind offer of Uganda to host the meeting was welcomed, although the previous thematic meeting had been held in Africa so that it might be more appropriate to hold the next elsewhere, for example in the Asia/Pacific region. The Board was informed that the cost of convening a meeting outside Geneva was at least half as much again compared to the cost of a meeting held in Geneva. In addition, attention was drawn to the budget provision, which allowed for three PCB meetings in the current biennium. The decision to hold a second meeting in 1998 would mean that one meeting, the regular annual session, would be held in 1999.

Agenda item 9 – Other business

International Therapeutic Solidarity Fund

51. The PCB was informed by a representative of France about the initiative for the establishment of an International Therapeutic Solidarity Fund which had been launched by the President and the Minister of Health from France at the Xth International Conference on AIDS and STD in Africa, held in Abidjan in December 1997. The initiative, which had been noted at the G8 Summit in May 1998, was aimed at securing additional funding from the international community for specific projects to improve access to treatment and care for people with HIV/AIDS, giving high priority initially to antiretroviral treatment to prevent HIV transmission from mother to baby, and to treatment for mothers and children with HIV/AIDS. The projects would be carried out in collaboration with UNAIDS and following wide consultation with interested partners. A series of demonstration projects would be implemented in the immediate term to reinforce the initiative.

Inter-Agency Advisory Group on AIDS

52. Mr Chris Hackett (United Nations), Chairperson, Inter-Agency Advisory Group on AIDS (IAAG) reported on the action taken to follow up the recommendations in relation to Migration and HIV/AIDS and HIV/AIDS in the United Nations Workplace made by the Group at its previous annual meeting: UNAIDS was collaborating with FAO and IOM in an analysis of recent migration studies and was working with the World Tourism Organization on problems related to sex tourism; HIV/AIDS awareness briefings had been carried out for staff at United Nations system offices in Geneva and were planned for offices in other locations; and a detailed draft proposal was being developed for increasing the availability of HIV-related essential drugs to national United Nations staff in low-income countries. At its next meeting, scheduled to take place from 28 to 29 May 1998, IAAG would address the question of HIV/AIDS in relation to emergencies and peace-keeping operations, reviewing existing practices, policies and humanitarian issues. It would also continue its discussion of HIV/AIDS in the United Nations Workplace with a view to updating the information available to United Nations employees and their families.

Inter-Parliamentary Union (IPU)

53. The attention of the Board was drawn by the Chairperson to a resolution entitled "Action to combat HIV/AIDS in view of its devastating human, economic and social impact" adopted unanimously by the 99th Inter-Parliamentary Conference held in cooperation with UNAIDS in Windhoek, Namibia in April 1998, which demonstrated a recognition that parliamentarians had an important role to play in an expanded and multisectoral response to the HIV/AIDS epidemic. The resolution *inter alia* requested UNAIDS, in cooperation with the IPU Secretariat, to consult IPU member parliaments in finalizing the draft Handbook on HIV/AIDS, law and human rights, and to disseminate the Handbook as a reference tool in the establishment of legal standards. Progress in that regard was to be reported to the next IPU

Conference to be held in Moscow in September 1998. The UNAIDS Secretariat was encouraged to continue its efforts in this area.

Agenda item 10 – Adoption of decisions, recommendations and conclusions

54. The decisions, recommendations and conclusions of the sixth meeting of the PCB, which were prepared by a drafting group established at the start of the meeting and which were discussed and adopted prior to the closure on 27 May 1998, are set out in Annex 3.

Annex 1
List of Participants

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Ms Jean Perlin, Counsellor, Permanent Mission of Canada to the United Nations Office at Geneva

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France
S.E. M. Daniel Bernard, Ambassadeur et Représentant Permanent de la France auprès de l'Office des Nations Unies à Genève

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Mme Michèle Boccoz, Conseiller, Mission Permanente de la France auprès de l'Office des Nations Unies à Genève

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Dr Guido Castelli Gattinara, Permanent Mission of the Holy See to the United Nations Office and other International Organizations at Geneva

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Luxembourg
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Madagascar
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Mr Ottar Christiansen, Counsellor, Permanent Mission of Norway to the Office of the United Nations and to other International Organizations at Geneva

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Mr Anton Pacuretu, Permanent Mission of Romania to the Office of the United Nations at Geneva

Sultanate of Oman
Mr Hashim Al-Gazali, First Secretary, Permanent Representative of the Sultanate of Oman to the United Nations Office at Geneva

Slovak Republic
Mr Emil Tomásik, Chief of the National Reference Center for prevention of HIV/AIDS, c/o Permanent Mission of the Slovak Republic to the United Nations Office at Geneva

Mr Fedor Rosocha, Second Secretary, Permanent Mission of the Slovak Republic to the United Nations Office at Geneva

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Mr Anders Pedersen, Counsellor, Permanent Mission of Sweden to the United Nations Office and other International Organizations at Geneva

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Mr Kamel Attia Hili, Sous-Directeur, Direction des soins de santé de base, Tunis

Intergovernmental Organizations

European Commission
Dr Lieve Fransen, Health, Family Planning and AIDS Unit, European Commission, Directorate-General VIII – Development, Bruxelles

United Nations Organizations/Agencies

Mr Christopher Hackett, Chief, Inter-Agency Affairs Section, Division for ECOSOC Support and Coordination, Department of Economic and Social Affairs (DESA), United Nations, New York

Dr Agnes Pasquier, Senior Medical officer, United Nations, New York

Ms Cindy Fazey, Inter-Regional Adviser on Demand Reduction, United Nations International Drug Control Programme, Vienna

Nongovernmental Organizations

Ms Maria de Bruyn, AIDS Coordination Bureau, c/o Royal Tropical Institute, Amsterdam

Mr Modibo Kanoute – Président, Association d'Aide aux Malades du Sida et aux Orphelins en Afrique, Paris

Ms Véronique Kiyindou – Secretary General, Association d'Aide aux Malades du Sida et aux Orphelins en Afrique, Paris

Caritas Internationalis, represented by Mr Jim Simmons, CAFOD, London

Señor Manuel Fontalba, European Representative, Corporacion ONG Centro de Estudios de la Sexualidad (CEC), Santiago,

Mr Federico Fernández Plasencia, Adjunto Secretario General, Coordinador de Proyectos Internacionales, Fundación Añti-Sida España (FASE), Madrid

Mr Juan Antonio Catalán Berges, Adjunto Secretario General, Coordinador de Recursos y Servicios, Fundación Anti-Sida España (FASE), Madrid

Dr Daniel Tarantola, Acting Director, François-Xavier Bagnoud Center for Health and Human Rights, Harvard School of Public Health, Boston MA

Dr Fidel Font, Senior Officer, Community Health / HIV/AIDS, International Federation of Red Cross and Red Crescent Societies, Geneva

Dr Supanya Lamsam, Programme Officer, International HIV/AIDS Alliance, London

Mr Richard A. Frank, President, Population Services International (PSI), Washington, D.C.

Mr Mitchell J. Warren, Executive Director, Population Services International/Europe, London

Annex 2
Agenda

		Reference documents
1.	Opening	
1.1	Opening of the meeting	
1.2	Election procedure for PCB chairpersons and vice-chairpersons	UNAIDS/PCB(6)/98.11
1.3	Election of officers	
1.4	Report by the Chairperson of the Committee of Cosponsoring Organizations	
1.5	Report by the NGO representative	
1.6	Adoption of the provisional agenda	UNAIDS/PCB(6)/98.1
2.	Consideration of the reports of the fourth and fifth meetings	UNAIDS/PCB(4)/97.10 UNAIDS/PCB(5)/97.6
3.	UNAIDS Biennial Progress Report (1996-1997)	
4.	UNAIDS and UN response at country level	
4.1	Funding status of national AIDS activities	UNAIDS/PCB(6)/98.3
4.2	Criteria for prioritization of UNAIDS support	UNAIDS/PCB(6)/98.4
4.3	Establishment and functioning of Inter-Country Teams and Technical Resource Networks	UNAIDS/PCB(6)/98.5
5.	Performance Monitoring and Evaluation Plan	UNAIDS/PCB(6)/98.6
6.	Financial Report for 1996-1997, and Report of the External Auditor	UNAIDS/PCB(6)/98.7
7.	Financial and budgetary update for 1998-1999	
7.1	Interim report on the 1998-1999 biennium	UNAIDS/PCB(6)/98.8
7.2	UNAIDS Operating Reserve Fund	UNAIDS/PCB(6)/98.9 UNAIDS/PCB(6)/98.10
8.	Next PCB meeting	
9.	Other business	
10.	Adoption of decisions, recommendations and conclusions	

Annex 3
Decisions, Recommendations and Conclusions

AGENDA ITEM 3: UNAIDS BIENNIAL PROGRESS REPORT (1996-1997)

Biennial Report.

1. The PCB noted with thanks and appreciation the first UNAIDS biennial report, noting especially the description and recognition of the new stage of the epidemic. The following was suggested for subsequent reports:

1.1 The incorporation of monitoring and evaluation findings.

1.2 An executive summary, especially reflecting current problems.

1.3 Clarification of the roles and function of the report within the strategic budget process.

Directed to attention: Secretariat

Clinical support, care and access to drugs.

2. The PCB reiterated and endorsed the recommendations of the Nairobi Thematic PCB Meeting item on access to drugs, and noted the UNAIDS guidelines on voluntary counselling and testing. In addition, the following issues were emphasized:

2.1 The necessity to support the development of a vaccine and microbicides.

2.2 Better access to test kits.

2.3 Promote access to drugs, especially in the context of continuum of care.

Directed to attention: Secretariat
National Governments
Cosponsors
Donors

Best practice.

3. The importance of improving marketing and building upon the UNAIDS body of best practice collections, including:

3.1 Illustrations of both successful and unsuccessful cases, including the reasons thereof.

3.2 Policy guidance for reducing mother to child transmission of HIV.

3.3 Examples of model legislation in regard to HIV/AIDS.

Directed to attention: Secretariat

Coordination.

4. The PCB appreciated and endorsed the outcomes of the Cosponsor Retreat, noting the follow-up and progress already made in some areas, and reiterating recommendation 7 of the Fourth PCB meeting, it is proposed that:

4.1 Cosponsors make every effort to support the work of the Theme Groups so that they function in every country where a UN-response to the epidemic is needed.

4.2 Cosponsor headquarters instruct their country representatives to participate actively in this process.

4.3 Countries address cooperation with UNAIDS in their bilateral discussions with the Cosponsors.

4.4 UNAIDS Secretariat draw upon networks, including the Cosponsors' existing regional mechanisms to better respond to HIV/AIDS at the regional level.

4.5 The UN system draw on the experience of UNAIDS in the ongoing process of UN reform.

Directed to attention: Secretariat
Cosponsors
National Goverments

National Strategic Planning.

5. The PCB noted the importance of national strategic plans and furthermore emphasized:

5.1 The need to translate national level policies and programmes, to district level and local action.

5.2 The necessity of building multisectoral, purposeful partnerships between all participants in support of the governmental responses to HIV/AIDS.

5.3 The need for UNAIDS Secretariat to work with religious organizations and groups to appropriately address HIV/AIDS issues.

5.4 A need to strengthen global and country level work on HIV/AIDS and human rights issues, in co-operation with relevant bodies of the UN system and other partners.

Directed to attention: Secretariat
Cosponsors
National Governments

Resource Issues.

6. Two issues were discussed:

6.1 The PCB noted the need for sustainable financial resources in order to meet the continuing challenges of the epidemic.

6.2 There were requests for Cosponsor headquarters and other donors to increase the allocations for HIV/AIDS in their respective budgets.

Directed to attention: Cosponsors
Other donors

AGENDA ITEM 4: UNAIDS AND UN RESPONSE AT COUNTRY LEVEL.

4.1 Funding status of national AIDS activities

7. The PCB noted the difficult task of the Secretariat in carrying out the study and expressed its appreciation of the work undertaken to date. Despite the limitations presented. it recognizes the need to continue with the work of collecting information on the level of resources and supports, on a long-term and sustainable basis, drawing upon the experience of other countries and organizations in this respect. The PCB further recommends that:

7.1 Countries and appropriate agencies co-operate in providing critical data/information for the completion of the study.

The Secretariat should:

7.2 Complete the analysis of data and make the report available to the PCB members.

7.3 Refine the methodology on an ongoing basis.

7.4 Focus the application of data and resources to policy responses with the help of a technical reference group.

4.2 Criteria for prioritization of UNAIDS support

8. The PCB endorsed the need for prioritization of countries for UNAIDS Secretariat support and resources for country activities, and welcomed the Secretariat's development of objective criteria. Various comments were expressed in regard to some of the criteria including:

8.1 Concern for the criteria related to population size which could disadvantage smaller countries.

8.2 The criteria described as "regional influence" which was seen as being hard to measure and should be eliminated, but a regional role in combating the epidemic needed to be recognized.

8.3 The absence of effective Theme Groups or a functional UN system which may unfairly penalize some countries.

9. Furthermore, the inclusion of additional criteria was proposed regarding loans negotiated by governments with development banks as part of the national response and the necessity to include arrangements for working with NGOs and PLWAs.

10. The PCB recommends that the Secretariat:

10.1 Should apply the model taking into account the above comments raised at the meeting.

10.2 Review the application in the light of comments made at the meeting and further development of the model in close consultation with the Working Group on Resource Mobilization.

10.3 Should report back on the implementation of the model and suggestions for future direction at the next PCB meeting.

10.4 Revise the presentation of the model to emphasize "common goods" available to all countries and the incremental benefits to countries in other priority categories.

AGENDA ITEM 5: PERFORMANCE MONITORING AND EVALUATION PLAN

11. The PCB supports efforts of the Secretariat to put a monitoring and evaluation plan in place. It recognizes this as a matter of urgency and notes that further work needs to be done as soon as possible to finalize an implementable plan of action. It requests that the Secretariat report back on this issue at the next meeting of the PCB.

12. Recognizing the mandate of UNAIDS to monitor the trend of the epidemic and also the need for the Secretariat to be accountable, it recommends that the Secretariat:

12.1 Proceed with parts of the plan that are implementable immediately.

12.2 Ensure an ongoing sufficient commitment to monitoring and evaluation in terms of staff and operating funds.

12.3 Draw upon additional external expertise to assist in these processes.

12.4 Focus immediate efforts on refining the performance evaluation plan in close collaboration with the MERG (Monitoring and Evaluation Reference Group).

12.5 Continue to have a transparent process with consideration being given to independent/external evaluation of the planning process at some later stage.

12.6 Link performance management with the overall UNAIDS budget cycle, workplan and core tasks.

13. With regard to monitoring the impact of HIV/AIDS, it was further recommended that:

13.1 Impact evaluation should proceed separately.

13.2 Quality of life indicators should be included in monitoring.

14. Monitoring should be undertaken at an early stage of the national strategic planning process to develop tools for the operationalisation of the plan.

AGENDA ITEM 6: FINANCIAL REPORT FOR 1996-1997, AND REPORT OF THE EXTERNAL AUDITOR

15. The PCB, having examined the financial report and audited financial statement for the financial period 1 January 1996 to 31 December 1997 and the unqualified report to the PCB of the External Auditor, accepts the financial report and audited financial statement for the specified financial period and the report of the External Auditor to the PCB.

AGENDA ITEM 7: FINANCIAL AND BUDGETARY UPDATE FOR 1998-1999

7.1 Interim report on the 1998-1999 biennium

16. The PCB took note of the interim financial information management for the 1998-1999 biennium as at 30 April 1998, and encouraged donors, governments and other partners who have not yet done so to confirm at the earliest possible moment the level of the 1998 contribution to UNAIDS, the contribution towards the Coordinated Appeal, and to transfer the funds as soon as possible.

17. The PCB recognizes the need to adapt to the new structure of the 1998-1999 biennium budget and workplan the authority it had given in November 1995 to the Executive Director to make transfers between programme areas within the 1996-1997 budget.

18. The PCB approved, in its regular annual April 1997 meeting, the UNAIDS Budget and Workplan for the 1998-1999 biennium in an amount of US$ 120 million, with a breakdown that corresponds to the following major categories of expenditure:

18.1 Substantive programme expenditure (US$95,590,000)

18.2 Programme management and administrative expenditure (US$24,410,000)

19. In the light of the above the PCB approved the following:

19.1. The PCB authorizes the Executive Director to make transfers between the 21 Programme Components set out in Table II of the UNAIDS Programme Budget and Workplan, up to a level not exceeding 25% of the amount budgeted for each component, on the condition that such transfers do not exceed 5% of the respective amounts of the two major categories of expenditure mentioned above.

19.2 Any transfers exceeding the above mentioned 25% and 5% ceilings, respectively, are subject to the approval of the Chairperson and Vice-Chairperson of the PCB, after consultation with the CCO. All such transfers shall be reflected in the financial reports for the biennium.

7.2 UNAIDS Operating Reserve Fund

20. Based on the recommendations of the PCB Working Group on Resource Mobilization, and information contained in document UNAIDS/PCB(6)/98.9 (7 May 1998), the PCB approved the rules and procedures guiding the use of the Operating Reserve Fund (set out in paragraph 11 of the above-mentioned document), and endorsed the proposal that the optimal size of the Fund should be at the level of US$33 million for the reasons explained in the document.

21. The PCB noted the concerns raised by some delegates concerning the level of the Operating Reserve Fund which in particular was dictated by the need to obligate salaries for UNAIDS staff for a calendar year, under the WHO rules and procedures which govern the administration in support of the Programme.

22. The PCB, taking into account the need for UNAIDS to use its resources effectively and taking into account also the administrative agreements between UNAIDS and WHO:

22.1 Requests the UNAIDS Secretariat to continue to discuss with WHO's administration, mechanisms for the efficient use of scarce resources with regard to the Operating Reserve

Fund, and in particular, the specific requirement to obligate salaries for the calendar year, and to report to the PCB at its next regular session in 1999.

23. The PCB endorsed the recommendations by the PCB Working Group on Resource Mobilization (UNAIDS/(PCB(6)/98.10 of 29 April 1998).

24. The PCB further noted that the level of the Fund will be reviewed at the next regular annual session of the PCB.

25. The PCB recommended that:

25.1 Donors be requested to inform the Secretariat in writing, as early as possible in the calendar year, what the considered level of their contribution will be to the UNAIDS core budget.

25.2 Continued efforts by the donors and UNAIDS Secretariat and PCB Working Group on Resource Mobilization to find ways and means to increase the sustainability and predictability of funding.

25.3 A study be undertaken to analyse the continuing evolution of the financial situation including the short- and long-term financial implications.

25.4 An open-ended reference group be set up for the study with representation from those financing the study and others interested.

25.5 The activities of the PCB Working Group on Resource Mobilization be continued.

AGENDA ITEM 8: NEXT PCB MEETING

26. The PCB took note of the proposal to hold a thematic PCB meeting later this year. After some discussion it was agreed that:

26.1 The meeting would discuss thematic issues to be confirmed in consultation with the PCB members.

26.2 The meeting would also discuss the monitoring and evaluation plan of UNAIDS.

27. While leaving the final decision regarding timing and location in the hands of the Secretariat, the PCB expressed the desire that the meeting be held outside Geneva. The PCB thanked the representative of Uganda for offering to host the meeting, while noting that the last thematic meeting had taken place in the Africa Region.