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To: Cheryl Bawerle

Press Release WHO/41
12 June 2000

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DRUG RESISTANCE THREATENS TO REVERSE MEDICAL PROGRESS

**Curable diseases – from sore throats and ear infections to TB and malaria --
are in danger of becoming incurable**

**New report warns that increasing drug resistance could
rob the world of its opportunity to cure illnesses and stop epidemics**

WHO calls for "Wiser and Wider" effort against infectious diseases

Increasing levels of drug resistance are threatening to erode the medical advances of recent decades, according to a report released today by the World Health Organization (WHO).

"We currently have effective medicines to cure almost every major infectious disease," said Dr Gro Harlem Brundtland, Director-General of WHO. "But we risk losing these valuable drugs – and our opportunity to eventually control many infectious diseases – because of increasing antimicrobial resistance."

WHO sounded this alarm with the release of its annual Report on Infectious Diseases, titled "Overcoming Antimicrobial Resistance." The report is the first of its kind to present a comprehensive picture of the perilous situation the world is facing as once-effective medicines become increasingly ineffective.

The report describes how almost all major infectious diseases are slowly – but surely – becoming resistant to existing medicines. In Estonia, Latvia, and parts of Russia and China, over 10% of tuberculosis (TB) patients have strains resistant to the two most powerful TB medicines. Because of resistance, Thailand has completely lost the means of using three of the most common anti-malaria drugs. Approximately 30% of patients taking lamivudine – a drug recently developed to treat hepatitis B – show resistance to therapy after the first year of treatment. In India, 60% of all cases of the tropical disease visceral

leishmaniasis no longer respond to first-line drugs. A small but growing number of patients are already showing primary resistance to AZT and other new therapies for HIV-infected persons.

In many instances, poorly planned or haphazard use of medicines has caused the world to lose these drugs as quickly as scientists have discovered them.

"It took 20 years to develop penicillin for medical use, and then 20 years for this drug to become virtually useless for treating gonorrhoea in most parts of the world," said Dr David Heymann, Executive Director of WHO's programme on Communicable Diseases. In much of South-East Asia, resistance to penicillin has been reported in 98% of gonorrhoea strains.

A decade ago in New Delhi, India, typhoid could be cured by three inexpensive drugs. Now, these drugs are largely ineffective in the battle against this life-threatening disease. Likewise, ten years ago, a shigella dysentery epidemic could easily be controlled with cotrimoxazole – a drug cheaply available in generic form. Today, nearly all shigella are non-responsive to the drug.

Those admitted to hospital wards are especially vulnerable. In the United States alone, some 14,000 people are infected and die each year as a result of drug-resistant microbes picked up in hospitals. Around the world, as many as 60% of hospital-acquired infections are caused by drug-resistant microbes.

Antimicrobial resistance is a naturally occurring biological phenomenon amplified many-fold due to human misuse and neglect of antimicrobial drugs. The effect of antimicrobial resistance is that it can reduce the curative power of once life-saving medicines to that of a sugar pill.

The social causes fuelling the spread of antimicrobial resistance are paradoxical. In some settings – especially in poorer countries – the *under-use* of drugs encourages the development of resistance. For example, where patients are unable to afford the full course of the medicines to be cured of their illnesses, or can only afford to purchase counterfeit drugs on the black market, the weakest microbes in the body may be killed by these insufficient doses while the more resistant microbes are given opportunity to survive and multiply.

In wealthy countries, resistance is emerging for the opposite reason – the *overuse* of drugs. Unnecessary demands for drugs by patients are often eagerly met by health services prone to over-prescription. Similarly, overuse of antimicrobials in food production in wealthy countries is also contributing to increased drug resistance. Currently, 50% of all antibiotic production is used to treat sick animals, promote livestock and poultry growth, or rid cultivated foods of destructive organisms.

Regardless of where drug resistance originates, globalization, increased travel and trade ensure that these strains quickly travel elsewhere. With new DNA finger-printing technology, scientists have been able to identify drug resistant TB strains originating in Eastern Europe, Asia and Africa and track them as they increasingly reappear in patients in Western Europe and North America.

"The world may only have a decade or two to make optimal use of many of the medicines presently available to stop infectious diseases," said Dr Heymann. "We are literally in a race against time to bring levels of infectious disease down worldwide, before the diseases wear the drugs down first."

The economic consequences of antimicrobial resistance can be staggering. The cost of treating one person with multidrug-resistant TB is a hundred times greater than the cost of treating non-resistant cases. New York City needed to spend nearly US\$1 billion to control an outbreak of multi-drug resistant TB in the early 1990s; a cost beyond the reach of most of the world's cities.

"If we fail to make full and proper use of medicines discovered in our lifetime, many of these drugs will slip through our grasp," said Dr Rosamund Williams, who heads WHO's team working on drug resistance. "Before long, we may have missed our opportunity to control the most dangerous infectious diseases. Indeed, if we fail to make rapid progress during this decade, it may become very difficult and expensive – if not impossible – to do so later."

A common misconception is that the pharmaceutical industry is frequently making new drug discoveries to replace those drugs that become ineffective in fighting the major infectious diseases. In reality, while new versions of older drugs continue to be developed, there is a dearth of new classes of antibacterials. On average, research and development of anti-infective drugs takes 15 to 20 years, and can cost over \$500 million, according to pharmaceutical companies.

"Currently, there are no new drugs or vaccines ready to quickly emerge from the research and development pipeline," said Dr Heymann. "We are making a high-risk gamble with the public's health if we are betting on the discovery of new medicines and vaccines, and neglecting our opportunity to make wiser and wider use of the effective medicines we currently have available."

According to the report, the most effective strategy against antimicrobial resistance is to get the job done right the first time – to unequivocally destroy microbes – thereby defeating resistance before it starts. The challenge is to get the right treatment to the patient, each and every time.

"Used wisely and widely, the drugs we have today can be used to prevent the infections of today and the antimicrobial-resistant catastrophes of tomorrow," said Dr Brundtland. "However, if the world fails to mount a more serious effort to fight infectious diseases, antimicrobial resistance will increasingly threaten to send the world back to a pre-antibiotic age. Our grandparents lived during an era without effective antibiotics. We don't want the same situation for our grandchildren."

For further information please contact Gregory Hartl, WHO Spokesperson, WHO, Geneva, telephone: (+41 22) 791 4458, mobile (+41 79) 203 6715, fax: (+41 22) 791 4858. E-mail: hartlg@who.int or Andy Seale, WHO Media Officer for communicable diseases at (+41 22) 791 3670. In the U.S., contact Jim Palmer at (+1 202) 262 9823. In the U.K., contact Janice Muir or Amanda Barnes at (+44 207) 407 3313. There will be an EBU feed on Monday including interview clips from David Heymann and broadcast quality radio interviews will be accessible from the mediacentre reached via www.who.int. Any enquiries about the EBU feed or broadcast media should be directed to Chris Powell on +41 22 791 2888. All WHO press releases, fact sheets and features as well as other information on this subject can be obtained on internet on the WHO home page at <http://www.who.int>



Joint United Nations Programme on HIV/AIDS

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PRESS RELEASE

GENDER IS CRUCIAL ISSUE IN FIGHT AGAINST AIDS, SAYS HEAD OF UNAIDS

New York, 5 June 2000 - Gender inequality is a fundamental driving force of the AIDS epidemic and therefore must be addressed centrally in responding to the epidemic, according to Peter Piot, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS).

Biological and social factors make women and girls more vulnerable to AIDS than men, especially in adolescence and youth, when in many places HIV infection in young women has been found to be 3-5 times higher than among boys. Violence – or the threat of violence – against women increases their vulnerability to HIV and reduces their ability to protect themselves against infection.

"The slow, piecemeal reform we have seen in the past is not sufficient if women's rights and needs are to be taken seriously," said Dr Piot. "Equity in all fields – health, education, environment, the economy – are essential if women are to act to protect themselves when it comes to HIV and AIDS." Dr Piot was speaking at the UN General Assembly Special Session on the follow-up to the Fourth International Conference on Women.

Central among the issues of the Platform for Action elaborated at the Fourth International Conference on Women in Beijing in 1995 are those related to women and poverty, education and training, health violence, the economy, and power and decision-making. These issues also have a major impact on the spread of HIV and AIDS.

Today, women's increased vulnerability to HIV is becoming better understood. Women's economic dependence on men makes women less able to protect themselves, while social norms limit their access to information about sexual matters. At the same time, greater social acceptance of high-risk male sexual behaviour can expose both men and their partners to infection.

"Slowing down the spread of HIV means important changes are needed in relationships between men and women," said Dr Piot. "Men have a crucial role to play in bringing about this kind of radical change."

That change in men's behaviour can influence the course of the AIDS epidemic is the theme of this year's World AIDS Campaign, launched in March to involve men more fully in preventing the spread of HIV, the virus that causes AIDS.

"We must stop seeing men as some kind of problem and begin seeing them as part of the solution," said Dr Piot. "Working with men to change their behaviour and attitudes has tremendous potential to slow down the epidemic. It will also improve the lives of men themselves, not to mention those of their families."

The World AIDS Campaign challenges harmful concepts of masculinity and contends that changing long-held beliefs and attitudes must be part of any effort to slow down the spread of

AIDS. Efforts to raise awareness among men are focusing on how adult men look on risk and sexuality and how boys are socialized to become men.

Men and women should be encouraged to explore their own perceptions of gender roles and to recognize how stereotypes of both masculinity and femininity can be oppressive, Dr Piot said. He added that AIDS prevention programmes should give greater emphasis to the role of men in health care, and better ways should be found to give men and women the tools they need to communicate and take responsibility for issues of concern to them in preventing HIV/AIDS.

Gender awareness must focus on the needs of both men and women. According to 1999 estimates, by the end of the year 33.6 million men, women and children were living with HIV or AIDS, and 16.3 million had already died from the disease. In 1999 there were 5.6 million new infections worldwide, of which 3.8 million were in sub-Saharan Africa, and 1.3 million in South and Southeast Asia.

For more information, please contact Dominique de Santis, UNAIDS, Geneva, (+41 22) 791.4509 or Andrew Shih, 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>).



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Joint United Nations Programme on HIV/AIDS

Telephone line: 791-4762

Reference: PCB06

The Joint United Nations Programme on HIV/AIDS (UNAIDS) presents its compliments to members and observers attending the sixth meeting of the Programme Coordinating Board (PCB) and has the honour to enclose the following documents prepared for the meeting, which will take place from 25 to 27 May 1998, at the United Nations Office in Geneva, in meeting room XVII.

Provisional agenda	UNAIDS/PCB(6)/98.1
Reports of the fourth and fifth meetings	UNAIDS/PCB(4)/97.10 UNAIDS/PCB(5)/97.6
UNAIDS Biennial Progress Report 1996-1997 *	UNAIDS/PCB(6)/98.2
Funding status of national AIDS activities *	UNAIDS/PCB(6)/98.3
Criteria for prioritization of UNAIDS resources to country activities	UNAIDS/PCB(6)/98.4
Technical Resource Networks and Intercountry Teams **	UNAIDS/PCB(6)/98.5
Comprehensive Monitoring and Evaluation Progress and Plan 1998-1999 **	UNAIDS/PCB(6)/98.6
Financial Report for the 1996-1997 biennium, and Report of the External Auditor **	UNAIDS/PCB(6)/98.7
- Contributions in-kind to UNAIDS, 1996-1997 **	UNAIDS/PCB(6)/98.7 Add.I
- UNAIDS contractual agreements with its ** Cosponsors, 1996-1997	UNAIDS/PCB(6)/98.7 Add.II
Interim report on the 1998-1999 biennium ***	UNAIDS/PCB(6)/98.8
UNAIDS Operating Reserve Fund *	UNAIDS/PCB(6)/98.9
Recommendations by the PCB Working Group on Resource Mobilization *	UNAIDS/PCB(6)/98.10

The Joint United Nations Programme on HIV/AIDS takes this opportunity to express to members and observers the assurance of its highest consideration.

Geneva, 24 April 1998



- * This document will be despatched at a later date
** The French version of this document will be despatched at a later date
*** Both the English and French versions of this document will be available at the meeting

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Programme commun des Nations Unies sur le VIH/SIDA

N°. de téléphone: 791-4762

Référence: pcb06

Le Programme commun des Nations Unies sur le VIH/SIDA (ONUSIDA) présente ses compliments aux membres et aux observateurs à la sixième réunion du Conseil de Coordination du Programme (CCP) et a l'honneur d'adresser les documents ci-dessous, préparés pour la réunion qui se tiendra du 25 au 27 mai 1998, au Palais des Nations des Nations Unies à Genève dans la salle de conférence XVII.

Ordre du jour provisoire	UNAIDS/PCB(6)/98.1
Rapports des quatrième et cinquième réunions	UNAIDS/PCB(4)/97.10 UNAIDS/PCB(5)/97.6
Rapport biennal d'activité (1996-1997) de l'ONUSIDA *	UNAIDS/PCB(6)/98.2
Point sur le financement des activités nationales contre le SIDA *	UNAIDS/PCB(6)/98.3
Critères pour la définition des priorités de l'allocation des ressources de l'ONUSIDA aux activités des pays	UNAIDS/PCB(6)/98.4
Réseaux de ressources techniques et équipes inter pays **	UNAIDS/PCB(6)/98.5
Suivi et évaluation : état des travaux et plan pour 1998-1999 **	UNAIDS/PCB(6)/98.6
Rapport financier 1996-1997, et rapport du vérificateur externe **	UNAIDS/PCB(6)/98.7
- Contributions en nature au profit de l'ONUSIDA, 1996-1997 **	AIDS/PCB(6)/98.7 Add.I
- Engagements contractuels entre l'ONUSIDA et ses Coparrainants, 1996-1997 **	UNAIDS/PCB(6)/98.7 Add.II
Rapport intérimaire concernant l'exercice 1998-1999 ***	UNAIDS/PCB(6)/98.8
Fonds de réserve de l'ONUSIDA *	UNAIDS/PCB(6)/98.9
Recommandations du Groupe de travail du CCP sur la mobilisation des ressources *	UNAIDS/PCB(6)/98.10

Le Programme commun des Nations Unies sur le VIH/SIDA saisit cette occasion pour renouveler aux membres ainsi qu'aux observateurs l'assurance de sa haute considération.

Genève, le 24 avril 1998



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* Ce document sera envoyé ultérieurement

** Les versions en français seront envoyées ultérieurement

*** Les versions en français et en anglais seront disponibles lors de la réunion



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UNAIDS/PCB(6)/98.1

16 March 1998

Joint United Nations Programme on HIV/AIDS

PROGRAMME COORDINATING BOARD

Sixth meeting

Geneva, 25-27 May 1998

Place of meeting: Conference Room XVII, Palais des Nations, Geneva

Times of meeting: 09h00 – 12h30

14h00 – 17h30

Provisional Agenda

Reference documents

- | | | |
|-----|--|---|
| 1. | Opening | |
| 1.1 | Opening of the meeting | |
| 1.2 | Election procedure for PCB chairpersons and vice-chairpersons | |
| 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) | UNAIDS/PCB(6)/98.2 |
| 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 |
| 8. | Next PCB meeting | |
| 9. | Other business | |
| 10. | Adoption of decisions, recommendations and conclusions | |



Programme commun des Nations Unies sur le VIH/SIDA

CONSEIL DE COORDINATION DU PROGRAMME

Sixième réunion

Genève, 25-27 mai 1998

Lieu de la réunion : Salle de conférence XVII, Palais des Nations, Genève

Horaire: 09h00 - 12h30

14h00 - 17h30

Ordre du jour provisoire

Documents de référence

- | | | |
|-----|---|---|
| 1. | Ouverture | |
| 1.1 | Ouverture de la réunion | |
| 1.2 | Procédure pour l'élection du président et du vice-président du CCP | |
| 1.3 | Election du Bureau | |
| 1.4 | Rapport du Président du Comité des Organismes coparrainants | |
| 1.5 | Rapport du représentant des ONG | |
| 1.6 | Adoption de l'ordre du jour provisoire | UNAIDS/PCB(6)/98.1 |
| 2. | Examen des rapports des quatrième et cinquième réunions | UNAIDS/PCB(4)/97.10
UNAIDS/PCB(5)/97.6 |
| 3. | Rapport biennal d'activité (1996-1997) de l'ONUSIDA | UNAIDS/PCB(6)/98.2 |
| 4. | Action de l'ONUSIDA et des Nations Unies à l'échelon pays | |
| 4.1 | Point sur le financement des activités nationales contre le SIDA | UNAIDS/PCB(6)/98.3 |
| 4.2 | Appui de l'ONUSIDA - Critères pour la définition des priorités | UNAIDS/PCB(6)/98.4 |
| 4.3 | Mise en place et fonctionnement des équipes interpays et des réseaux de ressources techniques | UNAIDS/PCB(6)/98.5 |
| 5. | Plan pour le suivi et l'évaluation des résultats | UNAIDS/PCB(6)/98.6 |
| 6. | Rapport financier 1996-1997, et rapport du vérificateur externe | UNAIDS/PCB(6)/98.7 |
| 7. | Information financière et budgétaire pour 1998-1999 | |
| 7.1 | Rapport intérimaire concernant l'exercice 1998-1999 | UNAIDS/PCB(6)/98.8 |
| 7.2 | Fonds de réserve de l'ONUSIDA | UNAIDS/PCB(6)/98.9 |
| 8. | Prochaine réunion du CCP | |
| 9. | Autres questions | |
| 10. | Adoption des décisions, recommandations et conclusions | |



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UNAIDS/PCB(4)/97.10

13 August 1997

Joint United Nations Programme on HIV/AIDS

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

Geneva, 7-9 April 1997

Contents

	Page
• Opening	2
• Consideration of the report of the third meeting	3
• Report of the Executive Director	4
• Functioning of UNAIDS at country level	5
• UNAIDS performance monitoring and evaluation plan	7
• Financial and budgetary update for 1996-1997: interim report	8
• UNAIDS Proposed Programme Budget and Workplan for 1998-1999	10
• Coordinated Appeal for 1998-1999	11
• Mode of operations of the PCB	11
• Next PCB meeting	12
• Other business	13
• Adoption of decisions, recommendations and conclusions	13
 Annex 1 -List of Participants	 14
Annex 2 - Agenda	25
Annex 3 - Decisions, Recommendations and Conclusions	26

Agenda item 1 - Opening

1. The fourth meeting of the UNAIDS Programme Coordinating Board (PCB) took place at WHO headquarters in Geneva from 7 to 9 April 1997. The participants are listed in Annex 1.
2. The outgoing Chairperson, Ms Sally Shelton, welcomed the participants and called for nominations for her successor. Dr Dlamini Zuma (South Africa) was elected as Chairperson and took the Chair. Mr Hans Moerkkerk (Netherlands) was elected as Vice-Chairperson. In response to a proposal by one delegation, the PCB decided to amend Article 21 of its *Modus Operandi* to indicate that the Board should also elect a Rapporteur, taking into account fair geographical distribution. Mr Wu Guogao (China) was elected as Rapporteur.
3. In her retiring address, Ms Shelton reminded participants of the critical importance of UNAIDS both as a unified effort in reducing the impact of the epidemic and as a potential model for cooperation in other areas of the United Nations (UN) system. While considerable progress had been made in the short period of the Programme's existence, many challenges remained owing to the continued spread of the epidemic, and sustained commitment and efforts were required by all those engaged in the response. It was essential to involve non-governmental organizations (NGOs) and people living with HIV/AIDS as major players, and to ensure attention to developing and industrialized countries alike. The PCB must fulfil its responsibility to see that the Programme's work progressed with the urgency that the epidemic demanded and to ensure success.
4. 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 Marina Mahathir, Malaysian AIDS Council (Malaysia) as the representative for Asia/Pacific; Dr Mabel Bianco, Fundación para Estudio e Investigación de la Mujer (Argentina) as the alternate representative for Latin America/Caribbean; Ms Cherryl Brown, International Community of Women Living with HIV/AIDS (Canada) as the representative for North America; and Mr Jairo Pedraza, Global Network of People Living with HIV/AIDS (United States of America) as the alternate representative for North America.
5. Dr Nafis Sadik (Executive Director of UNFPA and Chairperson of the Committee of Cosponsoring Organizations, CCO) addressed the Board on behalf of the Cosponsors, noting that the World Bank would shortly take on the task of chairing the CCO. She welcomed the significant progress made in establishing UNAIDS and in implementing activities. On the recommendation of the CCO, the UN Secretary-General had reappointed Dr Peter Piot as Executive Director of UNAIDS for a further term of four years.
6. Collaboration between UNAIDS and the Cosponsors had been strengthened and a number of inter-agency working groups had been set up in specific programme areas. In addition, the Programme was participating in new initiatives by the UN Secretary-General to improve country-level coordination of UN activities. In February 1997, the CCO had endorsed the UNAIDS Proposed Programme Budget and Workplan for 1998-1999, stressing the need for clear lines of responsibility and the setting of priorities. It looked forward to the development of a more integrated workplan for UNAIDS and the Cosponsors. The 1996-1997 UNAIDS Coordinated

Appeal had not been as successful as hoped, and guidance was sought from the PCB as to how the Appeal process might be improved.

7. The CCO attached great importance to UNAIDS' activities at country level and to the successful functioning of the UN Theme Groups on HIV/AIDS. The Cosponsors were taking steps to secure administrative support for the latter. Coordinating and mobilizing increased support for national AIDS programmes was the key activity of the Theme Groups, while technical and policy guidance should stem from UNAIDS. Noting that the range of Cosponsors taking responsibility for chairing the Theme Groups was broadening, the CCO encouraged the appointment of the most competent and appropriate representative in each country rather than automatic rotation.

8. She concluded by observing that all efforts to combat HIV/AIDS must be based on respect for the rights and dignity of all people. UNAIDS and the Cosponsors had a collective responsibility to take into consideration the rights of individuals to control their own reproductive and sexual health and to protect themselves from irresponsible behaviour by their partners; the need to promote responsible behaviour in infected individuals; the conflict between the right to confidentiality for infected persons and the right for those at risk to protect themselves; and the need for adequate information to enable people to make free and informed choices regarding infant feeding. Furthermore, countries needed appropriate guidance on those issues.

9. Mr Luis Gautier (Coordinator, Red de Acción Comunitaria en VIH/SIDA, Chile and the NGO representative for Latin America/Caribbean on the PCB), addressed the meeting on behalf of the representatives of NGOs/people living with HIV/AIDS. He expressed disappointment that current responses were failing to keep pace with the rapidly expanding epidemic: indeed, the gaps were widening. In many countries, denial and violation of human rights persisted, and care and treatment remained unavailable or inaccessible to the majority. Furthermore, the slow progress in developing the functions of Theme Groups from provision of information exchange to implementation of strategic plans of action and the lack of participation of NGOs and people living with HIV/AIDS were causes for continued concern. UNAIDS should seek ways of increasing the involvement of NGOs and people living with HIV/AIDS in Theme Groups, perhaps by designating a UNAIDS staff member to take responsibility for those efforts. The realities of lack of resources, the crisis in public health systems, the high cost of medicines and inadequate dissemination of information on new treatments should not be allowed to frustrate attempts to move forward with the introduction of sound initiatives to improve access to treatment and medication, including new therapies, based on pilot projects involving individuals, NGOs and countries. UNAIDS must make a difference.

10. The provisional agenda (document UNAIDS/PCB(4)/97.1) was adopted (see Annex 2).

Agenda item 2 - Consideration of the report of the third meeting

11. The PCB adopted the report of its third meeting (document UNAIDS/PCB(3)/96.10).

Agenda item 3 - Report of the Executive Director

12. In presenting his report of the Programme's activities during its first full year of operation (document UNAIDS/PCB(4)/97.2), Dr Peter Piot (Executive Director, UNAIDS) provided a brief overview of the current status of the HIV/AIDS epidemic which, despite recent breakthroughs in the area of treatment and the decrease in mortality in some countries, was far from over. The spread of HIV/AIDS was implacable, with more than 3 million new cases of HIV infection and 1.5 million HIV/AIDS-associated deaths in 1996, and increasing consequences for social and human development. The PCB expressed concern at the growing impact of the epidemic and at the continued inequalities in provision of basic health care and access to treatment, especially the newer antiretroviral combination therapy.

13. The PCB commended UNAIDS on its achievements in the short period of its existence and welcomed the progress made in setting up basic administrative and managerial systems, developing activities, and strengthening collaboration with the Cosponsors and other partners. However, further efforts were needed to make the cosponsored approach more effective, particularly at country level. UNAIDS must aim for the establishment of well functioning Theme Groups anchored solidly in the UN resident coordinator system, with a streamlined UNAIDS continuing as a major global source of advocacy, information, policy guidance and technical advice.

14. Collaboration between the Programme and the Cosponsors needed further strengthening both in the context of UN reform and in order to ensure improved support to countries through the Theme Groups, to define more clearly the roles and responsibilities of the various partners at global, regional and national level, and to develop a more integrated workplan. New partnerships in the public, voluntary and private sectors must be forged and strengthened and NGO involvement should continue to be enhanced at both national and international level. Regional initiatives should be encouraged and attention should be paid to arrangements for small countries and countries with little or no UN presence. Priorities for action and allocation of resources must be set. There was also a call for UNAIDS to respond to the Oslo consensus which urged multilateral agencies to report data on their performance with regard to the 20/20 Initiative and to become involved in UN discussions in that area.

15. UNAIDS must maintain a clear vision of its mandate: it was not foreseen as a funding agency. However, the decline in financial support to countries during the transition phase continued to have a negative impact on national HIV/AIDS activities. Long-term, predictable and sustainable funding mechanisms at all levels were clearly essential.

16. In response to queries regarding the prevention and control of other sexually transmitted diseases (STDs), the PCB was informed that UNAIDS was collaborating closely with WHO, which had a comparative advantage in that field and was developing activities through a number of its headquarters programmes and through teams based at its Regional Offices in the areas of epidemiological research, diagnosis, prevention, treatment, integrated service provision and access to services.

17. The Board's attention was drawn to the involvement of UN system organizations other than the Cosponsors, including FAO, ILO, UNDCP and UNHCR, in various UNAIDS activities, and to their participation in Theme Groups in countries where their competence was relevant.

18. There was a call for UNAIDS and the Cosponsors to take steps to raise the international profile of UNAIDS, particularly in donor countries, making greater use of public relations and media opportunities. The Board was informed that consultations were underway to increase the role of the UN Secretary-General in that regard. Furthermore, as part of the UN reform process, it was hoped to raise awareness of all UN activities at country level.

Agenda items 4 and 5 - Functioning of UNAIDS at country level including case studies; Criteria for prioritization of UNAIDS support

19. Dr Rob Moodie (Director, Department of Country Support, UNAIDS), introducing the report on UNAIDS at country level (documents UNAIDS/PCB(4)/97.3 and UNAIDS/PCB(4)/97.3 Add. 1), said that during 1996 the number of UN Theme Groups on HIV/AIDS had risen from 36 to 126, covering 150 countries and that 37 Country Programme Advisers and 24 UNAIDS Focal Points were now in place to support Theme Group efforts. Rotation of chairpersons had commenced and distribution of that responsibility among the Cosponsors was therefore broadening. While core financial support to national AIDS programmes was not envisaged in the UNAIDS Proposed Programme Budget and Workplan for 1998-1999, programme development funds would continue to be made available for catalytic activities supported by Theme Groups, and resource mobilization efforts by Theme Groups would develop. It should be noted that the Theme Groups did not constitute entities that could themselves receive funding. A summary of a review of Theme Group functioning in four countries (Botswana, Dominican Republic, Laos and Viet Nam) was annexed to the report. A wider study of UNAIDS in over 90 countries was also being conducted and a preliminary report covering 74 countries was available.

20. During 1996 UNAIDS had developed a framework to guide and assess the development of Theme Group activities and had used it to monitor progress. After becoming operational, Theme Groups would move, although not necessarily in strict sequence, from providing information exchange to developing collaborative activities and then coordinated and joint planning for the national response, and finally to joint programming and implementation of activities. For each phase, a core set of indicative activities had been established. Of the 74 Theme Groups assessed so far, 27% had completed all activities in phase "Theme Group operational". Smaller proportions had satisfied the requirements of the other phases, although many were meeting some of the core elements of those phases.

21. The PCB noted that many of the obstacles encountered in setting up the Theme Groups were being tackled, and that evidence from a number of countries indicated that Theme Groups could operate effectively in support of national activities, given the required commitment from all partners, and the necessary financial and technical support. However, it expressed concern that progress in translating planned Theme Group activities, including resource mobilization, into concrete actions remained slow. The Board looked forward to the full report on the assessment of

UNAIDS at country level. It was suggested that the inclusion of a tabulated summary of progress on UNAIDS activities in countries in future reports to the PCB would facilitate the discussion, and that country visits by PCB members might provide an opportunity to review Theme Group operation at first hand.

22. Noting the country support priorities for 1997 set out in the report, the PCB reiterated the need for further efforts to improve collaboration between UNAIDS and the Cosponsors and to clarify the roles and responsibilities of Theme Groups and all the partners involved, in particular, in respect of administrative and funding mechanisms. The roles of Country Programme Advisers and Focal Points also required greater definition; where possible, experienced national staff with local knowledge should be selected. In that context, the Board was informed that mechanisms for monitoring and evaluating the performance of Country Programme Advisers were being developed. In addition, steps were being taken to encourage the incorporation of appropriate information on HIV/AIDS issues in existing training courses for UN and Cosponsor staff at global and, where available, regional level.

23. There was a plea for greater attention to be given to the situation of areas such as the Caribbean and the South Pacific that consisted of widely scattered small island countries, where current Theme Group mechanisms were not entirely appropriate. Countries showing signs of an impending expansion in the HIV/AIDS epidemic also required special consideration. The Theme Group approach must be adaptable to local situations and sufficiently flexible to respond to changing needs, and countries must be consulted at every stage.

24. Greater efforts were needed to involve governments in Theme Groups; without high-level political commitment, national efforts would falter. UNAIDS must also seek to improve partnerships between governments and NGOs in order to ensure the design and acceptance of appropriate national policies and to reduce fear of discrimination and stigmatization.

25. The PCB expressed the hope that the existing regional and inter-country entities of Cosponsors and other similar mechanisms could become more involved in the Programme's work at regional level. Noting the development of small UNAIDS inter-country teams to support Cosponsors' regional technical teams and offices with the aim of strengthening regional information exchange, technical resources and advisory services, and harmonizing regional and sub-regional initiatives, the Board requested that a report on progress in that regard be prepared for consideration at its next regular annual session.

26. The Board was informed that UNAIDS was developing draft materials and global and regional networks of specialists to assist in providing support for national strategic planning, and that a review of district-level programmes was being conducted. The Programme was also continuing to provide assistance to countries, either directly or through the Cosponsors, in the areas of advocacy, dissemination of best practice materials and information on the epidemic, and strengthening of technical cooperation. The PCB suggested that UNAIDS should also encourage the introduction of best practice materials into national programmes. Furthermore, since UNAIDS' advocacy would only succeed if it was based on sound scientific evidence, the Programme should support efforts to improve surveillance at all levels to ensure the provision of accurate data on the epidemic and on prevention and control activities.

27. The PCB reviewed the proposed criteria for prioritization relating to the allocation of UNAIDS funds to countries, which were set out in the report. The criteria had been developed on the basis of the opportunities available in countries as well as their needs, and allowed countries to be classified in three categories for allocation. The Board expressed support in principle for the proposals, which were consistent with the Programme's strategic objectives, but considered that further refinement was needed before any decision could be taken. There were calls for efforts to achieve a better balance between needs-based and opportunity-based criteria, and for transparency in applying the criteria. The prioritization exercise should be linked to country support priorities and it was suggested that evaluation of countries' previous use of allocated resources might be taken into consideration. There was general support for approval of the detailed criteria prior to any categorization of countries. Some doubt was expressed as to the large number of countries proposed in category 1 (countries with the greatest opportunity as well as the greatest need for assistance); for true prioritization, a smaller number might be more appropriate. It was agreed that more detailed proposals should be prepared for consideration by the Board at its next regular annual session.

Agenda item 6 - UNAIDS performance monitoring and evaluation plan

28. Dr Stefano Bertozzi (Coordinator, Department of Policy, Strategy and Research, UNAIDS), introducing the progress report on the UNAIDS performance monitoring and evaluation plan (document UNAIDS/PCB(4)/97.5), outlined the action taken since the June 1996 meeting of the PCB, which included the establishment of a UNAIDS task force to provide oversight and guidance, consultations and workshops with a variety of partners, and the activities of the PCB Working Group on Indicators and Evaluation. A conceptual framework for performance monitoring and evaluation at four levels – outputs (goods and services delivered by the UNAIDS Secretariat), intermediate outcome (changes in the nature of the UN system response), outcomes (changes in the characteristics of national responses) and impact (changes in the epidemic itself and long-term responses to it) – had been elaborated.

29. In reply to queries regarding the accountability of UNAIDS at the four levels of the conceptual framework, the Board was informed that the extent to which UNAIDS exerted direct influence over and was accountable for the results being achieved was greatest at the output level. While it had less influence at the other levels, it was, of course, accountable in respect of activities where UNAIDS resources were involved.

30. The PCB, recognizing the need for sound monitoring and evaluation as an integral part of UNAIDS activities, expressed appreciation for the work undertaken in developing the performance monitoring and evaluation plan. It took note of the report of the PCB Working Group on Indicators and Evaluation (document UNAIDS/PCB(4)/97.5 Add. 1), presented by its Chairperson, Dr Duff Gillespie (United States of America), and agreed that a complete draft plan, along the lines proposed, should be submitted for consideration at its next regular annual session. Given the complexity of the Programme's collaborative approach, the plan should be clearly defined, with due regard for quality. UNAIDS should work closely with the Cosponsors in monitoring and evaluating UN system responses to HIV/AIDS at all levels, taking into account existing monitoring and evaluation procedures in order to avoid duplication. It should also

support efforts to encourage the incorporation of harmonized monitoring and evaluation procedures in national HIV/AIDS activities.

31. The performance monitoring and evaluation plan should be linked to the UNAIDS Proposed Programme Budget and Workplan for 1998-1999, which should be revised to include a section providing consolidated information on the funding of monitoring and evaluation activities throughout the Programme and to indicate monitoring and evaluation activities under each programme component where possible. The proposed monitoring and evaluation activities should be realistic in terms of the financial and human resources needed for implementation, and it was important to maintain an appropriate balance between those activities and the other activities of the Programme. The plan should also be flexible, allowing for adjustments on the basis of experience gained.

32. To provide staffing for the monitoring and evaluation function, the PCB endorsed the proposed reassignment of an existing professional post and the creation of two posts, one professional and one general service, additional to the 1997-1997 approved staffing level in Geneva. UNAIDS should also examine other possibilities, including secondment from the Cosponsors and others, and the services of the UN Joint Inspection Unit.

33. The Board was informed that monitoring and evaluation activities were proceeding pending the development of the plan, and that a number of priorities for implementation had been set, including: compilation and analysis of HIV/AIDS surveillance data in collaboration with WHO; development of an Expanded Response Effort Assessment for national HIV/AIDS responses; monitoring of UN responses to HIV/AIDS at country level (through Theme Group assessment, a study of the financing of national programmes and user satisfaction surveys); and development of a UNAIDS management information system to monitor the execution of the 1998-1999 Programme Budget and Workplan. It was hoped to have a report on the Expanded Response Effort Assessment for a specific set of countries by mid-1998.

34. The Board endorsed the recommendation of the PCB Working Group on Indicators and Evaluation that the Working Group should cease to function and that a technical advisory group should be established with broad-based participation, including representation from donors, NGOs, users and those responsible for programme implementation as well as technical experts, to provide technical support for monitoring and evaluation activities and to assess implementation of the performance monitoring and evaluation plan. The terms of reference might also include the development of guidelines for the harmonization of national monitoring and evaluation procedures. The reports of the new group, which would be advisory in nature, should be submitted for consideration by the PCB.

Agenda item 7 - Financial and budgetary update for 1996-1997: interim report

35. The PCB took note of the report on the financial situation of the Programme as at 31 March 1997 (documents UNAIDS/PCB/(4)/97.6 and Addendum), presented by Ms Janet Lim (Programme Administrator, UNAIDS), and welcomed the structure of the document which showed

a clear separation of overhead costs, programme delivery costs and the cost of posts, as recommended at its previous meeting.

36. Concern was expressed at the potential 40% shortfall for the biennium, and donors to the Programme were urged to confirm their 1997 contributions as soon as possible so that core activities for the remainder of the year would not be affected. Donors should also make every effort to ensure prompt payment in future years. It was also essential to secure adequate funding for the core budget for the whole biennium and PCB members should meet their responsibilities in that respect. In reply to queries about the low level of contributions by the Cosponsors to the core budget, it was pointed out that the Cosponsors also funded HIV/AIDS activities, many at country level, from their own regular budgets and it was therefore important to look at the whole picture. The Board was informed that in addition to the contributions listed in Annex II, contributions in kind, such as the generous provision of premises by the Government of Côte d'Ivoire for a UNAIDS inter-country team in Abidjan, had also been received. Efforts were being made to find ways of reflecting such contributions in future reports.

37. Expressing appreciation for the work done to attract donations from non-traditional sources, including the private sector, the PCB encouraged further efforts in that regard, since a small number of donors was still contributing a high proportion of the funds raised. The UNAIDS Secretariat was requested to prepare a complete financial and budgetary update, including information on future resource mobilization prospects, for consideration by the PCB at its next annual regular session. In light of the multiplicity of possible funding mechanisms, the Board suggested that the PCB Working Group on Resource Mobilization be requested to consider the development of guidelines for channelling support to and through UNAIDS in order to provide a sound basis for long-term, predictable and sustained funding (see also paragraph 58 of this report).

38. The PCB welcomed the establishment of a Working Capital Fund, to be known as the Operating Reserve Fund, as a mechanism for dealing with short-term cash-flow difficulties. It noted that the reserve had been constituted with an initial amount of US\$ 20 million, while the monies currently available, which included funds carried over from WHO/GPA to date and carryover funds from 1995, totalled US\$ 38 million. The PCB Working Group on Resource Mobilization was requested to consider the basis for establishing an appropriate level for the Operating Reserve Fund and to submit proposals in that regard, together with recommendations on the rules and procedures for the Fund, for consideration by the PCB at its next regular annual session.

39. A report (document UNAIDS/PCB(4)/INF.DOC) was made available to the Board which contained information provided by the Cosponsors on HIV/AIDS-related activities to be funded from their core budgets. It was suggested that provision of such information in relation to each programme component of the UNAIDS 1998-1999 Proposed Programme Budget and Workplan would facilitate the Board's discussion in future.

Agenda item 8 - UNAIDS Proposed Programme Budget and Workplan for 1998-1999

40. Dr Peter Piot (Executive Director, UNAIDS) presented the UNAIDS Proposed Programme Budget and Workplan for 1998-1999, which had been developed together with the Cosponsors to ensure a more integrated approach and which was structured around 21 programme components grouped in five main areas: activities at country level; advocacy and public information; activities related to substantive aspects of the HIV/AIDS epidemic; development of inter-country technical networks; and supportive activities relating to administration, management, governance, coordination and resource mobilization.

41. The PCB expressed appreciation for the efforts made in preparing a well structured and transparent document, which provided a clear breakdown of the various costs and which was referred to as an example of "best practice" within the UN system. The Board approved the proposed budget of US\$ 120 million, which it was pleased to note was at the same level as that for the previous biennium. It also endorsed the proposed allocations to the various programme components.

42. Although significant progress had been made in moving towards an integrated workplan, further efforts were needed to clarify the responsibilities of UNAIDS, the Cosponsors and other partners in order to ensure complementarity of activities, and to coordinate the various categories of funding. There was room in future programme budgets for further prioritization of the activities presented, and the level of narrative detail provided should reflect the priority accorded to each programme component.

43. The Board welcomed the development of objectives and sub-objectives for each programme component but recommended that in future the distinction between them be clear and that they were used in a consistent manner for all programme components.

44. The PCB recommended that, when developing its detailed management workplans, the Secretariat should ensure that the programme components were clearly linked to the four strategic objectives of the UNAIDS Strategic Plan and that due emphasis was given to the four cross-cutting themes: human rights, gender, young people, and the greater involvement of people living with HIV/AIDS. In setting priorities, greater attention should be given to activities aimed at developing: strategies for improving access to care, in particular, access to essential drugs for the treatment of opportunistic infections and to antiretroviral therapy; effective monitoring of the dynamics of the HIV/AIDS epidemic and its impact on socio-economic development; HIV/AIDS prevention technologies – including vaginal microbicides, measures to ensure safe supplies of blood and blood products, enhancement of national capacities for participation in vaccine trials, and approaches for reducing HIV transmission through injecting drug use; guidance on human rights, legal and ethical issues; and strategies for the effective use of programme development funds, emphasizing their catalytic nature. In addition, efforts should be made to incorporate performance monitoring and evaluation procedures at all levels.

45. For their part, Member States should ensure that the priorities in respect of HIV/AIDS-related activities set by the governing bodies of the Cosponsors were consistent.

Agenda item 9 - Coordinated Appeal for 1998-1999

46. The PCB took note of the progress report on the UNAIDS Coordinated Appeal for Supplemental Funded Activities (document UNAIDS/PCB(4)/97.7), which was introduced by Ms Sally Cowal (Director, Department of External Relations, UNAIDS), and endorsed the development of the 1998-1999 Coordinated Appeal within a US\$ 20 million ceiling at global level, with a planned launch in June 1997.

47. Appreciation was expressed for the candid assessment of the difficulties encountered during the Coordinated Appeal for the biennium 1996-1997, as a result of which only US\$ 4.8 million of the requested US\$ 18 million had been raised (US\$ 1.8 million from three donor agencies and US\$ 3 million from the UNAIDS core budget). The Board noted that there was still time for donations to be received for the current biennium and welcomed the announcement that an additional Member State had pledged a contribution.

48. The Cosponsors and the UNAIDS Secretariat should build on the experience of the 1996-1997 Coordinated Appeal, the first of its kind, in proceeding with the development of the second. The Coordinated Appeal was an important and innovative mechanism for coordinating funding with the aim of increasing responses to the HIV/AIDS epidemic. It was also a valuable forum in which the Cosponsors and the UNAIDS Secretariat could continue to work together to harmonize and integrate HIV/AIDS-related activities. However, further efforts were needed to refine and prioritize the criteria for the selection of proposals for the next Appeal, which should include, on a trial basis, activities at country level. The work of inter-agency reference/working groups would be valuable in the selection process. Proposals should preferably focus on activities rather than request funding for core costs and staff salaries. They should also be linked to the programme component objectives of the UNAIDS Workplan, and responsibilities for implementation should be clearly defined. There was a call for the World Bank, whose funding situation and functions differed somewhat from those of the other Cosponsors, to be discouraged from itself submitting proposals.

49. The Board endorsed the proposed changes in the Coordinated Appeal process for 1998-1999 and urged that detailed documentation be prepared to explain the Appeal more clearly in order to encourage donors, who were faced with their own resource constraints and requirements and had to make difficult choices about where to place their contributions. The Secretariat was requested to prepare and distribute quarterly updates on contributions to the Coordinated Appeal and the activities being funded, and to report on overall progress at the next PCB meeting.

Agenda item 10 - Mode of operations of the PCB

50. Recognizing the need for an appropriate balance between formal and informal mechanisms in the UNAIDS governance structure, the PCB endorsed the proposals contained in the report on the mode of operations of the PCB (document UNAIDS/PCB(4)/97.8).

51. The introduction of *ad hoc* thematic and informal information meetings would provide an opportunity for in-depth debate on substantive HIV/AIDS issues which was not often possible at the formal regular annual session of the PCB. However, such meetings should not be restricted to the exchange of information; they should have objectives and produce results that would enhance the work of the Programme.

52. The Board noted that, for 1997, one *ad hoc* thematic meeting of the PCB and four informal information meetings around the themes of UNAIDS at country level, budget and financial issues (including the results of resource mobilization efforts), trends and statistics of the epidemic and new case studies of best practice, and performance monitoring and evaluation had been proposed. While the number of such meetings should remain flexible, it was essential that the cost and human resources needed for their preparation should not become onerous. Furthermore, every effort should be made to ensure a broad participation in informal meetings, with particular attention to the involvement of NGOs.

53. The Board recommended that steps be taken, in consultation with PCB members, to find ways of improving the format and conduct of PCB meetings, including consideration of alternative venues. The introduction of panel discussions at *ad hoc* thematic meetings was suggested. Further informal briefing sessions, such as the one on the development of the UNAIDS Best Practice Collection held during the current PCB meeting, would also be useful.

54. The Secretariat was requested to circulate information about forthcoming meetings widely and well in advance to facilitate participation and allow sufficient time for the preparation of presentations. The calendar of meetings should be drawn up with due regard for other important HIV/AIDS-related meetings.

55. Concern was expressed at the lack of participation of PCB members in the process of selecting candidates for the offices of Chairperson and Vice-Chairperson of the Board. It was therefore suggested that the current Chairperson and Vice-Chairperson should consider the matter further and prepare proposals for consideration by the PCB at its next regular annual session.

Agenda item 11 - Next PCB meeting

56. After some discussion of the needs of the Programme and the time required by the Secretariat to complete various tasks, the Board decided that its next meeting should be an *ad hoc* thematic meeting to be held during the last quarter of 1997, most likely in November. The agenda should focus on a limited number of substantive issues to be determined by the Secretariat in consultation with the elected officers of the PCB.

Agenda item 12 - Other business

PCB Working Group on Resource Mobilization

57. The PCB endorsed the recommendations of the PCB Working Group on Resource Mobilization (document UNAIDS/PCB(4)/97.9), presented by the Working Group's Chairperson, Mr Erik Hammarskjöld (Sweden). The strengthening of resource mobilization along the lines proposed by the Working Group was essential to provide the predictable, long-term funding necessary for the continuity of HIV/AIDS-related activities. While priority should be given to non-earmarked contributions to the core budget, it was important to maintain some flexibility, given the requirements of some donors in that regard.

58. It was agreed that further consideration should be given to the terms of reference of the PCB Working Group on Resource Mobilization in relation to the Board's earlier proposal regarding the development of guidelines on funding mechanisms (see paragraph 37 of this report).

Inter-Agency Advisory Group on AIDS (IAAG)

59. Mr Jacques du Guerny (FAO, Chairperson of the Inter-Agency Advisory Group on AIDS) briefed the PCB on the ongoing reform of the IAAG which was aimed at enhancing its contribution to UNAIDS and the UN system as a whole. The Group's terms of reference had been significantly streamlined to simplify formal procedures and reduce the number of meetings, and modified to update objectives in line with the changes from WHO/GPA to UNAIDS. In future, the Group would continue to advise on, monitor and promote the review of HIV/AIDS issues in relation to UN personnel. It would, furthermore, also advise on issues of a cross-sectoral nature which required coordinated action, with special emphasis on interrelationships with development. For example, a forthcoming meeting would consider HIV/AIDS issues in relation to migration, with broad participation of UN and relevant international organizations. The proposed changes should ensure a more focused approach on the advisory functions and would reduce the costs of the Group.

Communication and public information

60. The PCB welcomed the opportunity provided during the session to view a UNAIDS video on 1996 highlights and a TV spot from South Africa produced by Population Services International (PSI) on condom promotion and use.

Agenda item 13 - Adoption of decisions, recommendations and conclusions

61. The decisions, recommendations and conclusions of the fourth meeting of the PCB, which were discussed and adopted prior to the close of the meeting on 9 April 1997, are set out in Annex 3.

Annex 1

List of Participants

Member States

Algeria

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Monsieur Mahiddine Messaoui, Ministre Conseiller, Mission permanente de la République algérienne démocratique et populaire auprès de l'office des Nations Unies à Genève

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Mr Nick Fucile, CCISUA Focal Point on HIV/AIDS, United Nations, New York

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Mr Mark Hamilton, Vice-Chair, FICSA Standing Committee on Occupational Health and Safety (UNDP/UNFPA/UNOPS), UNDP, New York

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Nongovernmental Organizations

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

M. Modibo Kanoute, Président, Association d'aide aux malades du sida et aux orphelins en Afrique, Paris

Mr Paul Di Donato, Executive Director, Funders Concerned About AIDS, New York

INTERNATIONAL AIDS SOCIETY (IAS), represented by: Dr Mark A. Wainberg
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Mr Jeff O'Malley, Executive Director, International HIV/AIDS Alliance, London

Dr Getachew Gizaw, Senior Officer for Communicable Diseases-HIV/AIDS
International Federation of Red Cross, and Red Crescent Societies, Geneva

Ms Jackie Coleman, The National Minority AIDS Council, Washington DC

Mr Damien Rwegera, Organisation Pan-Africaine De Lutte Contre Le SIDA (OPALS), Paris

Mrs Lucile Astel, Organisation Pan-Africaine De Lutte Contre Le SIDA (OPALS), Paris

Mr Richard A. Frank, President, PSI, Washington DC, USA

Ms Garance Upham, President, Sidalerte Internationale, Lyon, France

Dr Mamoudou Diallo, Network Coordinator, Sidalerte Internationale, Lyon

Ms Susan Lucas, Coordinator, UK NGO AIDS Consortium, London

Rev. Sibylle Schar, AIDS Pfarramt, Zurich, Switzerland, (representing: CMC-Churches'
Action for Health, World Council of Churches, Geneva

Rev. Peter Lack, AIDS Pfarramt, Basel, Switzerland

Annex 2 Agenda

	<u>Reference documents</u>
1. Opening	
1.1 Opening of the meeting	
1.2 Election of officers	
1.3 Report by the Chairperson of the Committee of Cosponsoring Organizations	
1.4 Report by the NGO representative	
1.5 Adoption of provisional agenda	UNAIDS/PCB(4)/97.1
2. Consideration of the report of the third meeting	UNAIDS/PCB(3)/96.10
3. Report of the Executive Director	UNAIDS/PCB(4)/97.2
4. Functioning of UNAIDS at country level including case studies	UNAIDS/PCB(4)/97.3
5. Criteria for prioritization of UNAIDS support	UNAIDS/PCB(4)/97.4
6. UNAIDS Performance Monitoring and Evaluation Plan	UNAIDS/PCB(4)/97.5
7. Financial and budgetary update: interim report	UNAIDS/PCB(4)/97.6
8. UNAIDS Proposed Programme Budget and Workplan for 1998-1999	UNAIDS/PBW/98-99
9. UNAIDS Coordinated Appeal for 1998-1999	UNAIDS/PCB(4)/97.7
10. Mode of Operations of the PCB	UNAIDS/PCB(4)/97.8
11. Next PCB meeting	
12. Other business	
13. Adoption of Decisions, recommendations and conclusions	

Annex 3

Decisions, Recommendations and Conclusions

Agenda item 2 - Consideration of the report of the third meeting

1. The PCB adopted the report of its third meeting (Document UNAIDS/PCB(3)/96.10), held on 10-11 June 1996.

Agenda item 3 - Report of the Executive Director and general debate

2. The PCB expressed very strong appreciation for the Programme's many achievements within the short period of its existence and commended the Executive Director and his staff.
3. The PCB expressed its continuing concern about the growing impact of the HIV/AIDS epidemic, the dangers of a growing sense of complacency following the preliminary success of experimental treatment modalities, and the need for increased resources to address the epidemic.
4. The PCB recognized the value to UNAIDS's work of partnerships with the public sector, NGOs and people living with HIV/AIDS, and the business community, and encouraged the Programme to continue its partnership building efforts.
5. The PCB welcomed the Report of the Executive Director (Document UNAIDS/PCB(4)/97.2), appreciating its structure and comprehensive nature, and encouraged that future reports include further emphasis on options and suggestions for addressing issues and challenges.
6. The PCB encouraged the continued active involvement of UNAIDS in the UN reform initiative of the Secretary-General (Executive Committee of the Development Cooperation Group). UNAIDS was encouraged to further refine its methods of work, noting that the UNAIDS concept may be an example for cooperation in other areas of the UN system.
7. The PCB encouraged UN Member States, in particular the PCB members, to strengthen their commitment and fully assume their responsibilities for the success of UNAIDS. The PCB emphasized the responsibility of Member States to ensure coherent action within the Cosponsors, working through their individual governing bodies and ECOSOC. Through these channels, Cosponsors should be encouraged to be more supportive to the UNAIDS's effort, including to its approved budget programme components, bearing in mind the role of UNAIDS and the comparative strengths of the Cosponsoring Organizations; to increase their HIV/AIDS mainstreaming activities; to provide increased funding for HIV/AIDS activities at country level; and to provide necessary administrative support for the functioning of UN Theme Groups at country level.
8. The PCB encouraged UNAIDS to adopt reporting systems allowing for monitoring of its performance with regard to the 20/20 Initiative in accordance with the Oslo consensus, and

participate in discussions on this issue taking place in the relevant ACC mechanisms on coordinated follow-up to international UN conferences.

9. The PCB encouraged the Secretariat to examine and strengthen the information chain at global and regional level between the Secretariat and its Cosponsors, and within the Cosponsors, from the HIV/AIDS Focal Points to relevant global and regional structures.

10. Noting with concern the increasing disparity among and within countries in their access to appropriate drugs and therapies for HIV-related illness, the PCB encouraged UNAIDS to strengthen its advocacy, partnership mobilization, and best practice development in support to improved access to treatment, including antiretroviral therapy, in those countries where the greatest burden of HIV-related illness is borne.

Agenda item 4 - Functioning of UNAIDS at country level including case studies

Agenda item 5 - Criteria for prioritization of UNAIDS support

(Documents UNAIDS/PCB(4)/97.3 and its Addendum 1)

11. The PCB recommended continuing emphasis on further clarification of roles and responsibilities of the Cosponsors and UNAIDS in countries. In particular, the PCB also recommended that consistent guidelines be communicated by the respective headquarters of Cosponsors, bilateral agencies and UNAIDS to their country staff. These guidelines should clarify the role, functions, and expected outputs of the UN Theme Groups, with a view to facilitating joint planning and integrated programme implementation among the UN Theme Group members.

12. The PCB endorsed the purpose of programme development funds as being for activities which are catalytic, strategic, and suitable for replication. The PCB further suggested reconsideration of the nomenclature of the programme development funds to ensure clarity on the purpose of activities to be supported through these funds.

13. The PCB endorsed in principle the need for criteria for prioritization of UNAIDS support at country level, including programme development funds and the deployment of country-based staff, noting its concerns on their application, and requested further refinement based on monitoring and accumulated experience. The PCB further emphasized that prioritization criteria should be as transparent as possible, and requested that these criteria be presented for further discussion at the next regular annual PCB session. The PCB urged that an appropriate balance be struck between opportunity and needs-based criteria, and that efforts should be made to identify more objective criteria, where possible. The PCB also expressed its concerns that the needs of small countries, small island countries, and countries with low HIV prevalence and those with minimal UN presence also be addressed within the prioritization criteria.

14. The PCB requested periodic summaries in tabular form of UNAIDS's activities at country level. The PCB encouraged that, where appropriate, UN Theme Group membership should expand to relevant UN system organizations beyond the six Cosponsors. UN Theme Groups should also play a more proactive role in effectively supporting national governments in their coordinating roles; strengthening in-country resource mobilization efforts; facilitating partnerships between national programmes and NGOs; actively seeking the inputs of people living

with HIV/AIDS; and strengthening efforts to mobilize specific technical expertise from regional and global sources for national programmes.

15. The PCB recommended that regional support activities of UNAIDS should be effectively linked to the existing regional technical support entities of the Cosponsoring Organizations and other regional mechanisms. This included emphasis on exchange of ideas and improved coordination among neighbouring countries. The PCB also requested that progress on the establishment and functioning of UNAIDS's Inter-Country Teams be provided to the next regular annual session of the PCB.

16. Reiterating the basic principle that UNAIDS was not established to serve as a funding agency, the PCB requested that the Secretariat prepare in advance of the next regular annual PCB session an overview analysis of the funding status of national AIDS programmes that have received transitional core financial support from UNAIDS in the current biennium. The overview analysis should provide an indication of the relative magnitude of this support; the success of national programmes in identifying alternative national and international financial resources; and the scope and scale of unmet needs. The analysis should also provide recommendations on how the international community, including the UNAIDS's Cosponsors and bilateral agencies, might more effectively address those needs.

Agenda item 6 - UNAIDS Performance Monitoring and Evaluation Plan

17. The PCB noted with appreciation the Progress Report on UNAIDS Performance Monitoring and Evaluation Plan (Document UNAIDS/PCB(4)/97.5) and the Report of the PCB Working Group on Indicators and Evaluation (Document UNAIDS/PCB(4)/97.5 Add.1). The PCB approved the Secretariat's request for two additional posts, one in the professional category and one in the general service category, and reallocation of an existing professional post, as contained in the Proposed Budget and Workplan for 1998-1999. It requested that the Secretariat present a comprehensive Performance Monitoring and Evaluation Plan to the PCB at its next regular annual session. The PCB recommended that UNAIDS work closely with the Cosponsors in monitoring and evaluating UN system responses to HIV/AIDS at all levels. It further recommended that, having completed its work, the PCB Working Group on Indicators and Evaluation cease to function and that a broad-based technical advisory group be created, including membership drawn from governmental and non-governmental organizations. The terms of reference of the technical advisory group should enable it to assist in maintaining the momentum established by the PCB Working Group, as well as providing technical support.

Agenda item 7 - Financial and budgetary update for 1996-1997: interim report

18. The PCB expressed its appreciation for the clarity of the financial report presented (Documents UNAIDS/PCB(4)/97.6 and its Addendum), noting that it had been aligned with the Board's recommendations to present separately overhead costs, programme delivery costs, and the cost of posts. It also noted that steps had been taken to establish an operating reserve, as requested by the PCB, and that further recommendations on procedures guiding its operations would be presented to the Board at the next regular annual session. The PCB noted the present size of the operating reserve at potentially US\$ 38 million, representing two-thirds of annual expenditures,

and requested the Secretariat with the PCB Working Group on Resource Mobilization to establish, as soon as possible, the basis for determining the appropriate level of the operating reserve.

19. The PCB noted that, while 60% of the total requirements to fund the approved budget of US\$ 120 million for 1996-1997 had been received as at 31 March 1997, there is urgency to ensure that the outstanding funds needed for the Programme are received as soon as possible. While appreciating the efforts that had been made to secure greater funding from non-traditional sources, including the private sector, the PCB also urged that the funding base for the Programme be further strengthened by a larger number of governments contributing a greater amount of resources, with priority to funding activities within the approved budget. The PCB requested the Secretariat to provide a financial and budgetary update, including future resource mobilization prospects, at the next regular annual session of the PCB.

Agenda item 8 - UNAIDS Proposed Programme Budget and Workplan for 1998-1999

20. The PCB expressed appreciation for the transparency in presentation, the structure and quality of the 1998-1999 Proposed Budget and Workplan, and noted the progress made in terms of moving towards a more integrated workplan among UNAIDS and the Cosponsors.

21. The PCB endorsed the proposed budget of US\$ 120 million for 1998-1999 and its allocations for programme components, re-emphasizing the importance of the four cross-cutting themes – human rights, gender, young people, and the greater involvement of people living with HIV/AIDS.

22. The PCB requested that, in implementing its workplan, the Secretariat give greater priority to strategies related to improving access to care, including access to antiretroviral therapy and to treatment for opportunistic infections, and to broadening the range of approaches for reducing HIV transmission through injecting drug use.

23. In emphasizing the importance of providing as comprehensive a picture as possible of the HIV/AIDS activities of UNAIDS and its Cosponsors, and of continuing to progress towards a more complete integrated workplan in future budget submissions, the PCB also recommended that continued attention be given to further clarifying the respective implementation responsibilities of the Secretariat, the Cosponsors and other partners; and that the narrative detail better correspond to the budget level of the respective programme components. The PCB also encouraged the Secretariat, in preparing its more detailed workplans for programme management, to undertake greater prioritization of the programme components along with their timeframes; to describe objectives, sub-objectives and outputs with greater precision and consistency; and to better link specific programme components, strategic objectives, and performance monitoring and evaluation.

Agenda item 9 - Coordinated Appeal for 1998-1999

24. The PCB noted the Progress Report on the UNAIDS Coordinated Appeal for Supplemental Funded Activities (Document UNAIDS/PCB(4)/97.7) at global and regional level, acknowledging the efforts of the Cosponsors and the Secretariat in developing this important instrument for harmonization, and appreciating the frank description within the Report of the difficulties encountered in establishing the process. The PCB encouraged the Cosponsors and the Secretariat

to proceed with the development of the 1998-1999 Coordinated Appeal, with appropriate prioritization of its components within a US\$ 20 million ceiling at global level, and its planned launch in June 1997.

25. The PCB requested that the 1998-1999 Coordinated Appeal documentation clearly indicate: (i) the division of responsibility for implementation among the Cosponsors and the Secretariat; (ii) how specific Coordinated Appeal proposals help to strengthen HIV/AIDS programming at country level; (iii) how proposals are linked to programme component objectives in the UNAIDS workplan; (iv) that proposals emphasize HIV/AIDS activities rather than Cosponsor core support; and (v) that the Coordinated Appeal include country-level activities on an experimental basis. The PCB further requested that the Secretariat distribute quarterly updates on funding status of the Coordinated Appeal, and that the PCB be briefed at its next meeting on overall progress.

Agenda item 10 - Mode of operations of the PCB

26. The PCB amended Article 21 of its Modus Operandi by adding the office of a rapporteur, taking into account fair geographical distribution.

27. The PCB recommended that the UNAIDS's governance structure strike a balance between formal and informal mechanisms. Where appropriate, country visits by PCB members should be encouraged to enable greater understanding of UN Theme Group operations.

28. The PCB endorsed the proposals included within the report on Mode of Operations of the PCB (Document UNAIDS/PCB(4)/97.8). The PCB also recommended that ad hoc and informal meetings be convened to complement the regular annual sessions of the PCB. One ad hoc thematic meeting and four informal information meetings have been proposed for 1997, although the number per year will remain flexible. The PCB requested the Secretariat to provide adequate notice of the meetings to facilitate participation and/or inputs by all members.

29. The PCB recognized the potential value in conducting its future meetings in a different manner to permit more in-depth exchange of ideas and requested the Secretariat, in conjunction with the chairperson and vice-chairperson, and in consultation with PCB members, to look at ways of implementing this for the next meeting.

30. The PCB requested that the chairperson and vice-chairperson present to the PCB a proposal for election procedures of future chairpersons and vice-chairpersons at its next regular annual session.

Agenda item 11 - Next PCB meeting

31. The PCB asked the Secretariat to organize an ad hoc thematic meeting of the PCB in the last quarter of 1997 (most likely November).

Agenda item 12 - Other business

Resource mobilization

32. The PCB endorsed the recommendations of the PCB Working Group on Resource Mobilization (Document UNAIDS/PCB(4)/97.9), emphasizing the need to give priority to non-earmarked contributions to the core budget, while taking note of the limitations within some donor agencies with regard to the earmarking of contributions and the subsequent need for some flexibility.
33. The PCB recommended that UNAIDS strengthen its activities to mobilize resources from non-traditional sources, including the private sector, in the response to HIV/AIDS.
34. The PCB recommended that emphasis be placed on strengthening capacity of national governments, NGOs and networks of people living with HIV/AIDS to mobilize resources.



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UNAIDS/PCB(5)/97.6

8 January 1998

Joint United Nations Programme on HIV/AIDS

Report of the *ad hoc* thematic meeting of the Programme Coordinating Board of UNAIDS

Nairobi, 16-18 November 1997

Contents

	Page
• Introduction	2
• Opening Session	2
• Item 1: Access to drugs for HIV/AIDS.....	4
• Item 2: Support to country-level responses to HIV/AIDS.....	10
2(a) UN Theme Group on HIV/AIDS	10
2(b) National strategic planning	17
• Field visits	19
• Closing Session	20
 Annex 1 – List of Participants	 22
Annex 2 – Agenda	30
Annex 3 – Decisions, Recommendations and Conclusions	31

Introduction

1. This first *ad hoc* thematic meeting of the Programme Coordinating Board (PCB) (and fifth meeting of the PCB) was held at the United Nations Centre in Nairobi from 16 to 18 November 1997. It was convened in response to requests from Board members for meetings during which issues of substance relating to the HIV/AIDS epidemic and the work of UNAIDS could be discussed in greater detail than is possible in the more formal regular annual sessions of the PCB.
2. The meeting, chaired by Dr N. Dlamini Zuma (South Africa) with Dr J. Moerkerk (Netherlands) as Vice-Chairperson, concentrated on two major topics – access to drugs for HIV/AIDS and related illness, and the United Nations system's work on HIV/AIDS at country level. This second topic focused on the functioning of UN Theme Groups on HIV/AIDS and their relationship to the national response, and on support for national strategic planning on HIV/AIDS. In addition, visits were arranged for PCB members to six community initiatives in response to HIV at sites in and around Nairobi. The participants are listed in Annex 1.
3. In order to allow more detailed discussion of the two themes of the meeting, PCB members split into working groups. The conclusions and recommendations of each of these groups were reported back to the plenary and are reflected in this report and the conclusions and recommendations which were adopted. The main body of this report is organized around central themes of the debate on the topics of major interest. It attempts to reflect the wide spectrum of views expressed during the meeting. Unattributed comments made by participants appear in boxes throughout the text.

Opening Session

4. PCB members were welcomed in a brief address by Dr Zuma. At the request of Ms Dorothy Odhiambo, the meeting observed a minute of silence in honour of all those who have died of AIDS.
5. The provisional agenda (UNAIDS/PCB(5)/97.1) was adopted. It appears as Annex 2.

Report of the Executive Director

6. Dr Peter Piot (Executive Director, UNAIDS) listed some of the recent achievements and challenges of the Joint United Nations Programme on HIV/AIDS. The major thrust of UNAIDS work is at country level, and that has been reflected in a significantly expanded response against the epidemic in many countries. However, the Programme also has a global role in advocating for more political commitment to a response to the epidemic as well as for sound policies on HIV/AIDS, a role fulfilled in part by a rapidly growing set of documentation on best practices, and increasingly close working relationships with civil society and investment in public goods such as monitoring of the epidemic.

7. All of these efforts depend on forging effective partnerships within the UN system and with outside partners. UNAIDS' efforts in this area have also become a focus of interest for those concerned with UN reform, and will be discussed in detail by the Cosponsoring Organizations in a retreat in March 1998 as part of a taking-stock exercise on two years of UNAIDS.
8. The approved budget of US\$ 120 million for the current biennium (1996-1997) is expected to be fully funded.

Report by the Chairperson of the Committee of Cosponsoring Organizations

9. Dr Richard Feachem (Director, Health, Nutrition and Population, Human Development Department, World Bank and Chairperson of the Committee of Cosponsoring Organizations (CCO) reported on changes to the CCO functioning decided in October 1997. Executive heads of Cosponsoring Organizations (or their representatives) will in future meet once a year in the spring, around the time of the session of the UN Administrative Committee on Coordination. This annual meeting will be preceded by a working-level preparatory session. One CCO meeting at working level will be scheduled in the autumn.
10. Dr Feachem said early discussions with some governments about the funding of the UNAIDS Coordinated Appeal to finance specific activities in 1998 and 1999 had been positive. UNAIDS will also contribute to the Coordinated Appeal.
11. Inter-agency working groups on communication, HIV prevention in schools, prevention among especially vulnerable young people, children, gender, and surveillance have continued their good work towards harmonizing programme approaches and joint planning.
12. UNESCO will chair the CCO from January to June 1998, after which the Chair will rotate annually, rather than every six months.

Report by the NGO representative

13. Speaking for the NGOs, Ms Dorothy Odhiambo (Coordinator, Women Fighting Against AIDS in Kenya and the alternate NGO representative for Africa on the PCB) described continuing widespread ignorance about the epidemic among communities and individuals. She called on UNAIDS to advocate more actively at country level, increasing the visibility of the epidemic and political commitment to a vigorous expanded response.
14. The development of new treatments is leading to a growing complacency. Some organizations, discouraged by the continued growth of the epidemic, are giving up funding established interventions, and resources for providing care for those affected appear not to materialize. Pilot projects on widening access to treatment currently underway should point to new solutions for providing treatment and support to affected individuals. The NGOs called upon UNAIDS to move quickly to implement widely the successes emerging from the pilot projects.

Noting the rapid expansion of the UNAIDS' Best Practice Collection, the NGOs asked that the documents be more widely distributed among relevant communities.

15. NGOs are concerned that commitment of governments and of the UN system for involving people living with HIV and AIDS more closely in the response to the epidemic is diminishing. This is true even among those countries which have committed themselves to this approach as signatories to the Declaration of the Paris AIDS Summit in 1994, which promoted the Greater Involvement of People living with HIV/AIDS (GIPA) Initiative.

Item 1: Access to drugs for HIV/AIDS

16. Dr Awa Coll-Seck (Director, Department of Policy, Strategy and Research, UNAIDS) gave an overview of the challenges facing countries trying to ensure that people and communities living with HIV have the best possible access to drugs. Dr Jonathan Quick (Director, Action Programme on Essential Drugs (DAP), WHO) detailed some options in responding to the challenges. Dr Roland Msiska (Health Systems Adviser, UNAIDS) outlined the partnerships which form the core of the UN system strategy to improve access to HIV-related drugs worldwide. Each of the presenters made it clear that there are no simple answers: in addressing access to drugs, communities must deal simultaneously with social, cultural, political, ethical, economic and medical issues. Their presentations expanded on the content of the preparatory document "Access to drugs for HIV/AIDS and related illness: Towards the creation of strategic partnerships to improve access to care for people living with HIV/AIDS" (UNAIDS/PCB(5)/97.3 Rev.1).

17. The substance of the three presentations was discussed in six working groups, which looked in some detail at issues of major importance for a successful strategy: political issues, economic issues, social and cultural issues, legal and ethical issues, technological issues and issues surrounding communications. The active debate both in plenary and in working groups is clustered here into major topic areas.

The present situation

18. People living with HIV and AIDS have widely different access to care and support in different regions of the world. In many richer countries, most people with HIV/AIDS have access to a comprehensive spectrum of care from counselling and psychosocial support to palliative care, to treatment of opportunistic infections, to drugs which suppress viral replication. But there is wide variation in access to drugs and care, even within industrialized countries. Access to HIV care is very limited in the nations of Eastern Europe, where the epidemic is growing dramatically just as health systems are collapsing under the weight of economic transition. The situation in Latin America is highly variable, with treatment for opportunistic infections commonly available and access to anti-retrovirals starting to become a reality in a number of countries. In Asia, progress is being made although, as elsewhere, there are concerns that the unregulated use of AZT is leading to resistance in some areas. In sub-Saharan Africa, where over 20 million people with HIV live,

access to drugs to treat or prevent even the most basic illnesses is a daily struggle and HIV-related drugs are no exception. While anti-retrovirals are available in the private sector in a majority of countries, these remain unregulated and their use is limited to a very small minority.

Drugs in the context of care

19. All three speakers stressed that access to drugs is just one dimension of access to care. Care for people living with HIV and AIDS should include testing and counselling, psychosocial care, nursing and nutrition and the creation of a non-discriminatory and supportive social environment.

"Drugs are only one element in the continuum of care, but they are an essential element."

20. The single most important piece of information an individual needs before accessing care is information about his/her HIV status. In many countries, testing and counselling services are all but unavailable and only a very small fraction of infected people know their sero-status.

Access to which drugs?

Advocating a wide spectrum of drugs

21. UNAIDS and WHO are analyzing the provision of drugs in different social and economic situations. It was concluded that it is necessary to advocate for a wide spectrum of drugs, ranging from treatment for sexually transmitted infections (STIs), through treatment and prophylaxis for opportunistic infections and palliative care, to anti-retroviral therapy.

22. Many PCB members applauded this broad approach. Much debate surrounded the proper place of anti-retrovirals in the strategy: some participants felt it was of central importance while others felt it was being given unnecessary prominence.

"There is a clash of values. On the one hand is the principle of equity, and on the other is cost-effectiveness."

23. Global guidelines are necessary, but ultimately the selection of drugs that will be made available to people living with HIV has to take place at a local level, either through the Health Ministry and/or through large NGOs or community organizations which are providing clinical care.

Anti-retrovirals – the principle of equity

24. Several participants supported the principle of equal access to life-prolonging anti-retrovirals. Participants from developing countries, while applauding this commitment of principle, questioned whether it was likely to be backed up with resources.

"Many countries make declarations, but there is often a large gap between fine-sounding principles and practice."

25. An NGO representative conceded that equal access to drugs for people living with HIV and AIDS in developing countries was not likely to come about in the immediate future. However he applauded the initiatives being taken by UNAIDS in piloting greater access to drugs in four developing countries as an important first step.

26. The Secretariat warned against thinking of all developing countries as a monolithic block with equal possibilities and obstacles to HIV-related therapy. The working group on political aspects of access to drugs concluded that action taken as the result of a coherent and feasible strategy for access to HIV-related drugs could lead to the improvement of the health system in general.

Anti-retrovirals – the view from resource-poor countries

27. Many participants from developing countries said they had no expectation of a broad access to anti-retroviral drugs. They feared that a strategy which made no distinction between anti-retroviral drugs and other more common or affordable HIV-related drugs would encourage governments to dismiss the strategy out of hand, even when improved access to other drugs was feasible.

28. It was proposed that the access to drugs strategy be refined, providing three separate strategies for three different categories of drugs: drugs for opportunistic infections, drugs to prevent mother-to-child-transmission and anti-retrovirals.

The cost of anti-retrovirals

29. The feasibility of providing anti-retrovirals to people living with HIV varies depending on a country's resources and the scale of the epidemic, among other factors. Data were presented showing that if Argentina were to treat all HIV-positive patients with anti-retrovirals, it would need to spend five percent of its annual public drug budget. In Sri Lanka, the fraction would be 15 percent. In Zimbabwe, however, it would at current funding levels take 12 years' worth of the public drug budget to treat the HIV-positive population for a single year, while in Côte d'Ivoire the bill would amount to 18 years' worth of current spending.

30. There is also a wide variation in the cost of anti-retrovirals. In Latin America, differences of up to 50 percent between countries are common. PCB members appealed to UNAIDS to act as a clearing-house for price and supply information. It was also suggested that UNAIDS could seek to negotiate a unified price for all buyers.

31. Several PCB members warned that UNAIDS must bear in mind that cost reduction efforts would have to go much further than currently envisaged if they were to bring anti-retrovirals within the realm of possibility for many developing countries.

"You can do all the bulk buying you want, the cost is still very, very high. It is not a 20 percent reduction or a 50 percent reduction that will help us."

32. Concerns were expressed that the purchase of anti-retrovirals would result in a decrease of budgets for HIV prevention and health care in general. Some participants said that if UNAIDS' Cosponsors chose to include the promotion of access to anti-retrovirals in their access to drugs strategy, they should commit themselves also to finding the additional resources to pay for the initiative. Participants also stressed that costs of diagnosis, monitoring and follow-up associated with the correct use of anti-retrovirals must be budgeted for.

"Even if the drugs were free, there would be substantial difficulties with their use in many environments."

The transfer of technology

33. Several PCB members mentioned the transfer of technology as the most effective way of ultimately making anti-retrovirals affordable. A number of developing countries badly affected by the epidemic such as India, Thailand and South Africa are potentially able to make anti-retrovirals. At the moment, trade and intellectual property laws prohibit production of proprietary drugs without a license. PCB members recommended that the UNAIDS Secretariat in partnership with WHO initiate a dialogue with the World Trade Organization and the World Intellectual Property Organization.

The cost-effectiveness of anti-retrovirals

34. The cost of a drug is just one side of an equation of costs versus benefit that is central to planning for public health. Some participants felt that people responding to the HIV/AIDS epidemic were at risk of abandoning a basic principle of public health: money should be spent in a way which leads to the greatest good of health for the population as a whole.

35. The cost of various types of treatment for people living with HIV and AIDS is well known. For example, for around US\$ 10,000 a year, a health system could treat one patient with triple anti-retroviral therapy, or 910 patients with prophylaxis for the common opportunistic infection pneumocystis carinii pneumonia (PCP). The same amount of money will treat one episode of cytomegalovirus or 9,900 episodes of HIV-related diarrhoea.

36. The benefit of treating STIs (which, if left untreated, can substantially increase HIV transmission) and other opportunistic infections is in most cases clear. However it is not yet known how extensive the benefits of anti-retroviral treatment are to patients in different economic and health settings. PCB members asked for more research on the costs and benefits of anti-retrovirals, and the long-term financing implications of their provision in different country settings. UNAIDS has already initiated studies in selected Latin American countries on these questions.

"We don't know how long anti-retrovirals will extend life. But we do know that preventing and treating opportunistic infections can extend life, with drugs that are available and inexpensive. Already, we are completely failing to deliver those extra years of life to men and women in their 20s with families to raise."

37. Several PCB members called for a greater effort to strengthen access to relatively low-cost drugs for treatment of STIs, tuberculosis and other opportunistic infections in countries where their provision is currently problematic, before embarking on promoting access to anti-retrovirals in those countries.

38. A Cosponsor representative pointed out that, regardless of public provision of anti-retrovirals, the drugs would find their way into the private sector in every country. In the interests of public health, governments should therefore be equipped with the information needed to regulate the drugs and ensure their rational use.

Creating strategic partnerships to improve access to drugs

39. Dr Msiska described the political, legal, ethical, technological and socio-economic complexities of ensuring access to drugs. Only a policy that has the solid support of all affected groups can hope to address the complexities successfully. Building that support requires more negotiation between competing interest groups than has been common in the field of health policy.

40. Among the partnerships being promoted are those between UN agencies, bi-lateral donors and pharmaceutical companies. These partnerships aim to ensure the lowest possible cost for drugs, ranging from generic treatments for opportunistic infections to anti-retroviral therapy still under patent.

41. The approach was supported by PCB members. However, some, particularly the working group on economic issues, worried that partnerships with pharmaceutical companies had the potential to backfire. They expressed concern that pharmaceutical companies might use such partnerships to establish a market presence, abandoning low-cost provision of drugs once they had created sufficient demand. Some participants called for price reductions to be negotiated for longer periods than currently proposed, asking for a minimum 10-year commitment from drug companies.

42. The UNAIDS Secretariat was asked to provide more information on prevailing market prices of drugs so that governments can negotiate with pharmaceutical companies from a position of strength.

Raised expectations

43. PCB members were concerned that an overambitious access to drugs policy by UNAIDS would create expectations which could not be met.

"We shouldn't even be talking about anti-retrovirals in developing countries. We are raising expectations that are impossible to meet."

44. The working group on communications and access to drugs concluded that the hope of a cure and the hope of a vaccine are two of the major messages now reaching communities around the world. They recommended a more active communications policy with simple, country-specific information to narrow the gap between expectations and reality.

45. News of recent therapies had encouraged communities in many developing countries to press governments to improve access to HIV-related drugs. Equally, one participant said that the prospect of growing pressure for better therapy could encourage countries to intensify their prevention efforts.

Towards solutions

46. The discussion yielded many constructive suggestions to UNAIDS and its Cosponsors as they work to improve support for access to drugs in affected countries and communities.

Information for decision-making

47. Most working groups called for more information in order to persuade policy-makers to move forward with strategies to improve access to drugs. Information must include: 1) data on the social, economic and demographic implications of the failure to provide care for infected people; 2) an analysis of the long-term funding implications of different drug policies; 3) information about disease patterns, HIV prevalence and drug needs; 4) analysis of drug pricing and supply; and, 5) documentation on international best practice in securing maximum access to drugs. UNAIDS and WHO are in the process of gathering needed information in part by documenting the experience of several countries in this field. Newly-established pilot projects are also being carefully monitored so that lessons can be learned about what does and does not work in establishing and supporting a rational policy for access to HIV-related drugs.

Guidelines for policy

48. PCB members requested guidelines on several aspects of drug policy, including recommendations on criteria for therapy, information for users or potential users of HIV-related drugs, and guidelines for governments on how to manage private sector provision of anti-retrovirals and other drugs.

49. NGO representatives said they would like each country to have an official standard of care to guide the health sector in providing services for people with HIV and AIDS.

50. The working group on the technical aspects of access to drugs was concerned that global guidelines may be inappropriate since country circumstances differ widely. They recommended that guidelines be streamlined to include information essential in specific regional or local contexts. The working group on the social and cultural issues suggested that UN Theme Groups on HIV/AIDS have a role in helping countries adapt global guidelines to their specific circumstances.

Working within existing structures

51. Concern was expressed that the UNAIDS initiative on access to drugs not result in a proliferation of new bodies which duplicated existing structures.

"We are very concerned that we should be building on many years of experience with the (WHO) Action Programme on Essential Drugs, rather than creating new structures."

52. While agreeing that existing structures should be used wherever possible, UNAIDS pointed out that some situations may require a more flexible structure than those presently existing. WHO said it would work more actively to mainstream STD and HIV drugs into existing programmes at country level. It also suggested that the UNAIDS access to drugs initiative deserved a full time staff person to coordinate issues and programmes between the UNAIDS Secretariat, WHO and other Cosponsors.

53. The use of existing structures was also mentioned in the context of service delivery. The working group on culture and access to drugs suggested that community-based organizations could increase their contribution to home-based care and monitoring of compliance with drug regimens if adequate training were provided. The group recommended that training needs to be taken into account in the drug strategy.

Recommendations of the PCB

54. The Decisions, Recommendations and Conclusions of the PCB concerning these discussions can be found in paragraphs 1 and 2 of Annex 3.

Item 2: Support to country-level responses to HIV/AIDS

2(a) UN Theme Groups on HIV/AIDS

55. Dr Rob Moodie (Director, Department of Country Support, UNAIDS) presented some of the challenges facing governments, the Cosponsoring Organizations, the UNAIDS Secretariat and other groups as they work together to promote a more effective response to HIV at country level. His presentation focused largely on UN Theme Groups on HIV/AIDS, a subject explored in the preparatory document "The United Nations system at country level: Meeting the challenge of HIV/AIDS" (UNAIDS/PCB(5)/97.5).

56. An actual country experience in building functioning Theme Groups was described by Dr Paul Chuke, the WHO Representative and Chairperson of the Theme Group in Kenya. He stressed the effort involved in defining roles and responsibilities of each Theme Group member in order to create a framework that is functional and efficient. Although the Kenyan Theme Group limits membership to UN system organizations, it maintains close contacts with other partners in the response through a Working Group on HIV/AIDS. This Group, chaired by the Ministry of Health, serves as a forum for collaboration between the government, UN agencies, bi-lateral donors, NGOs and others involved in the national response.

57. In coordinating their existing activities, Theme Group members in Kenya have defined their roles within the joint UN response to HIV on the basis of national priorities and the comparative strengths of each of the Cosponsors. The Theme Group has also agreed to develop a joint programme, to be implemented from early 1998.

58. Dr Chuke described resource mobilization as a major challenge for UNAIDS in Kenya. a challenge echoed in other presentations. He also called for more support from Cosponsoring Organization headquarters to allow field staff the time and resources to participate fully in UNAIDS' activities.

59. Mr Omwony Ojwok (Director General, Uganda AIDS Commission) and Mr Jim Carmichael (Country Programme Adviser, Entebbe, UNAIDS) shared the experience of Uganda's Theme Group and Technical Working Group. An initial lack of interest in the UN Theme Group on HIV/AIDS among heads of Cosponsoring Organizations has been overcome. The Theme Group developed a workplan that created space for coordinated action by individual Cosponsors as well as space for joint action, largely in support of national strategic planning. Funds have been pooled to support Ugandan participation in overseas conferences, and the first joint project on HIV has been developed.

60. Early efforts to construct a strong partnership within the UN family have now paid off to the extent that the Theme Group is ready to expand its membership to include other partners. Representatives of government and communities living with HIV are expected to join the Theme Group shortly, and membership may eventually be extended to bi-lateral donors and NGOs.

61. Dr Patricia Uribe (Coordinator, National AIDS Programme of Mexico) gave an overview of the progress and challenges of Theme Groups in Latin America. She said HIV generally ranked low on governments' list of development priorities in the region, and was virtually invisible outside the confines of the health sector. The epidemic in Latin America has also received relatively little attention from the international community. Because they do not consider HIV an important priority, Cosponsoring Organizations in the region tend to protect their own mandates rather than work together on the epidemic.

62. Dr Uribe said that successful UN Theme Groups on HIV/AIDS were emerging in a handful of countries in the region. However the drive for coordinated and joint UN action was being initiated not by the UN community but by national AIDS programmes keen to see an expanded response to the epidemic. The most successful Theme Groups were those that established strong partnerships with NGOs and affected communities as well as with the government, she said.

63. Other experiences described in these presentations are discussed in the relevant sections below. Working groups discussed the UN system's support for national responses to HIV/AIDS from a number of perspectives: the perspective of national governments, the perspective of bi-lateral agencies, the perspective of NGOs and people living with HIV, the perspective of UNAIDS' Cosponsors, and the perspective of the UNAIDS Secretariat.

The present situation

64. UN Theme Groups on HIV/AIDS attempt to bring together agencies with 50 years of separate institutional development in a common effort to support the national response. Each of these institutions has a different relationship with government agencies and bi-lateral donors, with NGOs and community groups. With this as a starting point, it was not surprising that the experience of the 132 UN Theme Groups on HIV/AIDS had so far been mixed. While in many places Theme Groups have made little headway in improving coordination between Cosponsoring Organizations, Dr Moodie gave examples of Theme Groups that are working well from every region in the world.

65. Two years of experience have begun to demonstrate what works and what does not. The country presentations supported the contention that the success of UN Theme Groups on HIV/AIDS depends upon creating strong partnerships within government, with bi-lateral agencies, with NGOs and communities living with HIV.

66. PCB members reaffirmed support for UN Theme Groups on HIV/AIDS as the best mechanism for bringing together Cosponsors in a single partnership in support of the national response. The presentations and discussions of UN functioning at country level revolved around the central theme of how a UN partnership can best be developed, how it relates to non-UN partners, and what role the different partners should play in the response to HIV in different countries.

The role of Theme Groups

67. PCB members were unanimous that the role of UN Theme Groups on HIV/AIDS should be to support the national response to the epidemic. Dr Piot summarized the role of Theme Groups as two-fold. Firstly, the Theme Group should maximize the UN support to the national response. Secondly, it should become a single point for HIV-related dialogue between the UN system and other partners, particularly national governments.

68. In countries as varied as Namibia and the Russian Federation, each Cosponsor has contributed its technical expertise to forge a common vision which is then used as a platform by the Theme Group in its dialogue with national partners. The PCB member from the Russian Federation described the positive influence that a newly-established Theme Group has had on broadening a national response that was previously almost exclusively biomedical in approach.

"We did have doubts about the usefulness of the Theme Group. But we saw to our surprise that there was a tremendous amount of progress in the first year."

69. It is clear, however, that in many places the role of UN support to the national response is not being fulfilled. Several PCB members called for greater clarity about the roles of the Theme Group. They noted that those places where Theme Groups were functioning well were precisely those where the roles and responsibilities of individual Theme Group members and of the collective were well defined. The UNAIDS Secretariat is currently preparing practical guidelines on the subject and on other aspects of Theme Group functioning. While consensus should be

sought, Theme Group members should be prepared to accept that sometimes compromises were necessary to allow the Group to move forward effectively.

“There is a need for greater advocacy to ensure that our role (as a Theme Group) is seen as complementing existing efforts and not competing with them.”

70. The working group on Cosponsors’ perspectives suggested that Cosponsor headquarters issue a joint statement describing what is expected of Theme Group participants. The statement should also lay down expected outcomes against which the performance of Theme Groups and their members can be measured.

71. UN Theme Groups on HIV/AIDS should aim to coordinate UN support for HIV/AIDS activities within the framework of a well-defined national strategic plan. The PCB was insistent, however, that the overall coordination of the national response must be the responsibility of national governments, never of the UN system.

72. Participants from Latin America noted that while country-based Theme Groups can be valuable, there is no obvious way for them to tap into the strong networks of horizontal and inter-country cooperation common in the region.

Who should be part of the Theme Group?

73. Different countries have taken different approaches to Theme Group membership. Most have restricted membership, at least initially, to the UN system, most often Cosponsors. In some countries, membership of the Theme Group has extended beyond the UN system to include government, bi-lateral development agencies and communities of people living with HIV. NGO representatives were concerned that there was no obligation to include or consult communities of people living with HIV and AIDS in Theme Group work. They asked that clearer channels for interaction between Theme Groups and communities be established.

Technical Working Groups

74. In several countries, the UN system has chosen to restrict membership of the policy-setting Theme Group to UN agencies, but to form Technical Working Groups with much wider membership. These Working Groups, which typically include members from government, communities living with HIV, NGOs and bi-lateral agencies, are an important conduit of information between core Theme Group members and their partners at country level.

“Where the UN system is successful, it is characterized by partnership between the UN agencies and, as importantly, with government, with NGOs, with associations of people living with HIV and AIDS, with bi-lateral donors and with sectors other than health.”

75. Technical Working Groups can also act as review committees for HIV-related projects suggested by individual Cosponsors, and for joint UN projects – a function now being assumed by the Technical Working Group in Uganda.

The role of the Country Programme Adviser

76. The role of the UNAIDS Country Programme Adviser (CPA) is becoming clearer. CPAs support Theme Groups as they establish strong working relationships both between Cosponsors and with other partners. Early assessments show that the presence of a CPA can make a substantial difference to the functioning of a UN Theme Group on HIV/AIDS.

77. The UNAIDS Secretariat said it was committed to using the limited number of CPAs in ways that will add most value to the global response. CPAs may not be kept indefinitely in countries where the obstacles to an effective UN support for the national response appear insurmountable, or where successful Theme Groups no longer need assistance.

78. There was some discussion about the qualifications and profile of CPAs. It was suggested that if the prime role was one of catalyst, pushing forward the smooth functioning of the Theme Group, then management, advocacy and communications skills are all as important as expertise in the HIV epidemic.

The relationship with the UNAIDS Secretariat

79. The relationship between UNAIDS at country level – principally the UN Theme Groups on HIV/AIDS – and the UNAIDS Secretariat in Geneva, still needs further clarification. The PCB called for a clearer definition of the role of the Secretariat, which several Board members defined as that of catalyst and facilitator. This role has been demonstrated to have a real impact on increasing UN support for national responses: for example, in Latin America, active support from the Secretariat in Geneva has been an important catalyst to establishing functioning Theme Groups.

80. The working group on the UNAIDS Secretariat's perspective stressed that documenting and sharing best practices in Theme Group activity continued to be an important function for UNAIDS in Geneva.

81. The relationship between the UNAIDS Secretariat and the Joint Programme at country level has, during the first biennium, been complicated by problems of an administrative nature. Decisions on how to spend relatively small sums of project development funds have been taken in Geneva, where understaffing and unclear disbursement mechanisms through Cosponsors have often obstructed quick decisions.

"The authority, responsibility and accountability of Theme Groups will grow from an increasing devolvement of decision-making to country level. Theme Groups, rather than the Secretariat, should be making decisions about catalytic project funding..."

82. However, Dr Piot said that primary responsibility for the planning, implementing and monitoring of UNAIDS catalytic country funding would from next year be given to those Theme Groups which are functioning sufficiently well.

Funding of UN efforts at country level

83. PCB members expressed a wide variety of opinions about funding for UNAIDS and UN system AIDS activities at country level.

84. Some PCB members suggested that giving Theme Groups responsibility for the joint management of funds might create an incentive for the various Cosponsors to work more closely together. Dr Piot stressed that, while joint planning, decision-making and fund-raising by the Theme Group were possible, programmes must be implemented by a Cosponsor, as UN Theme Groups on HIV/AIDS are not legal, nor operational entities, and cannot be implementing bodies. While the Secretariat plans from next year to begin devolving decision-making about catalytic funds to Theme Groups, oversight of the national activities funded will become the responsibility of the Cosponsor with the greatest comparative advantage in the field in question. He also stressed that such support is for activities executed by national institutions and NGOs in the framework of the national AIDS strategy.

85. Uganda gave an example of how joint funding can work. For example, UNAIDS Cosponsors have each contributed funds for a study of culture and HIV in the country. While several of the Cosponsors may contribute their expertise as well as their funds to the study, the project will be administered by UNESCO.

Joint action, or coordinated action?

86. PCB members discussed the level of coordination that can be expected at country level. Working together on selected common projects is a valuable way of achieving the close relationships that result in smooth coordination. And yet a consensus began to emerge within the PCB that coordinated and complementary action based on a UN system integrated workplan, may be as valuable, and more realistic a goal than shared projects.

“The goal is joint action, but that may be a true joint effort... or more simply and more often a better focused and coordinated plan so that each organization does what it is best at as part of a common plan to support the country.”

87. A more coordinated approach should help avoid both duplication and gaps in the UN support for a national response to HIV/AIDS. Forged to support a well-developed national strategic plan for HIV/AIDS, UN coordination should prove a time saver for the national programme, which does not then have to negotiate and plan separately with individual Cosponsors. In many places, this coordination has not yet been achieved. Presenting the report of the NGOs, Ms Dorothy Odhiambo said that in many countries there was no sign of coordinated action by

Cosponsors. Individual agencies were still protecting their mandates and feuding with other organizations rather than taking a broader view and working together.

"UN Theme Groups (on HIV/AIDS) are a kind of test case of the willingness of UN agencies to engage in more coordinated action at country level, and as such it has implications... for broader UN reform."

Cosponsor commitment

88. The PCB agreed that commitment to the Joint Programme from each of the Cosponsors was critical to the success of UNAIDS and is frequently lacking in individual countries. Cosponsor headquarters need to support their Organizations' participation in building coordinated UN support to a response at country level. This belief was supported by Dr Paul Chuke in presenting the Theme Group experience in Kenya. "Guidelines and instructions (from headquarters) that provide for unlimited involvement of the agencies in the creation of a joint programme at country level are imperative if administrative and other hurdles are to be overcome", he told the meeting. Some of the working groups pointed out that since Cosponsors are increasingly decentralized, even a genuine commitment to UNAIDS at global level may be obstructed at regional or country level.

"Both Cosponsors and donors are sending mixed messages. 'This is a high priority', they say, 'but there is no money for it'."

89. A suggestion that participation in Theme Groups be written into the job descriptions of resident representatives encountered resistance from some of the Cosponsors. Some talked of technical difficulties with contract negotiations, others said it was not realistic to expect country representatives to find the time to systematically attend Theme Group meetings.

90. Participants suggested that Member States could use their presence on the governing bodies of Cosponsoring Organizations to ensure the strongest possible commitment to UNAIDS at country level. PCB members further agreed to recommend that Cosponsors require their country representatives to participate actively in UN Theme Groups on HIV/AIDS.

Monitoring the success of UNAIDS at country level

91. Several of the working groups discussed the importance of evaluating the progress of UNAIDS at country level. It has become increasingly clear that early attempts at evaluation, which focus principally on the structures and functioning of the UN Theme Group on HIV/AIDS itself, are insufficient. Since the principal role of the Theme Group is to support the national response, the impact on the national response must also be monitored.

"The acid test – indeed the only test – of Theme Groups is their success in supporting the national response."

92. The UNAIDS Secretariat reported that it had already taken steps to improve monitoring. Monitoring and evaluation activities have been combined in a single unit with epidemiology, in part in an attempt to draw a closer link between the progress of UNAIDS in supporting an expanded response, and the impact on the epidemic.

2(b) National strategic planning

93. Every country should have a National Strategic Plan for HIV/AIDS, which expands the response to the epidemic. The plan should address the principal issues which the country faces, an accurate analysis of the epidemic, a multi-sectoral strategy for prevention, and for care and treatment of those already affected. In order to develop a viable plan, the widest possible consultation with all the actors, private and public, should be held. National government authorities should take the lead, but in a genuine dialogue with others, including representatives of groups who may be most affected. The UN system can play a vital, supportive role through training, financing and making best practices available to countries.

94. Over the course of the two and a half day meeting of the PCB, Board members from all sectors voiced their belief that all UN support for a national response should take place within the framework of a national strategic plan developed in wide consultation with affected groups. In consultation with the Cosponsors, the UNAIDS Secretariat has been increasing its support for national strategic planning for HIV. It has supported planning exercises in a significant number of countries, and has developed working drafts of tools designed to guide the process elsewhere. The approach promoted by UNAIDS was presented by Mr Elhadj As Sy, Leader of the UNAIDS Inter-Country Team for Eastern and Southern Africa. He discussed in some detail the principles and tools presented in the preparatory document "Supporting national strategic planning for HIV/AIDS" (UNAIDS/PCB(5)/97.4). A case study of a recent planning exercise in Uganda was presented by Mr Omwony Ojwok. The time available for discussion of strategic planning was limited.

Understanding as a basis for action

95. The PCB was reminded that there is no simple answer to the extremely complex problem of HIV. The epidemic has different manifestations in different parts of the world. Its social, economic and cultural roots vary widely, and the impact it has on vulnerable populations and society at large are not always predictable.

Situation analysis

96. Building a clearer understanding of the particular situations which make people vulnerable to HIV and its impact in a given country is time well spent. Clear understanding leads to relevant action, and only relevant action can produce an effective response. This clear understanding grows out of a solid situation analysis, the first of four dimensions of the UNAIDS approach to strategic

planning. The others – response analysis, plan formulation, and resource mobilization – depend upon a good understanding of the situation.

Response analysis

97. There is a distinction between the second dimension, response analysis, and a traditional programme review. A response analysis attempts to identify whether the response has dealt with all the important determinants of the epidemic and its impact in the country. In Uganda, an analysis of the response to date became the engine driving the formulation of a new strategic framework, when it showed that several areas fuelling the epidemic, such as sex work and migration, had been relatively neglected in the response to date.

Plan formulation

98. A better understanding of the driving forces of the epidemic and the strengths and weaknesses of the response should lead to the formulation of a plan which is focused on national priorities. There was some debate about just what such a plan should entail. Many PCB members thought that a strategic plan should be a framework setting priority areas within which different sectors and groups, including the members of the UN Theme Group on HIV/AIDS, could target their funding and elaborate their operational plans. The example given in the Ugandan case study was of just this sort of framework. One of the advantages of the framework approach is that it provides the flexibility needed in planning for the many unknowns that make up the HIV/AIDS epidemic.

99. The UNAIDS Secretariat was supported by several PCB members in stressing that a plan is not an end in itself. Nor is planning for HIV/AIDS something that can happen successfully in isolation. Most other sectors of development will have some implications for HIV/AIDS, and planning for HIV/AIDS will be most effective if it is closely linked to other development planning in the country. The Secretariat is documenting a number of planning exercises (some of which will use the UNAIDS planning tools).

Partnerships in planning

100. The strategic planning process is one of negotiation between different sectors and groups, who become more involved in the national response because the final plan reflects their needs and potential contributions. PCB members from all sectors supported an inclusive approach to planning, although they agreed that the process must be led by national governments.

“You can work out the most beautiful plan, but if it doesn’t get the support of all the major groups, it will be useless.”

101. Bringing communities living with HIV/AIDS, the private sector and other groups in civil society into the planning process is a way of tapping their expertise and contribution to the response, as well as of validating their past efforts. Uganda, which went to considerable lengths to bring a wide variety of groups into the planning process, said it was convinced the effort would pay off.

102. While all agreed wide participation was desirable, one participant suggested that UNAIDS has not taken into account sufficiently the difficulties in securing such participation, particularly by different government ministries and agencies.

Planning for resources

103. PCB members shared two major concerns about resources and strategic planning. The first was that elaborate planning exercises tend to lose sight of available resources. A plan which bears no relation to the resources likely to be available for its implementation loses focus. As one participant said, it becomes very difficult for donor agencies to prioritize their funding efficiently within such a plan. The Ugandan case study showed that even where donors are involved in the planning, plans tend to be overambitious. The Ugandan plan went back to the Technical Working Group on HIV/AIDS which pruned out the more wishful elements before it was finalized.

104. In its tools for strategic planning, the UNAIDS Secretariat is preparing a fourth module addressing the question of resource mobilization as a fundamental part of the planning exercise. Prioritization of areas for action is central to the approach being promoted.

105. The second major concern of some PCB members was that the process of planning should not be too resource intensive. In countries where resources are already stretched to the limit, every cent spent on planning will be a cent taken away from implementation. The UNAIDS Secretariat shared this concern. However, the planning process itself, if it involves all the important actors, should bring more resources into the response.

Recommendations of the PCB

106. The Decisions, Recommendations and Conclusions of the PCB concerning the discussions on both 2(a) and 2(b) can be found in paragraphs 3 to 8 of Annex 3.

Field visits

107. Participants in the meeting were able to put their discussions into the perspective of a low income high HIV prevalence country. Six field visits to community-based programmes in and around Nairobi gave participants a chance to consider the very real problems being faced by communities seeking to respond to the epidemic, and the opportunities for solving those problems. The visits – the first of their kind organized during a PCB meeting – were to different sites of three projects. The Widows and Orphans Welfare Society of Kenya supports around 1,000 groups of women and children, helping them build skills and resources to cope with the challenges they face. The Kenya Voluntary Women's Rehabilitation Centre helps girls and women develop skills that provide them with alternatives to sex work. "Nyumbani" cares for children of HIV-positive mothers who have been abandoned at birth. Most of the project sites visited are in the densely populated slums in which people are highly vulnerable to HIV infection.

Closing Session

Next PCB meeting

108. PCB members agreed to hold their next regular annual session during the week of 25 May 1998.

UNAIDS Coordinated Appeal for 1998-1999

109. Mr Eric Hammar skjöld (Sweden), Chairperson of the PCB Working Group on Resource Mobilization, reported to the plenary session on an informal meeting held earlier in the day to discuss the second Coordinated Appeal. The PCB welcomed the work done on the Coordinated Appeal as a significant step forward in both format and content. The Board supported Dr Piot in saying that the Coordinated Appeal deserved the full political and financial support of Member States.

110. The PCB Working Group on Resource Mobilization supported suggestions made during the Opening Session that the Coordinated Appeal be presented to and considered by the governing bodies of each of the Cosponsoring Organizations.

An appeal from Congo

111. The representative from Congo appealed to UNAIDS and its Board members for help in rebuilding the National AIDS Programme. He described the total destruction over the course of five months of war of a Programme that once functioned well. The UNAIDS Secretariat took note of the appeal and the Vice-Chairperson of the meeting undertook to ensure that it be passed on to all Member States of the UN who might be able to help in the reconstruction of a Congolese Programme.

A message from the United Nations Secretariat in New York

112. A representative from the UN Secretariat in New York conveyed a message of support for the work of UNAIDS. She described the active role the Secretary-General was taking in mobilizing resources and advocating for more political commitment to meeting the challenges of HIV/AIDS.

113. The Chair of the UN Development Group expects to issue a directive shortly based on the joint statement on HIV/AIDS adopted by the CCO and the Secretary-General's statement to the CCO, both of October 1997. The UN Secretariat expects the directive to act as an important reference point for UN Theme Groups on HIV/AIDS at country level. The UN resident coordinators have been asked to monitor the progress of the Theme Groups, reporting their findings in annual reports to the Secretary-General. The UN Secretariat has also been asked to

research, analyse and report regularly on the social, economic and demographic impacts of the epidemic.

114. The UN Secretariat representative also described the role the Secretariat has played in preventing HIV and STIs in emergency situations, particularly where UN peacekeeping troops are involved.

Conclusions of the meeting

115. The formal decisions, recommendations and conclusions arrived at by the PCB after two and a half days of debate are presented in Annex 3.

Annex 1

List of Participants

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Annex 2**Agenda**

	<u>Reference documents</u>
1. Opening Session	
1.1 Opening of the meeting and adoption of provisional agenda	UNAIDS/PCB(5)/97.1
1.2 Report of the Executive Director	UNAIDS/PCB(5)/97.2
1.3 Report by the Chairperson of the Committee of Cosponsoring Organizations	
1.4 Report by the NGO representative	
2. Item 1: Access to drugs for HIV/AIDS	UNAIDS/PCB(5)/97.3 Rev. 1
3. Item 2: Support to country-level response to HIV/AIDS	
2(a) UN Theme Groups on HIV/AIDS	UNAIDS/PCB(5)/97.5
2(b) National strategic planning	UNAIDS/PCB(5)/97.4
4. Field visits	
5. Closing Session	
5.1 Next PCB meeting	
5.2 Other business	
5.3 Conclusions of the meeting	

Annex 3

Decisions, Recommendations and Conclusions

Agenda item 1 - Access to drugs for HIV/AIDS

1. The guiding principle with regard to the access of drugs is an essential part of the universal right for appropriate and non-discriminatory health care as laid down in many international declarations like the Dakar Declaration of African Heads of States and the Paris Declaration of Heads of Governments. With regard to HIV/AIDS, this principle is applicable to different kinds of drugs, to treat opportunistic infections and sexually transmitted infections (STIs), to prevent mother-to-child transmission as well as those drugs that are able to suppress the replication of HIV (ARVs). Given the complexity of improving the availability of these drugs to the majority of people living with HIV/AIDS, and recognizing the current collaborative efforts between UNAIDS and WHO, the PCB strongly recommends that UNAIDS and its Cosponsors work collaboratively, based upon their comparative advantages and capacities, working as much as possible through existing structures, to:

1.1 mobilize the world community at highest levels to implement action based upon the above-mentioned principles which were officially accepted by their political leaders;

1.2 develop a strategy which facilitates greater accessibility to the different categories of drugs against STIs and opportunistic infections and drugs for the prevention of mother-to-child transmission by using a comprehensive approach considering also the condition of mother and child after delivery; and to provide supportive and palliative care;

1.3 develop a strategy which facilitates a step-by-step approach to accessibility of ARV drugs, bearing in mind the need for local and sustainable solutions considering the diverse and varied social, cultural and economic situations of countries in all regions of the world;

1.4 continue studies to well document the rapidly changing aspects of the issue, to estimate the present and future drug needs, including their logistics management and cost-effective strategy towards increasing accessibility and sustainability of drugs, for all social categories, especially for the developing world where 90% of the HIV-positive people live;

1.5 explore actual and future sources of funding and regulatory mechanisms for registration, supply, quality assurance and monitoring of utilization of needed drugs, working with national governments and within existing structures, to the extent possible;

1.6 assist in strengthening the position of governments in developing partnerships with the private sector, including with the pharmaceutical industry to make drugs available at more affordable cost, focusing on the transfer of technology and production of these drugs in the developing countries, and to engage in a process of consultation and negotiations with the World Trade Organization on this issue;

1.7 strengthen the involvement of people living with HIV/AIDS and communities in the development of strategies on access to drugs and co-training of professionals; and

1.8 develop a global communication strategy emphasizing realistic expectations and clear messages in regard to the effectiveness and use of all drugs required to address the HIV/AIDS epidemic while continuing to emphasize prevention of HIV infection.

2. Consistent with these actions and initiatives, the PCB also urges UNAIDS and its Cosponsors to increase their efforts in prevention. It furthermore appeals to all Member States to make a major effort for research on the development of vaccines.

Agenda item 2 - The United Nations system at country level

3. The PCB calls upon the UNAIDS Secretariat to:

3.1 respond to national needs and priorities primarily through the UN Theme Group, support nationally-driven strategic planning processes and monitor the performance of the Theme Group at country level, consistent with PCB recommendation UNAIDS/PCB(4)/97.10, Annex 3, Rec.17;

3.2 take a more active role in developing improved resource mobilization mechanisms at country level;

3.3 refer to recommendation (UNAIDS/PCB(4)/97.10, Annex 3, Rec.11) requesting continued emphasis on further clarification of roles and responsibilities of the Cosponsors and UNAIDS in countries, and requests the UNAIDS Secretariat and each of the Cosponsors to report to the next meeting of the PCB on steps that they have taken towards the implementation of this recommendation;

3.4 collaborate with its Cosponsors and prepare and disseminate a joint statement to all Theme Groups and national governments indicating the roles and responsibilities of each Cosponsor, and explaining the processes and outcomes expected from the Theme Groups; and

3.5 consider with its Cosponsors ways to strengthen the role of the Theme Groups in resource mobilization efforts at country level.

4. The PCB calls upon Cosponsors to :

4.1 mobilize more resources for HIV/AIDS issues at country level;

4.2 develop clear lines of communication between their headquarters and their different regional and country-based offices on their participation in Theme Group activities and on HIV/AIDS programme issues;

4.3 increase the visibility of joint collaborative activities of the Cosponsors at country level; and

4.4 make it a specific responsibility of country representatives to actively participate in the Theme Group efforts, including in the area of resource mobilization, and to ensure that they are fully enabled to make and support decisions required to promote interagency collaboration and to be recognized for these efforts.

5. The PCB, in referring to UN Theme Groups and the role of the CPA:

5.1 re-emphasizes that responsibility for leadership and coordination of the national HIV/AIDS effort lies with national governments, and reaffirms the central role of the UN Theme Group in coordinating and mobilizing the UN support to an expanded national response to the HIV/AIDS epidemic;

5.2 requests Theme Groups and governments to report through the Secretariat on how they are implementing the Greater Involvement of People Living with HIV/AIDS (GIPA) Initiative and recommend how the involvement can be improved; and

5.3 re-emphasizes that the primary role of the Country Programme Adviser is to support and facilitate the work of the Theme Groups.

6. The PCB calls upon Governments to:

6.1 increase their commitment to strengthening their response to the HIV/AIDS epidemic, while ensuring that there is a national coordinating mechanism to enable the development and updating of a national strategic plan which involves all major sectors and partners, to effect an expanded response;

6.2 take a more active role in their interaction with the UN Theme Groups to ensure optimal participation of the UN system in support of national strategic planning and programme development and implementation; and

6.3 follow-up these recommendations in the respective governing bodies of the Cosponsors in a consistent fashion.

7. The PCB calls upon bilateral agencies to:

7.1 strengthen their support to the national response to the HIV/AIDS epidemic; and

7.2 coordinate their efforts with those of UNAIDS and its Cosponsors, and other multilateral agencies.

8. The PCB encourages community participation through:

8.1 strengthening the networking capacities of NGOs and people living with AIDS, as agents of social mobilization, to allow for their effective participation in national programmes; and

8.2 identifying and supporting network and other opportunities at national level to strengthen the national responses to HIV.

UNAIDS Coordinated Appeal for Supplemental Funded Activities (1998-1999)

9. Given the importance of the second Coordinated Appeal, both as an exercise to harmonize Cosponsors' programme approaches and as a means to raise additional funds for proposed activities, the PCB recommends that the Coordinated Appeal:

9.1 be included as a matter for consideration at future governing body meetings of all cosponsors; and

9.2 be fully supported by donor agencies.



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UNAIDS/PCB(6)/98.4
7 April 1998

Joint United Nations Programme on HIV/AIDS

PROGRAMME COORDINATING BOARD

Sixth meeting
Geneva, 25-27 May 1998

Provisional agenda item 4.2

Criteria for Prioritization of UNAIDS Resources to Country Activities

EXECUTIVE SUMMARY

- The resources available to the UNAIDS Secretariat are very limited compared with what is needed in countries. It is therefore essential to allocate and use these resources in a strategic way.
- This paper outlines a process for prioritizing the allocation of UNAIDS Secretariat resources to countries. It rests on the application of a set of need-based as well as opportunity-driven criteria. The paper discusses the indicators that underpin the criteria, together with some of the key questions that may be asked in the process. Use of the criteria will allow for grouping countries into different categories that broadly define the level of allocation of the Programme's resources.
- The paper further draws attention to the different components that may make up a package of support from the Secretariat to a country, including strategic planning and development funds but also technical support and dedicated UNAIDS staff time. Additional information is provided on the management of the funds by the UN Theme Groups. These will serve primarily to leverage additional resources in support of activities that contribute to an expanded national response.

ACTION REQUIRED AT THIS MEETING

- The endorsement of the PCB is sought with regard to the proposal for prioritization of UNAIDS support to countries.



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UNAIDS/PCB(6)/98.4

7 April 1998

Joint United Nations Programme on HIV/AIDS

PROGRAMME COORDINATING BOARD

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Criteria for Prioritization of UNAIDS Resources to Country Activities

Contents

I.	Introduction	2
	A. Rationale	2
	B. Objective	2
	C. Methodology	2
	D. Suggested Criteria	3
	E. Application of Criteria	4
	F. UNAIDS Programme priorities	4
II.	Description of criteria	5
	A. Need-based criteria	5
	B. Opportunity-driven criteria	6
III.	Guidelines for the use of Strategic Planning and Development Funds	7
	A. Introduction	7
	B. Criteria for the use of SPDF	8
	C. Preparation of project proposals	8
	D. Identification of executing agency	8
	Figure 1. Prioritization of UNAIDS resources	9

I. INTRODUCTION

1. At its fourth meeting in April 1997 the PCB reviewed proposed criteria for prioritization in the allocation of UNAIDS funds to countries. The Board expressed support for the proposal but asked it to be further refined before taking a decision about it. The PCB requested that more detailed proposals be presented at its next regular annual session. This paper discusses a process for prioritizing the allocation of UNAIDS Secretariat resources to countries, based on a set of need-based as well as opportunity-driven criteria.

A. Rationale

2. The resources directly available to the UNAIDS Secretariat are very limited compared with what is needed in countries. It is therefore essential that those resources are utilized in such a way as to ensure maximum effect in achieving the Programme's objectives. This requires strategic decisions with regard to: 1) the type of activities to which UNAIDS allocates resources, and the level of such allocations, and 2) the countries to which resources are allocated. The resources that are directly controlled by UNAIDS are its staff and the funds available for programme activities. This discussion paper focuses on these resources. It does not deal with the (larger) resources available through cosponsors. It does, however, include the time spent by UNAIDS staff in mobilizing cosponsor resources for specific country purposes. The term "UNAIDS" in this document refers to the UNAIDS Secretariat.

3. The process of prioritization is essential for UNAIDS to operate more strategically in allocating and using its resources. The process should be closely linked to country-level Strategic Planning processes.

B. Objective

4. The objective of a prioritization process would be:

- to select and rank countries for UNAIDS' resource allocation (where?) and to decide on levels of these resources (how much?);
- to decide what UNAIDS' involvement in these countries should be (what?);
- to identify other partners for cooperation in country-level HIV/AIDS activities (with whom?).

C. Methodology

5. The prioritization process needs to take into account a number of elements. The process will comprise the following steps:

- development of criteria;
- application of criteria to categorize countries;
- definition of country needs;
- preliminary allocation of levels of resources to ranked countries;
- application of UNAIDS priorities;
- formulation of a "UNAIDS package" for individual countries.

D. Suggested criteria

6. The following principles have guided the development of the criteria:

- UNAIDS works through the UN system at country level;
- UNAIDS will leverage and strengthen cosponsor capacity;
- UNAIDS is responsive to country needs and requests.

7. Two types of criteria have been developed and must be applied in a balanced way: those that are primarily *need-based* and those that are *opportunity-driven*. Setting priorities should take both the perceived opportunity and the identified needs into account. This is a dynamic process: selectively meeting priority needs in a country (e.g. advocacy with government) may increase the potential to effect change through greater government commitment (increased opportunity).

Suggested need-based criteria are:

- epidemiology of HIV/AIDS;
- population size;
- need for additional resources.

Suggested opportunity-driven criteria are:

- potential to effect change (in terms of the epidemic);
- regional influence;
- well functioning UN organizations/A receptive UN system.

These criteria are described in more detail in Section II.

8. The use of these criteria implies at least two distinct but related steps. The use of criteria (both need-based and opportunity-driven) will allow for grouping countries into different categories according to their strategic importance in furthering UNAIDS' overall vision. This ranking or grouping will correspond broadly to levels of allocation of Programme resources. This needs to be followed by an assessment of the most appropriate support package for individual countries. In other words, there is no standard blueprint for UNAIDS' involvement in individual countries. The UNAIDS support package is composed of the different components of UNAIDS operations. These include: allocation of time of Geneva-based staff; Strategic Planning and Development Funds (total of US\$16 million for 1998-1999); activities supported by Policy Strategy and Research; allocation of intercountry staff time; country-level staff.

9. Application of the suggested criteria thus requires a summative approach, as well as a weighting of individual criteria. It is acknowledged that there will be exceptions and that in some cases a single criterion will be sufficient to propel a country to a high place on the priority list. The above criteria do not exclude this possibility, but rather seek to rationalize such decisions. In general, however, none of these criteria should be used in isolation from the others.

10. The needs assessment implied here will in many cases be part of the National Strategic Planning process. It is part of the tasks of the Theme Group, with the support of UNAIDS field staff. However, it may not be possible to ensure that such an assessment is conducted in all

countries, and it is proposed that this is done initially in a limited number of priority countries in each region.

E. Application of criteria

11. A system is proposed for categorizing countries into four groups according to the opportunities (to make a difference, to identify best practice, to catalyze action, etc.) and the needs for support and assistance.

Category 1

12. These countries represent those with both the greatest need and the greatest opportunity for assistance. In general, at least four of the criteria listed above will be in the "high" range. However, one criterion (e.g. size of the vulnerable population, level of the epidemic, or the potential to effect change) can be sufficient to place a country in this category. It is proposed that 50% of UNAIDS Secretariat's resources should be allocated to countries in this category. Up to 30 countries would be included in this group.

Category 2

13. Countries in this group represent those with good opportunity to effect change or to identify best practice, and with significant need. In general, all criteria will be in the "high" to "medium" range. Approximately 50 countries would be in this group, to which 30% of UNAIDS' resources would be allocated.

Category 3

14. These countries include those with limited opportunity and/or least need for assistance. In general, most of the criteria will be in the "medium" range, with less than four in the "low" range. This group would contain up to 70 countries, to which 20% of UNAIDS' resources would be allocated.

Category 4

15. This category would contain countries that would receive no resource allocation.

16. It should be noted that decisions about resource allocation should take into account the full package of UNAIDS' resources. These comprise: Strategic Planning and Development Funds (SPDF); country activities and staff funded or supported by Country Support, Policy Strategy and Research and External Relations; technical support and Intercountry Team staff time; and Geneva-based staff time.

17. An order of priority could be allocated to the countries in each group, and assessments of need and allocation of resources would be done accordingly.

F. UNAIDS Programme priorities

18. Programme priorities should define and limit the areas where UNAIDS' resources are allocated within the country assistance packages. Priorities have been defined at different levels, and can be found in the 1998-1999 budget and workplan.

II. DESCRIPTION OF CRITERIA

19. Criteria should, when applied to countries, be scored in a reasonably consistent manner. However, for many of the criteria proposed it will be difficult, if not impossible, to develop a discrete scoring system, as the indicators proposed are often hard to quantify. These criteria would be applied to individual countries using a Delphi technique, involving both Geneva-based and country-based staff.

A. Need-based criteria

- **Epidemiology of HIV/AIDS.** *What are the dynamics of the epidemic? Is there either a compelling need or an opportunity to reduce transmission and/or to mitigate the impact of the epidemic?*

20. Questions to consider are:

Prevalence: Is the prevalence of HIV infection high, or has it remained low for a number of years with little or no tendency to rise? What is the trend and what is the distribution of the epidemic across the country?

Potential for increase in prevalence: Especially if the prevalence is still low, what is the prevalence of risk behaviours? What is the incidence or prevalence of traditional sexually transmitted diseases? Are there obvious socioeconomic or other factors which increase vulnerability to HIV (e.g. civil unrest, refugee populations).

High HIV prevalence or low (or rising) HIV prevalence with high prevalence of sexually transmitted diseases and/or high vulnerability to HIV.

- **Population size.** What is the size of the vulnerable population?

21. Questions to consider are:

What is the size of the population in absolute terms (does the country have a large, medium or small population)? What is the size of the population that is likely to be vulnerable, i.e. at risk for HIV infection? What numbers of people migrate seasonally or semi-permanently? What proportion of the total population is vulnerable?

A large number of "at risk" persons or a large "at risk" proportion of the population indicates a high score for this criterion.

- **Need for additional resources.** Is the level of resources available from government (public sector) sources, national non-public sector sources, and external sources sufficient to fund an appropriate national HIV/AIDS response (and if not, what is the estimated shortfall)? Where are currently available resources being utilized? Are any resources available for strategic opportunities, and in what proportions? Are there major shortfalls?

22. Questions to consider are:

Level of government financial commitment: *Is there a government budget allocation to HIV/AIDS and STD prevention and control? How much is this as a proportion of the total budget for HIV/AIDS activities? How does this relate to external funding?*

Level of external donor commitment: *Are there external donors, either bilateral, UN or NGO supporting the national response? What is the level of this support? How does this relate to public and non-public sector contributions? Are these funds used in agreement with a national strategic plan?*

Low levels of internally or externally generated resources indicate a higher score as a need-based criterion.

B. Opportunity-driven criteria

- **Potential to effect change.** *What is the likelihood that allocation of UNAIDS' resources will result in a strengthened national response, leading to reduced HIV transmission and/or mitigation of the impact of the epidemic?*

23. Questions to consider are:

Government commitment: *Is there political commitment to deal with the HIV/AIDS epidemic? At what level does such commitment exist? Is the commitment openly expressed? Is the commitment expressed through adequate staffing of a national programme, or otherwise?*

Commitment of other partners: *Are there other committed national partners? Are there active and effective national NGOs involved in HIV/AIDS? Are several ministries committed or willing to deal with the epidemic? Are there bilateral agencies working with the country on HIV/AIDS? Are international NGOs involved?*

High levels of government commitment, the involvement of multiple sectors and good potential absorptive capacity all suggest a high score for this criterion.

A lack of commitment does not exclude a country from our priority list. However, it would mean that UNAIDS' resources should be directed towards advocacy, awareness, and capacity-building to improve the potential for change.

- **Regional influence:** *What is the likelihood that the country will provide a model that may be followed by other countries?*

24. Questions to consider are:

Does the country play an important political role in the region or subregion? Does the country play an important role or is it a role model in one of the regional or subregional collaborative or cooperative arrangements, such as SADC, SAARC, ASEAN, etc?

The greater the regional importance of a country, the higher the score for this criterion.

- **Well functioning UN organizations or receptive UN system:** *What is the likelihood of the UN system having a major impact on the national response. What is the likelihood of UNAIDS influencing the UN system at country level to have that impact?*

25. Questions to consider are:

Committed and effective UN partners: Is the UN Theme Group on HIV/AIDS active? Is there a joint plan for UN support to the national response to HIV? Is there good sharing of information on and coordination of UN system activities? Is HIV/AIDS seen as a priority by the cosponsoring organizations?

High level of UN system involvement: Is this a priority country for one or more of the cosponsors?

World Bank loan in place or being negotiated: Is a World Bank loan being implemented and, if so, does it provide an opportunity for the UN system and for UNAIDS to strengthen the national response? Is a World Bank loan being considered or being negotiated, and does this offer an opportunity to use a strategic planning process, that involves national, UN system and possibly bilateral partners?

The greater the collaboration between the UN system and the country, the higher the score for this criterion.

III. GUIDELINES FOR THE USE OF STRATEGIC PLANNING AND DEVELOPMENT FUNDS

A. Introduction

26. In the first biennium of UNAIDS (1996-1997) funding for country-level activities was provided directly through National AIDS Programmes (core funding) and through a smaller amount of catalytic funding (programme development funding).

27. In 1998-1999, financial support from UNAIDS to country-level activities will be exclusively through Strategic Planning and Development Funds (SPDF). These funds will be provided to the countries through the UN Theme Group on HIV/AIDS for support to national activities that serve to expand the response to the HIV/AIDS epidemic. The funds should be seen as catalytic funding and should be complementary to funds from government, cosponsors and bilateral donors.

28. The government and other national partners will be the major beneficiaries of these funds. It is therefore important that the Theme Group, the National AIDS Programme and/or any other national coordinating body or partner work closely together in planning the use of these funds.

29. The dialogue between the Theme Group and the government on how the UN system can strengthen its support to the national response to HIV/AIDS should include discussion of the planning and implementation of the projects covered by SPDF. Funding for core functions previously covered by direct UNAIDS funding should be considered in this dialogue and may be supported by the SPDF if the Theme Group considers this appropriate.

30. This document defines the criteria for the use of the SPD funds and proposes procedures for the steps to be taken in the preparation, review and approval of projects to be funded by SPDF.

B. Criteria for the use of SPDF

31. The criteria for using SPDF to support a project would be:

- the project supports the strategic planning process (situation analysis, response analysis, strategic plan formulation) at national and other (regional/provincial/district) levels;
- the project supports the implementation of priority activities that are defined through a strategic planning process, particularly if they involve new national partners and/or sectors;
- the project addresses priority areas in HIV prevention, such as prevention among young people and access to care and support for people living with HIV, and/or contributes to the development and documentation of best practice;
- the project supports and implements World AIDS Campaign (WAC) activities in strengthening HIV/AIDS prevention among children and young people;
- the project provides exceptional support to core functions of the National AIDS Programme if not funded by other national or international sources.

C. Preparation of project proposals

32. Theme Groups have been requested to provide UNAIDS with one project proposal submission only for 1998-1999. The submission may contain either one project or a set of related projects. Further project proposals could be considered for funding in exceptional cases (e.g. if the situation in the country changes or there are new developments that would require additional funding or assistance).

33. The Theme Group may wish to delegate responsibility for the project preparation to the technical working group or another such group on behalf of the Theme Group.

34. The planning of SPDF projects should be done jointly by the Theme Group or the technical working group and the national partners, which could be the National AIDS Programme, the National AIDS Committee and/or any other relevant national coordinating body.

35. The UNAIDS Country or Inter-country Programme Adviser (CPA/ICPA) or National Programme Adviser (NPA) will assist the Theme Group and the national partners by providing technical support in the project preparation, review and approval process. Further technical advice or support may be sought from UNAIDS Geneva or from UNAIDS intercountry teams.

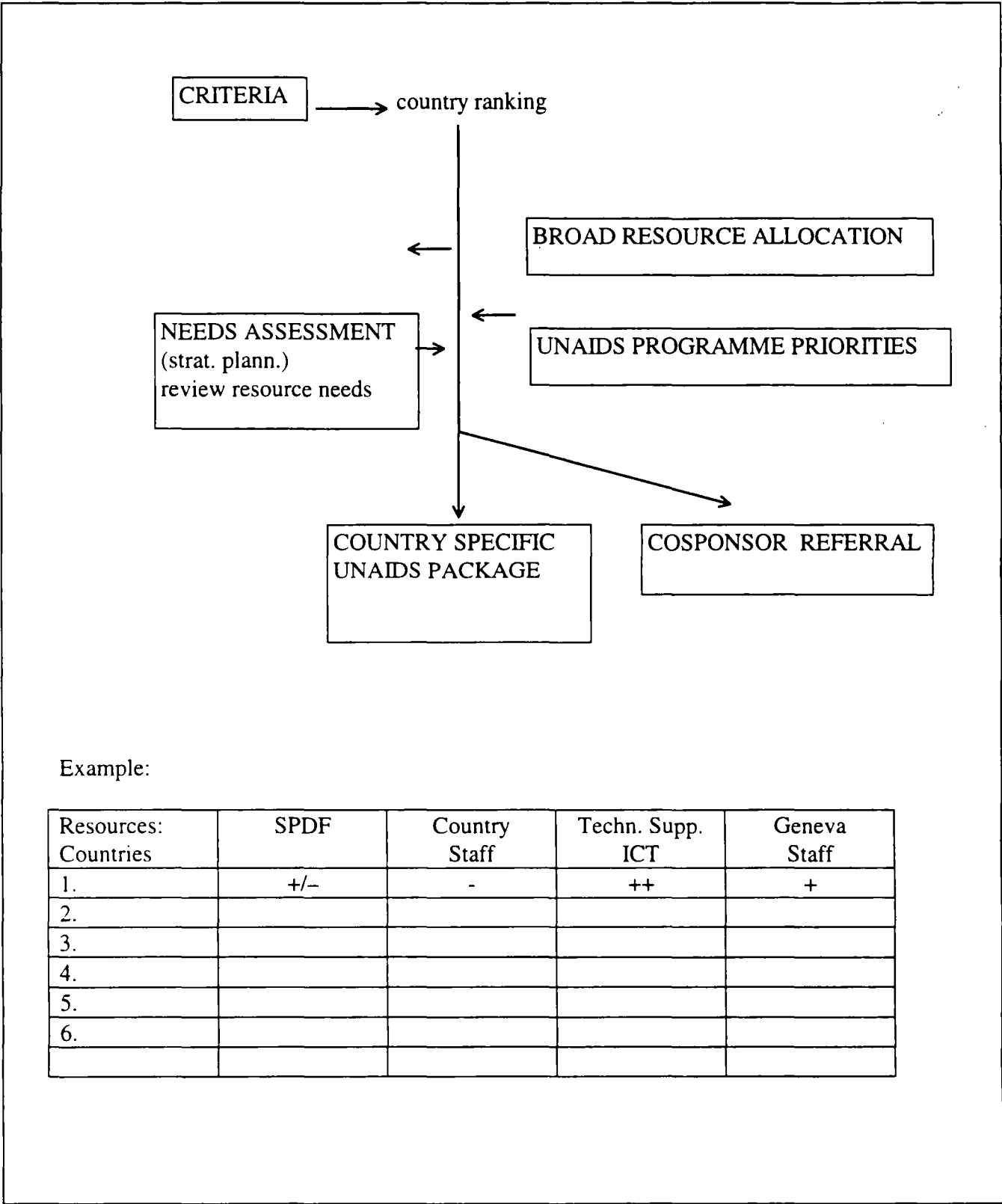
D. Identification of executing agency¹

36. UNAIDS has no administrative mechanism at country level and has therefore to rely on the existing mechanisms of the cosponsors. It is important to decide at an early stage which of the cosponsors will be the executing agency and will therefore be responsible for the overall management of the project. Irrespective of which cosponsor is the executing agency, the Theme Group/Technical Working Group as a whole should be involved in monitoring the project.

37. Responsibility for the technical review of the project is delegated to the Theme Groups.

¹ In this context executing agency means the cosponsor that will be overseeing the project and have the financial responsibility vis-à-vis UNAIDS.

Figure 1. Prioritization of UNAIDS resources





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UNAIDS/PCB(6)/98.6

22 April 1998

Joint United Nations Programme on HIV/AIDS

PROGRAMME COORDINATING BOARD

Sixth meeting

Geneva, 25-27 May 1998

Provisional agenda item 5

COMPREHENSIVE MONITORING AND EVALUATION PROGRESS AND PLAN 1998-1999

EXECUTIVE SUMMARY

- The Comprehensive Monitoring and Evaluation Plan of UNAIDS is based on a set of reports produced by the PCB Working Group on Indicators and Evaluations.
- To monitor the global impact of the HIV epidemic, the collection and collation of data on HIV prevalence in different regions and countries have been strengthened in collaboration with WHO. Additional information has also been compiled on determinants and dynamics of the epidemic, including indicators of risk behaviour. Epidemiological Fact Sheets, covering the status and the trends of the epidemic in 213 countries, have been created in close collaboration with National AIDS programmes.
- The functioning of Theme Groups and the status of a coordinated UN response were assessed in 1996 and 1997 by user satisfaction surveys.
- A monitoring and evaluation reference group, consisting of Cosponsors, donors, universities and representatives of countries is being set up for advisory functions.
- The monitoring and evaluation framework follows a logic model. There is a causal link between the *outputs* of the UNAIDS Secretariat, the *outcomes* that are the national response to HIV/AIDS stimulated by the coordinated UN response, and the *impact* which is the reduction of disease transmission and the mitigation of adverse consequences of HIV/AIDS. The activities to measure *impact* and *outcome* consist of the improvement of existing tools such as the epidemiological information system, and the development of new tools, including indicators, indexes and checklists. The global indicators will reflect the effects of poverty and the gender dimensions of vulnerability and risk behaviour, as well as the social consequences of HIV/AIDS. At the *outcome* level, qualitative assessments will be carried out, measuring the Theme Group functioning and the coordination attained by the UN system (i.e. their potential to stimulate an expanded national response). The Best Practices Collection, one of the major *outputs* of the UNAIDS Secretariat will be evaluated in terms of processes.
- Evaluation guidelines will be prepared as part of the package on Strategic Planning Guidelines.

ACTION REQUIRED AT THIS MEETING:

- Request PCB approval of the comprehensive monitoring and evaluation plan for 1998-1999.



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COMPREHENSIVE MONITORING AND EVALUATION PROGRESS AND PLAN 1998-1999

Contents

- I BACKGROUND**
- II PROGRESS**
 - A. Impact Monitoring: Epidemiological Information System
 - B. Outcome Level: Theme Group and United Nations Coordinated Response Assessments
 - C. Output Level: UNAIDS Secretariat
- III COMPREHENSIVE UNAIDS MONITORING AND EVALUATION WORKPLAN 1998-1999**
 - A. Monitoring and Evaluation Reference Group
 - B. Strategies of the Workplan
 - C. Monitoring and Evaluation of HIV/AIDS Goals (Impact)
 - D. Monitoring and Evaluation of the UN System and the National Response: Outcome
 - E. Activities at the Output Level (UNAIDS Secretariat): Process Evaluation of the Best Practices Collection

Attachment 1: Framework for guidance and assessment of Theme Group activities

Attachment 2: Planned activities for Monitoring, Evaluation and Epidemiology, 1998-1999

I. BACKGROUND

1. The comprehensive monitoring and evaluation plan of UNAIDS is based on the knowledge accumulated from a series of in-house consultations and a set of reports produced by PCB Working Groups on Indicators and Evaluations since 1996¹. These collective reflections and recommendations aimed to resolve the central issue of how to frame monitoring and evaluation in an organization as complex as UNAIDS. In view of this underlying concern, it was crucial to first define the boundaries of accountability in a setting where stakeholders at several levels were involved. The development of a checklist to assess the Theme Groups and coordinated UN action at country level, and the redefinition of the roles and functions of the UNAIDS Secretariat, produced useful criteria for drawing these boundaries of accountability. Models were created to differentiate between the monitoring and evaluation needs of different actors, according to the type and degree of influence they have on the ultimate impact, i.e. the reduction of the transmission of HIV/AIDS and sexually transmitted diseases (STDs). The major recommendation that emerged from the conceptual monitoring and evaluation framework developed previously was that the roles and responsibilities of each actor should be defined clearly in order to determine the indicators for accountability.

2. The *Issues Paper* emphasizes that the roles played by UNAIDS, Cosponsors, donors, governments and non-governmental organizations (NGOs) have different levels of influence. The model shows that, on one hand, UNAIDS and Cosponsors have most influence in establishing mechanisms for joint and cosponsored action within countries and in monitoring and forecasting trends in HIV/AIDS. On the other hand, governments and NGOs exert the greatest influence for strengthening national capacity for an expanded response and thereby reducing the transmission rates of HIV/AIDS and STDs. The donors have little influence over coordination but more over transmission because of the power they exercise with regard to the level and diversity of resources. What is clearly demonstrated by this model is that, although they have varying degrees of influence, *all* actors play *all* the roles, a fact that makes it difficult to draw the boundaries of accountability.

¹ UNAIDS/PCB (3)/96.5, "Report of the PCB Working Group on Indicators and Evaluation", 8 May 1996

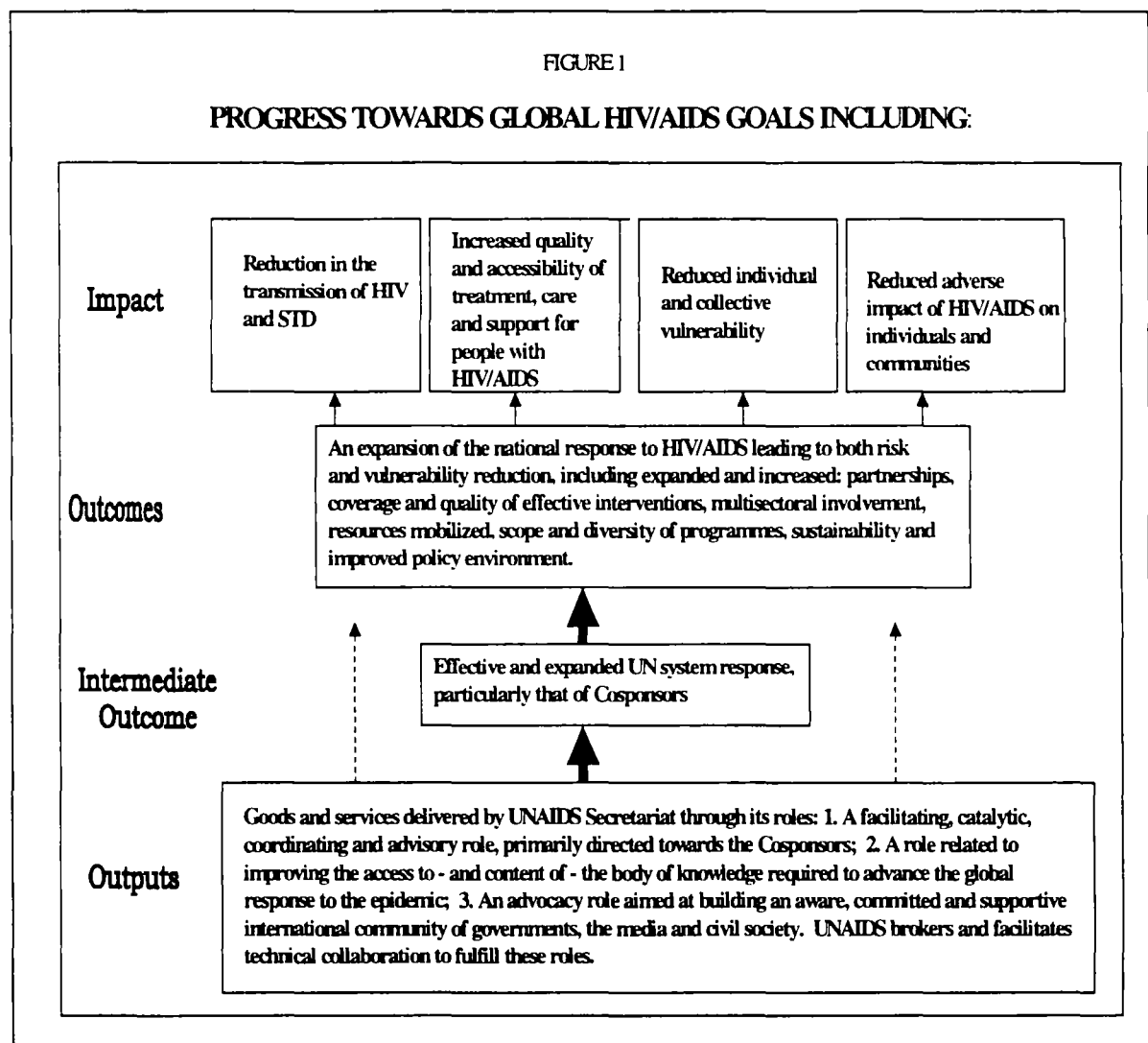
UNAIDS/PCB (4)/97.5, "Progress Report on UNAIDS Performance Monitoring and Evaluation Plan", 24 February 1997.

UNAIDS/PCB (4)/97.5 Add.1, "Report of the PCB Working Group on Indicators and Evaluation", 4 March 1997

"Issues Paper: UNAIDS Programme Co-ordinating Board Working Group on Indicators and Evaluation", April 1996

II. PROGRESS

3. The review of progress and the design of the comprehensive monitoring and evaluation plan for UNAIDS for the biennium is based on the conceptual framework that was summarized in the Proposed Programme Budget and Workplan for 1998-1999. The framework follows a logic model. There is a causal link between the *outputs* of the UNAIDS Secretariat, the *outcomes* that are the national response to HIV/AIDS stimulated by the coordinated UN response, and the *impact* which is the reduction of disease transmission and the mitigation of adverse consequences of HIV/AIDS.



A. IMPACT MONITORING: EPIDEMIOLOGICAL INFORMATION SYSTEM

4. Substantial progress has been made along the lines of basic principles laid out by the PCB Working Group². First, a great deal of ground has been covered in the global monitoring of impact. The levels of HIV prevalence in different regions, countries and communities, and especially the number of new infections, are among the most powerful indicators for monitoring both the needs for strengthened programmes and the overall success of programme activities over time. UNAIDS, together with WHO and a series of partners – United States Agency for International Development (USAID), United States Bureau of the Census (USBC), Harvard University, East West Centre, and Monitoring the AIDS Pandemic (MAP) Network – has invested a considerable amount of effort to strengthening the structures and systems for collecting, collating and disseminating information for an improved understanding of the levels, dynamics and determinants of the epidemic in different regions and countries. Epidemiological fact sheets have been created in close collaboration with 213 National AIDS Programmes. These fact sheets include a wealth of information on the status and the trends of the epidemic in countries as well as on factors of risk and vulnerability in different populations. As the epidemic is well into its second decade in most parts of the world, data were available on approximately 90 countries and allowed country by country modelling. Further efforts were geared towards compiling all information available on risk behaviour, such as non-regular partnerships and condom use, or on knowledge about preventive measures. This compilation was shared with the National AIDS Programmes for their final review and completion. Although many countries did not have all the data requested, the exercise of putting together a package of relevant information for decision-making was highly appreciated by programme managers and also will serve to guide future work – one of the main goals of the exercise.

5. The epidemiological fact sheets have been finalized and will be shared with National AIDS Programmes, Theme Groups, Cosponsors and other major partners in June 1998. It is foreseen that this will be an additional incentive for programme managers to work towards an improved basis for decision-making and will therefore directly link into strategic planning efforts.

B. OUTCOME LEVEL: THEME GROUP AND UNITED NATIONS COORDINATED RESPONSE ASSESSMENTS

6. At the outcome level, as a result of a series of country consultations, a framework for coordination (Attachment I) has been developed to assess the functioning of Theme Groups and the coordinated UN response in countries. The framework is a very comprehensive one but measures only *normative coordination* between cosponsors. It needs to be further

² These principles include: a) assess short-, medium-, and long-term performance and reflect areas in which UNAIDS plays a direct and an indirect role; b) structure performance assessment around the four medium-term objectives which serve as the core of the UNAIDS programme; c) assess activities that UNAIDS undertakes in the short term, as well as the longer-term trends in the pandemic, its impact and consequences; d) work with Cosponsors to develop a mechanism to evaluate HIV/AIDS activities undertaken jointly or separately; e) design performance information that serves as a management tool for UNAIDS and a governance tool for the PCB.

developed in order also to measure *functional coordination*, including conflict resolution, consensus-building, pace of decision-making, and flexibility of action by each Cosponsor.

7. Another achievement is the systematic effort to assess the Theme Groups by user satisfaction surveys. Three of these have taken place since 1996. The report of the 1996 Theme Group assessment reveals that the first year of this experience is marked with both successes and constraints. Among the positive developments were the strong commitment to coordination and good working relationships among Theme Group member agencies, as well as the strong support and involvement of Cosponsor country representatives, including the UN Resident Coordinators. One of the obstacles reported was related to the capacity of the UN system at country level to handle this new role. Another major constraint indicated was the lack of support from the headquarters of the UN organizations involved.

8. On the basis of the experience of the first Theme Group assessment, the 1997 Theme Group assessment included two separate questionnaires. In addition to a questionnaire aimed at monitoring the *modus operandi* of the Theme Groups and the progress of joint planning and coordinated action, a second questionnaire was developed on the national response in general. This questionnaire was sent to major partners in the national response, including the UN, the government, major donors in the country and major NGOs. It set out to capture the perceptions of *all* the partners about each other. It is expected that this exercise will provide UNAIDS with information that will enable it to better understand the current status of individual Theme Groups and the environment in which they function.

C. OUTPUT LEVEL: UNAIDS SECRETARIAT

9. At the output level, the roles and responsibilities of the UNAIDS Secretariat have been better defined as the initial steps towards marking the boundaries of accountability. Eleven core functions of the Secretariat were determined. Included among the main functions are: policy and political guidance; support in strategic planning to governments and Theme Groups; identification, development and dissemination of best practices globally, and the provision of policy advice; development of technical resource networks; advocacy at global and regional levels; tracking the epidemic and the response, as well as monitoring and evaluation of UNAIDS, and support to Country Programme Advisors.

10. Finally, progress has been made on strengthening the Epidemiology and Monitoring and Evaluation Team. A monitoring and evaluation adviser, a second epidemiologist and a support staff member have joined in the first quarter of 1998. Action is being taken to recruit another monitoring and evaluation adviser.

III. COMPREHENSIVE UNAIDS MONITORING AND EVALUATION WORKPLAN 1998-1999

11. The overall purpose of the Comprehensive Monitoring and Evaluation Plan is to provide the PCB, the Committee of Cosponsoring Organizations, Cosponsors, governments, and NGOs with coherent information that will facilitate more effective governance, oversight

and strategic management. Most important, however, is the purpose of setting up systematic efforts to enable the users of information at different levels to carry out *self-corrective* measures.

A. MONITORING AND EVALUATION REFERENCE GROUP

12. It is essential to set the stage for transparency and encourage feedback from other organizations and bodies in order to complete the framework for monitoring and evaluation. A Monitoring and Evaluation Reference Group (MERG) consisting of Cosponsors, donors, universities, research institutions and governments is being formed. One of the most important functions of the MERG will be to advise the Executive Director of UNAIDS on the technical and managerial aspects of performance monitoring and evaluation. Within this framework, the main output expected from the group will be ongoing technical review of the tools, indicators, quantitative and qualitative research, indexes, guidelines and evaluation reports.

B. STRATEGIES OF THE WORKPLAN

13. One strategy is to balance quantitative and qualitative techniques of evaluation. For example, while at global level the Theme Group effectiveness in promoting expanded country response is measured annually by two surveys, at national level a number of in-depth assessments, mainly using qualitative techniques, will be made.

14. Another strategy, which is the natural outcome of the general spirit and mandate of UNAIDS itself, is to have interagency collaboration in planning, implementing and evaluating the activities foreseen in the Workplan. This is the underlying reason for establishing the MERG. Cost-sharing is another manifestation of collaboration that is apparent in more than half of the activities planned.

C. MONITORING AND EVALUATION OF HIV/AIDS GOALS (IMPACT)

PRODUCTION OF INDICATORS AND FRAMEWORK FOR MONITORING AND EVALUATION:

15. The objective of this activity is to develop a framework and to set indicators to improve results-oriented monitoring and evaluation of national HIV/AIDS/STD programmes. This will be done through a joint exercise by a number of developing countries and international organizations. It will result in improved availability, accuracy and reliability of

data for monitoring the progress and evaluating the costs and effectiveness of interventions on HIV/AIDS/STD control. The indicators will be used in existing data gathering instruments such as the Demographic and Health Survey, UNAIDS Fact Sheets, Country Profiles, and national Health Information System reports, as well as in in-depth impact evaluation studies. The time frame and partnerships for this and the following activities are in Attachment 2.

Care and support indicators

16. This activity, which will basically be carried out by **WHO**, will also be linked to the overall framework of indicators mentioned above. The process will involve both reviewing the four existing care and support indicators and developing new ones. As the pandemic creates large numbers of people living with HIV/AIDS, it is important to address methodological issues of care and support.

Indicators of poverty and gender

17. This activity will be carried out in partnership with the **UNDP** Office of Evaluation and Strategic Planning, and the related sections on gender and poverty. There is background evidence from research that poverty and women's empowerment are closely linked to vulnerability and risk behaviour in relation to HIV/AIDS. However, these concepts are too broad to be of operational use. It is important to find out which aspects of poverty lead to, or prepare the ground for, high-risk behaviour. The next step is to identify which indicator reflects this. Then there is the need to find the critical intermediary mechanisms that are the determinants of behaviour, and the corresponding indicators. Many "poverty elimination" programme evaluations found that the relationship between poverty and behaviour is not always straightforward. This is also the case with the arguments about women's empowerment. Therefore the purpose of this activity will be to produce the most relevant indicators of poverty and gender empowerment at both micro and macro levels.

Indicators on preventive aspects and impact mitigation of HIV/AIDS on children and mothers

18. Women and children are heavily affected by HIV/AIDS, especially in societies where prevalence of the disease is high. For example, mother-to-child transmission of HIV has become a major cause of infant and child mortality.

19. In addition, young sex workers and street children are very vulnerable to HIV infection. Furthermore there have been questions about the validity and reliability of the measures used. For example, it may be argued that, in situations where the "number of street children" is unreliable, "the number of *sites* in big cities where the street children concentrate" may be more relevant and reliable as a proxy indicator that would have more significant implications *vis à vis* planning and interventions. Thus, further work is necessary on the aspects of the daily life of street children and child sex workers.

20. The consequences of AIDS also have wider implications for societies, over and above the loss of the persons with the disease. The number of orphans and widows increases dramatically because of the loss of close relatives due to AIDS. Therefore valid, reliable and

sensitive indicators are required to assess where a society stands in catering to the needs of these emerging groups. This set of activities will be implemented jointly with UNICEF.

D. MONITORING AND EVALUATION OF THE UN SYSTEM AND THE NATIONAL RESPONSE: OUTCOME

ACTIVITIES OF GLOBAL RELEVANCE

Development and testing of an HIV/AIDS country programme effort index

21. UNAIDS will support the existing plans of the FUTURES group with Tulane University, USA, and Horizons Project, USA, who will work on developing and testing the HIV/AIDS country programme index. This index would be analogous to the Family Planning Programme Effort Index. The HIV/AIDS programme effort score would aim to measure the strength of the country-level response to the epidemic. This score will serve to compare programmes by relative strength, to correlate changes in HIV prevalence with programme effort, to indicate the areas where programmes are strongest and those where they are weakest, and to track changes over time. FUTURES has recently developed an AIDS Policy Environment Score (PES) that can be used to measure the extent to which the policy environment supports an effective and humane response to the AIDS epidemic. This score has been applied in a number of countries. However, before it can be replicated on a global scale, some methodological issues have to be fully explored. These include: the best method for collecting the information required, the most relevant set of criteria to judge the PES, the extent to which quantitative information should be used to score some of the items, and the extent to which the PES can be used to measure change over time. There should also be methodological focus on the problem of implementing a universally objective tool in situations where progress, in relation to each country's starting point, could be more significant than indicated by the intercountry comparison.

Global assessments of Theme Group functioning

22. Two surveys are being carried out annually to measure the effectiveness of Theme Groups in facilitating and coordinating the UN system response to HIV/AIDS. The first survey is given to Theme Group chairs and country programme advisers or UNAIDS focal points. The questionnaire aims to measure Cosponsor participation and Theme Group chair functions, sharing of Theme Group administrative costs and managerial and operational aspects of Theme Groups and Technical Groups which provide and coordinate technical assistance to countries. Also included in these questionnaires are topics related to the integrated Workplan of the Cosponsors, communication and involvement of governments, advocacy, status of the national strategic plan, and resource mobilization.

23. The subjects of the second survey are the key national partners in the national government, civil society, bilateral agencies and UN agencies. The questionnaire sets out to capture user perceptions of the roles played by different partners in putting into effect an expanded response to HIV/AIDS. This will enable a 360-degree evaluation as each partner assesses each other with respect to commitment level, coordination, resource allocation, and

participation in the national strategic plan. These surveys will continue to be repeated annually.

ACTIVITIES AT NATIONAL LEVEL

Rapid assessments of Theme Groups and UN and national response in selected countries

24. These assessments will provide an in-depth picture of most of the issues covered in the Theme Group assessment. They will trace the follow-on effects of motions created by the Theme Groups up to the level of the beneficiary. They will also cover the scope, nature and outcomes of the expanded response. The purpose is to complement the Theme Group assessment surveys through the use of qualitative and quantitative techniques in order to understand the processes and the underlying causes behind the situation, as depicted by the two surveys, at global level.

Development of a checklist for qualitative Theme Group and UN response assessment

25. On the basis of the experience of the Theme Group surveys and the initial rapid assessment exercises, a checklist will be developed to assist consultants and teams who will be carrying out assessments in other countries, as well as staff of UNAIDS and Cosponsors. This will be a bridge between global activities and national ones, and will enable studies to be replicated elsewhere after being adapted accordingly. The checklist will not be a methodological guide but will provide a framework to ensure that all issues related to effectiveness of Theme Groups and the expanded national response are covered.

Thematic evaluation of selected aspects of risk and vulnerability reduction interventions

26. Thematic evaluations of selected areas of intervention regarding vulnerability and risk reduction will be done in each region. These evaluations will provide a comparative view of the lessons learned from the experience of different countries within each region, *focusing on one particular subject area (theme)*. The selected theme will centre on the most common or most critical interventions in the regions, covering a number of countries. For example, it is widely assumed that income generation projects or credit schemes will reduce prostitution. An evaluation synthesizing the experience of different countries within the same region in this regard may help find out the extent to which this generalization is true, or it may reveal the conditions under which it is valid.

Preparation of the guidelines on monitoring and evaluation of responses resulting from National Strategic Planning

27. The Department of National Strategic Planning of the UNAIDS Secretariat is presently engaged in producing a series of guidelines on National Strategic Planning. The

guidelines that have been prepared so far refer to situation analysis, response analysis, formulation of a strategic plan, and resource mobilization. A fifth module to be prepared by the Epidemiology and Monitoring and Evaluation Team will deal with the evaluation of expanded responses resulting from a national strategic plan.

28. As a corollary to this activity, one of the team members will participate in the Strategic Planning interdepartmental team at the UNAIDS Secretariat, and will take a proactive role in the assessment (case studies) of the strategic planning process in two out of six countries – Burkina Faso, China, Dominican Republic, Ethiopia, Morocco, Romania – planned by the Department of National Strategic Planning.

E. ACTIVITIES AT THE OUTPUT LEVEL (UNAIDS SECRETARIAT): PROCESS EVALUATION OF THE BEST PRACTICES COLLECTION

29. The “Best Practices” collection, consisting of a series of technical updates, points of view, key materials, a set of presentation graphics and case studies, is one of the major outputs of the Secretariat. Ranging from blood safety to community mobilization, the collection covers some 50 topics. It is distributed to country programme advisers, focal points, Theme Group chairs, Cosponsors, donors, PCB members and key partners in the countries. According to the feedback from the field, supply of the technical updates on Refugees and Community Mobilisation already falls behind the demand.

30. Although it is too early to measure the effect of the “Best Practices” collection on the ultimate impact, i.e. the reduction of the transmission of HIV/AIDS, the time is ripe for evaluating the overall process. At this stage, we can mainly measure *exposure* of the target audiences and the public to the contents and messages in the collection, rather than understand the degree to which the collection has led to behaviour change. To this end, a process evaluation is planned that will highlight the following: the efficiency of distribution from the Centre to the periphery; the extent to which the collection is read by the target audiences, quoted in other publications and the press, or referred to on radio and television; and whether the “Best Practices” collection has been translated into local or national languages.

31. Evaluating the intermediary mechanisms in relation to processes is also significant. It is important to know, for example, if the distribution of the “Best Practices” collection is supported simultaneously with other communication channels and tools, such as press conferences, and messages on radio and television. Another point of interest is the degree to which the collection has affected national strategic plans and policies in relation to HIV/AIDS.

32. This exercise will also be useful in developing impact indicators and tools for future use.

Framework for guidance and assessment of Theme Group activities

Theme Group Operational	Ongoing Information Exchange among TG Members	Coordinated Action	Joint Action
• TG objectives and functions agreed • Chair designated and functions and relationships of TG members and RC understood and agreed • TG plan of action prepared and agreed • Technical Working Group (TWG) created with TOR and workplan. Job descriptions of its members adjusted accordingly • Mechanisms created to ensure financial and other support for TG operations	• Active creation among the cosponsors of a common understanding of each other's mandates, comparative strengths and modus operandi • Inventory of UN activities on HIV/AIDS conducted • Members of TG and TWG informed on HIV/AIDS issues • Country situation analysis conducted • Cosponsor's calendar of key events created, noting planning exercises, evaluations, programme reviews and consultations	• Commonly agreed advocacy priorities and cosponsor's roles • Coordinated HIV/AIDS workplaces programmes • Coordinated approach adopted to communicate with government • Coordinated approach adopted to mobilize resources • Coordinated assistance provided to national strategic planning • UN strategy and integrated workplan on HIV/AIDS articulated	• Mechanisms in place for joint sectoral technical review, planning, monitoring and evaluation • Administrative mechanisms in place where and if needed, for supporting joint action

The milestones/activities printed in bold will be included in the "Operational Guidelines for UN Theme Groups on HIV/AIDS" document. Such issues as mainstreaming, country strategy note and many more not mentioned in this concise framework will be elaborated upon.

Attachment 2

Planned activities for Monitoring, Evaluation and Epidemiology, 1998/1999

Activity	Start Qr	End Qr	Resp. implementor
Set up & co-ordinate an advisory reference group	2	8	UNAIDS
Production of a global set of indicators and M&E framework	1	8	Measure Evaluation
Developing/testing core and support indicators	1	8	WHO
Developing & data gathering on indicators of poverty, gender and their interface with individual and collective vulnerability and impact on development	2	8	UNDP
Developing & data gathering on indicators of mother to child transmission and on impact of HIV/AIDS on children and mothers: Emerging groups: orphans, single mothers, children in difficult circumstances	2	8	UNICEF
Developing a tool to rate the expanded response	3	8	Futures, Horizon Tulane
Global assessment of Theme Groups: . user satisfaction survey . managerial/planning aspects of Theme Groups	1 —	8	UNAIDS
Development of checklist for rapid Assessment	4	5	UNAIDS
Rapid assessments in selected priority countries on Theme Groups and expanded national response	3	8	
Preparation of M&E chapter as part of the Strategic Planning guidelines and workshop	3	6	UNAIDS
Case study of strategic planning exercise in selected countries	5	8	
Thematic Evaluation on selected aspects of risk and vulnerability reduction interventions in selected regions	4	8	UNAIDS
Evaluation of Best Practice Collection	5	8	UNAIDS
Develop data base for epidemiological fact sheets	1	1	UNAIDS, WHO
Update information in fact sheets	1	8	
Develop/search for additional indicators and update structure of fact sheets	1	8	
Update of country specific estimates, communication with NAPs, regional meetings	1	8	
Technical assistance for countries to further develop fact sheets and estimates - regional meetings	1	8	
Epidemiological analyses and publications	1	8	UNAIDS, WHO
Develop and field test software package on estimates	1	8	East West, UNAIDS, WHO
Further develop Second Generation Surveillance guidelines with adaptation to regional specificities	1	3	UNAIDS, WHO
Capacity building in Second Generation Surveillance	1	8	
Workshop/consensus meeting on the impact of fertility decline on HIV surveillance results	3	5	UNAIDS, WHO
Assist in the co-ordination and further development of the MAP network	1	8	Harvard, UNAIDS, Impact



Financial Report

and audited financial statements
for the financial period
1 January 1996 – 31 December 1997
and Report of the External Auditor

**Joint United Nations
Programme
on HIV/AIDS**

Geneva, April 1998



UNAIDS

UNICEF • UNDP • UNFPA

UNESCO • WHO • WORLD BANK

UNAIDS/PCB(6)/98.7

20 April 1998

Joint United Nations Programme on HIV/AIDS

Financial Report for the 1996-1997 biennium

**Financial report and audited financial statements
for the financial period 1 January 1996 - 31 December 1997,
and Report by the External Auditor**

**Geneva
April 1998**

**Financial report and audited financial statements
for the financial period 1 January 1996 - 31 December 1997,
and Report of the External Auditor**

CONTENTS

	Page
Part I	
Highlights of the 1996-1997 financial operations	3
Part II	
External Auditor	7
Letter of Transmittal of the External Auditor.....	8
Opinion of the External Auditor	9
Report of the External Auditor	10
Part III	
Financial statements, schedules and other details of the report:	11
Background note	11
Statement of accounting policies	11
<u>Statement I:</u> Statement of income and expenditure and fund balances, all sources of funds for the financial period 1996-1997.....	13
<u>Schedule 1:</u> Core budget: Details of total income as at 31 December 1997.....	14
<u>Schedule 2:</u> Outside core funds- Details of total income as at 31 December 1997	16
<u>Schedule 3:</u> Junior Professional Officers – Details of total income as at 31 December 1997.....	17
<u>Schedule 4:</u> 1996-1997 reprogrammed core budget and obligations as at 31 December 1997.....	18
<u>Schedule 5:</u> Earmarked funds for approved activities against 1995 contributions and obligations as at 31 December 1997.....	22
<u>Schedule 6:</u> Breakdown of outside core funds: designated activities and obligations as at 31 December 1997.....	23
<u>Schedule 7:</u> Breakdown of outside core funds: support to specified countries (multi-bi) and obligations as at 31 December 1997	24

<u>Schedule 8:</u>	Breakdown of outside core funds: Coordinated Appeal for Supplemental Funded Activities and obligations as at 31 December 1997.....	25
<u>Schedule 9:</u>	Funds transferred from the WHO Global Programme on AIDS (WHO/GPA) as at 31 December 1997.....	27

List of unaudited Annexes

<u>Annex I:</u>	Contributions received from governments and Cosponsoring Organizations by quarter, 1996-1997.....	29
<u>Annex II:</u>	1996-1997 core budget: income and obligations as at 31 December 1997 (excluding a "carry-over" of US\$ 38.6 million).....	30
<u>Annex III:</u>	Details on designated activities, 1996-1997	31
<u>Annex IV:</u>	Matrix of multi-bilateral contributions as at 31 December 1997	34

**FINANCIAL REPORT OF THE EXECUTIVE DIRECTOR ON
THE ACCOUNTS OF UNAIDS FOR THE FINANCIAL PERIOD
1 JANUARY 1996 TO 31 DECEMBER 1997**

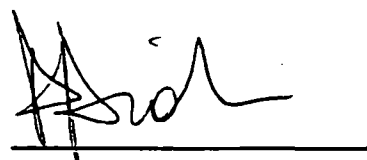
**CERTIFICATION OF THE FINANCIAL
STATEMENT (PAGE 10) BY THE
WORLD HEALTH ORGANIZATION**

UNAIDS



**Edward E. Uhde
Comptroller and Director,
Division of Budget and Finance**

3 APR 1998
Date _____



**Peter Piot
Executive Director**

3 APR 1998
Date _____

PART I

HIGHLIGHTS OF THE 1996-1997 FINANCIAL OPERATIONS

1. As WHO provides the administration in support of UNAIDS, the statements and accompanying report have been prepared by UNAIDS and WHO. Accordingly, these are jointly submitted by both parties to the UNAIDS Programme Coordinating Board (PCB) in accordance with Function 5 (vi) of its Modus Operandi, which requires the PCB to review "the audited financial report of the Programme".

Presentation of the financial report

2. The financial period of UNAIDS is a biennium and consists of two consecutive calendar years, beginning with an even-numbered year.

3. The report on the 1996-1997 biennium has been prepared for External Audit in accordance with the updated version of the United Nations System Accounting Standards (UNAS), with the recommended formats for presentation of information in the financial statements. It contains three parts. **Part I** presents general information and the main highlights of the report on the biennium. **Part II** contains the Opinion of the External Auditor. **Part III** contains a statement of the accounting policies, and the principal financial statements and schedules supported by general notes on the information provided, (Statements of assets, liabilities, and reserves and fund balances (Statement II) and of cash flow (Statement III) are not applicable to UNAIDS at the present time). The report also contains some Annexes which are not subjected to audit, and which are provided for the information of the PCB only.

UNAIDS objectives

4. The strategic vision of the Cosponsored Programme has been defined as follows:

UNAIDS is working for a world in which HIV/STD transmission is substantially reduced; where there is adequate treatment, care and support; where there is substantial reduction of vulnerability; and where there is significant alleviation of the adverse impact of the epidemic on individuals and communities.

This vision will be achieved primarily through the combined efforts of many institutions and individuals: governments, the community of interested activists, people living with HIV/AIDS, NGOs, community-based organizations, religious organizations, academia and commercial sector.

As the main advocate for global action on HIV/AIDS, UNAIDS has been established to lead, strengthen and support an expanded response aimed at achieving this vision.

The three broad roles for the Cosponsored Programme have been identified as follows:

- **Facilitation** – a facilitating, catalytic, co-ordinating and advisory role, primarily directed towards the Cosponsors and the other UN organizations, assisting them to support governments and civil society¹ to deliver an expanded response to HIV/AIDS.
- **Best practices** – a role relating to the development of the body of knowledge, involving the building of networks required to compile information and to disseminate best practices; analysing "knowledge", helping to set the research agenda, and building consensus around policy.

¹ Civil society is defined as NGOs, community-based organizations, groups of people living with HIV/AIDS, and the corporate sector.

- **Advocacy** – an advocacy role aimed at building committed and supportive governments, donors, international media, and key players in civil society, as well as effective policies to respond to the epidemic.

UNAIDS 1996-1997 budget

5. At its meeting in November 1995, the PCB approved a programme budget for 1996-1997 at the level of **US\$120 million**. This was the first programme budget for UNAIDS which started functioning on 1 January 1996, with 1995 being a pre-operational and preparatory year. This programme budget is central to the Programme's operations. Details on how the approved programme budget was implemented in the biennium are provided in Part III.

Presentation of financial information

6. Funds have been summarized under the following headings:
- **core funds:** funds contributed towards the UNAIDS 1996-1997 core budget, which includes funds for core activities (undesignated and designated);
 - cash balance under the *Operating Reserve Fund*;
 - **outside core funds:** funds received for designated activities outside the core budget;
 - funds relating to the placement of *Junior Professional Officers*.

Overview of the financial situation

7. UNAIDS is a Programme entirely funded from voluntary contributions, principally from Governments. All funds are deposited in the UNAIDS Trust Fund which was opened for this purpose in mid 1995. Critical for the sound financial management of such a Programme is continuous information on how much income is pledged and received annually, to fund the approved biennial budget. In this respect, the Secretariat greatly appreciated the efforts made by donors to minimize the impact of a worldwide trend of reduced international assistance in general on the expected contributions to the Programme in the 1996-1997 biennium. Equally critical is that such contributions should, to the extent possible, arrive steadily throughout the calendar year, to fund operations for which they are intended. Trends noted in the 1996-1997 biennium in this respect are the following:

- Contributions for the specified calendar year do not always arrive before 31 December, often due to different fiscal cycles of Governments, so that internal tracking of income pledged for specific years becomes necessary (as shown in several Schedules in Part III);
- Major contributions tend to arrive in the second half of the year (see chart in Annex I), which would create serious cash-flow problems for UNAIDS, had not the PCB recommended that UNAIDS create an Operating Reserve Fund against which advanced funding could be made (see para 8 below).

Operating Reserve Fund

8. Given the above trends, UNAIDS was fortunate to inherit a sizeable balance of funds ("carry-over") from the former WHO Global Programme on AIDS (WHO/GPA), which has served to "cushion" serious cash-flow situations, especially those which occur at the beginning of each year. The WHO/GPA carry-over funds were transferred in installments, starting in early 1996, following the closedown of WHO/GPA operations on 31 December 1995 (described in detail in Part III). This enabled the Programme to have advanced funding with which to start its

operations, since UNAIDS had only approximately US\$3 million (balance brought forward from 1995 contributions) in its Trust Fund on 1 January 1996, with contributions pledged for 1995 still outstanding, and those for 1996 still to arrive. At the same time, commitments to obligate salaries for all UNAIDS staff for 12 months at the beginning of each year, as required by the WHO Financial Rules, would alone normally require an available income of around US\$20 million. The facility for UNAIDS to be able to continue to operate on the basis of advanced funding from a reserve, with these guaranteed by written pledges, led the PCB to recommend, at its June 1996 meeting, that an Operating Reserve Fund be formally established².

9. It is clear that this facility has provided the Programme with a good financial instrument and flexibility to carry on operations, pending the receipt of outstanding contributions, without having to resort to painful contingency or "go-slow" measures; which sound financial management would otherwise have dictated.

Obligations for the 1996-1997 programme budget

10. As at 31 December 1997, UNAIDS had received as funds available to implement its 1996-1997 programme budget an amount of **US\$100,285,542**. (This included a 1995 contribution received in 1996 for activities included in the 1996-1997 core budget and related interest. See Part III, Schedule 1 and para. 21). Obligations incurred for the financial period 1 January 1996 to 31 December 1997, amounted to **US\$101,706,874** (see Part III, Schedule 4). Thus, the shortfall between income received specifically for the 1996-1997 core budget and expenditure as at 31 December 1997, amounted to **US\$1,421,332** (also shown graphically in Annex II). At the end of the year, a number of 1997 outstanding pledged contributions had been re-confirmed, with an indication, however, that funds would be received in the Trust Fund only in 1998. This situation was not critical as UNAIDS had a substantial carry-over of funds against which it was authorized to commit funds against written outstanding pledges (see para. 8). Nevertheless, this trend would indicate that the Programme will need to make every effort to ensure that pledged contributions for the calendar year specified are deposited in the Trust Fund by donors as soon as possible.

Total obligations incurred – all sources of funds

11. As shown in **Part III**, total obligations incurred under the Trust Fund, for both core funds and outside core funds, amounted to **US\$118,645,179**, against a total income of **US\$126,608,171**. The balance forward on 31 December 1997 amounted to **US\$48,375,331** comprising:

- (a) US\$17,322,248 as the balance forward under core funds (see note below);
- (b) US\$20,000,000 as the provisional amount from available carry-over funds in the Operating Reserve Fund, pending the final recommendation of the PCB on the level of the Fund (see footnote 2);
- (c) US\$10,534,503 as the balance forward under outside core funds for designated activities which will need to be implemented in the next biennium;
- (d) US\$518,580 as the balance forward on funds received for the placement of Junior Professional Officers.

² As the PCB was informed in April 1997, further to its recommendation, an Operating Reserve Fund was established in December 1996 with an initial provisional amount of US\$20 million from a potential balance of US\$38 million carry-over funds available (US\$32 million of which was the WHO/GPA carry-over received to date, and the balance from 1995 contributions). Proposals relating to the optimal level of this Operating Reserve Fund, together with proposed rules and procedures to guide the operation of the Fund, will also be presented to the PCB at its May 1998 meeting for formal endorsement (see document UNAIDS/PCB (6)/98.9).

Note: With respect to funds under sub-item (a), this balance, together with the provisional amount of US\$20 million in the Operating Reserve Fund under sub-item (b), constitutes the "carry-over of funds" referred to in footnote 2, less the shortfall described in paragraph 10. This is because all income received specifically for the 1996-1997 approved budget was fully obligated as at 31 December 1997. (The shortfall will be repaid from outstanding 1997 contributions, to be received in 1998, as also stated in para. 10).

PART II
OPINION OF THE EXTERNAL AUDITOR



A U D I T O R - G E N E R A L

OFFICE OF THE AUDITOR-GENERAL PO BOX 446 PRETORIA 0001 REPUBLIC OF SOUTH AFRICA TEL (012) 324 4100 FAX 323 8236

17 April 1998

The Chairman
Sixth meeting of the Programme
Coordinating Board
Joint United Nations Programme on HIV/AIDS
20, Avenue Appia
CH-1211 Geneva 27
SWITZERLAND

Dear Sir

LETTER OF TRANSMITTAL

I have the honour to present to the Sixth meeting of the Programme Coordinating Board my Report and Opinion on the Financial Statements of the Joint United Nations Programme on HIV/AIDS for the period 1 January 1996 to 31 December 1997.

Yours sincerely

**AUDITOR-GENERAL, REPUBLIC OF SOUTH AFRICA
EXTERNAL AUDITOR**

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

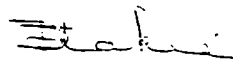
OPINION OF THE EXTERNAL AUDITOR

To: The Programme Coordinating Board for the Joint United Nations Programme on HIV/AIDS

We have examined the following appended financial statement numbered I properly identified and the relevant schedules and notes of the Joint United Nations Programme on HIV/AIDS for the financial period ended 31 December 1997, in accordance with the Common Auditing Standards of the Panel of External Auditors of the United Nations, Specialized Agencies and the International Atomic Energy Agency. The examination included a general review of the accounting procedures and such tests of the accounting records and other supporting evidence as considered necessary in the circumstances.

In our opinion the financial statement numbered I presents fairly the balance of the Fund of the Joint United Nations Programme on HIV/AIDS as at 31 December 1997 and the results of its operations for the period then ended; that they were prepared in accordance with the stated accounting principles and that the transactions were in accordance with the Financial Regulations of the World Health Organization and legislative authority.

I have issued a long-form report on the audit of the financial statements, as provided for in the Financial Regulations of the World Health Organization.



Auditor-General
Republic of South Africa
External Auditor
17 April 1998

REPORT OF THE EXTERNAL AUDITOR ON THE ACCOUNTS OF THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS FOR THE FINANCIAL PERIOD 1 JANUARY 1996 TO 31 DECEMBER 1997

1. INTRODUCTION

In accordance with Article XII of the Financial Regulations of the World Health Organization and the Additional Terms of Reference Governing the External Audit appended thereto, I would like to bring the following matters to the attention of the Programme Coordinating Board for the Joint United Nations Programme on HIV/AIDS (UNAIDS).

2. OBJECTIVE AND SCOPE

The objective of the audit was to ascertain whether the budgetary and financial systems, together with related transactions selected, complied with the Financial Regulations of the World Health Organization and legislative authority, whether they were in line with policies and guidelines and provide reliable information in order to ensure the completeness and accuracy of the records.

The audit was conducted in conformity with the Common Auditing Standards of the Panel of External Auditors of the United Nations, Specialized Agencies and the International Atomic Energy Agency.

3. AUDIT APPROACH

The audit was carried out with a view to examining the system of internal control and performing such tests as were considered necessary, to ensure that the audit objectives were achieved.

4. OBSERVATIONS

The following observations were made during the course of the audit:

4.1 Administration

As stated in the notes to the financial statements, the World Health Organization (WHO) provides administration support to UNAIDS. All assets and liabilities of UNAIDS are maintained globally within the books of the World Health Organization. For this reason, no Statement of Assets, Liabilities and Reserves and Fund Balances or a Statement of Cash Flow has been prepared.

4.2 Inventory

The inventory value at 31 December 1997 of non-expendable equipment, furniture and motor vehicles as disclosed in note 51 is based on an estimated value at cost.

5. APPRECIATION

I wish to record my appreciation for the co-operation and assistance extended by the Executive Director and the staff of UNAIDS.



Auditor-General
Republic of South Africa
External Auditor
17 April 1998

PART III

**FINANCIAL STATEMENTS, SCHEDULES AND
OTHER DETAILS OF THE REPORT**

Background note

12. This part of the Financial Report presents the overall financial position of UNAIDS as at 31 December 1997, for the attention of the PCB members and other donors. It is presented essentially in the same structure as previous financial information prepared by UNAIDS for the PCB, with additional statements presented for audit on the financial period. The statement and supporting schedules have been prepared in compliance with the requirements of the WHO Financial Regulations. The schedules provide background details and explanations in support of individual funds and accounts administered by WHO on behalf of UNAIDS for the biennial financial period 1 January 1996 – 31 December 1997. As 1996-1997 was the first biennium of operations for the Programme, comparison with the previous biennium is not applicable for this period. The financial statement and schedules, supported by general notes, are preceded by a statement of accounting policies.

STATEMENT OF ACCOUNTING POLICIES

General accounting policies

13. WHO provides the administration in support of the Programme. The accounting policies and financial reporting applied in UNAIDS are therefore based upon the requirements of the WHO Financial Regulations and Financial Rules. However, the financial statements, accompanying notes and schedules for the financial period 1996-1997, are established in accordance with the United Nations System Accounting Standards (UNAS), and drawn up in the format stated therein. There are no material inconsistencies between those standards and the WHO Financial Regulations and Financial Rules under which the Programme operates.

14. With the application in the 1996-1997 biennium of accounting policies and practices in conformity with the United Nations System Accounting Standards, a major change has been the adoption by WHO of accrual accounting for expenditures under UNAIDS funds, whereas previously the expenditures under these funds were reported on a cash basis.

Unit of account and general presentation

15. The financial statements and schedules are presented in US dollars. All assets and liabilities for the Programme are maintained globally within WHO's books and are not segregated by source of funds.

Translation of transactions incurred and assets and liabilities held in currencies other than US dollars

16. Translation of transactions expressed in currencies other than US dollars is effected at the prevailing United Nations accounting rates of exchange applicable at the date of the transaction.

17. Assets and liabilities held in other currencies at the end of the financial period are, in accordance with WHO accounting practice, translated into US dollars at the United Nations accounting rates of exchange prevailing on 31 December of the closing year. However, when significant changes occur in relationship between currencies at the end of a financial period, the exchange rates used to translate into US dollar funds held in such currencies as at 31 December, are those in force on 1 January of the subsequent year.

Accounting for exchange differential

18. Exchange rate gains and losses on the purchase and sale of currencies, in addition to the exchange differential arising from the revaluation of cash book balances, are adjusted against the funds and accounts which participate in the apportionment of interest under the WHO General Investment Plan. All other exchange differences are transferred from WHO to the UNAIDS Trust Fund.

STATEMENT OF INCOME AND EXPENDITURE AND FUND BALANCES FOR THE FINANCIAL PERIOD 1996-1997 (STATEMENT I)

INCOME

19. Income for UNAIDS activities is recorded on a cash basis, i.e., when funds are actually received. As shown in Statement I, total income in the amount of **US\$126,608,171** was made available to the Programme during the 1996-1997 biennium as follows:

- **US\$113,488,226** received from governments, of which funds amounting to **US\$9,863,885** are 1995 contributions actually received in early 1996;
- **US\$5,989,500** contributed by Cosponsoring Organizations;
- **US\$932,295** includes the funds received from public and private contributors other than governments, miscellaneous donations resulting from UNAIDS promotional campaigns, and the share of administrative costs received from WHO;
- **US\$6,198,150** represents the total amount of interest received during 1996-1997. The interest earned and apportioned during the financial period on UNAIDS funds is retained under the respective funds (core and outside core) concerned.

STATEMENT I

STATEMENT OF INCOME AND EXPENDITURE AND FUND BALANCES

All Sources of Funds
For the Financial Period 1996-1997
(expressed in US dollars)

	References	Core funds	Operating Reserve Fund	Other funds		Total 1996-1997
				Outside core funds	Junior Prof. Officers	
INCOME:						
Governments		97,177,805		15,791,841	518,580	113,488,226
Cosponsoring Organizations		3,057,500		2,932,000		5,989,500
Other income		653,048		279,247		932,295
		100,888,353		19,003,088	518,580	120,410,021
Interest received		5,449,850		748,300		6,198,150
TOTAL INCOME	Schedules 1, 2 & 3	106,338,203		19,751,388	518,580	126,608,171
EXPENDITURE:						
Programme activities		104,723,000		13,922,179	-	118,645,179
TOTAL EXPENDITURE	Schedules 4, 5, 6, 7 & 8 para. 27c & 43	104,723,000		13,922,179	-	118,645,179
EXCESS OF INCOME OVER EXPENDITURE		1,615,203		5,829,209	518,580	7,962,992
Transfer from WHO Global Programme on AIDS (WHO/GPA)	Schedule 9	32,677,351		4,292,848		36,970,199
Transfer from core funds to Operating Reserve Fund	Para. 46	(20,000,000)	20,000,000	-	-	-
Other adjustments	Para. 48	3,124				3,124
Fund balances - 1 January 1996	Para. 49	3,026,570		412,446	-	3,439,016
FUND BALANCES - 31 DECEMBER 1997	Para. 50	17,322,248	20,000,000	10,534,503	518,580	48,375,331

Schedule 1 : Core funds – Details of income
as at 31 December 1997
(expressed in US dollars)

Source of income	Income under the UNAIDS Trust Fund		
	1995 income received in 1996	1996/1997 income	Total funds 1996-1997
<u>Governments</u>			
Andorra		13,000	13,000
Australia		2,380,970	2,380,970
Austria	67,230	63,416	130,646
Belgium	1,009,671	3,454,738	4,464,409
Canada		4,997,624	4,997,624
China		199,970	199,970
Denmark	3,048,017	10,522,770	13,570,787
Finland		811,080	811,080
France	3,413,687	1,139,223	4,552,910
Germany	419,580	3,689,901	4,109,481
Ireland			-
Italy		307,966	307,966
Japan		3,300,000	3,300,000
Luxembourg		643,238	643,238
Monaco		5,103	5,103
Netherlands		10,966,115	10,966,115
Norway		5,137,728	5,137,728
South Africa		100,000	100,000
Spain		688,441	688,441
Sweden		10,019,872	10,019,872
Switzerland		3,254,722	3,254,722
Switzerland (Canton de Geneve)		694,241	694,241
United Kingdom		9,160,002	9,160,002
United States of America	1,100,000	16,569,500	17,669,500
	9,058,185	88,119,620	97,177,805
<u>Cosponsoring Organizations</u>			
UNFPA		107,500	107,500
WHO		720,000	720,000
World Bank		2,230,000	2,230,000
	-	3,057,500	3,057,500
<u>Other income</u>			
Other contributors		473,983	473,983
Miscellaneous		20,276	20,276
Share of administrative costs from WHO		158,789	158,789
		653,048	653,048
	9,058,185	91,830,168	100,888,353
<u>Interest received</u>			
Interest	248,980	5,200,870	5,449,850
	248,980	5,200,870	5,449,850
Total (see para. 20)	9,307,165	97,031,038	106,338,203

Income under the Trust Fund for core funds, 1996-1997

20. As shown in Statement I (column 1), total income received for the core budget as at 31 December 1997 amounted to **US\$106,338,203**. Schedule 1 presents a breakdown of the total income from governments, Cosponsoring Organizations and other income. Details on how these funds and expenditures are tracked are set out below:

- (i.) 1995 income received in 1996: funds received totalled **US\$9,307,165**;
- (ii.) 1996-1997 income: total funds received for core budget activities in 1996-1997 amounted to **US\$97,031,038** (see also next paragraph).

21. Note: The contribution from France, shown in Schedule 1 as a 1995 contribution received in 1996, includes funds in the amount of **US\$3,005,524** designated for follow-up activities stemming from the 1994 Paris Summit Initiatives, which were included in the 1996-1997 approved budget. This amount together with the interest of **US\$248,980** received on it, and the **US\$97,031,038** shown in Schedule 1 (column 2) give a total income of **US\$100,285,542** for funding the 1996-1997 approved budget of US\$120 million. This represents **83.6 %** of the total income required to fund the 1996-1997 core budget.

Income under the Trust Fund outside core funds, 1996-1997

22. Statement I (column 3) shows total funds in the amount of **US\$19,751,388** as income made available as at 31 December 1997 for activities outside the core budget. Details on these funds, which are shown in Schedule 2, fall into three categories:

- (a) **designated activities**: outside core funds which can be either for expanded core budget activities, or for new activities; further details of these funds, including those transferred from WHO/GPA and 1995 fund balances are provided in Schedules 6 and 9;
- (b) support for activities in specified countries (**multi-bilateral funds**, or "multi-bi"): these are bilateral contributions for specified countries channelled through the Trust Fund outside core funds; and
- (c) the **Coordinated Appeal for Supplemental Funded Activities**: these are outside core funds for HIV/AIDS related priority activities of the six Cosponsoring Organizations requiring external funding.

Schedule 2 : Outside Core funds – Details of total income
as at 31 December 1997
(expressed in US dollars)

Source of income	Income under the UNAIDS Trust Fund (outside core funds)				
	For designated activities		For support to activities in specified countries (multi-bilateral)	For the Coordinated Appeal for Supplemental Funded Activities	Total funds 1996-1997
	1995 funds received in 1996	1996/1997 funds	1996/1997 funds		
<u>Governments</u>					
Australia		541,173			541,173
France	55,700	520,874	670,000		1,246,574
Germany		216,904			216,904
Ireland			197,255		197,255
Italy			66,007		66,007
Japan		1,260,000	840,000	900,000	3,000,000
Netherlands				540,541	540,541
Norway		4,158,929	2,503,133		6,662,062
Spain			100,000		100,000
United Kingdom			1,471,325		1,471,325
United States of America	750,000	1,000,000			1,750,000
	805,700	7,697,880	5,847,720	1,440,541	15,791,841
<u>Cosponsoring Organizations</u>					
World Bank		2,932,000			2,932,000
	-	2,932,000	-	-	2,932,000
<u>Other income</u>					
Other contributors		279,247			279,247
		279,247	-	-	279,247
	805,700	10,909,127	5,847,720	1,440,541	19,003,088
<u>Interest received</u>					
Interest		439,500	308,800		748,300
		439,500	308,800		748,300
Total (see para. 22)	805,700	11,348,627	6,156,520	1,440,541	19,751,388

Income under the Fund for Junior Professional Officers

23. Statement I (column 4) shows income in the amount of **US\$518,580** for support to Junior Professional Officers (JPOs) in 1996-1997, for which details are given in Schedule 3.

Schedule 3 : Junior Professional Officers - Details of total income
as at 31 December 1997
 (expressed in US dollars)

Source of income	Total funds 1996-1997
Governments	
Germany	88,680
Italy	119,100
Norway	310,800
Total (see para. 43)	518,580

Contributions-in-kind

24. Some countries, cosponsors and other contributors have, when possible, offered assistance to UNAIDS in the form of free office accommodation, human resources and/or supplies of office equipment. Where possible, the costs of such items have been estimated by the party concerned or by UNAIDS, and are presented in Addendum I for information purposes only.

EXPENDITURE

25. The 1996-1997 biennium is the first financial period that WHO has recorded expenditures on an accrual basis for UNAIDS funds. In 1995, expenditures against UNAIDS funds were reported on a cash basis.

26. As a consequence of the change in accounting policy from a cash basis to an accrual basis in recording expenditures in 1996-1997, expenditures reported for this financial period include disbursements and unliquidated obligations at the end of the financial period. These expenditures amount to **US\$118,645,179**.

Expenditure under the core funds, 1996-1997

27. Statement I (column 1) shows that the expenditure in the 1996-1997 biennium for programme activities under the core budget totaled **US\$104,723,000** as at 31 December 1997. These expenditures were made as follows:

- (a) **US\$101,706,874** against the US\$120 million biennial budget, representing an obligation rate of **85%** (see Schedule 4);
- (b) **US\$2,726,073** against US\$2.8 million approved by the PCB from the 1995 unspent balance, representing an obligation rate of **97 %** (see Schedule 5);
- (c) **US\$290,053** consisting of the liquidation of the 1995 unliquidated obligations brought forward as cash into the 1996-1997 biennium and against which 1996 allotments were issued under the core funds.

Schedule 4 : 1996-1997 reprogrammed core budget and obligations
as at 31 December 1997
(expressed in US dollars)

Programme Areas/Elements	(a)	(b)**		(c)	(d)***	(e)	(f)	(g)
	Programme Disbursement for activities (flow thr. funds) US\$	Posts P G		Cost of posts US\$	Other activities costs US\$	Total budget (a + c + d) US\$	Total obligations US\$	Oblig (f / e) %
A. SUBSTANTIVE PROGRAMME EXPENDITURE								
I. COUNTRY SUPPORT								
◊ Country-based operations								
Programme development and coordination								
Country programme advisers (country/intercountry)		45.00		9,400,000		9,400,000	7,888,481	84
Operational costs, including local support staff				790,000	2,000,000	2,790,000	1,865,848	67
Funds for programme development activities	7,000,000					7,000,000	6,524,454	93
Funds for core support for national AIDS programmes	13,000,000					13,000,000	12,798,267	98
	20,000,000	45.00	0.00	10,190,000	2,000,000	32,190,000	29,077,050	90
Technical support networks								
Technical experts (country/intercountry)		28.00	6.00	4,120,000		4,120,000	2,613,736	63
Operational costs, including local support staff				225,000	777,000	1,002,000	379,016	38
Funds for technical support activities	8,661,600					8,661,600	5,703,769	66
	8,661,600	28.00	6.00	4,345,000	777,000	13,783,600	8,696,521	63
◊ Global country-support operations								
Director, Office of Country Support		1.00	2.00	933,400	130,000	1,063,400	923,434	87
Programme development and coordination (global)	2,100,000	12.25	5.00	5,436,600		7,536,600	6,383,047	85
Networking with NGOs and people living with HIV/AIDS	1,690,100	1.00	0.30	429,400		2,119,500	1,766,917	83
Global HIV/AIDS and STD surveillance	1,723,300	2.00	0.70	858,800		2,582,100	2,312,438	90
	5,513,400	16.25	8.00	7,658,200	130,000	13,301,600	11,385,836	86
Total I. Country Support	34,175,000	89.25	14.00	22,193,200	2,907,000	59,275,200	49,159,407	83
II. INTERNATIONAL BEST PRACTICE (Policy, strategy and research)								
◊ Director, Office of Policy, Strategy and Research		3.00	4.00	1,581,319	728,400	2,309,719	2,295,669	99
	115,806					115,806	115,760	100
◊ Cross-cutting themes	1,698,353	1.00	0.50	310,160		2,008,513	1,998,530	100
◊ Determinants and dynamics of the epidemic								
Governmental, human rights, legal & ethical systems								
Development and HIV/AIDS	764,600			211,024		975,624	955,925	98
Human rights, ethics and law	1,241,900			375,160		1,617,060	1,584,513	98
	2,006,500	2.00	0.75	586,184		2,592,684	2,540,438	98
◊ Communication systems								
Communication	2,188,175			360,724		2,548,899	2,235,654	88
Condoms	1,199,803			225,461		1,425,264	1,341,476	94
	3,387,978	3.00	0.75	586,185		3,974,163	3,577,130	90
◊ Institutional systems and settings	1,657,512	2.00	0.75	760,206		2,417,718	2,337,332	97
◊ Community action and social support systems								
Community mobilization	1,164,300			259,446		1,423,746	1,341,688	94
Social and economic support	470,000			144,384		614,384	612,215	100
Vulnerable populations	2,149,800			272,979		2,422,779	2,399,938	99
	3,784,100	2.40	0.75	676,809		4,460,909	4,353,841	98
◊ Health systems								
Care and support	2,972,125			455,437		3,427,562	3,036,219	89
Sexually transmitted diseases	1,483,300			227,718		1,711,018	1,648,919	96
HIV testing and counselling	965,300			144,919		1,110,219	1,048,432	94
	5,420,725	3.00	0.75	828,074		6,248,799	5,733,570	92

Substantive programme support : (programme delivery and associated costs) Organizational units whose primary function is to develop, formulate, deliver and evaluate a programme. This will typically include units that provide backstopping of programmes either on a technical, thematic, geographical, logistical or administrative basis. (Terminology defined in the draft document "harmonization" of budget presentation, UNDP/UNFPA, UNICEF, September 1996).

** Posts are shown in terms of the UN categories of: Professional Staff (P), and General Service Staff (G).

*** Other costs under category A relate to operating expenses to enable staff to function which, while they belong to substantive programme expenditures, cannot be included under funds disbursed directly in support of programme activities. Under category B, "other costs" represent the activity costs related to management and administration.

Programme Areas/Elements	(a)	(b)**		(c)	(d)***	(e)	(f)	(g)
	Programme Disbursement for activities (flow thr. funds) US\$	P	G	Cost of posts US\$	Other activities costs US\$	Total budget (a + c + d) US\$	Total obligations US\$	Oblig. (f / e) %
◊ Technology: research and development								
Vaccine development	2,234,017			315,714		2,549,731	2,547,432	100
Clinical therapy	1,197,873			263,115		1,460,988	1,283,260	88
Female controlled methods	3,273,739			368,347		3,642,086	3,639,300	100
Diagnostics	530,800			122,788		653,588	619,294	95
	7,236,429	4.00	0.75	1,069,964		8,306,393	8,089,286	97
◊ Information Management	1,133,297	1.00	3.00	716,099		1,849,396	1,846,435	100
Total II. International Best Practice	26,440,700	21.40	12.00	7,115,000	728,400	34,284,100	32,887,991	96
Total A. Substantive Programme expenditure	60,615,700	110.65	26.00	29,308,200	3,635,400	93,559,300	82,047,398	88
B. PROGRAMME MANAGEMENT AND ADMINISTRATION ****								
III. PROGRAMME DIRECTION AND SUPPORT, INCLUDING EXTERNAL RELATIONS & ADVOCACY								
Programme direction								
Office of the Executive Director		2.60	3.00	1,924,100	570,000	2,494,100	1,776,357	71
Evaluation					632,240	632,240	78,453	12
Human resources development		0.75		271,800	980,000	1,251,800	629,719	50
The Initiative Fund					500,000	500,000	225,783	45
Total Programme Direction		3.35	3.00	2,195,900	2,682,240	4,878,140	2,710,312	56
External relations and advocacy								
Office of Director, External Relations		1.00	1.00	681,000	200,000	881,000	658,022	75
Relations with UN system organizations/key partners			1.00	113,900	85,560	199,460	136,240	68
Resource mobilization		1.00	1.00	565,400	700,000	1,265,400	1,058,939	84
Communications, public relations and advocacy		3.00	1.00	1,213,800	1,130,000	2,343,800	2,083,742	89
Secretariat support to the governing body/related bodies		1.00	1.00	536,300	640,000	1,176,300	1,011,672	86
Support to international events					300,000	300,000	289,506	97
Total External Relations		6.00	5.00	3,110,400	3,055,560	6,165,960	5,238,121	85
Programme administration								
Department of Programme Administration		6.00	7.00	3,950,000		3,950,000	2,688,021	68
Facility charges					2,100,000	2,100,000	1,272,981	61
Informatics development and support		1.00	2.00	876,400	1,000,000	1,876,400	910,017	48
Administrative arrangements in support of UNAIDS					7,470,200	7,470,200	6,840,024	92
Total Programme Administration		7.00	9.00	4,826,400	10,570,200	15,396,600	11,711,043	76
Total B. Management and Administration of the Programme (Total III)		16.35	17.00	10,132,700	16,308,000	26,440,700	19,659,476	74
GRAND TOTAL	60,615,700	127	43	39,440,900	19,943,400	128,000,000	101,706,874	85

Total A as a percentage of total budget	50.51%			24.42%	3.03%	77.96%
Total B as a percentage of total budget	0.00%			8.45%	13.59%	22.04%
Total A + B as percentages of total budget	50.51%			32.87%	16.62%	100.00%

**** Programme management and administration: Organizational units whose primary function is to maintain the identity, direction and well-being of a programme. This will typically include units that carry out the functions of executive direction, organizational policy and evaluation, external relations, information and administration.

28. An overview of the financial situation with respect to the 1996-1997 budget and income received specifically to fund the approved budget, is given in Part I (para. 10).

29. An element which transpired early in the biennium, with respect to the 1996-1997 reprogrammed budget, was the possible savings the Programme was likely to make from expenditures as compared with the 1996-1997 budgeted provision for the cost of approved posts. Altogether, it was anticipated that up to an amount of US\$11 million was likely to be generated as savings as a result of the following factors³:

- (a) vacancies⁴,
- (b) fluctuations in the exchange rates of the Swiss franc to the US\$ during the 1996-1997 biennium⁵; and
- (c) that the standard cost of posts used in the 1996-1997 approved budget turned out to be higher than the actual cost, as many UNAIDS staff were new to the UN system, and thus recruited at the beginning of the appropriate salary scale.

30. Thus, in the third quarter of 1997, following a further analysis and confirmation of the potential savings in the approved budget from the above, and expected income for 1996-1997, an amount of **US\$4.1 million** was made available from the budget lines for posts and activities within Programme Area II. International Best Practice for related activities included in the next Coordinated Appeal. This would enable the Cosponsors to start the next biennium with some advanced funding, avoiding a repeat of the 1996 situation of a late receipt of contributions. This amount, together with US\$3 million which had already been made available in 1996 for the Coordinated Appeal⁶, has been obligated against the appropriate reprogrammed activity budget lines within Programme Area II. International Best Practice in Schedule 4 (see also para. 42).

31. Programme activities make up the largest part of the afore-mentioned obligations, at **69%**. This includes substantive programme expenditure for **US\$54,785,536** or **54%** of the funds obligated, and expenditure falling under "other activity costs" for **US\$14,946,900**, or **15%** of the total obligations. With a total expenditure of **US\$31,204,138**, the cost of posts in the professional and general service categories amounted to **30%** of the obligations, with the cost of local support staff (**US\$770,300**) representing **1%**.

³ In anticipation of this, the PCB was advised at its meeting in April 1997 that US\$3 million had been reallocated from the budgeted cost of field posts within Programme Area I. Country Support (COS), to increase the budgetary allocations for COS activities relating to the programme development funds and technical cooperation (document UNAIDS/PCB(4)97.6.).

⁴ On 1 January 1996, 31 staff in the professional category, had been recruited. On 31 December 1997, UNAIDS had 99 posts filled in the professional category. Thus, although posts were often filled on a temporary basis with short-term appointments, considerable savings on vacancies were generated.

⁵ The 1996-1997 budget was calculated on an exchange rate of SFr 1.14 to the US\$ for Geneva-based posts, the exchange rate in force when the 1996-1997 budget was finalized. However, as a result of fluctuations in the exchange rates during the 1996-1997 biennium, the average rate of exchange of the Swiss Franc to the US\$ for 1996 and 1997 turned out to be SFr 1.33 to the US\$.

⁶ The PCB was advised at its meeting in April 1997 that US\$3 million had also been made available from the activity budget for Programme Area II. International Best Practice at the end of 1996, to help fund Cosponsors' activities included in the 1996-1997 Coordinated Appeal (document UNAIDS/PCB(4)97.6 Addendum).

32. A provision of US\$1 million was allocated for *The Initiative Fund* in the 1996-1997 approved budget. As the PCB was informed at its June 1996 meeting, half of the amount was reprogrammed to help fund evaluation activities in the 1996-1997 core budget, now shown as a separate budget line in Schedule 4. As at 31 December 1997, The Initiative Fund carried a balance of US\$225,783 (representing a 45% obligation rate). Funds were used mainly for the following:

	US \$
• Missions to the Côte d'Ivoire in connection with preparing for the X International Conference on STD/AIDS in Africa; December 1997 _____	24,338
• Support to the Society on AIDS in Africa _____	15,000
• Support to the European Public Health Foundation _____	15,000
• Support to the HIV/AIDS control meeting, Dakar, 11-26 October 1996 _____	20,000
• Support to a meeting on religion and AIDS, Dakar, 7-9 November 1997 _____	20,000
• Support to the Executive Committee on African Union on STDs _____	15,000
• Contribution towards the first UNAIDS biennial publication _____ (scheduled for publication in 1998-1999)	116,445

TOTAL: 225,783

33. As shown in Schedule 5, an amount of **US\$2.8 million** of the 1995 unspent balance was approved by the PCB for the following activities, to be carried out in 1996-1997, over and above the approved budget:

- for start-up costs relating to informatics hardware and software needs (**US\$1,000,000**);
- for the development of a strategy for the public positioning of UNAIDS, including the development of UNAIDS messages, analysis of public opinion on HIV/AIDS, the production of general UNAIDS materials, and the development and obligations of an outreach strategy for the Programme (within the Department of External Relations) (**US\$300,000**); and,
- for the funding of joint activities of the Cosponsoring Organizations in five areas (**US\$1,500,000**).

As at 31 December 1997, obligations in the amount of **US\$2,726,073** were incurred, representing a **97%** obligation rate.

**Schedule 5 : Earmarked funds for approved activities
against 1995 contributions and obligations
as at 31 December 1997
(expressed in US dollars)**

Area	Earmarked funds	Obligations	
	US\$ (a)	US\$ (b)	% (c) = (b/a)
<u>UNAIDS start-up operations</u>			
• Informatics hardware and software needs	1,000,000	954,096	95
• Development of UNAIDS strategy for public positioning	300,000	284,382	95
	1,300,000	1,238,478	95
<u>Stimulation of interagency collaboration</u>			
• Joint activities of the Cosponsoring Organizations in five areas	1,500,000	1,487,595	99
	1,500,000	1,487,595	99
TOTAL	2,800,000	2,726,073	97

Expenditure for activities outside core funds, 1996-1997

34. As shown in Statement I (column 3), as at 31 December 1997, expenditure in the 1996-1997 biennium for designated activities, outside core funds, totalled **US\$13,922,179**. This includes:

- (a) US\$6,404,868 for designated activities (see Schedule 6);
- (b) US\$6,127,742 for support to activities in specified countries (multi-bi) (see Schedule 7);
- (c) US\$1,389,569 for the Coordinated Appeal (see Schedule 8).

(a) Designated activities

35. Schedule 6 presents, under the relevant activity areas and by source of funds, the monies made available for designated activities according to the 1996-1997 budget structure, and the status of the obligations incurred as at 31 December 1997. Funds for designated activities in the amount of **US\$15,055,337** are broken down as follows:

- Transfer from WHO/GPA for designated activities (US\$2,488,564);
- 1995 fund balances brought forward for disbursement in 1996-1997 (US\$412,446);
- 1995 funds received in early 1996 (US\$805,700);
- 1996-1997 funds (US\$10,909,127), including miscellaneous donations and interest (US\$439,500).

36. Total obligations in the amount of **US\$6,404,868** were incurred against the **US\$15,055,337** available for designated activities, representing a **43%** obligation rate. In general, the balances of 1995 funds were fully used during the 1996-1997 biennium. However, with respect to obligations for the WHO/GPA designated carried-over funds, and some of the income received in 1996-1997, it is worth noting that the somewhat low obligation rates shown under a number of lines is often explained by the late transfer, or receipt, of funding, (many in

December 1997) which has delayed the commencement of related activities. Details on these activities are set out in Annex III.

**Schedule 6 : Breakdown of outside core funds -
designated activities and obligations
as at 31 December 1997**
(expressed in US dollars)

Programme budget structure/area and source of funds	Type of funds					Total funds (f) = (a+b+c+d+e)	Obligations (inc. PSC) (g)	%
	WHO/GPA carry-over (a)	1995 balances (b)	1995 funds rec. in 1996 (c)	1996-1997 funds (d)	Interest received (e)			
COUNTRY SUPPORT								
▷ <u>Technical support networks</u>								
Australia		152,001		236,490		388,491	237,091	61
France	105,924					105,924	-	0
Germany				170,455		170,455	-	0
Japan				400,000		400,000	63,254	16
Norway				3,838,929		3,838,929	-	0
United Kingdom	982					982	-	0
World Bank	1,185,978			2,932,000	149,540	4,267,518	2,829,513	66
▷ <u>Networking with NGOs and people living with HIV/AIDS</u>								
Norway				320,000		320,000	22,702	7
United States of America		326,953				326,953	326,953	100
▷ <u>Global HIV/AIDS and STD surveillance</u>								
France			55,700	300,874		356,574	356,574	100
Japan				160,000		160,000	160,000	100
Total Country Support	1,292,884	478,954	55,700	8,358,748	149,540	10,335,826	3,996,087	39
INTERNATIONAL BEST PRACTICE (Policy, strategy and research)								
▷ <u>Determinants and dynamics of the epidemic</u>								
Norway	11,327					11,327	-	0
World Bank	102,826					102,826	71,762	70
▷ <u>Communication systems</u>								
United States of America		(500,000)	750,000			250,000	250,000	100
▷ <u>Community action and social support systems</u>								
Sasakawa MHF	75,043					75,043	75,043	100
▷ <u>Health systems</u>								
Sweden	711,238					711,238	-	0
United States of America				1,000,000		1,000,000	999,955	100
Rockefeller Foundation				197,269		197,269	197,269	100
▷ <u>Technology: research & development</u>								
Australia				304,683		304,683	185,000	61
France				220,000		220,000	54,819	25
Germany	4,194			46,449		50,643	48,363	95
Total PSR	904,628	(500,000)	750,000	1,768,401	-	2,923,029	1,882,211	64
PROGRAMME DIRECTION AND SUPPORT, INCLUDING EXTERNAL RELATIONS								
▷ <u>Office of Director, External Relations</u>								
Japan	291,052	433,492		700,000		1,424,544	462,802	32
▷ <u>Resource mobilization</u>								
Swiss Bank Corporation				69,930		69,930	63,768	91
Miscellaneous				12,048	289,960	302,008	-	0
Total Programme direction and support	291,052	433,492	-	781,978	289,960	1,796,482	526,570	29
TOTAL	2,488,564	412,446	805,700	10,909,127	439,500	15,055,337	6,404,868	43

(b) Activities in specified countries (multi-bi)

37. Support to outside core activities in specified countries in the amount of **US\$7,960,804** is broken down in Schedule 7 as follows:

- 1996-1997 funds, including interest (US\$6,156,520);
- transfers from WHO/GPA for multi-bi activities (US\$1,804,284).

38. Total funds obligated for multi-bilateral activities amounted to **US\$6,127,742** on 31 December 1997. This represents an obligation rate of **77%**.

39. The zero obligation rate shown for Italy and the relatively low rate shown for the Japanese funds is due to delays encountered in the formulation of project documents in beneficiary countries. The Swedish funds, only transferred from WHO/GPA on 31 December 1997, will be implemented in 1998.

**Schedule 7 : Breakdown of outside core funds-
support to specified country activities (multi-bi) and obligations
as at 31 December 1997
(expressed in US dollars)**

Source of funds	Type of funds				Obligations (incl. PSC) (e)	%
	WHO/GPA carry-over (a)	1996-1997 income (b)	Interest earned (c)	Total funds (d) = (a+b+c)		
Australia	7,979			7,979	-	
Canada	3,269			3,269	3,269	100
France		670,000	12,480	682,480	647,399	95
Ireland		197,255		197,255	191,226	97
Italy		66,007		66,007	-	0
Japan		840,000	6,400	846,400	389,625	46
Norway	1,781,520	2,503,133	237,360	4,522,013	3,342,164	74
Spain		100,000		100,000	100,000	100
Sweden	11,516			11,516	-	0
United Kingdom		1,471,325	52,560	1,523,885	1,454,059	95
TOTAL	1,804,284	5,847,720	308,800	7,960,804	6,127,742	77

40. A matrix listing the donor countries, and countries which have received multi-bilateral funds, as at 31 December 1997, is set out in Annex IV.

(c) Coordinated Appeal for Supplemental Funded Activities

41. Schedule 8 shows the breakdown of outside core funds received for the Coordinated Appeal for Supplemental Funded Activities, together with obligations, as at 31 December 1997. Of the total amount of US\$1,440,541, funds obligated amounted to US\$1,389,569 representing a 96% obligation rate.

**Schedule 8 : Breakdown of outside core funds-
Coordinated Appeal for Supplemental Funded Activities and obligations⁷
as at 31 December 1997
(expressed in US dollars)**

Source of funds	Co-sponsor receiving funds	Funds available (a)	Obligations (incl. PSC) (b)	% (c) = (b/a)
Japan	WHO	900,000	869,025	97
		900,000	869,025	97
Netherlands	WHO	130,541	130,541	100
		130,000	130,001	100
		130,000	130,001	100
		130,000	130,001	100
		20,000	-	
	Balance pending	540,541	520,544	96
TOTAL		1,440,541	1,389,569	96

42. The Coordinated Appeal for 1996-1997, in the amount of approximately US\$18 million, was launched in June 1996. As this was relatively late in terms of fund-raising, in order to help the Cosponsoring Organizations proceed with priority activities, UNAIDS allocated **US\$3 million** (of which **US\$2.7 million** was obligated) from the 1996-1997 UNAIDS core budget to finance Cosponsors' activities included in the Coordinated Appeal (see footnote 6 on page 22). Subsequently, in November 1997, UNAIDS was also able to allocate a further **US\$4.1 million** (fully obligated at the closure) as explained in paragraph 30, to help start up activities in anticipation of the next Coordinated Appeal. Further information is provided in Addendum II to this report.

⁷ This Schedule excludes the funds transferred to the Cosponsors for the Coordinated Appeal from UNAIDS core funds, as described in para. 42 above.

Expenditure relating to Junior Professional Officers

43. Contributions were received only in November/December 1997 (see Schedule 3), and related expenditures were planned for the next financial period.

TRANSFERS TO/FROM OTHER FUNDS, OTHER ADJUSTMENTS AND PRIOR YEAR FUNDS BALANCES

Transfer from WHO Global Programme on AIDS (WHO/GPA)

44. These were fund balances under the WHO/GPA Trust Fund at the close down of WHO/GPA activities on 31 December 1995. During the 1996-1997 biennium, total transfers amounting to **US\$36,970,199** have been gradually made to the UNAIDS Trust Fund with, where required, the concurrence of the donors concerned.

45. As shown in Schedule 9, the WHO/GPA carry-over funds transferred to UNAIDS are of two types:

- Undesignated funds toward UNAIDS' "core funds" (US\$32,677,351);
- Funds for designated activities or specified country activities ("outside core funds"). As at 31 December 1997, US\$2,488,564 and US\$1,804,284 were transferred to UNAIDS for the continuation of certain designated activities and for support to specified country activities respectively. The afore-mentioned funds are also reported as WHO/GPA carry-over under Schedules 6 and 7.

Transfer to the UNAIDS Operating Reserve Fund

46. An Operating Reserve Fund (see Part I, paragraph 8 and footnote 2) was established in December 1996, with an initial amount of **US\$20 million** from a potential carry-over of funds amounting to US\$38 million received from WHO/GPA transfers and the 1995 balance forward. The remaining carry-over of funds, approximately US\$18 million, was retained in the Trust Fund.

47. Due to the substantial remaining carry-over of funds (i.e. the US\$18 million mentioned above), kept provisionally in the UNAIDS Trust Fund to meet cash-flow needs, and pending the final recommendation of the PCB on the level of the Reserve Fund, the Programme did not need to have recourse to the Operating Reserve Fund, as at 31 December 1997.

Other adjustments

48. These adjustments (**US\$3,124**) relate to exchange difference on salaries (US\$1,857) and refunds and rebates (US\$1,267) recorded under a separate subsidiary ledger account in the accounts.

Fund balances on 1 January 1996

49. In accordance with WHO accounting practices, UNAIDS expenditures were maintained on a cash basis in WHO's books. The total fund balances of **US\$3,439,016** reported on 1 January 1996 included unliquidated obligations as at 31 December 1995 in the amount of US\$438,543. These unliquidated obligations were treated as cash in hand, and brought forward into the financial period 1996-1997.

FUND BALANCES AS AT 31 DECEMBER 1997

50. As presented in Statement I, as at 31 December 1997, the following fund balances totalling **US\$48,375,331** have resulted from UNAIDS 1996-1997 financial operations:

- Core funds: US\$17,322,248*
- Operating Reserve Fund: US\$20,000,000
- Outside core funds: US\$10,534,503
- Funds for Junior Professional Officers: US\$518,580.

* Note: see also Part I, para.11 explaining that this is part of the WHO/GPA and other carry-over balances.

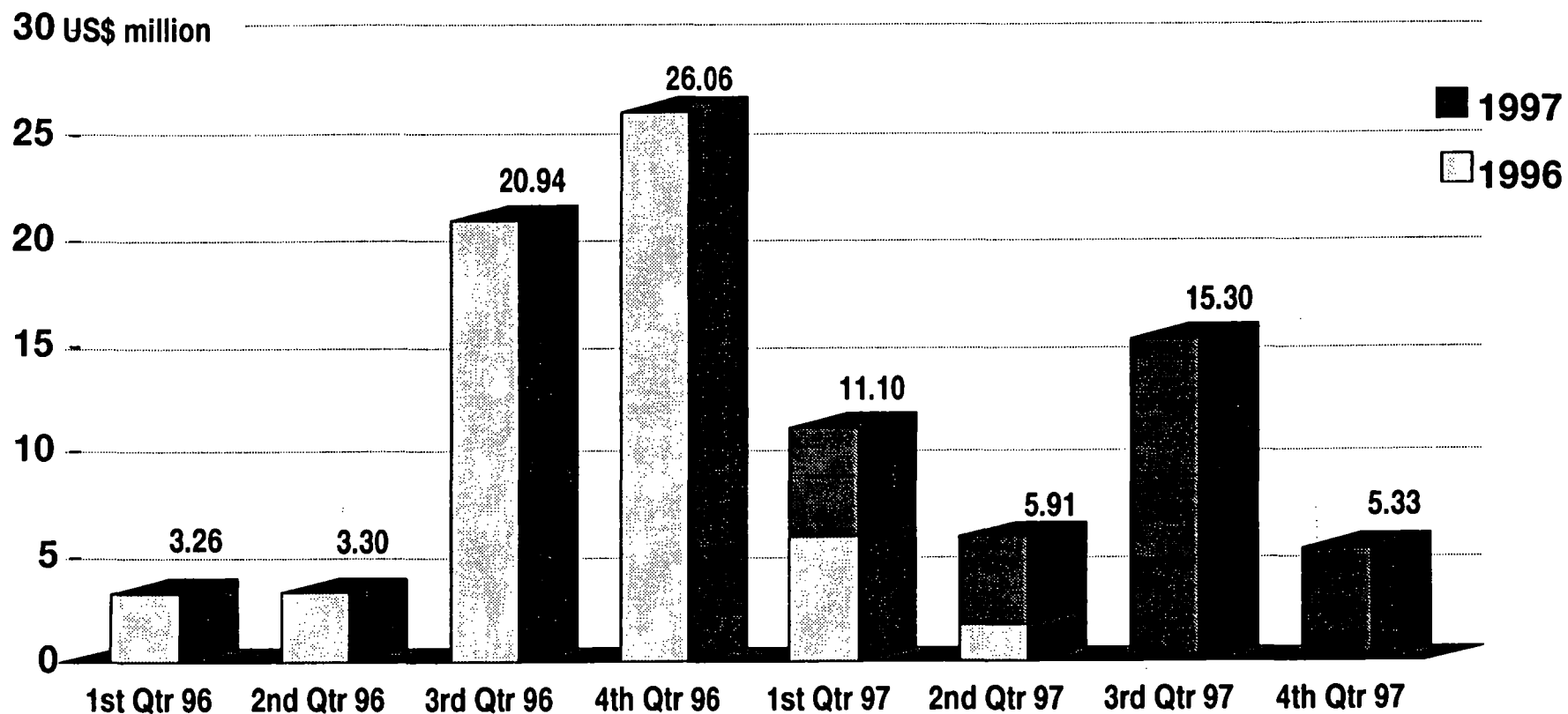
Schedule 9 : Funds transferred from the WHO Global Programme on AIDS (WHO/GPA)
as at 31 December 1997
 (expressed in US dollars)

Source of funds	UNAIDS Trust Fund			
	Core funds	Outside core funds		Total funds 1996-1997
		For designated activities	For support to activities in specified countries(multi-bi)	
<u>Governments</u>				
Australia			7,979	7,979
Austria	20,875			20,875
Belgium	14,461			14,461
Canada			3,269	3,269
Finland		105,924		105,924
France	27,023			27,023
Germany		4,194		4,194
Japan		291,052		291,052
Norway		11,327	1,781,520	1,792,847
Sweden	120,576	711,238	11,516	843,330
United Kingdom	3,174	982		4,156
	186,109	1,124,717	1,804,284	3,115,110
<u>Cosponsoring Organizations</u>				
World Bank	2,191,242	1,288,804		3,480,046
	2,191,242	1,288,804		3,480,046
<u>Other income</u>				
Other contributors		75,043		75,043
	-	75,043		75,043
Transfer from WHO/GPA undesignated global funds	30,300,000			30,300,000
	30,300,000			30,300,000
Total	32,677,351	2,488,564	1,804,284	36,970,199

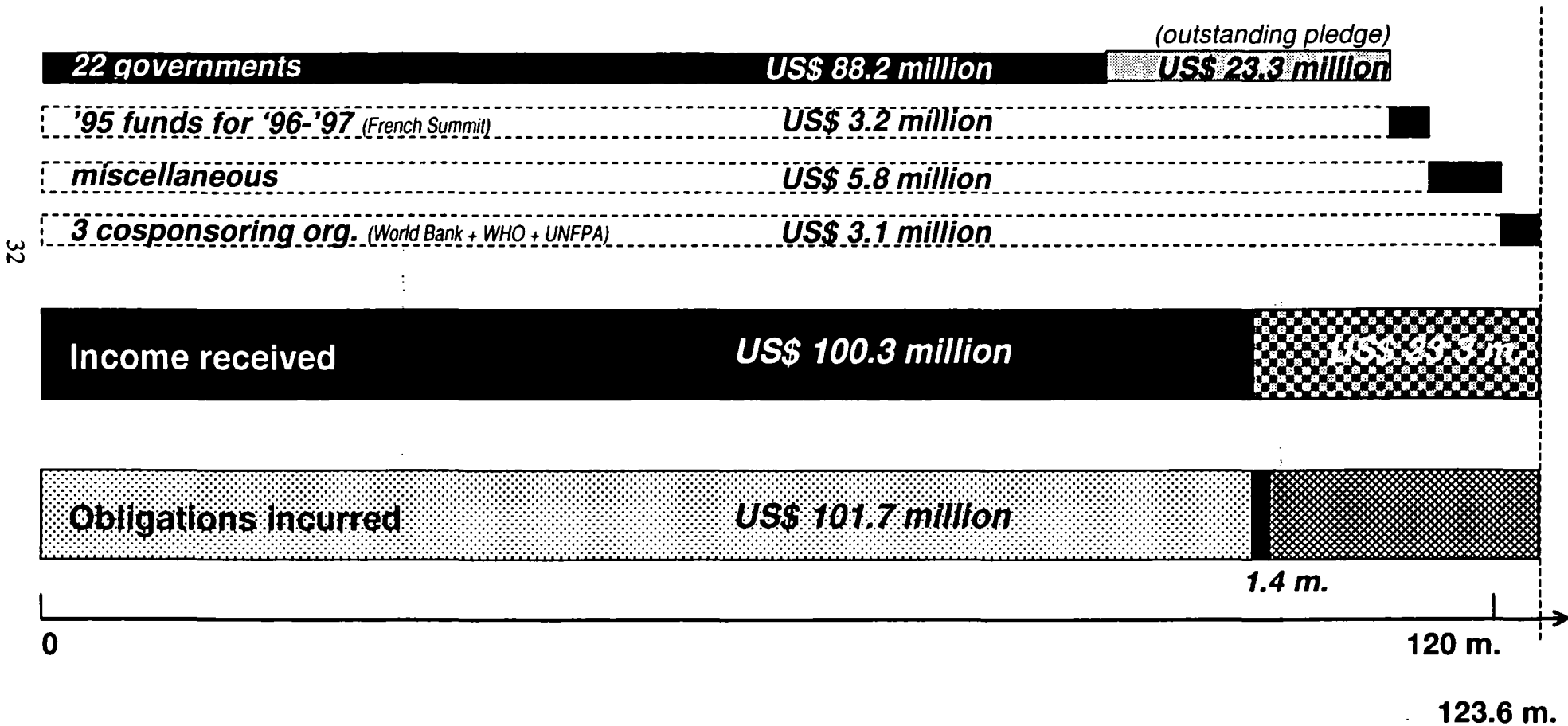
NOTE ON INVENTORY

51. In accordance with established accounting policy, non-expendable equipment, including furniture, computer and other office equipment and motor vehicles, are charged as expenditure on purchase. However, the costs of such capital assets are recorded at cost in the inventory, and the total estimated value at cost on 31 December 1997 was **US\$2,500,000**.

**Contributions from Governments and Cosponsoring Organizations towards the Core Budget
by quarter, 1996, 1997**



1996-97 Core Budget: income and obligations (in US\$ million)
as at 31 December 1997 (excluding carry-over: US\$ 38.6 million)



Annex III

DETAILS OF DESIGNATED ACTIVITIES (SHOWN IN SCHEDULE 6), 1996-1997

Information relating to activities, amounts for which are shown in Schedule 6, are provided below for the information of the PCB and other donors.

Country Support: Technical support networks

Australia: In addition to the balance of the 1995 funding (US\$152,001), US\$236,490 was received in August 1996 to support a post within the framework of the UNAIDS/World Bank South-East Asia HIV/AIDS Project.

France: Funds amounting to US\$105,924 were transferred from WHO to UNAIDS on 30 December 1997, to continue country-level condom programming activities initially conducted by WHO/GPA.

Germany: US\$170,455 was granted at the end of December 1997 for an operational research project on HIV/AIDS and STDs in Eastern Europe, conducted in collaboration with the Institute of Public Health and Tropical Hygiene in Heidelberg, Germany.

Japan: US\$400,000 was provided to strengthen HIV/AIDS and STD-related activities in the Pacific Islands (US\$250,000), and to fund a post in the South-East Asia HIV/AIDS Project based in Bangkok, Thailand (US\$150,000). These funds were received by UNAIDS in February and April 1997 respectively.

Norway: US\$3,838,929 was received in December 1997 to provide support to HIV/AIDS activities at country level.

United Kingdom: The amount of US\$982 was transferred on December 1997 from WHO/GPA to UNAIDS for the completion of an AIDS information and awareness campaign in Bangladesh.

World Bank: US\$2,932,000 from the World Bank was received in June 1996 (US\$1,022,000) and in March 1997 (US\$1,910,000). These grants were allocated towards the UNAIDS/World Bank regional projects in South-East Asia (US\$1,702,000), West Africa (US\$800,000) and in the Latin American and the Caribbean region (US\$430,000). Funds amounting to US\$1,335,518 (including accrued interest) were also transferred from WHO/GPA to UNAIDS in January 1996 and December 1997 to support the South-East Asia HIV/AIDS project.

Country Support: Networking with NGOs and people living with HIV/AIDS

Norway: US\$320,000 was received in August 1997 to support a Norwegian expert in the Programme (NGO Liaison Officer).

United States of America: US\$326,953 represents the left-over funds on a contribution made in 1995 to support follow-up activities related to the 1994 Paris AIDS Summit Initiatives.

Country Support: Global HIV/AIDS and STD surveillance

France: US\$55,700 represents the 1995 funds received in January 1996 to support blood safety activities stemming from the 1994 Paris Summit Initiatives. US\$300,874 was also received in December 1996 to cover a blood safety specialist position based in the WHO Regional Office for the Western Pacific.

Japan: US\$160,000 was received in March 1997 in connection with Japan's support to the Global Issues Initiative. These funds were utilized to support a Public Health Specialist/Epidemiologist position based in the Who Regional Office for the Western Pacific.

International Best Practice: Determinants and dynamics of the epidemic

Norway: US\$11,327 was transferred from WHO/GPA in December 1997 to be used in support of interventions related to drug-use and HIV/AIDS activities.

World Bank: US\$102,826 was transferred from WHO/GPA in December 1997 for research and related activities on operational aspects of AIDS prevention and control.

International Best Practice: Communication systems

United States of America: US\$250,000 was committed against 1995 designated contributions to cover UNICEF's cost-share for two positions, funded jointly by UNICEF and UNAIDS.

International Best Practice: Communication action and social support systems

Sasakawa MHF: US\$75,043 transferred from WHO/GPA in July 1997, was used to support a project entitled "Positive Women's Voices and Choices". This project was implemented by the International Community of Women Living with HIV/AIDS.

International Best Practice: Health systems

Sweden: US\$711,238 represents a 1995 pledge toward WHO/GPA STD-related activities. These funds, initially received in the GPA Trust Fund, were transferred to UNAIDS on 30 December 1997, further to the agreement of the Swedish International Agency with WHO. These funds will be used in support of STD activities to be implemented in 1998.

United States of America: US\$1,000,000 received in September 1996 was to cover activities in the areas of tuberculosis and AIDS, and to support the Diagnostic Initiative on Sexually Transmitted Diseases (SDI) for US\$750,000 and US\$250,000 respectively.

Rockefeller Foundation: US\$197,269 (US\$200,000 less US\$2,731 refunded to the donor) was received in two installments between June and September 1996 to fund a specialist post within the STD Diagnostic Initiative.

International Best Practice: Research and development

Australia: US\$304,683 was received in installments of US\$185,000 and US\$119,683 in August 1996 and April 1997. This contribution was to fund a multi-center perinatal prevention transmission study with trial sites in South Africa.

France: US\$220,000 was received in December 1996 to fund a position occupied by a national of France in the area of HIV/AIDS/STD prevention technology.

Germany: US\$46,449 (US\$47,297 less US\$848 refunded to the donor) was from the Robert Koch Institute, Federal Ministry of Health, Germany, for the organization of a meeting on the implications of HIV variability prevention programme, held from 27 to 29 March 1996. There was also US\$4,194 transferred from WHO/GPA to UNAIDS in August 1996 for follow-up on the research study initiated by WHO/GPA on HIV-2 in five African countries.

Programme Direction and Support: Office of Director, External Relations

Japan: US\$433,492 was brought forward from funds received in 1995 to support a time-limited post within the Department of External Relations and Advocacy. US\$700,000 received in March 1997 was to support the training of Japanese experts in the Programme (US\$200,000), and to foster collaboration with UNAIDS with respect to bilateral programmes (US\$500,000). US\$291,052 was also transferred from WHO/GPA in April 1996 to support the aforementioned collaborative activities between Japan and UNAIDS.

Swiss Bank Corporation: US\$69,930 was received in February 1997 to support humanitarian actions.

Miscellaneous and Interest: US\$302,008, made of US\$12,048 as the proceedings from the UNAIDS promotional campaigns and US\$289,960, as interest received. These sums will be used to supplement 1998-1999 core funds available for resource mobilization activities.

UNAIDS TRUST FUND
Multi-bilateral funds, including WHO/GPA carryover by donor/country as at 31 December 1997
(expressed in US dollars)

Annex IV

Financial report for 1996-1997 biennium

Country	Australia		Canada		France		Ireland		Italy		Japan		Norway		Spain		Sweden		United Kingdom		Sub-total Country	Interest Country	Total Country
	carryover	current	carryover	current	carryover	current	carryover	current	carryover	current	carryover	current	carryover	current	carryover	current	carryover	current					
Albania										86,007											86,007		86,007
Angola													238,341	200,000							438,341	31,280	469,621
Bangladesh											90,000										90,000		90,000
Bolivia															100,000						100,000		100,000
Botswana													186,343	100,000							286,343		286,343
China	626																				626		626
Cambodia					250,000																250,000	6,240	256,240
Eritrea													238,342	250,000							488,342	25,380	513,702
Ethiopia														250,000							250,000	12,030	262,030
Ghana											100,000										100,000		100,000
India											85,000										85,000		85,000
Kenya											100,000								457,200		557,200	27,810	585,010
Latvia																	1,187				1,187		1,187
Lao PR					250,000																250,000	6,240	256,240
Malawi														200,000							200,000	7,080	207,080
Mozambique														250,000							250,000	11,440	261,440
Namibia													158,894	100,000							258,894	12,820	271,814
Pakistan											180,000		6,233								186,233		186,233
Philippines											200,000										200,000	6,400	206,400
Tanzania											106,000	261,010	387,819						1,014,125		1,787,864	88,570	1,834,524
Zanzibar													56,779	15,314							72,093		72,093
Viet Nam	7,354				170,000																177,354		177,354
DR Congo														250,000							250,000	12,480	262,480
Zambia			3,269					80,000					317,789	300,000			10,329				711,387	34,520	745,907
Zimbabwe							117,255						317,789	200,000							635,044	47,820	682,864
Total Donors	7,979	-	3,269	-	-	670,000	-	187,255	-	86,007	-	840,000	1,781,820	2,803,133	-	100,000	11,816	-	-	1,471,325	7,682,004	308,800	7,990,804



UNAIDS

UNICEF • UNDP • UNFPA

UNESCO • WHO • WORLD BANK

UNAIDS/PCB(6)/98.7 Addendum I
20 April 1998

Joint United Nations Programme on HIV/AIDS

PROGRAMME COORDINATING BOARD

Sixth meeting
Geneva, 25-27 May 1998

Provisional agenda item 6

Contributions in-kind to UNAIDS, 1996-1997

CONTRIBUTIONS IN-KIND TO UNAIDS

1. As indicated in the 1996-1997 Financial Report (document UNAIDS/PCB(6)/98.7), some countries, Cosponsors and other contributors have, when possible, offered assistance to UNAIDS in the form of free office accommodation, human resources and/or supplies of office equipment. The cost of such items have been estimated by the party concerned or by UNAIDS, and information in this respect is presented for the information of the PCB.

2. In-kind contributions to UNAIDS from governments, the Cosponsoring Organizations and the private sector have been tracked as follows: *staff secondments, support to UN Theme Groups on HIV/AIDS and to UNAIDS Country Programme Advisors (CPAs)* and other field-based staff, and *other support*. The information summarized in Table A, and described in more detail for the field level in Table B, is not audited or verified beyond consultation between UNAIDS Geneva/field staff and the Government or Cosponsor concerned.

Staff secondments

3. To reflect staff secondments in financial terms, the costing of an equivalent post at the duty station concerned has been applied, according to the agreed period of assignment.

- Governments: The secondment from the Government of Belgium (on a cost-sharing basis with UNAIDS) was to strengthen efforts in the area of Country Support, in continuation from 1995. The staff secondment from the United States of America (through the Johns Hopkins University) was to support work in the area of performance monitoring and evaluation.
- Cosponsoring Organizations: The staff seconded to UNAIDS/Geneva were assigned to work with the Department of Country Support (UNFPA), the Office of the Executive Director (UNICEF), and the Department of External Relations (UNDP). The staff member seconded from UNESCO was stationed in the UNAIDS Liaison Office in New York.

Support to UN Theme Groups on HIV/AIDS and to CPAs

4. Cosponsoring Organizations have supported UN Theme Groups on HIV/AIDS and UNAIDS field staff in numerous countries. The Programme has attempted to capture as much as possible this information, which is summarized in Table B. (This table only presents information for those countries where there has been a contribution in-kind to a UNAIDS field staff, or a UNAIDS focal point, i.e. it is not a complete listing of UNAIDS field postings).

Other support

5. The Government of Côte d'Ivoire offered the rental of premises for the UNAIDS Intercountry Team, stationed in Abidjan. The contribution from UNICEF is for the premises for the UNAIDS Liaison Office. As UNAIDS is also administered by WHO, UNAIDS also recognizes that services beyond these remunerated by the agreed fee under the 1996-1997 UNAIDS/WHO administrative agreement have been provided. However it was not possible to estimate this contribution in financial terms. As also shown in the Table below, the Programme received a donation of 45 personal computers ("Satellite Pro 410/810") from the Toshiba Corporation, Japan, in July 1996, with total market value as indicated.

Table A : Summary of in-kind contributions, 1996-1997
(expressed in US dollars)

Source of contribution	Staff secondments	Support to UN Theme Groups and to CPAs	Other support	Total
<i>(a) Governments</i>				
Belgium	106,465			106,465
Côte d'Ivoire			90,000	90,000
United States of America	119,950			119,950
<i>Subtotal</i>	226,415		90,000	316,415
<i>(b) Cosponsoring Organizations</i>				
UNICEF	375,900		6,910	382,810
UNDP	428,400			428,400
UNFPA	320,000			320,000
UNESCO	190,000			190,000
WHO			(see para. 5)	
<i>Subtotal</i>	1,314,300		6,910	1,321,210
<i>(c) Country UN Theme Groups on HIV/AIDS</i>		(see attached tables)		-
<i>(d) Private sector</i>				
Toshiba Corporation, Japan			195,000	195,000
<i>Subtotal</i>			195,000	195,000
Total	1,540,715		291,910	1,832,625

6. Table B presents information that has been communicated to UNAIDS/Geneva by CPAs and focal points and checked with the respective Cosponsors. Only information from countries where a contribution in-kind has been reported is shown on these tables. In some instances, field staff have informed UNAIDS/Geneva that Cosponsors have also provided cash for administrative support, such as supplies. This is shown on the attached tables which also includes a total value (in-kind and cash) as estimated by the field staff.

7. It should be noted that, in some cases, Cosponsors' staff time (*) has been devoted to support the operations of Theme Groups on HIV/AIDS. This type of support has not been captured nor costed in this report.

Abbreviations used in Table B are the following:

CPA : Country Programme Adviser

NPA : National Programme Adviser

ICPA : Intercountry Programme Adviser

NAP : National AIDS Programme

(*) including UNDP HIV and Development National Programme Officers undertaking CPA duties in a number of countries where there is no CPA such as in Myanmar and Poland, and experts from a UNFPA project in the Comoros.

Table B : Contributions in-kind and in cash from UNAIDS Cosponsors and other UN agencies at field level, 1996-1997 (estimated amounts)

Region/Country	CPA	NPA	ICPA	Location Office	UNICEF		UNDP		UNFPA *		UNESCO		WHO		World Bank **	
					Description	Amount US \$	Description	Amount US \$	Description	Amount US \$	Description	Amount US \$	Description	Amount US \$	Description	Amount US \$
I. Africa and Middle East																
					Printer on loan plus \$5,900 in cash				Office for 10 months plus \$4,735 in cash				Vehicle for 10 months plus \$5,686 in cash			
Burkina Faso			1	UNDP		7,600	cash	5,688		5,735	cash	4,000		6,486		
Cameroon											in kind	2,000				
Central African Republic									Contributed to the acquisition of furniture							
Congo, Dem Rep of	1			UNDP	2 air conditioners plus \$12,500 in cash	14,300	cash	12,500					Stationary	2,000		
Côte d'Ivoire	1			NAP	cash	8,000	cash	8,000	cash	8,000	\$3,000 in kind plus \$6,000 in cash	9,000	Vehicle	6,000	Printing for meetings	500
Eritrea (see also p. 5)	1			WHO	cash	1,345	cash	1,570	Fax and photocopier plus \$1,570 in cash	3,070			cash	5,570		
Ethiopia	1			UNDP	cash	5,300	Office supplies & eqpt, office space plus \$1,000 in cash	16,000	cash	10,708			Office supplies and equipment plus \$6,000 in cash	18,000		
Ghana	1			UNDP			Manage UNAIDS funds						CPA office Apr- Jul 98	300		
Guinea									financial contribution							
Jordan			1	N/A							cash	3,000				
Kenya	1			UNDP							in kind	2,000	Vehicle	10,000		
Madagascar			1	WHO									Vehicle	27,000		
Malawi	1			NAP												
Mauritania		1		WHO					Printer, paper accessories	3,000			cash	4,000		
Mozambique	1			UNDP/NAP			Photocopier, computer, printer UPS modem plus \$25,250 in cash	43,550								
Namibia (see also p. 5)	1			UNDP	cash	15,000	Photocopier, computer, office space admin & logistics support	4,000	cash	130			Admin & logistics support, loan of vehicle plus \$1,300 in cash	1,800		
Nigeria	1			UNDP			in kind	10,000	cash	10,000						
Rwanda				UNDP			Office space	6,000								
South Africa		1		UNFPA												
Sudan (see also p.5)	1			UNDP/NAP	2 desk tops logistics support	1,300	CPA office & desk computer support	1,050	Photocopier, sec. chair computer support	950			Transport office space sec. support	2,000		
Tanzania	1			WHO	cash	10,376	cash	10,376	Vehicle & office equipment plus \$10,376 in cash	35,376	cash	3,086	cash	10,376		

* also based on some responses to UNFPA AIDS Update questionnaire.

** field-level contribution are limited as major grants were made towards UNAIDS core budget and regional projects.

Table B : Contributions in-kind and in cash from UNAIDS Cosponsors and other UN agencies at field level, 1996-1997 (estimated amounts)

Region/Country	CPA	NPA	ICPA	Location Office	UNICEF		UNDP		UNFPA *		UNESCO		WHO		World Bank **	
					Description	Amount US \$	Description	Amount US \$	Description	Amount US \$	Description	Amount US \$	Description	Amount US \$	Description	Amount US \$
Uganda				WHO/UNDP							\$1,000 in kind plus \$7,000 in cash	8,000				
Zambia	1			WHO									Office space, utilities, communication and office equipment	10,500		
Zimbabwe	1			UNDP					cash	14,784	\$2,000 in kind plus \$1,000 in cash	3,000	Vehicle, plus \$16,000 in cash	22,000		
Total Africa & M/East						63,221		118,732		91,753		34,086		128,032		500
II. Asia / Pacific																
Bangladesh	1			UNDP			Office space & minor utilities	15,000								
Cambodia	1			UNDP							in kind	1,000				
China	1	1		Commercial	Office furniture & equipment	2,000	Admin. support & office furniture	2,000			Occasional operational support	500	Operational support in connection with TG meeting	500	Fax machine	950
Fiji	1			UNDP			Office space & minor utilities	15,000								
India	1			UNDP			Rental charges	15,000			in kind	3,000				
Indonesia	1			UNDP			Minor utilities e.g. pouch, photocopying	1,000								
Laos	1			UNDP	Office space and transport	3,000	Admin. support and transport	15,000	cash	3,000						
Nepal	1			UNDP									Furnished office space incl. utilities	5,000		
Pakistan	1			UNDP			Admin. support under cost sharing agreement.	5,000								
Philippines	1			UNDP			Office space incl. tel/fax and conference facilities	5,000					Office space, including utilities	3,000		
Thailand				UN ESCAP							in kind	1,000				
Vietnam	1			UNDP	Operational costs incl. secretarial support & office renovation	25,000										
Total Asia/Pacific						30,000		73,000		3,000		5,500		8,500		950
III. Latin America & Carib.																
Barbados			1	UNDP	cash	3,000	Office space and furniture plus secretary (half time)	34,000					Office space and furniture	3,000		
Dominican Republic			1	UNDP	cash	11,000	cash	11,000	cash	11,000	in kind	2,000	cash	11,000		

Table B : Contributions in-kind and in cash from UNAIDS Cosponsors and other UN agencies at field level, 1996-1997 (estimated amounts)

Region/Country	CPA	NPA	ICPA	Location Office	UNICEF		UNDP		UNFPA *		UNESCO		WHO		World Bank **	
					Description	Amount US \$	Description	Amount US \$	Description	Amount US \$	Description	Amount US \$	Description	Amount US \$	Description	Amount US \$
Ecuador	1			PAHO			Secretarial support (part time)	1,200			in kind	500	Office space and furniture, equip. plus secretarial support	10,100		
Guatemala			1	PAHO									Office space, computer and furniture	5,000		
Haiti											cash	2,500				
Mexico (Focal Point)							cash	18,750					Office space & supplies plus secretarial support	15,000		
Trinidad & Tobago (Focal Point)								3,000								
Uruguay				PAHO									Office space, computer & furniture	5,000		
Venezuela		1		UNDP			Office space, computer & furniture	23,900	Office space	200			Office space, computer & furniture	10,000		
Total Latin America & Caribbean						14,000		91,850		11,200		5,000		59,100		-
IV. Europe																
Albania		1		UNFPA					Admin. Costs	3,000						
Belarus		1		UNDP			cash	32,778								
Bulgaria			1	UNDP			Office space	2,400								
Kazakhstan			1	UN			cash	2,700			in kind	5,000				
Poland (Focal Point)							cash	24,000								
Romania		1		UNDP			Admin. costs	3,000	cash	2,000						
Ukraine			1	UN	cash	7,300	cash	32,600								
Total Europe						7,300		97,478		5,000		5,000		-		-
GRAND TOTAL						114,521		381,060		110,953		49,588		193,632		1,450

Contribution in-kind, 1996-1997 from other UN agencies

Country	Organization	Description	Amount US \$
Eritrea	UNHCR	Vehicle loan for 5 months	1,500
	FAO	Loan of printer for one year	1,000
Namibia	UNHCR	Office furniture and comm.	6,760
Sudan	NAP	Office furniture and comm.	4,700
Total			13,960



UNAIDS
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UNAIDS/PCB(6)/98.7 Addendum II
9 April 1998

Joint United Nations Programme on HIV/AIDS

PROGRAMME COORDINATING BOARD

Sixth meeting
Geneva, 25-27 May 1998

Provisional agenda item 6

**UNAIDS contractual agreements
with its Cosponsors, 1996-1997**

Note: As indicated in the 1996-1997 Financial Report (document UNAIDS/PCB(6)/98.7), UNAIDS has contributed to the financing of a number of HIV/AIDS-related activities of the Cosponsors during 1996-1997. This support has taken the shape of:

- General activities - these are workplan and other activities sub-contracted to Cosponsors for implementation;
- the 1996-1997 Coordinated Appeal for Supplemental Funded Activities;
- the 1998-1999 Coordinated Appeal for Supplemental Funded Activities.

Details of the various agreements are set out in the attached tables for the information of the PCB. "Core funds" are funds raised for the 1996-1997 UNAIDS budget, while "outside core funds" are designated funds for specific activities, including donor funding channelled through the UNAIDS Trust Fund for the Coordinated Appeal.

Summary, all types of support, 1996-1997

Cosponsors	General activities US\$	Coordinated Appeal (1996-1997) US\$	Coordinated Appeal (1998-1999) US\$	Total US\$
UNICEF	1,985,970	830,000	1,015,000	3,830,970
UNDP	507,000	830,000	1,142,500	2,479,500
UNFPA	14,900			14,900
UNESCO	352,000	280,000	647,875	1,279,875
WHO	6,946,231	1,960,000	1,438,092	10,344,323
WORLD BANK	520,000	100,000		620,000
Total	10,326,101	4,000,000	4,243,467	18,569,568

**1996-1997 UNAIDS agreements with UNICEF,
as at 31 December 1997**

Area of work	Core funds US\$	Outside core funds US\$	Total US\$
General activities			
Funding for a Senior Adviser, HIV/AIDS and School Health (L5), UNAIDS post in New York	280,000		280,000
Integrating gender awareness into adolescent sexual health programmes: resource materials for HIV/STD prevention programmes	100,000		100,000
UNICEF/UNAIDS collaboration effort in Eastern Europe	180,000 *		180,000
HIV/AIDS communication initiative in Latin America and the Caribbean	143,500		143,500
Case studies in Southern Africa: a focus on gender	50,000		50,000
Analysis of Asian learning and training materials: a focus on gender	15,000		15,000
Network development and training in Asia: a focus on gender	35,000		35,000
UNICEF/UNAIDS collaborative effort in support of HIV/AIDS programming in the areas of Communications and Programme Informatics Development	254,902	245,098	500,000
Development of strategies and programming approaches to minimize the risk of HIV transmission	500,000		500,000
Youth and AIDS: communicating safe behaviour	153,470		153,470
Production and launch of French version of "Sara Saves Her Friend"	29,000		29,000
Subtotal	1,740,872	245,098	1,985,970
Coordinated Appeal (1996-1997)			
7.1: Expanded programme partnerships with communication organizations	220,000		220,000
10.3: School-based interventions for preventing HIV/AIDS: a focus on gender	170,000		170,000
11.1: Strategies for children and families affected by HIV/AIDS	165,000	130,000	295,000
12.2: Preventing HIV/AIDS by promoting the health and development of young people in crisis	145,000		145,000
Subtotal	700,000	130,000	830,000
Coordinated Appeal (1998-1999)			
7.1: Strategies for children and families affected by HIV/AIDS (East Asia and Pacific)	210,000		210,000
9.1: Preventing HIV/AIDS by promoting the health and development of young people (particularly young people in crisis)	200,000		200,000
11.1: Life skills education (East Asia and Pacific)	157,500		157,700
12.4: Expanding communication partnerships for HIV/AIDS action in Latin America and the Caribbean: the news industry	103,125		103,125
12.5: Communication for behaviour changes, West and Central Africa	59,375		59,375
14.1: Strengthen strategies and policies to reduce mother-to-child transmission of HIV – regional activities	285,000		285,000
Subtotal	1,015,000	0	1,015,000
Total	3,455,872	375,098	3,830,970

* Total amount of agreement is US\$ 270,000, of which US\$ 90,000 will be obligated in 98/99 biennium.

**1996-1997 UNAIDS agreements with UNDP,
as at 31 December 1997**

Area of work	Core funds	Outside core funds	Total
	US\$	US\$	US\$
General activities			
Production of a series of issues paper on gender and the HIV epidemic	100,000		100,000
UNDP/HDP. Support for 11 month Short Term Professional (P4) contract, New York to work on gender, community mobilization and NGOs, 1 Sept 97 to 31 July 1998	80,000		80,000
Community mobilization and NGO networking	122,000		122,000
Co-sharing for secondment of UNDP post to UNAIDS	180,000		180,000
Support to UNDP South Africa and Theme Group for temporary National Programme Officer	25,000		25,000
Subtotal	507,000	0	507,000
Coordinated Appeal (1996-1997)			
1.1; 4.1; 6.1: UNDP HIV and Development Programme (Personnel costs)	300,000		300,000
2.1: Community mobilization and NGO networking	130,000	130,000	260,000
11.2: Community action and social support systems	270,000		270,000
Subtotal	700,000	130,000	830,000
Coordinated Appeal (1998-1999)			
4.1: Human rights, ethics and law: strengthening national capacity	292,500		292,500
5.1: Development and HIV/AIDS: strengthening national and regional research capacity	225,000		225,000
5.2: Institutional development: networks as a development mechanism	75,000		75,000
6.1: Gender and the HIV epidemic	100,000		100,000
7.2: Alleviation of the impact of HIV/AIDS on households and communities	450,000		450,000
Subtotal	1,142,500	0	1,142,500
Total	2,349,500	130,000	2,479,500

**1996-1997 UNAIDS agreements with UNFPA,
as at 31 December 1997**

Area of work	Core funds	Outside core funds	Total
	US\$	US\$	US\$
General Activities			
Multi-centre acceptability study on the female condom, Eritrea	14,900		14,900
Total	14,900	0	14,900

**1996-1997 UNAIDS agreements with UNESCO,
as at 31 December 1997**

Area of work	Core funds US\$	Outside core funds US\$	Total US\$
General activities			
Publication and distribution of French version of WHO/UNESCO school package	30,000		30,000
Mobilization of decision-makers in West Africa	70,000		70,000
Using investigative journalism to contribute to AIDS prevention	60,000		60,000
Capacity building for HIV/AIDS and drug abuse awareness raising and prevention skills training for children in difficult circumstances	92,000		92,000
Mobilizing youth for AIDS and STD prevention in the Caribbean region	50,000		50,000
Women and AIDS – Awareness and protection	50,000		50,000
Subtotal	352,000	0	352,000
Coordinated Appeal (1996-1997)			
10.1: Regional seminars on HIV/AIDS and education within the school system	150,000	130,000	280,000
Subtotal	150,000	130,000	280,000
Coordinated Appeal (1998-1999)			
5.4: A cultural approach to HIV/AIDS prevention for sustainable human development	215,000		215,000
11.5: Integrating HIV/AIDS prevention in school curricula	332,500		332,500
12.7: Preventive information based on investigative journalism	100,375		100,375
Subtotal	647,875	0	647,875
Total	1,149,875	130,000	1,279,875

**1996-1997 UNAIDS agreements with WHO,
as at 31 December 1997**

Area of work	Core funds US\$	Outside core funds US\$	Total US\$
General activities			
Control of Leishmania/HIV co-infections: strengthening of a surveillance system and improvement of case management	200,000		200,000
Human rights	60,000		60,000
Funding of short-term professional staff member for 6 months with the Programme on Substance Abuse	52,200		52,200
Drug injecting project Phase II: Joint WHO/UNAIDS rapid assessment methodology training workshop, Penang, Malaysia, November 1997	52,200		52,200
Development and production of training manual "Street children, substance use, HIV/AIDS and health: training for street educators"	74,000		74,000
Cost-sharing HIV incidence/prevalence in Uganda	49,810		49,810
Implementation of the STD case management course	100,000		100,000
Technical assistance to the International Community of Women living with HIV/AIDS	49,874		49,874
Support to Blood Safety Unit		55,700	55,700
Development of guidelines for health workers on HIV and infant feeding	28,500		28,500
Contract for short-term professional for 3 months in the area of adolescent health and development	33,444		33,444
Access of students to sexual and reproductive health services	31,500		31,500
Development of youth-friendly reproductive health and HIV/STD services for youth out-of-school	100,000		100,000
Improving education for sexual and reproductive health in schools in Central Asian Republic	100,000		100,000
Development of documents for condom production, procurement and programming by UNAIDS and WHO	79,450		79,450
Making sexual and reproductive health services available and accessible to displaced adolescents	106,000		106,000
Surveillance of drug resistant tuberculosis and training for tuberculosis programme managers		707,547	707,547
Improving primary clinical care services using a syndromic approach for adults presenting with cough in areas of high HIV and TB prevalence	360,000		360,000
Analysis of the role of preventive therapy for tuberculosis among persons co-infected with TB and HIV	130,000		130,000
Technical assistance and training in China in order to introduce HIV/AIDS education in the school system	68,500		68,500
Production of an information pack on the female condom	12,000		12,000
Development of a referenced background paper and draft policy statement on pregnancy, birth, post partum care and HIV/AIDS	8,000		8,000
Novel vaccination approaches for HIV/AIDS vaccines	200,000		200,000
Support to the epidemiological surveillance of HIV/AIDS and STD in countries	500,000		500,000
Antimicrobial resistance monitoring in STDs	100,000		100,000
Funding for an Epidemiologist post in WHO/EMC for specific surveillance activities	320,000		320,000
Collaborative effort in support of HIV/AIDS programming	90,000		90,000
Preparation of a new panel for the evaluation of HIV test kits and extension of the HIV test kit evaluation project	120,000		120,000
Develop and field test the HIV/AIDS component of the WHO quality of Life (WHOQOL) instrument in Zambia	16,000		16,000
WHO/HQ Subtotal	3,041,478	763,247	3,804,725

Area of work	Core funds US\$	Outside core funds US\$	Total US\$
Agreements with WHO Regional Offices			
Support to regional activities with the WHO Regional Office for Africa (AFRO)	500,000		500,000
WHO/AFRO Administrative Officer in Uganda to support UNAIDS in monitoring and administrating the Petra Study plus activities relating to Vaccine research	80,000		80,000
Support to regional activities with the WHO Regional Office for the Americas (AMRO)	300,000		300,000
Workshop on HIV/AIDS and STD epidemiology in the Americas	24,074		24,074
Improve transfusion safety in Bolivia through AMRO		94,340	94,340
Support to regional activities with the WHO Regional Office for the Eastern Mediterranean (EMRO)	300,000		300,000
Support to AIDS awareness campaign in Somalia to be implemented by EMRO through the WHO Somalia Office in Kenya	10,600		10,600
Support to the WHO Regional Office for Europe (EURO)	300,000		300,000
Establishment of P4 Med. Officer post in EURO, for collaboration with countries of CEE/NIS on STDs	90,000		90,000
Support to the WHO Regional Office for South East Asia (SEARO)	300,000		300,000
Support to the WHO Regional Office for the Western Pacific (WPRO)	300,000		300,000
Establishment of local revolving drug funds/drug cooperatives/cost recovery projects in support of STD drug provision to individuals with STD, (WPRO)		123,893	123,893
Funding for a position of Inter-Country Adviser on Blood Safety and Laboratory (WPRO)		266,260	266,260
Funding for a position of Public Health specialist/Epidemiologist for STDs and HIV/AIDS activities (WPRO)		160,000	160,000
Workshop on HIV/AIDS and STD Epidemiology (WPRO), September 1997	53,100		53,100
STD training for military health care workers and blood safety activities in Cambodia (WPRO)		221,239	221,239
Support for administrative assistance (WPRO)	18,000		18,000
WHO/ROs Subtotal	2,275,774	865,732	3,141,506
Subtotal	5,317,252	1,628,979	6,946,231
Coordinated Appeal (1996-1997)			
3.1: Emerging and other communicable diseases surveillance and control		50,000	50,000
3.2: STD epidemiological surveillance		50,000	50,000
5.1: Integration of national health planning with AIDS prevention and care	140,000		140,000
5.1: Strengthening the continuum of care from hospital to home, to reduce the HIV/AIDS disease burden at the health institutional level in low-income countries and communities	160,000		160,000
10.5: Strengthen school-based interventions to prevent HIV/AIDS/STD using existing WHO networks at global and regional level	50,000		50,000
12.1: Use of injectable drugs, alcohol, and other psychoactive substances	100,000		100,000
13.1: Integration of reproductive tract infections including STDs prevention and care into family planning and maternal and child health care services; and technical guidance on contraception and HIV		200,000	200,000
13.1: Improved prevention and treatment of STDs	200,000		200,000
14.1: HIV/AIDS and mental health systems	20,000		20,000
14.2: Quality of life and HIV/AIDS	80,000		80,000

Area of work	Core funds	Outside	Total
	US\$	core funds US\$	US\$
16.1: Improved methods of care for the patient with HIV-associated TB		240,000	240,000
16.1: Community-based patient care in the face of the dual epidemics of TB and HIV/AIDS		160,000	160,000
16.1: Tuberculosis (Investigation and analysis to define the methods for coordinating and implementing the organizational, managerial and financial elements of providing a cost effective and practical response to the dual TD and HIV/AIDS epidemics)	210,000		210,000
17.1: Improving blood safety	100,000	200,000	300,000
Subtotal	1,060,000	900,000	1,960,000
Coordinated Appeal (1998-1999)			
3.3: Development and maintenance of epidemiological databases	97,500		97,500
6.2: Identifying interventions for adolescent boys illustrative of strategies to reduce unsafe sex including sexual abuse/violence	57,940		57,940
9.7: Substance use and sexual behaviour	170,000		170,000
11.7: Life skills education and HIV/STD prevention	65,000		65,000
14.5: Improving blood safety by promoting the appropriate use of blood and blood products through training materials and a guidebook for prescribers		75,652	75,652
14.6: Improving blood safety by ensuring reliable and appropriate HIV testing	79,500		79,500
15/16.3: STD case management course	75,000		75,000
15/16.5: Guidelines for NGOs and groups of people living with HIV/AIDS with a practical tool to improve the access to HIV-related drugs	47,500	47,500	95,000
15/16.8: Strengthening the capacity of the health sector to meet the unmet sexual and reproductive health needs of adolescents, especially those relating to the prevention and care of STD/HIV/AIDS among adolescents	175,000		175,000
15/16.9: Prevention of perinatal transmission	92,500		92,500
15/16.10: Guidelines for donor assistance in providing HIV-related drugs	45,000		45,000
15/16.11: Infant feeding counseling for mothers with HIV	25,000		25,000
15/16.13: Adult lung health in HIV-prevalent areas	185,000		185,000
15/16.20: Prevention and management of STDs in the context of other reproductive health services	200,000		200,000
Subtotal	1,314,940	123,152	1,438,092
Total	7,692,192	2,652,131	10,344,323

**1996-1997 UNAIDS agreements with the World Bank,
as at 31 December 1997**

Area of work	Core funds	Outside	Total
	US\$	core funds US\$	US\$
General activities			
Response to the request of Gov't of India for assistance in strengthening the GOI national strategic planning process for HIV/AIDS	120,000		120,000
Establish a programme design and evaluation fund to support the strengthening of national strategic planning for HIV/AIDS in India	400,000		400,000
Subtotal	520,000	0	520,000
Coordinated Appeal (1996-1997)			
4.2: Policy research report: "AIDS and Development: The Role of Government"	50,000		50,000
18.2: Electronic HIV/AIDS network for economists	50,000		50,000
Subtotal	100,000	0	100,000
Total	620,000	0	620,000



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UNAIDS/PCB(6)/98.5

27 April 1998

Joint United Nations Programme on HIV/AIDS

PROGRAMME COORDINATING BOARD

Sixth meeting

Geneva, 25-27 May 1998

Provisional agenda item 4.3

Technical Resource Networks and Intercountry Teams

EXECUTIVE SUMMARY

- The acceleration of national-level efforts to expand the response to the HIV/AIDS epidemic has resulted in a substantially increased demand for technical resources, both information and expertise, in a widening array of programme areas.
- Individual agencies have made, and continue to make, substantial contributions in technical cooperation on specific aspects of HIV and prevention and care. However, the need to act simultaneously and synergistically in a vast number of different areas in response to the epidemic requires the development and maintenance of a range of strategic alliances. In addition, to be a more sustainable resource for technical cooperation and policy development, such alliances and networks promote technical cooperation among developing countries, and strengthen institutional capacity.
- This document reports on UNAIDS' efforts during the last biennium to respond to this need by creating and strengthening Technical Resource Networks, Information Exchange Networks and Task Forces through its Collaborating Centres and Intercountry Teams.

ACTION REQUIRED AT THIS MEETING

- The guidance of the PCB is sought with regard to measures to further strengthen Technical Resource Networks, as well as technical cooperation with countries through the UNAIDS Cosponsoring Organizations and the UNAIDS Secretariat.



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Technical Resource Networks and Intercountry Teams

Contents

I	INTRODUCTION	2
II	NETWORKS AND TASK FORCES	2
III	INTER-AGENCY WORKING GROUPS	6
IV	UNAIDS COLLABORATING CENTRES	8
V	UNAIDS INTERCOUNTRY TEAMS (ICTS).....	9
	A. ROLE OF THE ICTS	10
	B. THE INTERCOUNTRY TEAM FOR ASIA AND THE PACIFIC (APICT)	10
	C. WEST AND CENTRAL AFRICAN INTERCOUNTRY TEAM (WCA/ICT)	11
	D. EASTERN AND SOUTHERN AFRICAN INTERCOUNTRY TEAM (ESA/ICT).....	11
ANNEX 1	ORGANIZATIONS AND INSTITUTIONS CONTACTED FOR INTEREST AS POTENTIAL UNAIDS COLLABORATING CENTRES	
ANNEX 2	UNAIDS INTERCOUNTRY TEAMS 1996-1997 PROGRESS REPORT	

I INTRODUCTION

1. The acceleration of national-level efforts to expand the response to the HIV/AIDS epidemic has resulted in a substantially increased demand for technical resources - both information and expertise - in a widening array of programme areas. At the same time, effective programme approaches are often specific to cultural, resource and political environments.
2. It is also increasingly evident that single agencies, whether government departments, UN agencies, non-governmental organizations (NGOs), or people living with HIV/AIDS groups, do not have the capacity to deal with the multiple determinants of HIV on their own. Individual agencies have made, and continue to make, substantial contributions in specific areas of HIV prevention and care. However, the need to act simultaneously and synergistically in a number of different areas such as health services, communications, legal reform, education, rural development and the status of women¹, requires that a range of strategic alliances be developed and maintained.
3. Consequently, a more iterative and evaluative approach to HIV/AIDS policy and programme strategy development is often required. This has further increased the need within countries for access to current technical information and expertise.
4. Within those regions of the world where the current or potential impact of the HIV/AIDS epidemic is greatest, the UN system can potentially play a more significant role in responding to its need by promoting the sharing of knowledge, experience and expertise among countries.
5. UNAIDS' strategy to help respond to this need is to support Technical Resource Networks. These should not only be primary mechanisms for technical cooperation in a given region, but should also contribute to strengthening institutional capacity in cooperating countries. Inter-Agency Working Groups, UNAIDS Collaborating Centres and Intercountry Teams (ICTs) are taking the lead in creating resource networks and catalysing efforts at the regional and subregional levels to strengthen the capacities of the UN system to respond to HIV/AIDS.

II NETWORKS AND TASK FORCES

6. In 1996-1997, UNAIDS established and strengthened existing networks in all regions of the world. Three types of structures come under this heading, each of which has specific mission though all are similar in most other ways. *Technical Resource Networks* mobilize and link specialists from the Cosponsors, other multilateral and

¹ UNAIDS. *Expanding the Global Response to HIV/AIDS through Focused Action: Reducing Risks and Vulnerability. Definitions, Rationale and Pathways*. UNAIDS, Geneva, 1998.

bilateral agencies, national governments and NGOs within a specific area. *Information Exchange Networks* provide a forum for exchange of experience and knowledge among interested participants at the regional level and beyond. *Task Forces* develop and promote subregional strategies, adopt and promote subregional best practices and assist in expanding activities.

7. The following section describes the status of current Technical Resource Networks, Information Exchange Networks and Task Forces.

Africa

8. The networks currently supported in Africa are as follows:

- The African Network on Ethics, Law and HIV and the Network for People Living with HIV/AIDS were created under the UNDP Regional Project on HIV and Development for Sub-Saharan Africa.
- The West African Initiative on HIV/AIDS initiated by the World Bank, supports action research projects on migration and sex work. The initiative also supports networks of people living with HIV/AIDS in Burkina Faso, Côte d'Ivoire, Mali, Niger and Senegal.
- The networks on Strategic Planning in Southern Africa, and in West Africa and Central Africa which aim to facilitate national strategic planning, epidemiological networks and evaluation of interventions.

Asia and the Pacific

9. UNAIDS is supporting networks established by Cosponsors and other partners, as follows:

- The Asian Harm Reduction Network (AHRN) is the first regional group working to prevent HIV among injecting drug users. Established in 1995, the intercountry work of AHRN involves sharing of information, conducting needs assessments, developing locally relevant information, and advocacy and resource mobilization with UN agencies, governments and bilateral agencies. AHRN is building and recognizing the capacity for harm reduction in the region, thus diminishing the reliance on outside expertise.
- The Asia/Pacific Council of AIDS Service Organizations (APCASO), formed in 1992, is a network of community organizations that was supported in large part by Australia (AusAID). Its work on human rights has strengthened the capacity of countries such as Malaysia, Philippines and Thailand to monitor and document human rights and to advocate for better policies and services particularly for people living with HIV/AIDS. The organization also enabled NGOs to work more effectively within subregions, an example being work with AusAID and the governments of South Pacific islands to identify community needs and to mobilize human and financial resources to help meet these needs.

- The Asia-Pacific Network of People Living with HIV/AIDS (APN+) was set up by people from eight Asia Pacific countries to prevent discrimination. In partnership with UNAIDS, APN+ has advocated for the rights of people living with HIV/AIDS within the UN system as well as among regional governments. While people living with HIV/AIDS continue to face discrimination and isolation in countries across the region, APN+ has begun to make significant inroads in breaking this isolation and eliciting the involvement of people living with HIV/AIDS in Cambodia, Thailand and Vietnam. With the support of UNAIDS, APN+ is setting up APN+ SHARE, an electronic mail facility to support people with HIV/AIDS in the region.
- SEA-AIDS, an electronic information exchange network established in 1995 and funded by the World Bank, has to date over 1000 subscribers on its mailing list. The project produces a bi-weekly update of HIV/AIDS-related developments relevant to the region and has established an indexed electronic archiving system which is available to all networks.

Europe

10. A network of eastern European harm reduction projects, CEE-HRN, has been established along the lines of the Asian Harm Reduction Network. Its mission is to work with governmental bodies and NGOs to help develop and support activities in the field of prevention and reduction of all harm related to non-medical drug use, especially HIV prevention. CEE-HRN also aims to evaluate the efficiency of harm reduction programmes in the region, to publicize results of these activities and to inform communities, governments and the international community of the situation in these countries.

11. Other networks under discussion or being created include the following:

- The Working Group on HIV Prevention among Sex Workers held an exploratory meeting with the main western European networks in September 1996. A concept paper delineating how best to expand their projects in Europe will be developed by UNAIDS.
- A network on ethics, law, human rights and HIV is being developed. Potential partners include interested legal institutions in the region and UNDP.
- A regional network of social scientists is being established. It is planned that social science institutions will be recruited and trained to carry out behavioural studies necessary for strategic planning and to encourage more work with marginalized groups.

12. UNAIDS has also initiated and/or facilitated Regional Task Forces, as follows:

- The Task Force on HIV prevention among injecting drug users (IDUs) has produced an information leaflet and other materials in Russian targeted at the IDU in the former USSR. A training package on HIV prevention among IDUs is under preparation. Several new outreach projects have been supported and an information network of eastern European harm reduction projects has been initiated by UNAIDS and the Lindesmith Center. Further situation assessments, assistance in the design of more projects and programmes, and the development of other training materials are planned. Members include UNAIDS, the UNDP office in Warsaw, WHO, UNICEF, Médecins du Monde, Médecins sans Frontières (MSF), The Lindesmith Center and the Trimbos Institute. The Task Force Secretariat is with UNDP/Warsaw.
- Facilitated by UNAIDS, WHO's Regional Office for Europe (WHO/EURO) has drafted a regional strategy paper on the reorientation of sexually transmitted disease (STD) services in eastern Europe. This led to the establishment of a regional Task Force on STD care and prevention and a series of pilot projects have started. Founding members include UNAIDS, the World Bank, WHO/EURO, WHO Geneva, UNICEF, UNFPA, the Gesellschaft für Technische Zusammenarbeit (GTZ), the Department for International Development (DFID), the Universities of London, Antwerp and Heidelberg, Médecins sans Frontières (Belgium) and the Swedish and Finnish public health institutes. The Secretariat is with WHO/EURO.
- In collaboration with UNAIDS, WHO and a number of partner agencies and donors has established a regional Task Force on blood safety in eastern Europe. Members include WHO Geneva, the WHO Regional Office for Europe and the Council of Europe. The World Bank, the International Federation of Red Cross and Red Crescent Societies, DFID and MSF may participate in future activities.
- Joint UN system mechanisms are being developed to coordinate and mobilize international assistance in the areas of HIV prevention and care among sex workers, media legislation, HIV prevention among young people (with UNICEF taking the lead) and HIV prevention among men who have sex with men.

Latin America and the Caribbean

13. The Regional Initiative for AIDS Prevention and Control in Latin America and the Caribbean (SIDALAC) is a World Bank-initiated project focusing on mobilizing national and international efforts to develop new, systematic and cost-effective interventions on HIV/AIDS prevention and care in the region. Other collaborations include support for the Greater Involvement of People Living with HIV/AIDS (GIPA) principles in the region, and working with UNDP, the Pan American Health Organisation (PAHO) and the Latin America /Caribbean Council of AIDS Service Organizations (LACCASO) to support the establishment of national human rights networks.

14. The Horizontal Technical Collaboration Group (HTCG) was established by national AIDS control programme managers in Latin America and the Caribbean to facilitate national strategic planning, epidemiological network, evaluation of interventions, counselling and communications.

15. In collaboration with national AIDS control programmes, NGOs, and the United Nations Drugs Control Programme (UNDCP), UNAIDS is developing a subregional project to address the IDU-related HIV epidemic in the southern Cone (Argentina, Chile, Paraguay and Uruguay).

Middle East

16. A partnership has been established between the International Planned Parenthood Federation (IPPF) and UNAIDS within a project that emphasizes expansion of the capacity of the IPPF/Arab World Region and its partners by upgrading existing reproductive health training at both regional and country levels through the International Center for Training at the national office for family planning in Tunis.

17. Other resource networks and task forces are addressed in the section on Intercountry Team activities.

III INTER-AGENCY WORKING GROUPS

18. Considerable progress in harmonizing approaches and integrating programme efforts has also been made over the past biennium through Inter-Agency Working Groups and related fora. These coordinating bodies provide important opportunities for strategic input and peer review among Cosponsors of the HIV/AIDS-related activities implemented through their own agencies and budgets, those that they undertake on behalf of UNAIDS, and those that UNAIDS implements through its core budget.

19. Of the different coordinating entities, the Inter-Agency Working Groups are the most implementation-oriented and consequently have required the most intensive time commitment on the part of participants, particularly in the initial phase. Because of this, Cosponsor participation has generally been limited to those programme areas in which they are serving a major role on behalf of the UN system. It is anticipated that once the individual working groups have clarified their strategic approach and established their *modus operandi*, the need for face-to-face meetings will be substantially reduced. A number of Inter-Agency Working Groups have already been successful in harmonizing and accelerating efforts among partners, as follows:

- *Gender and HIV/AIDS*. Outputs include reviews of programme proposals from UNDP, the World Bank, UNICEF, UNESCO and UNIFEM; and recommended evaluation mechanisms for projects funded through the Inter-Agency Working Groups during 1997-98.

- *Integrating HIV/STD Prevention in the School Setting.* The work of this group has been facilitated through the efforts of a UNAIDS school education adviser seconded to the Education Section of UNICEF Headquarters in New York.
- *Especially Vulnerable Young People.* This group on HIV and STD prevention among especially vulnerable young people has been established in order to facilitate collaboration among the Cosponsors and UNDCP, UNHCR and ILO.
- *Communications.* HIV/AIDS communications is an expanding area of programming for several of the Cosponsors. To help facilitate collaboration, an Inter-Agency Working Group on Communications was established to identify areas for integrating planning efforts, to develop a coordinated plan of action for 1997-1999, and to review proposals for the 1998-1999 coordinated appeal.
- *Global Surveillance of HIV/AIDS and STD.* This group has been established with WHO and the UNAIDS Secretariat to ensure timely and consistent flow of information at national, regional and global levels. Surveillance activities in WHO regional offices have been financially supported by UNAIDS and reinforced, in some cases, with additional staff resources.

20. In those programme areas where such formal Inter-Agency Working Groups do not exist, other fora such as Inter-Agency Reference Groups, Task Forces or informal working groups have been identified. Examples of these are:

- *Human rights, ethics and law.* A reference Group on HIV, Human Rights, Ethics & Law is in the planning stages. This group should be operational during the second biennium. Representation is expected to include Cosponsors, other UN agencies, leading NGOs, and regional field representatives.
- *Children.* UNAIDS held an inter-agency consultation on children and AIDS which developed a framework of priorities identifying actions to be taken by the different Cosponsors.
- *Vaccine development.* A Vaccine Advisory Committee has been established to provide further technical guidance to the programme in this area.
- *Vaginal microbicides:* UNAIDS acts as the secretariat for the International Working Group on Vaginal Microbicides.² The working group has published *Recommendations for the Development of Vaginal Microbicides*.

² The group includes WHO, the U.S. National Institutes of Allergy and Infectious Diseases (NIAID), the U.S. National Institutes of Child Health and Human Development, the Contraceptive Research and Development Program (CONRAD), Family Health International (FHI), the Centers for Disease Control and Prevention (CDC), the Population Council, the U.S. Food and Drug Administration, Society for Women Against HIV/AIDS, Women's Health Advocates for Microbicides, the European Commission (EC), and the U.K. Medical Research Council (MRC).

- *Sexually transmitted diseases.* UNAIDS has served as the secretariat for the Sexually Transmitted Diseases Diagnostics Initiative (SDI). This will continue through the end of 1998. Major partners include the Rockefeller Foundation, NIAID, USAID and the EC. The goal of the SDI is to accelerate the identification of simple, reliable STD diagnostic technologies that are appropriate for developing countries. Several new research projects to identify such technologies have been funded directly by SDI; others have been funded bilaterally by one of the major partners.
- *Mother-to-child transmission.* An informal Working Group on Mother-to-Child Transmission of HIV has been established for which UNAIDS serves as the secretariat. The group includes the French Agence Nationale de Recherche sur le SIDA (ANRS), NIH, CDC, MRC, NGO representatives, and several university research groups working in this area. The objective of the working group is to help build consensus on research priorities and to harmonize the study designs of clinical trials to enable improved cross-trial comparability.
- *Inter-Agency Advisory Group on AIDS (IAAG).* This serves as a regular forum for dialogue among UN system organizations on substantive programme and personnel policy issues.

IV UNAIDS COLLABORATING CENTRES

21. During 1996-1997, UNAIDS designated various institutions as UNAIDS Collaborating Centres. It is intended that these Collaborating Centres will:

- expand the response to HIV/AIDS by strengthening partnerships with institutions with their own perspective and areas of expertise;
- help create technical resource networks of excellence and expertise that will serve as a regional resource and improve the response at national and regional levels;
- facilitate creative dialogue and networking among Collaborating Centres and with other actors;
- assist UNAIDS and its Cosponsors in carrying out certain aspects of their workplan.

22. Approximately 40 potential UNAIDS Collaborating Centres were identified (Annex 1). These institutions were selected on the basis of the following criteria:

- the professional quality of the institution/organization in its particular area of expertise, as judged by its previous achievements and/or ongoing activities;
- a sound approach to the HIV/AIDS epidemic which accords with accepted technical and ethical principles, and with the core values and strategies of UNAIDS;
- the working relationships which the institution has established with other groups/institutions in the country, in the region and elsewhere in the world;
- the institution's stability and sustainability in terms of leadership, personnel, activities and funding;

- the institution's ability, capacity and readiness to contribute to the implementation of the workplan of UNAIDS and its Cosponsors, whether in support of country programmes or by participating in international or regional cooperative activities.

23. Designation as a UNAIDS Collaborating Centre lasts for a fixed period of three years and involves the following areas of collaboration:

- identifying, developing and disseminating best practices by producing and/or reviewing guidelines and other documents; by participating in UNAIDS-sponsored meetings and/or organizing meetings on behalf of UNAIDS, and by engaging in other advocacy-related activities;
- promoting, supporting and implementing relevant research, and disseminating and utilizing results of such research, including participating in collaborative research projects with UNAIDS;
- providing selected support targeted at strengthening national capacities for an expanded response to HIV/AIDS, especially in developing countries, by providing consultancies, reference services and training;
- coordinating activities among different countries and institutions involved in the response to HIV/AIDS;
- participating in technical resource networks established by UNAIDS for the identification, collection and dissemination of best practices and provision of technical support.

24. In the coming years, UNAIDS will consolidate its activities with regard to collaboration with various institutions and will expand its list of Collaborating Centres so as to ensure broad geographical/cultural representation, as well as representation of different areas of expertise relevant to HIV/AIDS. These centres will form an integral part of the Technical Resource Networks that are being established in different regions.

V UNAIDS INTERCOUNTRY TEAMS (ICTS)

25. In spite of successful interventions at national level, many issues which influence the spread of the epidemic can be dealt with effectively only regionally or internationally since they involve mobile populations and issues that cross borders such as drug trafficking. In addition, there is a clear value for countries in regional approaches and networking through which experiences are shared that are relevant for their own work. Finally, teams based in a region or subregion are in a better position to respond to countries' technical support needs and with Cosponsors' regional and intercountry entities, than is one central office.

26. Before the establishment of the ICTs, regional needs assessments were undertaken by the UNAIDS secretariat and the UNAIDS' Cosponsors' representatives. Several missions were organized in order to:

- map available resources for technical collaboration within UNAIDS Cosponsors, bilateral agencies and international NGOs;
- assess needs in countries and at intercountry level;

- identify gaps between needs and available resources with a special emphasis on those gaps that might be covered by UNAIDS.

27. The expressed needs were categorized as: (1) transborder issues, (2) programmatic issues, (3) programme management, and (4) advocacy. These findings were discussed in regional meetings of Cosponsors, where the terms of reference, the composition of the ICTs and the profiles of their members were finalized. Cosponsors, such as UNICEF and the World Bank committed resources.

A. Role of the ICTs

28. The role of the ICTs is to ensure that, through the UN system, countries and UNAIDS and Cosponsor field staff have access to high quality and up-to-date technical advice and support by:

- developing regional technical resource networks;
- brokering and providing technical support through the UN system and country programme advisers (CPAs);
- identifying and promoting best practices at regional level;
- developing partnerships with regional entities of Cosponsors;
- information networking;
- programmes on selected cross-border issues relevant to the region.

29. There are currently three ICTs in the UNAIDS secretariat. One team is based in Abidjan, Côte d'Ivoire, and covers western and central Africa. Another is based in Pretoria, South Africa, and covers southern and eastern Africa. A third ICT is based in Bangkok, Thailand, to cover Asian and Pacific countries. A new UNAIDS ICT will be placed in the Caribbean, bringing together three intercountry programme advisers (ICPAs) based in the region.

30. During the first biennium, the ICTs were administratively located in the Department of Country Support. As of 1998, the ICTs have been transferred to the Department of Policy, Strategy and Research as most of their activities relate to that Department's mandate: development of networks, technical support, information systems and best practices.

31. Activity Reports on the ICTs for the period 1996-1997 are summarized in Annex 2.

B. The Intercountry Team for Asia and the Pacific (APICT)

32. Based in Bangkok at the United Nations building, the team is composed of two professional staff supported by short-term consultants and a staff member seconded by Japan. On a UNAIDS and UNICEF cost-sharing arrangement, APICT is also supported by one UNICEF professional staff member responsible for the Mekong Region HIV/AIDS Project. The activities of WHO and the World Bank, supported through the South-East Asia HIV/AIDS Project (SEAHAP), have been formally incorporated into APICT since its establishment in July 1996.

33. The APICT workplan for 1998-1999 consists of four major areas:

- Support to national strategic review and planning on HIV/AIDS.
- Support to national and intercountry information system networks.
- Support to collaborative action on cross-border issues, including migrant labour and drug abuse.
- Development of regional technical resource networks, including issues such as media and communication, youth and education, community mobilization, workplace and institution settings, care and access to treatment, and HIV vaccine development.

34. This workplan will be implemented through partnerships with the regional offices and teams of the Cosponsors and other UN organizations, as well as with the organizations mentioned earlier.

C. West and Central African Intercountry Team (WCA/ICT)

35. This team is composed of four professional staff who are based in Abidjan in premises provided by the Government of Côte d'Ivoire. In existence since the last quarter of 1996, the team has expertise in programme planning and evaluation, prevention, community mobilization, and blood safety and laboratory techniques³. In 1998-1999, expertise in the area of information management and assistance to programme development will be integrated into the team. The WCA/ICT is also responsible for facilitating the implementation of the West African HIV/AIDS Initiative (WAI), a regional project funded by the World Bank and UNAIDS, which promotes action-oriented research and programme development in the areas of migration and sex work, and provides support to networks of people living with HIV/AIDS.

36. On the basis of experience gained in 1997, the WCA/ICT 1998-1999 workplan will focus on the following areas:

- Support to national strategic planning on HIV/AIDS.
- Development and strengthening of intercountry technical resource networks in strategic planning, migration, refugees and displaced populations, persons living with HIV/AIDS, youth, and sex work.
- Strengthening of partnerships with Cosponsors and other regional programmes.
- Identification and dissemination of best practice in diverse programme areas.
- Development of a regional information management system on HIV.

D. Eastern and Southern African Intercountry Team (ESA/ICT)

37. The team is based in Pretoria, South Africa, and began work in December 1996. The team presently includes two professionals, i.e. the team leader and a care

³ Expertise on blood safety and laboratory techniques is provided through a collaborative arrangement with the WHO Regional Office for Africa.

adviser. It is foreseen that it will include five professionals with the addition of expertise in information systems, prevention, communication, community mobilization, and clinical management.

38. The ESA/ICT workplan for 1998–1999 covers the following areas:

- Strategic planning.
- Identification and documentation of best practices in specific areas such as children in distress, mobilization of religious organizations, AIDS and the workplace.
- Community-based AIDS and tuberculosis care, access to comprehensive care, and female condom programming.
- Collaboration with regional and subregional programmes (SADC, Common Market for Eastern and Southern Africa/COMESA, WHO Regional Office for Africa, UNICEF/ESARO).
- Establishment and strengthening of intercountry technical resource networks in human rights, ethics and law, HIV and development, involvement of people living with HIV/AIDS, the response of CBOs/NGOs and community mobilization, care and support, and socioeconomic determinants and impact of the epidemic, including migration.

Organizations and Institutions contacted for interest as potential UNAIDS Collaborating Centres

Organization/Institution	Country	Main Area
Bureau of HIV and STD Laboratory Center for Disease Control, Ottawa	Canada	Epidemiology
Bureau of the Census, Washington, D.C.	United States	Epidemiology
Center for AIDS Prevention Studies University of California at San Francisco	United States	Prevention
Centre d'Estudis Epidemiològics sobre la SIDA de Catalunya Hospital Universitari, Barcelona	Spain	Epidemiology
Centre for Population Studies London School of Hygiene and Tropical Medicine	United Kingdom	Population Survey
Centre National des Maladies MST, Dakar	Senegal	STD
Centre Référence des Retrovirus, Dakar	Senegal	Virology
Civil - Military Alliance to Combat HIV and AIDS, Hanover	United States	Military
East-West Centre/Program on Population, Honolulu	United States	Prevention
Emory University School of Medicine, Atlanta	United States	Care
ENDA Tiers Monde, Dakar	Senegal	Community Mobilization

Organization/Institution	Country	Main Area
European Centre for the Epidemiological Monitoring of AIDS, Paris	France	Epidemiology
Fogarty International Center, Bethesda	United States	HIV research
Francois-Xavier Bagnoud Centre, Boston	United States	Human Rights
Harvard School of Public Health, Boston	United States	Care/Virology
Institut für sozial and Praventivmedizin, Zurich	Switzerland	Prevention
Institut universitaire de médecine, sociale et préventive (IUMSP), Lausanne	Switzerland	Prevention
Institute of Tropical Medicine, Prince Léopold, Antwerp	Belgium	STD/Clinical Trials
Instituto Nacional de Salud Publica, Mexico City	Mexico	HIV Strategic Planning
International Center for Research on Women, Washington	United States	Gender
International HIV/AIDS Alliance, London	United Kingdom	Community Mobilization
International Union for the Scientific Study of Population, Liège	Belgium	Prevention
Laboratoire Retrovirus, Paris	France	Virology
Laboratory for AIDS Epidemiology & Prevention Russia AIDS Centre, Moscow	Russian Federation	Epidemiology
Macfarlane Burnet Centre for Medical Research, Melbourne	Australia	Virology

Organization/Institution	Country	Main Area
Muhimbili University College of Behavioural Health Sciences, Dar-es-Salaam	United Republic of Tanzania	Behavioural Research
Municipal Health Service – GGD, Amsterdam	Netherlands	Epidemiology
NATEC, University of Amsterdam	Netherlands	Clinical Trials
National Center in HIV Epidemiology, St. Vincent's Hospital Medical Center, Sydney	Australia	Care
National Institute for Biological Standards and Control (NIBSC), Potters Bar	United Kingdom	Virology
National Institute of Allergy and Infectious Diseases, Bethesda	United States	Virology/vaccine
National Institute of Infectious Diseases, Tokyo	Japan	Vaccine
Centre Muraz, Bobo Dioulasso	Burkina Faso	Mother to Child Transmission
Oswaldo Cruz Foundation (FIOCRUZ), Rio de Janeiro	Brazil	Epidemiology/Virology
Robert Koch Institut, Berlin	Germany	Epidemiology/Virology
Ruprecht Karls Universität, Heidelberg	Germany	Epidemiology/Prevention
Institute for Infectious Disease Control, Stockholm	Sweden	Virology
The AIDS Support Organization (TASO), Kampala	Uganda	Community Mobilization
Tata Institute of Social Sciences, Deonar Mumbai	India	Social Sciences
Thai Red Cross Society Program on AIDS, Bangkok	Thailand	VCT/Clinical Trials

Organization/Institution	Country	Main Area
U.S. Public Health Services Centers for Disease Control and Prevention, Atlanta	United States	Epidemiology
University of Oxford	Great Britain	Determinants & Dynamics
University of Washington School of Medicine, Seattle	United States	Virology
West African Newsmedia and Development Centre (WANAD), Cotonou	Benin	Communication

ANNEX 2

**SUMMARY OF THE UNAIDS INTERCOUNTRY TEAMS
1996-1997 PROGRESS REPORT**

A. The Intercountry Team for Asia and Pacific (APICT)Strategic focus and accomplishments

APICT's priority approach is intercountry partnership, with primary emphasis on promoting and supporting cross-cutting initiatives to strengthen intercountry collaboration on policies, best practices and technical information. Specifically, APICT focuses on facilitating joint action by countries and regional bodies to address transborder issues, such as migrant labour and drug abuse, that are widely recognized as major priorities by many countries of the region.

Information exchange and best practice

- "My Experience With....", a document describing peoples' experiences and perceptions about the HIV/AIDS epidemic from Philippines, Thailand, and Vietnam. The project was initiated by SEAHAP in 1995.
- Inventory of HIV/AIDS Information Sources in the Asia Pacific region.
- Compilation of intercountry HIV/AIDS projects of Cosponsors and key partners in the Asia Pacific Region during the period 1995-2000, and documentation of their experiences on priority issues.
- Compilation of intercountry modes of sharing of experiences of HIV/AIDS in the Asia Pacific region.
- SEA-AIDS, an electronic information exchange network established in 1995 and funded by the World Bank, has to date over 1000 subscribers on its mailing list. The project produces a bi-weekly update of HIV/AIDS-related developments relevant to the region and has established an indexed electronic archiving system which is available to all networks.
- InfoDev Project, a special project designed by SEAHAP in 1995 and supported by the World Bank, provides hardware, software and human resources training to link organizations electronically within 10 countries of the region.
- Information Support Centres (ISCs) facilitate and promote the availability of materials produced by UNAIDS and cosponsor organizations at the country level. To date, 10 ISCs have been established: Asian Institute for Health and Development (Thailand), Population and Community Development Association (Thailand), Health Action and Information Network (Philippines), AIDS Concern (Hong Kong Special Administrative Region of China), Yayasan Pakta (Indonesia), Albion Street Centre (Australia), Korean AntiAIDS (Korea), Ministry of Health (Mongolia), Ministry of Health (Malaysia), Action for AIDS (Singapore).
- Information system networks have been set up, such as: Gender AIDS for UNIFEM, ASEAN AIDS Information Network, and APN+Share Information Network.

Technical cooperation

- Technical support was provided to strengthen national capacity for effective national response through strategic planning in Mongolia.
- Joint action programmes were developed with the UNICEF Mekong HIV/AIDS Project through Task Forces on youth and education, and on media and communications, and through cluster countries on transborder issues.
- APICT collaborated with the Western Pacific and South-East Asia Regional Offices of WHO on ongoing cross-border programmes, on a national AIDS programme managers meeting, and on training in clinical, community and home-based care.
- They collaborated with the Government of Japan in organizing HIV/AIDS workshops in Asia, and facilitated intercountry collaboration in HIV vaccine development.
- APICT collaborated with AusAID in Mekong subregional strategic planning by facilitating meetings of UNAIDS Cosponsors and key partners, donors and implementers.
- Two Task Forces were established for South-East Asia and two Working Groups for South Asia (on Migrant Labour and HIV, and on Drug Use and HIV), involving Cosponsors, key donors and implementers. The aim was to identify priority areas, conduct situation assessments and rapid applied research, and to develop joint action programmes.

Regional partnerships

- Following the success of the two Task Forces mentioned above, UNICEF East Asia Pacific Regional Office established two HIV/AIDS Task Forces (on Youth and Education, and on Media and Communication) under the umbrella of UNAIDS.
- Technical assistance (a 3-month consultancy) was provided to the ASEAN Task Force on HIV/AIDS (ATFOA) to review the strategic plan and design projects for implementation by ASEAN members. The projects were endorsed by ATFOA in December 1997.
- There was collaboration with regional networks such as AHRN, People Living with APN+ and the Asia Pacific Council of AIDS Service Organizations (APCASO). The nature of partnership varies. It includes groundwork on assessment and policy advocacy on issues related to drug-abuse, needs assessment for people living with HIV/AIDS and the community, and strengthening of peer capacity to address human rights issues.

- APICT collaborated with the Economic and Social Commission in Asia and Pacific (ESCAP) through the Social Development Division and the Regional Interagency Committee for Asia and the Pacific (RICAP) Sub-committee on HIV/AIDS. The aim is to share information, to develop and implement joint actions, and to carry out advocacy. In 1997, RICAP and APICT worked together for World AIDS Day, sending out cassette tapes prepared by a joint working group to 350 radio stations in 56 countries in the region.

B. The West and Central Africa Intercountry Team (WCA/ICT)

From October 1996 to December 1997, the WCA/ICT focused on: (1) building and reinforcing regional partnerships with diverse actors involved in the response to HIV/AIDS; (2) providing support to countries in strategic planning; (3) facilitating the implementation of cross-border initiatives, such as the WAI; (4) developing regional networks and technical resources; (5) supporting the development of information exchange in the region, and (6) contributing to the implementation of WHO's Regional Office for Africa workplan in the area of blood safety and STD prevention and control.

Building and reinforcing regional partnerships

- *Development of collaboration and partnership with cosponsor regional offices.* This has included the implementation of a common workplan with WHO's Regional Office for Africa's joint activities with and evaluation of UNDP's regional project on HIV/AIDS in Africa, and regular coordination with UNFPA's regional team in Abidjan, Côte d'Ivoire⁴. In addition, a common plan has been elaborated for 1998 with the UNICEF West and Central Africa Regional Office in priority areas, including strengthening district-level response, youth programming, health promotion, and the operationalization of STD programmes. Follow-up to the WAI is coordinated in collaboration with the World Bank.
- *Development of partnerships and mobilization of regional bodies.* While continue with several organizations such as the African Development Bank (ADB), the WCA/ICT participated in a joint Organization of African Unity (OAU) and World Bank evaluation mission in Sierra Leone on the implementation of the African Heads of State Declaration on HIV/AIDS.
- *Reinforcement of partnerships with multi and bilateral agencies.* Examples of these partnerships exist with the GTZ regional programme on HIV/AIDS based in Accra, Ghana, the Canadian International Development Agency's (CIDA) regional

⁴ The areas of collaboration with WHO are blood safety, STD strategies, strengthening of technical resources in diverse programmatic areas, and harmonization of training courses in STDs and HIV/AIDS. With UNDP, this has supported networks and associations of people living with HIV/AIDS, regional research and ethical-legal networks, and has facilitated "HIV and development" workshops. Collaboration with UNFPA, has included information management and the development of training guidelines for youth.

HIV/AIDS project based in Ouagadougou, Burkina Faso, and the USAID-supported regional project on family health and AIDS in West and Central Africa based in Abidjan, Côte d'Ivoire. These partnerships cover diverse areas, the most important of which are cross-border issues, working with vulnerable populations such as sex workers, STD strategies, information exchange and the integration of HIV/AIDS into reproductive health.

- *Facilitating and supporting the work of NGOs and regional networks.* According to their focus and their institutional and human resources, the WCA/ICT has sought to reinforce and draw upon the services of NGOs in the region. This has included the conclusion of a large-scale project with IPPF to integrate HIV/AIDS into reproductive health services in francophone African countries, which will be monitored by the WCA/ICT. The WCA/ICT has also provided support to specific activities such as a regional symposium on women and HIV/AIDS and action research on gender issues through the African AIDS Research Network (AARN). The team also collaborates with other NGOs⁵, such as Enda-Santé, Dakar, Senegal, which has specific capacities in translation, documentation and mobilization of human resources in the region⁶.

Provision of technical assistance to countries through the UN Theme Group

The WCA/ICT has provided support to strategic national planning, evaluation and specific programmatic issues. In response to requests channeled through the Theme Group mechanism, technical support missions were undertaken by the WCA/ICT to eight countries in the region⁷. In addition, the WCA/ICT organized missions by national AIDS programme (NAP) coordinators to Cape Verde, Gabon and Guinea to advocate or reinforce efforts at adopting a more comprehensive and multisectoral approach.

Support to cross-border initiatives: West African HIV/AIDS Initiative

WAI is the outcome of regional consultations, initially between 11 but later 17 countries of West Africa. It involves NAP coordinators as well as the regional network of NGOs (AFRICASO) and of the Network of People Living with HIV/AIDS (NAP+). This has enabled priority areas of action to be identified. On the basis of this, a regional workplan was elaborated for the WAI and regularly monitored by the intercountry coordinating committee that was set up for this purpose. Since October 1996, the WCA/ICT has provided technical and administrative assistance to ensure the implementation of the WAI workplan. Activities carried out include:

⁵ On the participation of people living with HIV/AIDS, see the section on the WAI.

⁶ Other NGOs of importance are: AFRICASO representing NGOs working on HIV/AIDS in the region, the Society on AIDS in Africa, the African Union against Sexually Transmitted Diseases, and the Society of Women against AIDS (SWAA).

⁷ Burkina Faso, Chad, Democratic Republic of Congo, Mali, Mauritania, Niger, Rwanda (joint WHO/UNAIDS mission) and Togo.

- *Cross-border issues, migration and mobility.* Participating institutions include national AIDS programmes and university departments in each country. Other partners include ACTIONAID, GTZ, CIDA and Family Health and AIDS in West and Central Africa. Five action research projects on the main transportation routes in the region and frontier zones have been initiated. The study sites are in Burkina Faso, Côte d'Ivoire, Mali, Niger and Senegal. The objective of these projects is to increase understanding of migration and mobility and to propose strategies to reduce vulnerability and risks associated with these factors.
- *Vulnerability in the context of sex work.* Within a comprehensive strategy to reinforce knowledge and innovative actions in the context of sex work, a situational analysis guide on sex work has been elaborated for field-level actors and pretested in Bobo-Dioulasso, Burkina Faso, in collaboration with the Muraz Centre of the Organization for Coordination and Cooperation against Endemic Diseases. With the GTZ regional programme in Accra, Ghana, an evaluation of community-based approaches in sex work has been conducted in four countries: (Côte d'Ivoire, Mali, Senegal and Togo).
- *Support to networks and associations of PLHAs.* The WAI has contributed to the development of projects by persons living with HIV/AIDS in Benin and Togo. In an effort to reinforce associations of persons living with HIV/AIDS, 'ambassador' missions have also been conducted by such persons Benin, Burkina Faso, Mali, Mauritania, and Togo. Support was also given to the organization of the second regional workshop of persons living with HIV/AIDS in Yamoussoukro, in October 1997, in collaboration with other regional partners. Finally, the WAI is providing financial support to the secretariat of the regional network of persons living with HIV/AIDS for a greater dissemination of information and sharing of experiences between countries.
- *Community mobilization and advocacy towards various sectors.* Support has been provided by the WAI to regional meetings between opinion formers and community leaders to encourage wider involvement in the expanded response. An example of this support was that given to the First International Symposium on AIDS and Religion, in Dakar, Senegal, in November 1997, in collaboration with the Government of Senegal, the European Union and other partners.

Development of regional networks and resources

In an effort to enhance and ensure the sustainability of resources in the region, groups of experts, task forces and networks have been developed in selected programme areas. These include the following:

- *A regional group of experts on strategic planning.* Following identification of expertise at the level of Cosponsors, institutions and regional networks, the WCA/ICT has enhanced the creation of a regional group of experts to provide technical support for strategic planning at country level.
- *A regional group of experts on migration.* Composed of the five WAI country research teams on migration, as well as other resource persons, a regional group of experts was formed to provide technical support in this domain.
- *A regional group of experts on sex work.* Following identification of existing expertise on sex work in the region and in collaboration with partners involved in this domain, such as GTZ, a regional group of experts on sex work was formed.
- *A regional West African network on the genetic variability of HIV strains* was established.

An effort has also been made to develop methodology tools and situational analysis guidelines adapted to the region. A methodological guide on migration has been drawn up. A tool for the situational analysis of sex work based on field experience was developed after being pretested⁸.

Development of an information management system

In collaboration with UNFPA, the GTZ regional programme in Ghana, CIDA, UNDP, the UNICEF Regional Office for West Africa, the World Bank, Enda-Santé in Senegal, and local partners, the WCA/ICT is developing an information management system for HIV issues in the region. The first step in this collaboration was a situational analysis in four countries of the subregion including, Burkina Faso, Côte d'Ivoire, Ghana and Senegal. On the basis of the results of this study and the experience of other regions, a project will start during the first half of 1998.

⁸ Initiative Ouest Africaine. *Methodologie de recherche action projet migration et SIDA*. UNAIDS, Abidjan, 1997.

Initiative Ouest Africaine. *Guide d'Analyse de la situation de la prostitution en Afrique de l'Ouest*. UNAIDS, Abidjan, 1997.

Reinforcing blood safety and control of sexually transmitted diseases

- Within the framework of providing support for the WHO Regional Office for Africa efforts on blood safety and laboratory techniques, regional training workshops were organized. These covered strategies of blood donor recruitment (Lome, November 1996) for 13 francophone countries; distance training for blood safety measures (Abidjan, July 1997) for 16 francophone countries; and strategies of recruiting blood donors (Harare, November 1997) for 10 anglophone countries.
- In addition to its priority areas of work, the WCA/ICT collaborates with the WHO Regional Office for Africa and other partners in the area of STD prevention and control, as well as care and support for persons living with HIV/AIDS.

C. The Eastern and Southern Africa Intercountry Team (ESA/ICT)

In 1997, the focus of the ESA/ICT was on: (1) collaborating with regional initiatives of Cosponsors and other partners; (2) supporting the development of regional networks; (3) facilitating information and experience sharing; and (4) providing technical support to countries through the UN Theme Group.

Collaboration with and support to regional initiatives of Cosponsors and partners

- *UNICEF Regional Office for Eastern and Southern Africa (ESARO)*: Network meetings were jointly organized with ESARO. Information was shared and the participation of country-level implementers was supported.
- *Southern Africa Tuberculosis Control Initiative (SATCI)*. With this joint WHO/Southern African Development Council (SADC) subregional tuberculosis control project, a programme has been developed for the integration of counselling and other support into the care of people coinfected with HIV/AIDS.
- *WHO, UNFPA, IPPF, Population Services International (PSI)*. A regional consultation on promoting the female condom in Eastern and Southern Africa was jointly planned.
- *Medical Assistance Programme (MAP)*. This Kenya-based organization is expanding its successful initiative in working with churches to mobilize their members for prevention and care in Angola and Tanzania.
- *SADC, Organization of African Trade Union Unity (OUATUU), Family Health International (FHI), International Labor Organization (ILO)*. ESA/ICT supported the adoption of the SADC Code on AIDS and Employment. Case studies on implementation of the Code are now being commissioned and a regional meeting is planned along with the partners mentioned above.
- *Regional Aids Training Network (RATN)*. ESA/ICT was active on the expert committee and facilitated dissemination of information and sharing of experiences on community-based care.

- *Network of African People Living with HIV/AIDS (NAP+/ESA)*. In collaboration with UNDP and United Nations Volunteers (UNV), the implementation of Greater Involvement of People Affected by HIV/AIDS (GIPA) pilot projects has been started in Malawi and Zambia. Support has been provided to other countries in the region to promote activities that give a human face to the epidemic and combat discrimination of people living with HIV/AIDS.
- *DFID*. There was collaboration to strengthen the coverage and quality of syndromic management of STDs in SADC countries, and with the Regional Office of WHO for the implementation of the regional STD strategy. Networking, including collaboration with the Nairobi-based AIDS/STD Training Network, will be a main feature of the subregional strategy.

Support to network development

This included provision of technical assistance (strategic planning) and financial support, in partnership with the regional programme of the Swedish International Development Agency (SIDA), *to the Southern Africa Network of AIDS Service Organisations (SANASO)*, and assistance in the organization of their regional meeting in Swaziland.

Facilitation of information exchange

In order to increase access to the best practice collection and other UNAIDS publications, ESA/ICT collaborated with *the Southern Africa AIDS Information Dissemination Service (SAFAIDS)* to include a UNAIDS page in the quarterly newsletter. The newsletter was distributed to all CPAs in the region for further distribution to UN and other partners, thereby supporting networking.

Provision of technical assistance to countries through the UN Theme Group.

ESA/ICT provided technical assistance to countries in the region in the following areas:

- Zambia: assistance in the preparation (methodology, logistics) of the strategic planning process as well as in the analysis and planning exercise, and in the elaboration of an interim plan.
- Malawi: participation with UNDP in a series of training workshops to reinforce the capacity of Malawian researchers and decision-makers to analyse areas of disfunctionalities due to HIV/AIDS. That process resulted in the elaboration of research projects now being carried out and in the establishment of a strategic planning unit which is now facilitating strategic planning, including the elaboration of an interim plan for the National AIDS Programme. ESA/ICT carried out a follow-up mission to monitor the process.

- South Africa: participation in the review and planning of the national response, and provision of further technical assistance for sectoral strategic planning (military, business sector).
 - Botswana, Lesotho, Malawi, South Africa, Swaziland, Zambia: assistance in the development of national AIDS policy, organization of UN support to the national response, elaboration of strategies to promote the expanded response and advocacy with national decision-makers.
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Joint United Nations Programme on HIV/AIDS

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25 October 1999

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

Geneva, 28-29 June 1999

Contents

	Page
• Opening	2
• Consideration of the reports of the sixth and seventh meetings	5
• Report of Executive Director	5
• UNAIDS Unified Budget and Workplan for 2000-2001	9
• Financial and Budgetary Update	12
• International Partnership against HIV/AIDS in Africa	13
• UNAIDS and UN response at country level	16
• Next PCB meeting	17
• Other business	17
• Adoption of decisions, recommendations and conclusions	18
• Annex 1 - List of Participants	
• Annex 2 - Agenda	
• Annex 3 - Decisions, Recommendations and Conclusions	

Agenda item 1 – Opening

1. The eighth meeting of the UNAIDS Programme Coordinating Board (PCB) took place at the headquarters building of the World Meteorological Organization in Geneva from 28 to 29 June 1999. The participants are listed in Annex 1.
2. Dr Cathy Mead (Australia) speaking on behalf of the outgoing Chairperson. Dr Michael Wooldridge (Australia), who was unable to attend, welcomed the participants and expressed appreciation for the opportunity afforded to her country of chairing the PCB over the previous year, which had proved most rewarding. She drew attention to the important tasks before the Board, in particular, consideration of the UNAIDS unified workplan and budget for 2000-2001 and the proposed International Partnership against HIV/AIDS in Africa.
3. The PCB took note of the revised PCB *Modus operandi*, which had been amended in accordance with the changes in procedure for election of future PCB chairpersons and vice-chairpersons approved at its sixth meeting. The *Modus operandi* had also been adjusted to take account of the accession of the United Nations International Drug Control Programme (UNDCP) as the seventh Cosponsoring Organization of UNAIDS (see paragraph 13).
4. In accordance with the new procedures, the previous Vice-Chairperson, Dr Juan Ramon de la Fuente (Mexico) was confirmed as the new Chairperson and Dr Tapani Melkas (Finland) was elected as the Vice-Chairperson. Dr Chaiyos Kunanusont (Thailand) was elected Rapporteur. Dr Ramon de la Fuente took the chair. The Vice-Chairperson chaired the meeting for the last part of the afternoon of 29 June.
5. In his incoming address, the Chairperson paid tribute to the work of his predecessor and expressed appreciation that Mexico had the honour of being the first Latin American country to chair the PCB. In his view, there were five main challenges to be faced by UNAIDS in the immediate future. The most important was to extend successful HIV/AIDS-related activities to all countries, making the most of the experience gained so far. There was also an urgent need to increase the provision of sexual education to young people around the world and to seek alternatives – through consultation not confrontation – for providing access to the necessary medications at lower prices. Actions to guarantee and protect the human rights of those living with HIV/AIDS must be strengthened. Finally, UNAIDS must enhance its catalytic role in promoting the commitment of heads of state to the fight against the epidemic. The PCB must ensure that UNAIDS responded to those challenges and played a pivotal role in strategic planning activities at the global level in order to gain maximum benefit from the resources available.
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 Diane Riley of the Canadian Foundation for Drug Policy as the

alternate representative for North America; and Ms Jiuka Jegede of the Nigerian Network against AIDS as the alternate representative for Africa.

7. Speaking on behalf of Dr Gro Harlem Brundtland, Director-General, WHO and Chairperson of the Committee of Cosponsoring Organizations (CCO), who was unable to attend, Dr Daniel Tarantola (Senior Policy Adviser to the Director-General, WHO) said that, at its April 1999 meeting, the CCO had acknowledged the progress made by UNAIDS since its inception. For their part, the Cosponsors had improved their understanding of common goals and expanded their recognition of the HIV/AIDS epidemic as a challenge to human development as well as to their respective missions. They had also learned to view institutional differences as opportunities for complementary action rather than obstacles, and to mitigate disagreements through processes of conciliation afforded by interagency working groups and task forces.

8. Dr Brundtland had set out three goals for her term of office as its Chairperson: expansion of the response to the epidemic by each of the Cosponsors and by the UNAIDS Secretariat; the formulation of a UNAIDS unified budget and workplan for 2000-2001; and enhancement of the collective image of the Cosponsors. Those goals had been endorsed by the CCO.

9. Substantial progress had been made by the Cosponsors in mainstreaming HIV/AIDS work within their respective institutional agendas, although there were difficulties in tracking resources for such activities, as the UNAIDS study on the level and flow of national and international resources for the response to HIV/AIDS in 1996-1997 (document UNAIDS/99.25) had shown. Other UN system organizations, including the Office of the United Nations High Commissioner for Human Rights, the United Nations High Commission for Refugees and the Food and Agriculture Organization, were also contributing to the work of UNAIDS. At the April 1999 meeting of the UN Administrative Committee on Co-ordination (ACC), the UN Secretary-General had given an assurance of his personal commitment to expansion of the UN response to HIV/AIDS epidemic and had invited the Executive Heads of all UN organizations to speak out on the issue.

10. Despite the difficulties of the consultation process, an unprecedented agreement had been reached on the proposed UNAIDS unified budget and workplan for 2000-2001. However, further efforts would be needed to improve the planning and budgeting process for the next biennium through a clearer understanding and application of: the decision-making process concerning priority-setting and selection of activities for funding; the comparative advantages and roles of the Secretariat and the Cosponsors; the optimal balance between globally and regionally managed activities; and the deployment and financing of UNAIDS Country Programme Advisers.

11. In taking the decision, with the UNAIDS Secretariat, to develop the International Partnership against HIV/AIDS in Africa, the CCO had concluded that the highest possible level of political support would be needed to ensure the mobilization of the resources required (see paragraphs 53-62). Furthermore, it had emphasized the need

to reach consensus among the Cosponsors in developing their institutional strategy in each country to link the Partnership with the goals of the review of the Programme of Action of the International Conference on Population and Development, and to draw on existing mechanisms rather than create new ones.

12. Efforts were continuing to improve the collective image of the UNAIDS and the Cosponsors. At the national level, the UN Theme Groups on HIV/AIDS were functioning better, and a variety of joint actions had been undertaken, reflecting global cooperation.

13. The PCB expressed appreciation that the administrative and legal steps had been completed to permit the admission of UNDCP as the seventh member of the CCO in April 1999. The move emphasized the importance of illicit drug use as a determinant of the HIV/AIDS epidemic in many countries. UNAIDS should continue to focus on demand and harm reduction, identifying populations at risk so that efforts could be more accurately targeted.

14. The PCB paid tribute to Dr Brundtland for her contribution to the progress made by the CCO during her term of office as Chairperson of the CCO and noted that the incoming Chairperson was Mr Mark Malloch Brown, Administrator of UNDP.

15. Speaking on behalf of the representatives of NGOs/people living with HIV/AIDS, Mr Arnaud Marty-Lavauzelle (Président d'Honneur, Actions Internationales, AIDES Fédération Nationale, France and the NGO representative for Europe) said that in the countries of the North, as a result of access to sophisticated treatment, perception of the risks of HIV/AIDS had diminished, so that the vigilance indispensable for developing and supporting effective treatment strategies was declining in the naïve belief that the problems had been resolved. Meanwhile, in those of the South, treatment was often lacking, fatalities were increasing and the disease was having an enormous impact on the economy and development, masking positive experiences in prevention and care. It was essential for all countries, North and South, to link together in a common commitment to combat the epidemic.

16. While complimenting the work undertaken in developing the UNAIDS unified budget and workplan, he expressed concern that the resources involved would be insufficient in the face of the increasing problems, in particular in respect of care at the community level. Members of the PCB and the Cosponsors must play an active role in ensuring the mobilization of additional funds at the country and regional levels. Reconstruction programmes in the Balkans must pay due attention to the potential risks for HIV/AIDS among persons displaced and impoverished by the recent war. However, they should not be pursued at the expense of important cooperation programmes elsewhere, notably in Africa. Repeated violations of human rights, many of which had now been documented, provoked stigmatization and exclusion and were an important determinant in the epidemic. They included denial of access to prevention and care, restriction of movement and specific acts of violence. Specific mechanisms must be sought to improve the situation, through new structures if necessary. Further urgent efforts were also needed to ensure the continuation and

expansion of successful projects at the community level and to build on the principle of the Greater Involvement of People Living with HIV/AIDS (GIPA).

17. The proposed classification of countries for resource allocation should not lead to the exclusion or marginalization of any country and must be sufficiently flexible to take account of future changes, particularly in countries currently listed in categories two and three.

18. He concluded by assuring the PCB of the NGO community's continued support to UNAIDS.

19. The provisional agenda (document UNAIDS/PCB(8)/99.1) was adopted (see Annex 2).

Agenda item 2 – Consideration of the reports of the sixth and seventh meetings

20. The PCB adopted the reports of its sixth meeting (document UNAIDS/PCB(6)/98.12) and of its seventh meeting, which was also its second *ad hoc* thematic meeting (document UNAIDS/PCB(7)/98.2).

Agenda item 3 – Report of the Executive Director

21. Peter Piot (Executive Director, UNAIDS) introduced his report (document UNAIDS/PCB(8)/99.2), highlighting important aspects of the status of the HIV/AIDS epidemic, the approach adopted by UNAIDS, the status of the UN response, the development of the UNAIDS unified budget and workplan, changes within the UNAIDS Secretariat, strategy development, advocacy to reduce stigmatization and discrimination, community action and the need for intensified action in Africa.

22. The PCB commended the report which provided a comprehensive overview of the current situation and showed that UNAIDS was developing in the right direction, adding value to the global response, and that the Cosponsors were increasing their commitment to addressing HIV/AIDS. However, concern was expressed at the relentless spread of the epidemic, which was outpacing the institutional changes needed to elicit an effective response. New infections had reached unprecedented levels in Africa and were increasing rapidly in Asia, Latin America and the Caribbean, and Eastern Europe. By the end of 1998, there were 33.4 million people living with HIV/AIDS, an increase of 10% since the end of 1997. AIDS was now the fourth most important cause of death in the world as a whole and the leading cause in Africa. The epidemic was having an increasingly significant impact on socioeconomic development, with dramatic reductions in life expectancy, rapid increases in mortality among those under five years of age, depletions in the populations of working adults, and falls in agricultural production. In North America, western Europe and

industrialized nations in Asia and the Pacific, although modern drugs were reducing the number of AIDS-related deaths, the number of new infections was at the same level as five years earlier, and there was a need to combat complacency about HIV transmission.

23. The PCB agreed that increasing the visibility of the epidemic and simultaneously decreasing the stigma associated with HIV/AIDS were essential preconditions for the social mobilization needed to address the epidemic. Senior policy-makers faced the challenge of creating an environment of solidarity in which communities could be supported to undertake effective prevention measures while meeting the needs of those most affected. The key to making further progress in harmonizing prevention, care and impact mitigation was mobilizing action at the community level – the greater involvement of NGOs and people living with HIV/AIDS would be an essential ingredient.

24. Primary prevention clearly remained of the utmost importance, and the Board agreed that stabilizing HIV prevalence and reducing incidence in young people were major priorities. Experiences in a number of countries had shown that successes were possible using existing tools, but more work was needed to translate those experiences into successful activities elsewhere. Further efforts were also needed in the areas of vaccine development and prevention of mother-to-child transmission.

25. The PCB agreed that particular emphasis should be given to the provision of appropriate education to ensure that young people become more aware of the epidemic, understand how HIV transmission can be prevented, develop a sense of personal responsibility and recognize the need to eliminate discrimination against those affected by the disease. It therefore urged the Secretariat and the Cosponsors to seek donor support for suitable programmes in that area and to expand the use of innovative approaches, including the involvement of the mass media, to reach the general public, especially young people. The Board noted that HIV/AIDS was having an increasing impact on the development of the education sector, affecting access to school systems. It therefore requested the Secretariat and the Cosponsors to examine the interaction of the epidemic and the education sector, and to report back on its findings.

26. The Board welcomed the recent progress made in combating the HIV/AIDS epidemic reported from a number of countries since its previous meeting. For example, in India, through “awareness camps” in 67 pilot districts, large numbers of the population had been reached, increasing awareness of HIV/AIDS and other sexually transmitted diseases (STDs), and primary health care systems had been strengthened to improve STD identification and drug management and supply. Those activities would be expanded into a nationwide campaign at the end of 1999. Support was continuing for activities in other countries in South-East Asia; Cambodia had held its first national AIDS control conference and the Philippines had developed a multisectoral national HIV/AIDS strategy for 2000-2004 to be implemented by the National AIDS Council. Brazil and Mexico were developing as major programmatic focal points for Latin America. In Brazil, the UN Theme Group on HIV/AIDS was

helping to manage HIV/AIDS-related activities financed by a recent World Bank loan and broad participation of NGOs and the private sector had been achieved.

Switzerland had developed its prevention campaign for the next five years, conscious of the need to improve awareness that the epidemic was continuing to spread. In Côte d'Ivoire, a national fund had been established to help the poorest patients with costs of drugs, and programmes were being implemented on reduction of mother-to-child transmission and treatment of opportunistic infections.

27. Concern was expressed that many population groups continued to have little or no access to counselling and care, and there were calls for increased allocations to activities in that area. Governments should be encouraged to consult with NGOs and others at the community level with a view to setting national and community-based standards of care for those affected by HIV/AIDS and to strengthen their health care systems accordingly. Some progress had been made in improving the availability of antiretroviral drugs and drugs to treat opportunistic infections. However, continued efforts were needed in that regard and, in collaboration with the pharmaceutical industry and organizations such as WTO, in seeking mechanisms for developing more favourable pricing strategies. The establishment of treatment norms and standards and a database of suitable drugs should also be pursued.

28. The PCB welcomed the progress made in expanding the membership of the UN Theme Groups on HIV/AIDS, achieving broader agency representation in chairing those groups, and increasing the commitment of the Cosponsors to the process. In some countries, the increased participation had already succeeded in generating more interest in and additional resources for HIV/AIDS activities, and further expansion should therefore be encouraged. However, concern was expressed that effective UN system coordination was still weak in several countries. While about two-thirds of Theme Groups in countries with resident Secretariat staff had developed integrated workplans, only one out of five of Theme Groups in countries without such support had done so. The Secretariat and the Cosponsors were urged to continue joint efforts to monitor the situation and take steps to accelerate progress. Governments must know what to expect from Theme Groups in the way of effective support for national priorities and strategic planning, and the role of UNAIDS country programme advisers and their links with UN Resident Coordinators should be more clearly defined. In some areas, for example, in the small island states of the Caribbean and the South Pacific and countries in eastern Europe and central Asia, where there was little UN system representation, there was a need to develop appropriate alternatives for resource coordination.

29. In answer to enquiries about performance monitoring and evaluation, the PCB was informed that progress had been made in a number of areas. Indicators for monitoring the implementation of the 1998-1999 workplan had been developed, laying a foundation for the development of indicators for the 2000-2001 unified budget and workplan. A draft methods package including improved indicators for the monitoring and evaluation of national HIV/AIDS programmes had been developed and field-testing would start during the second half of 1999. An evaluation of the UNAIDS best practice collection had been initiated to assess the relevance, effectiveness,

distribution and use of the materials. Evaluation frameworks of other main functions of the UNAIDS Programme had been developed in accordance with the monitoring and evaluation plan and will be discussed with the UNAIDS Monitoring and Evaluation Reference Group for the major functions of the Programme. Work is also under way with the Cosponsors to develop systems for monitoring the implementation of the unified budget and workplan and with the Theme Groups to assess country-level integrated workplans for HIV/AIDS where those had been developed. Finally, the Cosponsors had themselves undertaken a number of individual monitoring and evaluation activities.

30. There were calls for the further strengthening of strategic support under special regional initiatives. Although some progress had been made, greater efforts were needed to improve technical cooperation and develop strategic planning in Central America and the Caribbean. The Board considered that those areas should be included as priority regions alongside Africa, Eastern Europe and Asia. It also urged that the efforts of intercountry teams be strengthened.

31. The Board welcomed the planned emphasis over the coming 18 months on the development of the UN System Strategic Plan for HIV/AIDS for 2001-2005 and the links between the UNAIDS unified budget and workplan, the UN global strategy on HIV/AIDS and the International Partnership against HIV/AIDS in Africa, noting that the Secretariat was establishing a programme development group to manage and support that process. The Secretariat and Cosponsors were urged to use the opportunity provided by planned international and regional meetings to ensure broad consultation. The Board requested that it be updated on developments at its next regular annual session and that consideration of progress in that area be included on the agenda of its next *ad hoc* thematic meeting.

32. Although there was welcome evidence of increasing political commitment to the fight against HIV/AIDS, the Board urged UNAIDS, the Cosponsors and other UN organizations to strengthen their advocacy in that regard and to press for greater involvement of sectors other than health. The welcome priority given to HIV/AIDS by the UN Secretary-General and Deputy Secretary-General and intergovernmental organizations such as the Organization of African Unity, the G8 group of countries and the European Union should serve to promote government responses still further. Reviews to follow up the programmes of action of international conferences such as the International Conference on Population and Development, the Fourth International Conference on Women and the World Summit for Social Development provided Member States, the Secretariat and the Cosponsors with possibilities for urging increased attention to the disease in future activities and to the cross-cutting issues of human rights, gender and the greater involvement of people living with HIV/AIDS. UNAIDS would need to articulate more clearly the increasing threats to socioeconomic development in order to bring in new and multisectoral partners.

33. It was suggested that regular discussions should be held with multilateral and bilateral donors with a view to intensifying their cooperation with UNAIDS, improving the coordination of their activities and ensuring that those activities were

consistent with global, regional and national priorities and with UNAIDS strategies. The Board was pleased to note the contributions from countries such as Japan through the Global Issues Initiative and activities in the Asia-Pacific region, France through its bilateral programme, and from initiatives such as the International Therapeutic Solidarity Fund and the International AIDS Vaccine Initiative.

34. In considering issues of governance, the PCB endorsed the Secretariat's proposals for harmonizing its alternate year budget and workplan submissions to the PCB with the reporting requirements to the Economic and Social Council of the United Nations to avoid duplication of effort and ensure a more efficient use of resources.

Agenda item 4 – UNAIDS Unified Budget and Workplan for 2000-2001

35. Purnima Mane (Chief, Office of the Executive Director, UNAIDS) presented the UNAIDS proposed unified budget and workplan for 2000-2001 (document UNAIDS/UWB/2000-01 and Add. I and II). As requested by the PCB, it had been developed in close collaboration with the six Cosponsoring Organizations, with a view to enhancing complementarity and clarifying the roles and responsibilities of the various partners. Consultations had been held to establish the strategic priorities to be addressed, the criteria for inclusion of proposals, the nature of the programme components and the programming itself, and the levels of the proposed allocations. Following a further series of consultations, the initial proposal of US\$ 220 million had been reduced to the proposed level, US\$ 140 million which, on the basis of anticipated income and the contributions received and/or pledged for 1998-1999, was considered to be a realistic figure.

36. The budget and workplan included proposals to be implemented by the Cosponsors and the Secretariat for which funds would be sought collectively, with no further Coordinated Appeal for Supplemental Funded Activities. It was structured around 13 programme components – areas of work critical to the HIV/AIDS epidemic in which the UN system can play an important role – which provided the framework for activities. Using a strategic approach, budgetary allocations were attributed by thematic, geographical and functional priorities. Criteria for decisions on implementation would include the comparative advantage of each entity as defined by its mandate, past track record, operational capacity, current budget allocation to the area (commitment to allocate resources in the form of matching funds and core budget allocations) and existing memoranda of understanding or other agreements.

37. The PCB approved the UNAIDS unified budget and workplan for 2000-2001 at the proposed level of US\$ 140 million, noting that it represented no increase over the total budget for 1998-1999, which included the Secretariat core budget together with the amount requested in the Coordinated Appeal. The Board recognized that the approved level did not include funding for HIV/AIDS-related activities under the core budgets of the Cosponsors and represented only one element of overall resource

mobilization for HIV/AIDS activities. Substantial additional resources would be needed, in particular at the regional and country levels, to make any significant difference in the response to the epidemic. Member States were urged to make explicit calls, through the various governing bodies, for greater commitment to HIV/AIDS-related activities by the Cosponsors and to ensure that such activities were undertaken in cooperation with UNAIDS.

38. Appreciation was expressed for the extensive collaborative work undertaken by the Cosponsors and the Secretariat in developing a unified budget and workplan for the first time. It represented a real step forward in interagency cooperation, which should enhance the UN system response to the HIV/AIDS epidemic at all levels, and showed that UNAIDS could make a real difference.

39. The involvement of the seventh Cosponsor, UNDCP, in the preparation of the next unified budget and workplan would add a further dimension, extending the valuable existing collaboration with that organization to full partnership.

40. The Board noted that the scope of the unified budget and workplan was limited to activities which, while meeting country needs, were managed at the global and regional levels. It was hoped that, as the Cosponsors strengthened their capacities and leadership on behalf of the UN system in specific areas of their comparative advantage, the Secretariat would increasingly be able to focus on its more catalytic and coordinating roles, in particular in such areas as policy analysis, strategy development, advocacy, political and social mobilization, best practice documentation, technical resource development, and evaluation and monitoring. Within the Secretariat, emphasis would be placed on strengthening and adapting staff capacities consistent with the evolving priorities of the Programme.

41. While welcoming the improvements in format, which enhanced transparency, the Board suggested that future budgets would benefit from a more streamlined presentation of strategies, priorities and objectives with greater focus on outcomes and impact. Further refinement of indicators was also needed, especially the development of qualitative indicators where appropriate. It would be important to provide baseline information in order to determine trends over time. More detailed, comparable information on the HIV/AIDS-related activities financed by the Cosponsors from their core budgets, and an indication of the size of the allocations to those activities as a proportion of their total allocations, would also be appreciated, although the difficulties of harmonizing expenditures developed under different budgeting systems were recognized. It was noted that the administrative costs of substantive activities to be carried out by the Cosponsors were not included in the unified budget and workplan.

42. The Board endorsed the proposed allocations to the 13 programme components, welcoming the balance between substantive and administrative expenditures and the emphasis given to capacity building. In implementing the workplan, the Secretariat and the Cosponsors should ensure that sufficient attention is paid to the integration of the cross-cutting themes – human rights, gender and the greater involvement of people

living with HIV/AIDS – in programme efforts, and to activities related to access to psychosocial counselling and other forms of care and support, especially in areas where few drugs were available, and to prevention of mother-to-child transmission, HIV/AIDS and tuberculosis, vaccine development, HIV/AIDS education and strengthening of NGOs. In addition, further efforts should be made to reduce the delays in disbursing allocations from the Strategic Planning and Development Funds (SPDF) and to evaluate the impact of those allocations.

43. While the focus on Africa was welcome and necessary, efforts to tackle the crisis in that region should not detract from activities in other affected areas, in particular Asia and Latin America and the Caribbean, where timely action might slow the current deterioration in the epidemiological situation.

44. Recognizing the need for an effective and unified joint resource mobilization strategy to secure adequate financing for the approved budget: the Board approved the recommendations of its Working Group on Resource Mobilization in that regard. The recommendations drew attention to UN General Assembly resolution 50/270, which requests greater sustainability and consistency on the part of Member States in relation to contributions to programmes and funds and therefore urged Member States to review the level of their contributions, to notify UNAIDS as soon as possible of forthcoming funds, to transfer contributions as early as possible in the biennium and to make two-year pledges corresponding to the biennial budget cycle where possible. Countries themselves affected by HIV/AIDS were encouraged to increase their commitments, including financial contributions, to activities to respond to the epidemic. In that context, the PCB welcomed announcements to the effect that Brazil would become a donor, that Belgium had signed a long-term cooperation agreement with UNAIDS, that France would increase its contribution, that the United Kingdom would maintain its contribution at least at the level for that of the current biennium and was considering entering a multiyear agreement, and that Australia would be paying its contribution for 2000 in the first quarter of the year. The Working Group recommendations also called on the Cosponsors to seek funds for activities at the global and regional levels within the unified budget and workplan and encouraged the Cosponsors, the Secretariat and Member States to enhance synergy between bilateral HIV/AIDS cooperation and the UN system response at country level within the framework of national HIV/AIDS strategies.

45. Following an exchange of views concerning the action to be taken should contributions exceed or fall short of the approved budget level, the PCB urged the Secretariat to monitor the financial situation carefully to ensure sound and transparent disbursement mechanisms and prudent cashflow management and to update income estimate regularly throughout the biennium. The Board decided that the Secretariat should be authorized, in consultation with the CCO and the Chairperson and Vice-Chairperson of the PCB, to use any surplus funds for additional activities, including the International Partnership against HIV/AIDS in Africa, within the framework of the unified budget and workplan. It further decided that any shortfall would need to be accommodated through proportionate reductions in the substantive activities of the Cosponsors and the Secretariat.

46. The UNAIDS unified budget and workplan was the first such exercise in the UN system and, although it required further refinement, the approach taken could be regarded as a useful model in the context of UN reform.

Agenda item 5 – Financial and budgetary update

Agenda item 5.1 – Interim financial management information on the 1998-1999 biennium

47. The PCB took note of a report setting out the interim financial management information for the 1998-1999 biennium, which included the funds available and the obligations incurred from 1 January 1998 to 30 April 1999 (document UNAIDS/PCB/(8)/99.3).

48. The PCB was informed that, since 30 April, an additional US\$ 5.5 million had been received so that, as at 25 June, income for core activities amounted to US\$ 71.7 million. The figure included US\$ 63.4 million from 24 governments, US\$ 3.5 million from three Cosponsors and US\$ 4.8 million from miscellaneous income, mostly interest. There was a further US\$26.7 million in outstanding pledges. The total sum, US\$ 98.4 million, represented 82% of the approved budget level for the biennium, leaving a shortfall of US\$ 21.6 million (18%).

49. Total funds received by the Programme as at 25 June 1999 amounted to US\$ 99.2 million, consisting of US\$ 71.7 million income for core activities, plus US\$ 23.2 million received in 1998 against outstanding 1997 pledges, and an additional US\$ 4.3 million representing the 1997 fund balance following the establishment of the level of the Operating Reserve Fund at US\$ 33 million in May 1998. Total expenditure to date amounted to US\$ 82 million, representing an overall implementation rate of close to 70%. That left some US\$ 17 million in cash to finance core activities during the rest of the biennium, which had been costed at US\$ 38 million. Thus, unless there were early indications from donors that the core budget would be fully matched by contributions paid before the end of the biennium, there would have to be a slow-down in activities. The Board therefore reiterated the need for Member States to make good their pledges and to follow the example of those that had agreed longer-term commitments to UNAIDS. In that regard, it was pleased to note that a letter of credit for US\$ 15.2 million for 1999 had just been received from one donor.

50. The Board was informed that, of the US\$ 22 million target set for the Coordinated Appeal for Supplemental Funds, only US\$ 12 million had been made available.

Agenda item 5.2 – UNAIDS Operating Reserve Fund

51. Bernard Fery (Director, Programme Support Department, UNAIDS) introduced a report on the UNAIDS Operating Reserve Fund (ORF) which had been prepared in response to the request by the PCB at its sixth meeting. The ORF had been established in 1998 at a level of US\$ 33 million to take into account the need to obligate the full cost of UNAIDS salaries, some US\$ 20 million, in January each year, and to ensure that around US\$ 13 million was available for the first four months of operation.

52. The PCB noted that WHO, which provided administrative support to UNAIDS, had confirmed that it was not currently in a position to alter its existing rules and regulations in regard to the requirement to obligate salaries at the beginning of each calendar year. The PCB was informed that the WHO Executive Board had requested a general review of WHO financial and administrative rules and regulations. It urged Member States to point out to WHO the problems generated for UNAIDS by the requirement.

53. It was clear that the ORF remained essential to ensuring the continuity of UNAIDS operations. However, the positive trends in funding patterns, with improvements in the levels of donor contributions and the timing of payments, had eased cash-flow problems somewhat, and a level of US\$ 25 million was now considered adequate to satisfy requirements. The PCB therefore endorsed the re-evaluation of the level of the ORF from US\$ 33 million to US\$ 25 million. It decided that the amount of US\$ 8 million that would thereby be released should be used to intensify country activities within the framework of the International Partnership against HIV/AIDS in Africa and authorized the Secretariat to deploy the funds for that purpose, in consultation with the UN Theme Groups on HIV/AIDS.

Agenda item 6 – International Partnership against HIV/AIDS in Africa

54. Peter Piot (Executive Director, UNAIDS), introducing the item, said that, at previous meetings, the PCB had requested UNAIDS and the Cosponsors to prioritize their actions, giving special attention to the worsening situation in Africa. It was now clear that a concerted emergency response was needed to make any difference in that region, and it had therefore been decided to establish the International Partnership against HIV/AIDS in Africa.

55. Outlining events leading up to that decision, he recalled that, following numerous discussions and the adoption of relevant resolutions at the OAU Summit of Heads of State and the second Tokyo International Conference on African Development (TICAD II) in 1998, the UNAIDS Secretariat had begun a broad programme of

consultations with a view to establishing intensified action in sub-Saharan Africa, where the HIV/AIDS epidemic was having a particularly devastating impact. The discussions had revealed a growing political commitment to the fight against HIV/AIDS not just among Heads of State in Africa but also among other potential partners. The possibility of establishing an international partnership had therefore been discussed at the 1998 UNAIDS Cosponsor Retreat, as reported to the PCB at its previous meeting. Finally, in January 1999, the Cosponsors and the Secretariat had agreed on the concept and had adopted a resolution to create and support the International Partnership against HIV/AIDS in Africa.

56. The Cosponsors were now taking steps to enhance their capacity to contribute to the Partnership. The major challenge in that regard would be achieving the necessary radical shift in resource allocation at the country level within each agency. The Board was informed that the World Bank had declared HIV/AIDS as a development crisis for Africa and had reoriented its strategy under the umbrella of the Partnership, using its comparative advantage to encourage governments, the private sector and other partners to mobilize resources, particularly at the regional level, and establishing a committee to ensure that country-assistance activities incorporated an HIV/AIDS component. The strategy used HIV/AIDS as an incentive for debt relief and for activities to alleviate poverty and improve education, particularly for girls. World Bank country representatives were becoming more fully involved in the UN Theme Groups on HIV/AIDS and were working to clear disbursement bottlenecks. WHO had also approved a number of activities directly related to the Partnership. They concerned the strengthening of health systems in the countries affected; further integration of specific disease programmes, the improvement of preventive strategies, strengthening of care and counselling programmes and setting of standards in that regard, strengthening of epidemiological surveillance and improvement of monitoring and evaluations systems in order to provide accurate data for policy-makers. WHO was taking steps to improve the way it worked with countries and, more specifically, had appointed three health care specialists to be based in Kampala, Harare and Lomé, respectively and was collaborating with the World Bank to appoint a specialist in health financing to be based in Harare. The Board was informed that the United Nations saw support for the Partnership as vital and urged delegates to the forthcoming meeting of the Economic and Social Council to stress its importance during the Council's discussion of development in Africa. UNFPA was initiating activities to improve collaboration with UNAIDS, including a workshop for its intercountry support teams in Africa.

57. The UNAIDS Secretariat was developing appropriate staffing and management arrangements, undertaking training for country programme advisers and developing electronic communications to service the Partnership. In that regard, secondments of staff from donors to the UNAIDS Secretariat and the regional entities of the Cosponsors would be most welcome.

58. Members of the Partnership had initiated a series of country programming missions to explore ways of supporting countries to expand and accelerate national responses against HIV/AIDS. At a meeting of donors held in April 1999 in London, a

list of major tasks had been drawn up and donors had agreed to review their portfolios with a view to increasing attention to HIV/AIDS. The conclusions of the meeting had been circulated. Discussions with political leaders and policy-makers were also continuing. Although preliminary estimates of the cost of mounting an intensified national response to HIV/AIDS in Africa had been made, further work to develop methodologies in that area was urgently needed. It was hoped that by the end of 1999 it would be possible to develop an overall plan of action for the Partnership and goals for community-level action and resource mobilization, and that the UN Secretary-General would convene a high-level political meeting to promote the Partnership.

59. The PCB agreed that the HIV/AIDS epidemic in Africa had become a true development crisis, reversing many of the gains made in recent decades. The situation was extremely serious and called for an immediate, intensified and coordinated response. The Board therefore expressed strong support for the Partnership and endorsed the steps taken so far. There was clearly sufficient political momentum to underpin its establishment and there were well documented successes in achieving a decline in the number of new infections and improving care for and reducing stigmatization of people living with HIV/AIDS. Moreover, preliminary estimates appeared to indicate that it should be possible to mobilize the additional resources required, for example, by increasing existing budget lines for HIV/AIDS activities, finding new partners in other sectors and tapping into previously untapped sources, such as funds designed to assist the social sector or released through debt relief. However, it would be important to ensure that development of the Partnership did not detract from much-needed efforts in other regions.

60. The Partnership would require a broad coalition of support, including African and donor governments, bilateral agencies, the UN system, a wide variety of NGOs, people living with HIV/AIDS and major corporations – engaging those not yet engaged in activities to combat HIV/AIDS. The UNAIDS Secretariat, the Cosponsors and other UN organizations should continue their efforts to develop, refine and coordinate support for the Partnership, making use of the opportunities provided by international meetings to publicize activities. Donors should review their portfolios to see how they could provide additional financial and technical support to HIV/AIDS activities and improve funding transfer mechanisms. Mechanisms for South-South cooperation should be developed. African governments would need to play a full part, mobilizing all possible support within their own countries. National capacities would need strengthening in that regard. In deciding who should implement activities, care must be taken to ensure best use of comparative advantage.

61. It would be important to ensure national ownership of joint coordinated plans of action to intensify activities that were built upon existing structures and expertise; mobilization of sufficient resources to implement those plans; cost-effective and accountable disbursement; and improved regional support mechanisms. Plans should be sustainable in the long term and sufficiently flexible to respond to rapid changes in local situations, for example, resulting from conflicts or natural disasters. Moreover, monitoring and evaluation activities should be built in at the outset. In addition to broad overall goals, each country would need to develop its own national and

community-based targets. The Board noted that targets had already been formulated in some African countries as a result of the strategic planning process. The role of expanded UN Theme Groups on HIV/AIDS would be crucial in channelling resources effectively, and efforts should be made to improve the operation of Theme Groups in Africa accordingly.

62. The Board emphasized the need to ensure the involvement of communities and individuals in the development of intensified activities that were based on a respect for human rights and cultural traditions and the principles of non-discrimination and gender equity. The Partnership should not become a bureaucratic exercise centred on the logistics of coordination and programme delivery. It should focus on people and must be informed by past failures that had led to stigma, fear, despair and inability to act. Moreover, that vital human dimension should be reflected in future documentation.

63. The Board expressed the hope that tangible benefits of the Partnership to African countries would soon become visible and requested the Secretariat to prepare regular progress reports for its consideration. Experience in developing and implementing the Partnership should provide a useful model for intensified action in other regions of the world.

Agenda item 7 – UNAIDS and UN response at country level

64. Gunilla Ernberg (Coordinator, Management, Department of Country Planning and Programme Development, UNAIDS) said that, in accordance with the recommendations made by the PCB at its sixth meeting, the UNAIDS Secretariat, in consultation with the PCB Working Group on Resource Mobilization, had further refined the model for prioritization of UNAIDS Secretariat resources for country activities and had proceeded with its application. The report before the Board (document UNAIDS/PCB(8)/99.6), besides detailing the four revised prioritization criteria and drawing attention to the “common goods” available to all countries as a result of UNAIDS’ advocacy and policy development roles, provided an update on implementation. The criteria had been applied to all countries, on a regional basis, to arrive at a composite score for each country that was weighted in relation to each criterion and to the countries within each region. Using the resulting scores, countries had been classified into one of three categories. There were 32 countries in category 1 (countries in each region with the greatest need and relatively the greatest potential for change with regard to the epidemic); 56 countries in category 2 (countries with significant needs and a relatively good potential for change); and 83 in category 3 (countries with relatively less need and/or potential for change). The model had been finalized half way through the current biennium and would therefore be fully implemented only in 2000-2001.

65. The PCB commended the progress made and endorsed the revised criteria and the emphasis given to the common goods available to all countries. The Secretariat gave

an assurance that the model would be applied with flexibility, and that the categorization of countries would be reviewed periodically to allow for reclassification as countries' needs and capacities changed. Implementation would be monitored in the context of overall patterns of donor contributions for HIV/AIDS activities, and due consideration would be given to strategic support for category 3 countries, since timely intervention at a low point in the HIV/AIDS epidemic could prevent rapid deterioration and raise political commitment. The Board stressed that care should be taken to ensure that where changes were made, for example, in the assignment of country programme advisers and the allocation of Strategic Planning and Development Funds, appropriate alternative arrangements were provided so that countries did not suffer.

66. The PCB recommended that the Secretariat should continue to apply the prioritization model, giving due attention to special regional initiatives, and requested that it be kept informed of progress in that regard.

Agenda item 8 – Next PCB meeting

67. Sally Cowal (Director, External Relations, UNAIDS) said that, in accordance with the agreed cycle of meetings for the biennium, the next meeting of the PCB would be the regular annual session for 2000. That would be followed by an *ad hoc* thematic meeting to be held towards the end of 2000 and a further regular annual session in 2001.

68. The PCB agreed to hold its ninth meeting on 25 and 26 May 2000 in Geneva. It was proposed that consideration be given to holding the next *ad hoc* thematic meeting in the region of Latin America and the Caribbean.

Agenda item 9 – Other business

Inter-Agency Advisory Group on AIDS

69. Mr Warwick Jones (International Labour Office), Chairperson, Inter-Agency Advisory Group on AIDS (IAAG) informed the Board that, at its fifteenth meeting in June 1999, IAAG had considered two main subjects, HIV/AIDS and human rights, and the recurrent agenda item of HIV/AIDS in the UN workplace. It had also reviewed actions taken to implement the recommendations made at its previous meeting in the areas of HIV/AIDS in emergencies and peacekeeping operations, and HIV/AIDS in the UN workplace.

70. IAAG had welcomed the considerable progress made in a number of areas in relation to HIV/AIDS in the UN workplace: increased attention by UN bodies, notably the ACC, to UN staff and their dependants living with HIV/AIDS; further implementation of pilot programmes to make affordable care and drugs available to staff and their dependants in programme countries, and the launch of a joint

UNAIDS/UNICEF pilot project to test approaches: distribution of starter kits for post-exposure treatment to 144 field locations where there are UN system staff; reinforcement of the work of the UN Development Group's subgroup on Personnel and Training in raising awareness in regard to HIV/AIDS and developing improved training materials; and the conducting of training workshops on HIV/AIDS in the UN workplace for staff at headquarters and field locations by a number of UN organizations. The Group had made a number of further recommendations in that area.

71. In its discussion on HIV/AIDS and human rights, IAAG had reviewed relevant recent, ongoing and planned activities in a number of UN agencies and had concluded that it could play a useful role in improving the coordination of activities in that area using the *International guidelines on HIV/AIDS and human rights* as an analytical tool. Participating agencies were to examine the relationship of the *Guidelines* to their respective mandates and operational activities and report back to the Group at its next meeting. It had also been agreed that, with the assistance of UNAIDS, participating agencies should identify links in respect of HIV/AIDS and human rights and the UNAIDS 2000-2001 unified workplan and budget.

72. At its next meeting, IAAG would continue to examine issues relating to HIV/AIDS in the UN workplace and HIV/AIDS and human rights, and would initiate a discussion on HIV/AIDS in the context of globalization. In the coming year IAAG would be chaired by OHCHR, with UNICEF as Vice-Chairperson.

Agenda item 10 – Adoption of decisions, recommendations and conclusions

73. The decisions, recommendations and conclusions of the eighth 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 29 June 1999, are set out in Annex 3.

Annex 1

List of Participants

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Annex 2 Agenda

Reference documents

1. Opening

Opening of the meeting

- 1.1 Opening of the meeting
- 1.2 Election of officers
- 1.3 Report by the Chairperson of the Committee of
Cosponsoring Organizations
- 1.4 Report by the NGO representative
- 1.5 Adoption of the provisional agenda

UNAIDS/PCB(8)/99.1

2. Consideration of the reports of the sixth and seventh meetings

UNAIDS/PCB(6)/98.12
UNAIDS/PCB(7)/98.6

3. Report of Executive Director

UNAIDS/PCB(8)/99.2

4. UNAIDS Unified Workplan and budget for 2000/2001

UNAIDS/UWB/2000-01

5. Financial and Budgetary Update

- 5.1 Unaudited Interim Financial Management Information on
the 1998/1999 biennium

UNAIDS/PCB(8)/99.3

- 5.2 UNAIDS Operating Reserve Fund

UNAIDS/PCB(8)/99.4

6. International Partnership against AIDS in Africa

UNAIDS/PCB(8)/99.5

7. UNAIDS and UN response at country level

- 7.1 Prioritization of support by UNAIDS Secretariat

UNAIDS/PCB(8)/99.6

8. Next PCB meeting

9. Other business

10. Adoption of decisions, recommendations and conclusions

Annex 3**DECISIONS, RECOMMENDATIONS AND CONCLUSIONS**

Agenda item 1 – Opening

1. The PCB warmly welcomed the accession in March 1999 of the United Nations International Drug Control Programme (UNDCP) as the seventh Cosponsoring Organization of UNAIDS. The joining of UNDCP and the implementation of the Political Declaration on Guiding Principles of Drug Demand Reduction adopted by the UN General Assembly in June 1998 were expected to enhance UNAIDS' efforts in addressing HIV/AIDS and illicit drug use.

Agenda item 2 – Consideration of the reports of the sixth and seventh meetings

2. The PCB adopted the reports of the sixth regular annual session (UNAIDS/PCB(6)/98.12) and the second *ad hoc* thematic meeting (UNAIDS/PCB(7)/98.6) of the PCB.

Agenda item 3 – Report of Executive Director (document UNAIDS/PCB(8)/99.2)

3. The PCB reiterated the importance of primary prevention for HIV, including the development of suitable preventive HIV/AIDS vaccines, and the need for multisectoral action in this regard.

4. The PCB recommended that the Secretariat and the Cosponsors continue efforts to identify strategies to make health care systems more responsive to HIV/AIDS including improved access to care and sustained accessibility to treatment for HIV infection and HIV-related diseases. In that context, the PCB welcomed the WHO "revised drug strategy", and requested that a progress report on access to care be submitted to the PCB at its next meeting.

5. The PCB recognized the increasing importance of the engagement of the education sector in promoting life skills and the role of the media in empowering young people to prevent HIV transmission and contributing to an environment free of stigmatization. The PCB therefore requested the Secretariat and the Cosponsors, in particular UNESCO, to document the contribution of the education sector to mitigating the impact of the epidemic and to analyse the impact of HIV/AIDS on the development of the education sector, especially access to schooling. The PCB further requested that a progress report in that regard be submitted at its next meeting.

6. The PCB urged Member States to ensure that HIV/AIDS was included on the agenda of the UNESCO General Conference in November 1999.

7. The PCB recommended that the Secretariat continue to provide support for the broadening of membership of the UN Theme Groups on HIV/AIDS and to ensure that the Groups operate effectively and interact transparently with governments, recognizing national strategies and priorities. The Cosponsors and the Secretariat should continue to take

measures to improve and monitor the effectiveness of the Theme Groups, and where functional Theme Groups do not exist, support should be given to the development of effective alternatives.

8. The PCB recommended that the Secretariat include Central America and the Caribbean as priority regions for strategic support under special regional initiatives, together with the African, Eastern European and Asian regional efforts, in conformity with the criteria developed by the Secretariat and endorsed by the PCB.

9. The PCB encouraged Member States, the Secretariat and the Cosponsors to participate actively in the review of the Programme of Action of the International Conference on Population and Development (ICPD+5), of the Beijing Platform for Action (Beijing+5) and of the follow-up of the World Summit for Social Development (Copenhagen+5) in order to ensure consistency with new HIV/AIDS priorities and strategies.

10. The PCB recommended that, commencing in 2001, a single document be prepared to meet reporting requirements previously covered by the biennial progress report to the PCB and the biennial report to ECOSOC on HIV/AIDS, and that the ECOSOC Secretariat be advised of that recommendation.

Global strategy

11. The PCB encouraged the Secretariat and the Cosponsors to intensify their efforts towards developing a UN System Strategic Plan for HIV/AIDS for the years 2001-2005, detailing how the UN system will articulate a global strategy and support countries to intensify their national responses.

12. The PCB requested an update on the development of the UN System Strategic Plan for HIV/AIDS at its next regular annual session and a full discussion at a PCB thematic meeting to be held in late 2000.

13. The PCB further encouraged the Cosponsors to develop their institutional strategies, with balanced emphasis on priority regions, and to articulate their specific objectives, targets and plans to achieve those objectives.

14. The PCB encouraged the Secretariat and the Cosponsors to make use of planned regional fora, global conferences and governing bodies to consult broadly with governments and NGOs in the development of the UN System Strategic Plan for HIV/AIDS. The PCB further encouraged interested countries to actively support and facilitate the consultation process.

Agenda item 4 – UNAIDS Unified Budget and Workplan for 2000-2001

15. The PCB approved the UNAIDS unified budget and workplan for 2000-2001 at a level of US\$ 140 million, as set out in document UNAIDS/UWB/2000-01.

16. The PCB commended the Secretariat and the Cosponsors on the success achieved in the complex process of developing a unified budget and workplan presented in a transparent fashion. It was seen as a useful approach for budgeting in the context of UN reform. Further consolidation and refinement of joint planning and budgeting were considered desirable.

17. The PCB drew attention to UN General Assembly resolution 50/270, which requests greater sustainability and consistency on the part of Member States in relation to contributions to programmes and funds.

18. The PCB encouraged Member States to ensure that contributions are sufficient to meet the US\$140 million approved budget level and to review possibilities for two-year pledges corresponding to the biennial budget cycle.

19. The PCB urged Member States to provide written notification of forthcoming contributions at the earliest opportunity, and to make every effort to transfer funds as early as possible in the biennium.

20. The PCB urged countries affected by HIV/AIDS to enhance their efforts, including their financial commitments, in order to ensure the sustainability of the national response to HIV/AIDS.

21. The PCB requested the Secretariat and the Cosponsors, in accordance with the principles of the Memorandum of Understanding on a Joint and Cosponsored United Nations Programme on HIV/AIDS, to seek funds for global and regional level activities within the unified budget and workplan, and urged the Secretariat and the Cosponsors to establish a joint resource mobilization strategy in support of the unified budget. It authorized the Secretariat, should resources beyond the approved level of US\$140 million become available, to finance additional activities, including the International Partnership against AIDS in Africa, within the framework of the unified budget and workplan, and in consultation with the CCO and the PCB Chairperson and Vice-Chairperson, recognizing that there are significant additional needs, particularly at regional level. It further proposed that any shortfall be accommodated through proportionate reductions in the substantive activities of the Cosponsors and the Secretariat alike.

22. The PCB urged Member States, the Secretariat and the Cosponsors to seek synergy between bilateral and multilateral contributions within the framework of national HIV/AIDS strategies.

23. The PCB urged the Secretariat to continue its efforts to refine the indicators within the workplan; to establish baselines where possible; and, in particular, to develop qualitative indicators where appropriate.

24. The PCB encouraged the Cosponsors to continue to take steps to improve financial reporting along comparable formats on HIV/AIDS-related activities financed within their core/regular budgets.

Agenda item 5 – Financial and Budgetary Update

5.1 – Unaudited Interim Financial Management Information on the 1998-1999 biennium

25. The PCB took note of the interim financial information on the 1998-1999 financial status contained in document UNAIDS/PCB(8)/99.3.

5.2 – UNAIDS Operating Reserve Fund

26. Taking into consideration the frequent but limited borrowing from the Operating Reserve Fund (ORF) and the improvement of the schedule of payment of contributions by governments and other donors, the PCB endorsed the re-evaluation of the level of the ORF from US\$ 33 million to US\$ 25 million, as proposed in document UNAIDS/PCB(8)/99.4. The new ceiling of the ORF was considered adequate to meet Programme funding obligations as well as the WHO Financial Rules regarding Secretariat salaries.

27. The PCB further approved the proposal to utilize the US\$ 8 million thus made available to respond, in consultation with UN Theme Groups on HIV/AIDS, to emerging needs in countries most affected by the epidemic, within the framework of the International Partnership against AIDS in Africa.

Agenda item 6 – International Partnership against AIDS in Africa (document UNAIDS/PCB(8)/99.5)

28. The PCB declared the HIV/AIDS epidemic in sub-Saharan Africa as a development crisis that has become a major obstacle for economic and social development and has already reversed many of the development gains of the last several decades in parts of the region.

29. The PCB endorsed the concept and principles of the International Partnership against HIV/AIDS in Africa and requested the Executive Director to ask the Secretary-General to bring the HIV/AIDS crisis and the urgent need for an intensified response to ECOSOC and the General Assembly.

30. The PCB emphasized that the Partnership should help strengthen national capacities to save the lives of millions by halting the spread of HIV and sharply reducing its devastating impact on human suffering and social and economic development. The PCB further stressed that the Partnership should be based on respect for human rights, including the principle of non-discrimination.

31. While recognizing that HIV/AIDS requires a significant increase in resources for sub-Saharan Africa, the PCB also noted the need for governments and the international community to continue to address the situation in other regions.

32. The PCB requested:

- African governments to take a strong advocacy role on HIV/AIDS, organizing an effective multisectoral response in their countries, committing more of their own resources to respond to HIV/AIDS, and to invite other partners to support these efforts;
- governments outside Africa to develop their individual plans describing how they will commit increased resources to HIV/AIDS in Africa, identify and mobilize non-traditional sources of funding, engage other partners, and harmonize their efforts through a common framework to be established within the Partnership;

- the Cosponsors and the Secretariat to continue the dialogue with African governments, international development agencies, people living with HIV/AIDS, NGOs, the private sector and other concerned partners to further develop and refine the Partnership;
- the Secretariat and the Cosponsors to work together with other partners at the national and regional level to facilitate the implementation of the Partnership, building on existing structures, in particular the expanded Theme Groups;
- the Secretariat and the Cosponsors, with other partners, to identify mechanisms for the timely transfer of resources, including South-South cooperation, mobilized in support of the implementation of the Partnership; and,
- the Secretariat to report back on a regular basis to the PCB and other partners on the progress made in advancing the Partnership.

33. The PCB expressed its appreciation for the efforts made by the Cosponsors and the Secretariat to involve a broad range of actors and sectors in the on-going process of developing the Partnership.

34. The PCB encouraged the Secretariat, in consultation with the Cosponsors and other partners, to continue developing a methodology to calculate the overall cost of responding to the HIV/AIDS epidemic in Africa and formulate a related resource mobilization strategy, and to establish a timetable for the implementation of the Partnership.

Agenda item 7 – UNAIDS and UN response at country level

7.1 – Prioritization of support by UNAIDS Secretariat (document UNAIDS/PCB(8)/99.6)

35. The PCB recommended that the Secretariat continue its efforts in prioritizing support to countries and that it provide the PCB with a periodic update on the categorization of countries.

Agenda item 8 – Next PCB Meeting

36. The PCB recommended that its next meeting take place on 25 and 26 May 2000, in Geneva.