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UNAIDS PRESENTATION BY PATRICIA FLEMING

PRESIDENTIAL ADVISORY COUNCIL MEETING

SEPTEMBER 9, 1996

9/6/96

Over the past year, I have represented the U.S. at meetings of the governing board of the new United Nations Programme on HIV/AIDS (UNAIDS). Other members of the US delegation have included USAID, HHS and Department of State officials.

Before discussing UNAIDS however, I would like to give some background about its predecessor, the Global Programme on AIDS (GPA).

For years, the World Health Organization (WHO) led the United Nation's response to the international fight against AIDS with the Global Programme on AIDS (GPA). But it was criticized for doing too little at the grass-roots level and focusing too narrowly on surveillance, medical problems and vaccines.

Other UN agencies moved in to fill the gap - for example, on education and condom distribution. This caused overlaps, confusion and competition for scarce funds.

In 1995 with the full support of the U.S., the governing bodies of several UN agencies, WHO, UNICEF, UNDP, UNFPA, UNESCO and the World Bank formed a new, joint and co-sponsored program which became operational on January 1, 1996. UNAIDS was devised to streamline the bureaucratic tangle and coordinate the AIDS projects at the global and country levels.

UNAIDS is based in Geneva and is directed by Dr. Peter Piot, a Belgium citizen.

UNAIDS' mandate is to strengthen the capacity of nations, especially developing nations, in their fight against AIDS by conducting policy development and research, and providing technical support, advocacy and coordination at country, intercountry and global level.

UNAIDS is now the main worldwide advocate for a global response to the HIV/AIDS epidemic.

UNAIDS' goals are:

- to inspire, focus and strengthen efforts to prevent the transmission of HIV;
- to reduce the suffering caused by HIV and AIDS, and counter the impact of the epidemic on individuals, families and communities and societies.

We have learned many valuable lessons in our global struggle against HIV/AIDS, lessons that are transferable across borders and across cultures. Much of what we have learned applies to the U.S. as much as to developing countries.

We have learned that HIV/AIDS is not an outbreak, but part of the human condition.

We have learned that condoms will never be enough; risk behaviors and the circumstance that lead people into them are complicated and dynamic.

We have learned that we need to lower the social, cultural, religious and moral constraints on our ability to talk openly about human sexual behavior.

We especially need to raise the low status of women that impedes their capacity to negotiate safe sex with their partners. We must empower women around the world by increasing their access to economic resources and education.

We also have learned that we need to end discrimination against gay men, commercial sex workers, poor people and injecting drug users that limit their access to information, condoms, health care and social support for behavior change.

This is a part of the complexity of HIV/AIDS at the global level. We are also still struggling with these issues here in the United States, but we have already achieved progress in many of these areas. UNAIDS has enthusiastically embraced these challenges and has committed itself to tackling these problems. [Keep this in?]

The structure of the program includes:

- AT THE COUNTRY LEVEL -

Theme Groups:

The purpose of the country Theme Groups is to coordinate strong UN support for national HIV/AIDS programs. It is the forum within which the UNAIDS cosponsors jointly plan, develop, monitor and evaluate their AIDS-related activities in a specific country. All the activities of the Theme Groups are in support and not in competition with the national AIDS program. In addition to support of the national program, the Theme Group is responsible for ensuring that UNAIDS policies are followed and serves as a liaison to the UNAIDS-Geneva. There are currently about 95 Theme Groups covering 112 countries. Membership varies widely from country to country, but in general, where a Theme Group has been set up, all six cosponsors are members. In addition, national governments have chosen to participate in a great majority of the Theme Groups, either as full members or as observers. In some countries, Theme Group membership is also open to NGOs, bilateral agencies and other relevant organizations.

The great majority of Theme Groups are supported by a technical support group that meets frequently and consists of representatives of UN agencies, the host country government, bilateral agencies such as USAID or GTZ and NGOs.

The scope of work of most Theme Groups include advocacy, coordination and mainstreaming of activities among cosponsors, support to national efforts, and resource mobilization.

Action plans are also being developed in most countries.

Initial experience with the Theme Groups have been positive, and there are many examples

where they have been a powerful advocates and developed greater coordinated responses to the epidemic.

Country and Regional Programme Advisors:

A UNAIDS Country Officer will be stationed in selected countries. The scope of work for this person is to support the Theme Group in carrying out its work and to serve as a bridge between the Theme Group and all national partners and help provide technical support to these partners.

The criteria for selection of countries in which country programme advisors (CPAs) have or are to be posted include the existing or potential severity of HIV/AIDS as a national problem; the adequacy of national resources to address the problem; the availability of external resources, both financial and technical; and the collective agreement of all parties concerned. CPAs have been selected for 30 countries, with an anticipated total of 40-42 CPAs, 13 of whom will act on an inter-country basis.

FUNDING

UNAIDS has an annual budget of about 60 million dollars a year to carry out their mandate in over 112 countries. The US is the largest contributor, at around 18 million this year, but as you can see, the budget does not match the need for resources for HIV/AIDS programs in

developing countries carrying 90% of the epidemic.

In order to increase their funds, UNAIDS has embarked upon an aggressive resource mobilization campaign, to increase donor contributions from the public and private sectors, in addition to inspiring new and nontraditional donors like the Government of China to provide much needed resources.

Despite these fiscal constraints, however, they have been able to move ahead rapidly.

Recent UNAIDS activities and accomplishments include:

From West and Central Africa: Good progress has been made to set up the UNAIDS Inter-Country Technical Collaboration Team in West and Central Africa. It will be based in Abidjan, and will initially concentrate on the areas of program planning and review, communications, blood safety, STD management and community mobilization. A similar team will be based in Pretoria, South Africa with responsibilities for Southern and Eastern Africa.

In the Middle East, mechanisms are currently being developed for the provision of technical support to Theme Groups and national programme through inter-country advisors located in Egypt, Jordan and Morocco.

From Asia and the Pacific: The South-East Asia HIV/AIDS Project (SEAHAP), which had been initiated by the World Bank, officially ended on June 30, and its activities and staff have been incorporated into those of the UNAIDS Inter-Country Technical Collaboration Team to be based in Bangkok. SEAHAP activities will be continued by the Team, and include documentation of front-line experiences in HIV prevention and care in the region..

In the Philippines, there is greater collaboration between the UN System and the national response - particularly with the leadership and membership of the Philippine National AIDS Council. As a result, the joint response of the UN system is more proactive. Members of the Theme Group have clearly realized the added value of working together - both to their own programs and to the UN system collectively.

UNAIDS staff are also actively involved in the preparation of the 4th International Congress on AIDS in Asia and the Pacific, to be held next year in Manila.

From Eastern Europe and Central Asia: UNAIDS and its partners in Europe are making the promotion of effective approaches to prevent HIV among injecting drug users (IDUs) a priority. As a result of a meeting held last May in Vienna, the Slovak Republic, which is facing a rapid increase in the number of IDUs, has decided to combine the efforts of their AIDS and drug programs. High level meetings on HIV prevention among drug users have also taken place in both Poland and Ukraine in June and July, supported by UNAIDS and two of its partners. Another such meeting is planned in Belarus. UNAIDS is also providing funding for an innovative outreach prevention project in Ukraine.

In mid-July, UNAIDS, WHO, UNDP, and UNICEF staff (from Geneva, Copenhagen, Kiev, and Almaty) met to further define the functioning and role of the Theme Groups recently established, and agreed on a set of program priorities (drug users, legal and human rights issues, sex work and STD programming). The next meeting is planned for February/March 1997, and will hopefully involve all six cosponsors as well as other partner organizations.

From Latin America and the Caribbean: A very productive meeting was held at the time of the Vancouver conference with National Program Managers from the region. UNAIDS and PAHO have agreed to support the initiatives of national programmes in the region to develop horizontal (country-to-country) technical support. This may include support for technical collaboration; assistance with an HIV status and trends workshop for the region; assistance with AIDS case definition; and development of best practices in programme and project evaluation.

UNAIDS has recently established an inter-agency technical working group on Gender to ensure that an appropriate focus is directed to gender sensitivity and HIV issues. UNAIDS wants to guarantee that AIDS program respond to women's needs and do not reinforce gender stereotypes. Services must be equally accessible to men and women. The way to tackle such barriers is to design services that are women-friendly.

UNAIDS is also part of two international working groups: one on topical microbicides and the other on vaccines. Other members include WHO, NIH, FDA, Contraceptive Research and Development Agency (CONRAD), CDC, Family Health International, Population

Council, the Medical Research Council-London, the Tropical Medicine Institute and European Community. The tropical microbicides working group meets twice a year and comes up with pre-clinical and clinical studies to share information, establish collaboration and avoid duplication.

Finally, I wish to pass along five challenges from the UNAIDS mission (stated during the Vancouver conference):

First, It remains unacceptable that people living with AIDS, especially- but not only - in the developing world, should have to live without the essential drugs they need for their HIV-related illnesses. I am sure that Jairo will address this issue during his presentation.

Second - We must continue to address the AIDS research needs in developing countries. Most research today focuses on the industrialized world, but nine out of 10 HIV infections occur in the developing countries, where people are desperate for a vaccine.

Third, it is time to get serious about the human rights of people living with HIV and AIDS. Organized prostitution rings have been coercing young girls into having unprotected sex resulting in thousands of new infection. Civil strife and war have also resulted in the abuse of women and children including rape, fostering the spread of HIV and isolating individuals

from their communities and families. How many more people need to get infected before the world stops blaming? Perhaps Eric will have some things to tell us about this area.

Lastly, we can change our societies. Women need to have access to education and better employment opportunities so they can afford to stay out of sex work. When children and adolescents have access to services and are armed with skills and tools, they are better prepared to grow and live in a world without AIDS. Lori Heise will be able to answer your questions about this critical component of our work.

These are our responsibilities as global citizens.



Programme Coordinating Board

Third meeting
Geneva, 10-11 June 1996

DECISIONS, RECOMMENDATIONS AND CONCLUSIONS

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

1. The PCB adopted the report of its second meeting (UNAIDS/PCB(2)/95.7), held on 13-15 November 1995.

Agenda item 4 - Workplan for UNAIDS

2. The PCB commended the Secretariat on the quality of the UNAIDS workplan for 1996-1997 as set out in document UNAIDS/PCB(3)/96.3, which was prepared in a short period of time.
3. The PCB endorsed the broad strategic orientations of the workplan and welcomed the cross-cutting emphasis on human rights, gender, young people and greater involvement of people living with HIV and AIDS.
4. The PCB encouraged that further prioritization of the workplan be undertaken by the Secretariat, in concert with a more detailed elaboration of the workplans of the respective cosponsors and reference to a timeframe. The PCB also recommended that additional emphasis be placed on clarifying the specific roles and responsibilities of the cosponsors, the Secretariat, and other partners in a more integrated workplan.
5. The PCB requested more explicit linkage between programme objectives, workplan activities, and the performance assessment plan.

Agenda item 5 - Update on UNAIDS at country level

6. The PCB acknowledged the considerable progress achieved since the last PCB meeting, as reflected in document UNAIDS/PCB(3)/96.4.

7. Given the global nature of the epidemic, the PCB emphasized the importance for UNAIDS to ensure a global response. However, recognizing the limited resources and the large number of countries requiring support, the need for some prioritization in financial support was acknowledged. The Secretariat was therefore requested to prepare criteria for such prioritization, to be discussed at the next meeting of the PCB.
8. The Secretariat was requested to enhance its activities in the areas of access to antiretroviral drugs, drugs for associated conditions, and to care.
9. Recognizing the need to better understand the functioning of Theme Groups at country level, the PCB requested the Secretariat to present sample case studies based on experience of Theme Groups. It also suggested that representatives from the Theme Groups participate in this presentation.

Agenda item 6 - Report of the PCB working group on indicators and evaluation

10. The PCB commended the working group on the quality of the work carried out as presented in document UNAIDS/PCB(3)/96.5 Rev.1, and endorsed the recommendations contained therein. The PCB recommended that the Chair of the PCB working group on indicators and evaluation liaise with CCO members and UNAIDS to facilitate the development of the UNAIDS performance assessment plan. The Board looked forward to receiving the performance assessment plan for consideration at its next meeting.

Agenda item 7 - Report of the PCB working group on resource mobilization

11. The PCB welcomed the work carried out so far by the working group on resource mobilization, as reflected in document UNAIDS/PCB(3)/96.6, and strongly encouraged the continuation of its efforts.
12. The Board also encouraged contributions to UNAIDS by non-traditional donors.

Agenda item 8 - Method of work of the PCB (UNAIDS/PCB(3)/96.7)

13. The PCB welcomed the PCB Headlines and recommended their broader distribution. PCB members were also encouraged to assist in distributing them to the countries within their regions.
14. It was confirmed that one regular meeting of the PCB, as envisaged in the *modus operandi* of the PCB, would be held every year. In addition, annual thematic meetings could also be convened on an *ad hoc* basis, bearing in mind the cost of each Board meeting.
15. Given the limited duration of PCB meetings, the Secretariat was urged, in consultation with the Chairperson and the CCO, to propose a limited and focused agenda for the PCB's regular meetings.

16. The Secretariat was requested to provide more detailed reports of PCB meetings in order to better reflect the discussions.
17. The PCB welcomed replication of the PCB working group mechanism established in the areas of indicators and evaluation, and resource mobilization, and recommended broader consultation between working group members and those unable to formally participate.

Agenda item 9 - Financial and budgetary update

18. The PCB took note of the financial update for 1995 and for 1996-1997, as at 31 May 1996 (contained in document UNAIDS/PCB(3)/96.8 and its addendum). It requested that in future financial reports, the overhead costs and other programme delivery and associated costs be presented separately, and that this also include staff costs as distinct expenditures, while at the same time taking steps to develop a results-based budget for 1998-1999.
19. The PCB took note of the precarious cash flow situation that faces UNAIDS at the beginning of each year. It recommended that, as soon as possible, UNAIDS should establish a working capital fund. This fund in the first instance would be constituted by the funds carried over from the 1995 balance forward and the WHO/GPA carryover, in order to ensure that the necessary funds would be available at the beginning of each year, pending the receipt of contributions.

Agenda item 10 - Measures to reduce administrative costs

20. The PCB took note of the report prepared by UNAIDS at its request (UNAIDS/PCB(3)/96.9). The PCB acknowledged the importance of maintaining UNAIDS' momentum in developing and implementing the Programme. While acknowledging the generous offer of the city of Lyon, it decided that UNAIDS should remain in the Geneva area.
21. It welcomed the reduction in the rent by WHO and the offer of the Government of Switzerland to assist the Programme reduce rental costs, and encouraged the Secretariat to continue its efforts to reduce costs in every possible way.

Agenda item 11 - Joint plan of cosponsors' activities for 1996-1997

22. The PCB welcomed the Coordinated Appeal for supplemental funded activities, noting the major progress achieved by the cosponsors and UNAIDS in establishing the processes required to develop it.
23. The PCB reiterated the importance that further progress be made as soon as possible to develop an integrated workplan among UNAIDS and its cosponsors. It also emphasized the need to distinguish: (i) the activities included within the UNAIDS workplan and budget; (ii) those activities in the UNAIDS workplan to be implemented by cosponsors or other organizations; (iii) HIV/AIDS-related activities of the cosponsors, which will be funded from their core budgets; and (iv) HIV/AIDS-related activities of the cosponsors which will require supplemental funding and are included in the Coordinated Appeal.

Agenda item 12 - Report to the 1996 ECOSOC substantive session

24. The PCB took note of the report E/1996/42 on the status of implementation of UNAIDS, which has been prepared for consideration at the 1996 substantive session of ECOSOC, and noted that the oral report to be made by the UNAIDS' Executive Director will make reference to cosponsors' activities.

Agenda item 13 - Next PCB meeting

25. It was agreed that the next meeting of the PCB would take place in the first quarter of 1997 and that UNAIDS would propose dates for consideration by the PCB members.

OPENING REMARKS FOR THE HEAD OF THE US DELEGATION

MS. PATRICIA FLEMING, DIRECTOR

WHITE HOUSE OFFICE OF NATIONAL AIDS POLICY

THIRD UNAIDS PCB MEETING

JUNE 10-11, 1996

It is a pleasure to join you once again to discuss our ongoing collaboration in the global fight against HIV and AIDS.

On behalf of the United States government, I would like to commend Dr. Peter Piot and the UNAIDS staff on the considerable accomplishments they have made since our last meeting. A ~~large~~ talented staff has been recruited and put in place. Country theme groups have been established and a work plan is completed. I would like to add my personal appreciation to the decision to designate the issues of gender, youth, and involvement of people living with HIV/AIDS as key themes for the work plan.

This is, indeed, an impressive array of accomplishments for a program that still is in its infancy. Yet, as we know, the pandemic, too, is growing. That growth demands that we, too, accelerate our efforts to find better ways to reduce the number of infections, combat the virus in the human body, treat the infections that plague those who are living with HIV, and provide loving and compassionate care to all those infected and affected. This is our task; this is our mission.

that many of our countries are experiencing the US has
Despite the enormous budget pressures, ~~in many countries, the US has~~ maintained -- and even increased -- our commitment to AIDS research, prevention, and care. All of this is part and parcel of our international commitment as well. After all, a scientific breakthrough means hope for every person on this planet, not just those who reside within the boundaries of the nation that funds that research.

and as Mr. Marty-Lavozelle has stated earlier research results and Dr. Piot
As ~~we have said before~~, ~~this progress~~ must be made available to many, many more people around the world. It is unacceptable ~~and perhaps inconceivable~~ that those who live in developing countries cannot gain access to even the simplest of advances. I tell my colleagues in the U.S. that while we debate ways to reduce the cost of the new protease inhibitors there are millions of people living with HIV and AIDS who cannot afford an aspirin. Of course I recognize that defining this problem is much easier than resolving it.

As we move forward, it is of even greater importance that UNAIDS and its staff communicate frequently with its partners, including the nongovernmental organizations *and bilateral programs as well.* that represent the front lines of this battle. I recognize that this is a tremendous task but it is central to our ability to succeed.

I look forward to our discussions and to continuing our collective work. Thank you.

In doing so, we must draw on the knowledge and the experience of regions, nations, communities, families, and individuals. Because, after all, this global pandemic requires a global response.

Let me take this opportunity to reiterate my own country's continued and unwavering commitment to the UNAIDS program. [As I am sure you are all aware, the Congress of the United States is a very different place than it was two years ago when UNAIDS was created. The new leaders have a very different view of foreign assistance and international collaboration from those of us in this room. And, in fact, different from those of the President of the United States.]

After more than a year of very difficult negotiations, the Congress approved and the President signed a fiscal year 1996 federal budget that reduces our international financial commitments, including our ~~commitment to UNAIDS~~. *and unfortunately by ~~reducing~~ our contribution to UNAIDS is affected.* But do not be mistaken, this financial reduction in no way reflects a diminution of our firm commitment to this program and to the global community. *the US commitment to HIV/AIDS is not limited to support for UNAIDS* USAID's bilateral AIDS program will continue to have a high priority at the U.S. Agency for International Development, *and will work closely with UNAIDS* ~~which ~~is~~ complement ~~UNAIDS~~ ~~at~~ ~~the~~ ~~country~~ ~~level~~~~ at the country level.

Is this commitment enough? Of course not. Can we do more? Yes we can and we are fighting to do just that. But we also must work even harder to do more with the resources available to us. We must make an even greater effort to work collectively and collaboratively to maximize the impact of our efforts.

LHK -
For your mtg.
w/ PF
C

Neil mt 5/14/96

Spoke w/ Anne
Blackwood - she

said that they would
be handling the

list & would send

us a copy.

→

5/21/96
Anne Blackwood called -
Said that 3 people
from DC to UNADOS

included: Patsy
Duff G.
Sally S.

Others: K. Bernard
Speigel -

Will send copy of
cable next week.



JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)

(UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank)

Central Exchange: 791.36.66
Direct: 791.47.62

Ms Patricia A. Fleming
Director
Office of National AIDS Policy
Executive Office of the President
750 17th Street, N.W., Suite 600
Washington, D.C. 20816
USA

In reply please refer to: A20/87/186 (SC/EM/JDN)

12 April 1996

Dear Ms Fleming, *Patsy*

As agreed at the second meeting of the Programme Coordinating Board (PCB), its next meeting will take place from 10 to 11 June 1996. It will be held in the Executive Board room at WHO headquarters in Geneva and will begin at 9h00 with registration starting at 8h15. Simultaneous interpretation will be provided in English and French.

I have pleasure in inviting you to attend this session of the PCB and it would be appreciated if you could inform us of the names of the other persons in your delegation, if possible by 3 May, to enable us to address documentation directly to them.

... I am enclosing herewith the provisional agenda for the meeting which includes all the items requested at the last meeting. Other documents are being prepared in English and French and will be despatched in May.

I look forward to seeing you in June and to a fruitful meeting of the Board.

Yours sincerely,

Sally Cowal
Director
External Relations

cc: Ambassador Sally Shelton (Chairperson of PCB), Assistant Administrator, Bureau for Global Programs, U.S. Agency for International Development, Washington, D.C. 20523

Permanent Mission of the United States to the United Nations Office and other International Organizations at Geneva
Attention: Dr Kenneth Bernard, International Health Attaché

Permanent Mission of the United States to the United Nations in New York

... ENCL: as mentioned



JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)
(UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank)

**Third meeting of the
PROGRAMME COORDINATING BOARD
Geneva, 10-11 June 1996**

**UNAIDS/PCB(3)/96.1
25 March 1996**

Place of meeting: Executive Board Room, WHO, Geneva
Times of meeting: 09h00 - 12h30
14h00 - 17h30

PROVISIONAL AGENDA

Reference documents

- | | | |
|-----|---|---------------------|
| 1. | Opening | |
| 1.1 | Opening remarks by the Chairperson | |
| 1.2 | Report by the Chairperson of the Committee of
Cosponsoring Organizations | |
| 1.3 | Report by the NGO representative | |
| 1.4 | Appointment of Rapporteur | |
| 1.5 | Adoption of the provisional agenda | UNAIDS/PCB(3)/96.1 |
| 2. | Consideration of the report of the second meeting | UNAIDS/PCB(2)/95.7 |
| 3. | Report of the Executive Director | UNAIDS/PCB(3)/96.2 |
| 4. | Workplan for UNAIDS | UNAIDS/PCB(3)/96.3 |
| 5. | Update on UNAIDS at country level | UNAIDS/PCB(3)/96.4 |
| 6. | Report of the PCB working group on indicators and evaluation | UNAIDS/PCB(3)/96.5 |
| 7. | Report of the PCB working group on resource mobilization | UNAIDS/PCB(3)/96.6 |
| 8. | Method of work of the PCB | UNAIDS/PCB(3)/96.7 |
| 9. | Financial and budgetary update | UNAIDS/PCB(3)/96.8 |
| 10. | Measures to minimize administrative costs | UNAIDS/PCB(3)/96.9 |
| 11. | Joint plan of cosponsors' activities for 1996-1997 | UNAIDS/PCB(3)/96.10 |
| 12. | Report to the 1996 ECOSOC substantive session | ECOSOC document |
| 13. | Next PCB meeting | |
| 14. | Other business | |
| 15. | Decisions, recommendations and conclusions | |



UNITED STATES MISSION TO INTERNATIONAL ORGANIZATIONS
GENEVA, SWITZERLAND

LR

11, route de Pregny
1292 Chambesy
Geneva, Switzerland

PAGE 1 of 6

DATE: April 29, 1996

FROM:

Kenneth W. Bernard, MD, DIM&H
International Health Attaché

FAX: (41-22) 749-4717
PHONE: (41-22) 749-4623

TO:

Patricia Flemming
Director, NAPO

FAX: (202) 632-1096
PH: (202) 632-1090

MESSAGE:

Hope this is useful prior to the next PCB
on June 10.



Téléphone Central/Exchange: 791.31.11
Direct: 791.46.04

In reply please refer to: A2107001
SE/58.1/95

Dr Jacob Gayle
Chief
HIV/AIDS Division
Office of Health and Nutrition
US Agency for International Development
Washington, D.C. 20523

22 April 1996

Dear Dr Gayle,

Further to the letter reporting on the financial situation of the Global Programme on AIDS (GPA), addressed to you by the Programme's Acting Director on 6 October 1995, I am writing to inform you of various issues related to GPA's close down at the end of 1995.

Programmatic issues

To ensure that important work initiated or continued by GPA in 1995 reaches fruition after the close of the Programme, in the course of 1995 all such activities requiring follow-up in 1996 were jointly discussed with UNAIDS representatives. UNAIDS staff (many of whom are former GPA staff), will have primary responsibility for overseeing most of the GPA activities which will continue into 1996. In principle, those activities initiated by GPA which will require financial outlay in 1996 have been included in the UNAIDS' budget for 1996-1997. These range from research activities in the four units of GPA's former Division of Research and Intervention Development, to training materials development and operations research studies in the former Division of Technical Cooperation.

One exception to the above principle lies in the area of **blood safety** where WHO has set up a special unit to strengthen and coordinate WHO's activities in this field. In fact, in October 1994, GPA's blood safety activities were transferred to that unit, and specific activities have not been included in the UNAIDS 1996-1997 core budget. It is expected that these activities would be funded by a combination of the WHO Regular Budget, and extrabudgetary funds that will be raised through joint fundraising efforts between WHO, UNAIDS and other cosponsors of UNAIDS in 1996-1997.

cc: United States Mission to the United Nations Office and other International Organizations at Geneva, Attention: International Health Attaché, Route de Pregny 11, 1292 Chambésy

Activities in the area of **sexually transmitted disease** will also be shared between UNAIDS and WHO, with UNAIDS largely undertaking primary prevention activities (promotion of safer sexual behaviour, etc.). WHO will assume responsibility for management of clinical sequelae of STDs (infertility, neonatal infection, pelvic inflammatory disease, etc.); coordination of STD activities with WHO Regional Offices; integration of STD activities in different programmes; and jointly with UNAIDS, STD surveillance and estimates; STD programme evaluation; follow-up of STD research projects; and the clinical management of primary STD infections.

The follow-up of a small number of current GPA activities will be ensured by WHO's **Office of HIV/AIDS and Sexually Transmitted Diseases, (ASD)**, established 1 November 1995. (Such activities include, for example, distribution of the French translation of the resource pack "Facing the challenges of HIV/AIDS/STDs: a gender-based response"). These activities will require limited oversight by ASD staff in 1996, with no significant financial outlay.

The above presentation of the division of primary responsibility for activities in 1996 is in no way intended to suggest that any particular activity might not be executed jointly between UNAIDS and WHO, or any other cosponsor of UNAIDS. Rather, it is intended to explain that GPA took, together with UNAIDS, the steps believed necessary to ensure that important work carried out in 1995 would receive the necessary follow-up in 1996. Furthermore, because UNAIDS had not completed the process of staff recruitment by end December 1995, the contracts of a certain number of GPA staff have been prolonged for six months into 1996. This arrangement is also helping to assure continuity of key activities.

Financial issues

As you may recall, GPA started the 1994-1995 biennium with a "carryover" from the 1992-1993 biennium of US\$35.3 million.

For the 1994-1995 biennium, contributions received towards activities in the GPA revised programme budget of **US\$134 million** amounted to **US\$118.4 million** (including US\$ 9.4 million outstanding against the USA Grant as at 31 December 1995), which together with **US\$4.8 million** interest received on GPA global and country sub-accounts (US\$ 2.9 million and US\$1.9 million respectively) and **US\$3.8 million** multilateral funds for unspecified activities, provided a total income of **US\$ 127 million**.

Funds therefore available in the Trust Fund for financing undesignated and designated activities in the GPA revised programme budget for 1994-1995, and for unspecified multilateral activities in countries, totalled **US\$162.3 million**.

Final reconciliation of our books has now taken place, with GPA having incurred **US\$121.9 million** in obligations with respect to its revised programme budget and unspecified country activities financed with multilateral funds. In addition, in early 1995, GPA provided a start-up contribution of **US\$1.1 million** to the Joint United Nations Programme on HIV/AIDS (UNAIDS), to assist in the launching of the new Programme.

As a result of all the above, the **unobligated balance** on funds received for the GPA revised programme budget and unspecified multilateral activities amounted to **US\$ 39.3 million** at the close down of the Programme on 31 December 1995 as shown below:

Funds available	US\$ millions
Carryover from 1992-1993	35.3
Income received ¹	127.0
Total (a)	162.3
Less	
Start up contribution to UNAIDS in 1995	-1.1
Obligations 1994-1995	-121.9
Total (b)	-123.0
BALANCE CARRIED OVER ((a)-(b))	39.3

Of this positive balance, **US\$20 million** as recommended by the GPA Management Committee (GMC) at its meeting in April 1995 has already been transferred by WHO to UNAIDS by end February 1996.

As also reported to the GMC in April 1995, we estimated that around **US\$ 2.3 million** would need to be retained by WHO to meet expenses related to the **closure of GPA**. This provision included indemnities to be paid, costs of staff to be retained to finalize the financial accounts and produce the programme's final report (see below), and to meet outstanding 1995 commitments. Responsibility for closing the books will be assumed by WHO's Division of Budget and Finance, who will be assisted by the small team previously responsible for financial management within GPA. A proposal for the disbursement of these funds has been communicated to the former Chairman of the GMC.

A number of GPA staff have been preparing an **appeal** against their termination of contract, alleging, *inter alia*, that they were not properly informed that they held posts of limited duration, and thus have had their contracts improperly terminated. However, it is difficult to estimate WHO's potential liability in the event that the appeals are successful, as this depends on many variables. The largest portion of that potential liability is likely to be the possible back-pay that might have to be paid to former GPA staff members, if they are unemployed after 31 December 1995. At the same time, WHO continues its effort to find suitable employment for staff who have not yet found alternative employment. Also, the estimate will depend upon the number of appeals finally filed, information which may not be available until later in the year. As it is WHO policy that the cost of appeals is met by the WHO Programme for which the appellant worked when the alleged action occurred, the funds required to meet the potential liability will be held in escrow until the appeals have been settled. As soon as we have a more definite estimate, we shall inform you, together with an explanation of how it was determined. In the meantime, further transfers to UNAIDS will occur progressively until the end of the 1996-1997 biennium.

With regard to the unspent funds on contributions received for **designated** global and regional activities and for **specified activities under multilateral arrangements** in countries, currently estimated to amount to around **US\$4.9 million** and **US\$ 2.1 million** respectively, WHO will be writing to the donors concerned regarding their wishes as to how any residual designated funds should be handled, proposing as a first principle that the remaining balances be handed over to UNAIDS.

Outstanding reports

We anticipate forwarding to former members of the GMC two documents relating to GPA. The first is the final report on **the financial implementation** of the Programme, which we believe will be ready by April/May 1996. The second concerns the finalization of the **GPA biennial report** on work implemented during 1994-1995, including a brief historic overview of GPA since its establishment as the Special Programme on AIDS in 1987. This report, after editing, should be available around September 1996.

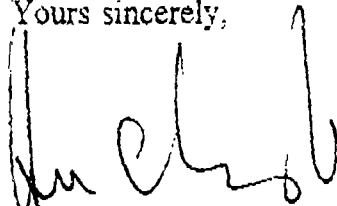
I trust that the above information provides you with a clear picture of the situation after the close down of GPA.

Dr Jacob Gayle, Washington, D.C.
A21/370/3

page 5
22 April 1996

On behalf of the former Programme and colleagues, I should like to thank your Government for its invaluable guidance and support over the past years. I know that as a cosponsor of the new joint Programme, WHO looks forward to further advancing the common cause, building on the solid foundations that have been established by GPA, and the efforts of the other cosponsoring agencies of UNAIDS.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Hu Ching-Li', written in a cursive style.

Dr Hu Ching-Li
Assistant Director-General



JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)
(UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank)

To: Ms Patricia A. Fleming
Director of National AIDS Policy
Executive Office of the President
750 17th Street, N.W., Suite 600
Washington, D.C. 20503
USA

Date: 21 June 1996

Ref: EXR/jdn

29001

Fax No: (202) 632 1096

Number of pages (including cover) 5

Subject: DECISIONS, RECOMMENDATIONS AND CONCLUSIONS OF THE
THIRD MEETING OF THE PROGRAMME COORDINATING BOARD,
GENEVA, 10-11 JUNE 1996

Dear Ms Fleming,

I am pleased to attach the final text of the Decisions, Recommendations and Conclusions adopted by the PCB during its third meeting from 10-11 June 1996. In the interest of time and efficiency, we would appreciate your providing copies to other members of your delegation.

Thank you most sincerely for your constructive contribution. The important decisions taken and the support expressed by the PCB for UNAIDS at this meeting will enable the Programme to move forward confidently to face the challenges ahead.

I would like to take this opportunity to inform you that the next PCB meeting has been scheduled for 3 and 4 March 1997, in Geneva.

I look forward to working with you and the other PCB members during the coming months.

Yours sincerely,

Sally
Sally Cowal
Director
External Relations

cc: Ambassador Sally Shelton (Chairperson of the PCB), Assistant Administrator,
Bureau for Global Programs, U.S. Agency for International Development,
Washington, D.C. 20523

Fax N° (202) 647.3028

Dr K. Bernard, International Health Attaché, United States Mission
to the United Nations Office at Geneva

Fax N° 749 47 17



Programme Coordinating Board

Third meeting
Geneva, 10-11 June 1996

DECISIONS, RECOMMENDATIONS AND CONCLUSIONS

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

1. The PCB adopted the report of its second meeting (UNAIDS/PCB(2)/95.7), held on 13-15 November 1995.

Agenda item 4 - Workplan for UNAIDS

2. The PCB commended the Secretariat on the quality of the UNAIDS workplan for 1996-1997 as set out in document UNAIDS/PCB(3)/96.3, which was prepared in a short period of time.
3. The PCB endorsed the broad strategic orientations of the workplan and welcomed the cross-cutting emphasis on human rights, gender, young people and greater involvement of people living with HIV and AIDS.
4. The PCB encouraged that further prioritization of the workplan be undertaken by the Secretariat, in concert with a more detailed elaboration of the workplans of the respective cosponsors and reference to a timeframe. The PCB also recommended that additional emphasis be placed on clarifying the specific roles and responsibilities of the cosponsors, the Secretariat, and other partners in a more integrated workplan.
5. The PCB requested more explicit linkage between programme objectives, workplan activities, and the performance assessment plan.

Agenda item 5 - Update on UNAIDS at country level

6. The PCB acknowledged the considerable progress achieved since the last PCB meeting, as reflected in document UNAIDS/PCB(3)/96.4.

7. Given the global nature of the epidemic, the PCB emphasized the importance for UNAIDS to ensure a global response. However, recognizing the limited resources and the large number of countries requiring support, the need for some prioritization in financial support was acknowledged. The Secretariat was therefore requested to prepare criteria for such prioritization, to be discussed at the next meeting of the PCB.
8. The Secretariat was requested to enhance its activities in the areas of access to antiretroviral drugs, drugs for associated conditions, and to care.
9. Recognizing the need to better understand the functioning of Theme Groups at country level, the PCB requested the Secretariat to present sample case studies based on experience of Theme Groups. It also suggested that representatives from the Theme Groups participate in this presentation.

Agenda item 6 - Report of the PCB working group on indicators and evaluation

10. The PCB commended the working group on the quality of the work carried out as presented in document UNAIDS/PCB(3)/96.5 Rev.1, and endorsed the recommendations contained therein. The PCB recommended that the Chair of the PCB working group on indicators and evaluation liaise with CCO members and UNAIDS to facilitate the development of the UNAIDS performance assessment plan. The Board looked forward to receiving the performance assessment plan for consideration at its next meeting.

Agenda item 7 - Report of the PCB working group on resource mobilization

11. The PCB welcomed the work carried out so far by the working group on resource mobilization, as reflected in document UNAIDS/PCB(3)/96.6, and strongly encouraged the continuation of its efforts.
12. The Board also encouraged contributions to UNAIDS by non-traditional donors.

Agenda item 8 - Method of work of the PCB (UNAIDS/PCB(3)/96.7)

13. The PCB welcomed the PCB Headlines and recommended their broader distribution. PCB members were also encouraged to assist in distributing them to the countries within their regions.
14. It was confirmed that one regular meeting of the PCB, as envisaged in the *modus operandi* of the PCB, would be held every year. In addition, annual thematic meetings could also be convened on an *ad hoc* basis, bearing in mind the cost of each Board meeting.
15. Given the limited duration of PCB meetings, the Secretariat was urged, in consultation with the Chairperson and the CCO, to propose a limited and focused agenda for the PCB's regular meetings.

16. The Secretariat was requested to provide more detailed reports of PCB meetings in order to better reflect the discussions.
17. The PCB welcomed replication of the PCB working group mechanism established in the areas of indicators and evaluation, and resource mobilization, and recommended broader consultation between working group members and those unable to formally participate.

Agenda item 9 - Financial and budgetary update

18. The PCB took note of the financial update for 1995 and for 1996-1997, as at 31 May 1996 (contained in document UNAIDS/PCB(3)96.8 and its addendum). It requested that in future financial reports, the overhead costs and other programme delivery and associated costs be presented separately, and that this also include staff costs as distinct expenditures, while at the same time taking steps to develop a results-based budget for 1998-1999.
19. The PCB took note of the precarious cash flow situation that faces UNAIDS at the beginning of each year. It recommended that, as soon as possible, UNAIDS should establish a working capital fund. This fund in the first instance would be constituted by the funds carried over from the 1995 balance forward and the WHO/GPA carryover, in order to ensure that the necessary funds would be available at the beginning of each year, pending the receipt of contributions.

Agenda item 10 - Measures to reduce administrative costs

20. The PCB took note of the report prepared by UNAIDS at its request (UNAIDS/PCB(3)/96.9). The PCB acknowledged the importance of maintaining UNAIDS' momentum in developing and implementing the Programme. While acknowledging the generous offer of the city of Lyon, it decided that UNAIDS should remain in the Geneva area.
21. It welcomed the reduction in the rent by WHO and the offer of the Government of Switzerland to assist the Programme reduce rental costs, and encouraged the Secretariat to continue its efforts to reduce costs in every possible way.

Agenda item 11 - Joint plan of cosponsors' activities for 1996-1997

22. The PCB welcomed the Coordinated Appeal for supplemental funded activities, noting the major progress achieved by the cosponsors and UNAIDS in establishing the processes required to develop it.
23. The PCB reiterated the importance that further progress be made as soon as possible to develop an integrated workplan among UNAIDS and its cosponsors. It also emphasized the need to distinguish: (i) the activities included within the UNAIDS workplan and budget; (ii) those activities in the UNAIDS workplan to be implemented by cosponsors or other organizations; (iii) HIV/AIDS-related activities of the cosponsors, which will be funded from their core budgets; and (iv) HIV/AIDS-related activities of the cosponsors which will require supplemental funding and are included in the Coordinated Appeal.

Agenda item 12 - Report to the 1996 ECOSOC substantive session

24. The PCB took note of the report E/1996/42 on the status of implementation of UNAIDS, which has been prepared for consideration at the 1996 substantive session of ECOSOC, and noted that the oral report to be made by the UNAIDS' Executive Director will make reference to cosponsors' activities.

Agenda item 13 - Next PCB meeting

25. It was agreed that the next meeting of the PCB would take place in the first quarter of 1997 and that UNAIDS would propose dates for consideration by the PCB members.



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UNAIDS/PCB(3)/96.11 Recom.
11 June 1996

Programme Coordinating Board

Third meeting
Geneva, 10-11 June 1996

DECISIONS, RECOMMENDATIONS AND CONCLUSIONS

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JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)
(UNICEF, UNDP, UNFPA, UNESCO, WHO, World Bank)

To: Ms Patricia A. Fleming
Director of National AIDS Policy
Executive Office of the President
750 17th Street, N.W., Suite 600
Washington, D.C. 20503
USA

Date: 21 June 1996

Ref: EXR/jdn

29001

Fax No: (202) 632 1096

Number of pages (including cover) 5

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I look forward to working with you and the other PCB members during the coming months.

Yours sincerely,

Sally
Sally Cowal
Director
External Relations

cc: Ambassador Sally Shelton (Chairperson of the PCB), Assistant Administrator,
Bureau for Global Programs, U.S. Agency for International Development,
Washington, D.C. 20523

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Dr K. Bernard, International Health Attaché, United States Mission
to the United Nations Office at Geneva

Fax N° 749 47 17



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UNAIDS/PCB(3)/96.2
10 May 1996

Programme Coordinating Board

Third meeting
Geneva, 10-11 June 1996

Provisional agenda item 3

Report of the Executive Director

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I. INTRODUCTION

1. Since the last meeting of the PCB in November 1995, efforts have focused on ensuring UNAIDS became operational on 1 January 1996. Staff selection and recruitment received priority in order to speed up programme development. Major emphasis was placed on establishment of UN Theme Groups on HIV/AIDS at country level; training and placement of Country Programme Advisers (CPAs); finalization of administrative and logistical arrangements for UNAIDS at global and country levels; and development of a UNAIDS workplan, including joint activities with the cosponsors. In addition, a corporate communications strategy has been developed and is being put into operation.
2. The Memorandum of Understanding has now been signed by all six Executive Heads, and collaboration with the cosponsoring organizations is becoming increasingly productive. During its last meeting in April 1996, the Committee of Cosponsoring Organizations (CCO), chaired by the Executive Director of UNICEF, reviewed workplans and resource mobilization for the cosponsors' HIV/AIDS activities. Optimal ways for communicating with cosponsors' field staff were also discussed. Taking advantage of an Administrative Committee on Coordination (ACC) meeting in Nairobi later that month, the CCO members carried out a field visit to familiarize themselves with various aspects of the HIV/AIDS epidemic.
3. The concept of an expanded response to HIV/AIDS is being further defined. This requires a better understanding of both the short-term risks of becoming infected with HIV, as well as that of people's vulnerability to HIV infection. While efforts have previously concentrated on interventions reducing the risk of infection, for instance through IEC efforts to maintain or promote safe sex behaviours, there is now increased recognition that the HIV/AIDS epidemic calls for approaches to address the contextual, socio-economic factors that determine the vulnerability of people to HIV infection and AIDS. A major challenge is the integration of different paradigms and strategies into a coherent overall framework for UNAIDS' activities at the global, inter-country and country levels.
4. Since November 1995, we estimate that about 1.5 million people have become infected with HIV globally, well over 20 million adults are living with HIV/AIDS today, and approximately 5 million adults have died from HIV-associated conditions. Whereas the epidemic continues its devastating expansion nearly everywhere, there is good evidence of a decline in the number of new infections in large communities in the developing world, such as in Thailand and Uganda. Thus, for the first time there is realistic hope that prevention efforts are beginning to pay off. In contrast, there seems to be little, if any, improvement in the access to appropriate care for the overwhelming majority of people living with HIV in the world.

II. PROGRESS OF UNAIDS: November 1995 - May 1996

Country Support

5. *Theme Groups:* At the time of writing the report, 95 UN Theme Groups on HIV/AIDS, covering 112 countries, had been formally established (as compared to 36 Theme Groups at the end of 1995). In general, where a Theme Group has been set up, all six cosponsors are members, but several Theme Groups have extended membership to other UN

system organizations active in the area of HIV/AIDS, such as UNHCR, ILO, UNDCP, FAO, WFP, UNIFEM. In addition, national governments have chosen to participate in a great majority of the Theme Groups, either as full members or as observers. In a number of countries (e.g., Tanzania), Theme Group members have agreed to pool financial resources, to cover operating costs of the Theme Group, and those of the UNAIDS Country Programme Advisor. Initial experience with the Theme Groups shows that they can be a powerful advocacy mechanism for a greater multisectoral response to the epidemic.

6. A series of country visits by UNAIDS staff is taking place to support and strengthen Theme Group development and operations, as well as to assist in building national capacity for an expanded response. These visits are conducted in collaboration with staff from cosponsoring organizations, representatives of bilateral agencies and national programmes.

7. In addition, a number of sub-regional meetings are underway, which bring together representatives of cosponsoring organizations, bilateral agencies, national programme managers and others, involved in the response to the epidemic. These meetings offer an opportunity to strengthen Theme Group functioning, or to initiate UNAIDS support in countries where the UN presence is weak, such as for instance in some countries in Eastern Europe. A major challenge for the Theme Groups will be to move from information exchange to joint planning and action.

8. The main problems encountered in the operation of the Theme Groups include, in some countries, a lack of awareness and understanding of UNAIDS' objectives among the cosponsors; a lack of involvement of cosponsors, who in many countries continue to see HIV/AIDS exclusively as a health problem to be addressed only by the Ministry of Health; and a lack of resources to cover the operating costs of Theme Groups.

9. UNAIDS staff participated in two seminars for UN Resident Coordinators, at the ILO International Training Centre in Turin, to discuss practical and policy issues with those who are directly involved in UNAIDS' undertakings at country level.

10. *Country Programme Advisors:* At the time of writing the report, 16 Country Programme Advisors (CPAs) were in place, out of a total of 40-42 international and 8-10 national CPAs foreseen for recruitment. Eight more CPAs will have been placed by 1 July, at which date it is also expected that agreements will have been reached for placement in a further 6 countries. The selection process has been delayed by the difficulty of finding people with appropriate profiles, and, in some instances, problems relating to logistical support hampered the placement of selected CPAs. Lastly, in some countries, misunderstandings with regard to the role of the CPA, ~~who is sometimes seen as only providing technical and administrative support to the national programme or to only one of the cosponsors,~~ need to be clarified.

11. Early in 1996, a three-week orientation course was organized in Geneva for 23 CPAs elect. The programme covered a wide range of issues, such as support to Theme Groups; national strategic planning; the expanded response to HIV/AIDS; human rights advocacy; linking prevention to care; and the latest technological advances. Representatives from the cosponsoring organizations also participated.

12. In countries where no Country or Inter-Country Programme Advisor is foreseen, the nomination of UNAIDS focal points will be necessary. Such focal points already exist in three countries, two of them being UNDP-funded National Programme Officers working on HIV/AIDS in Thailand and Botswana, and one International UN Volunteer Specialist in El Salvador. Negotiations are proceeding with the cosponsors on how to include their HIV/AIDS staff in UNAIDS country activities (e.g., UNDP NPOs).

13. **Support to countries:** The workplans for core support to national programmes have been reviewed, and agreement on the types of activities to be funded has been reached with the majority of countries. It should be noted that in some countries the drastically reduced level of funding, as compared to core support provided formerly by WHO's Global Programme on AIDS, has created considerable interruption in the management and implementation of the national programme. This has been overcome to some extent by prioritizing the allocation of funds from the core support being provided. Furthermore, Theme Groups are exploring ways to mobilize resources and UNAIDS is developing strategies to assist them and national programmes in this important area.

14. **Technical collaboration:** UNAIDS is developing mechanisms and tools for effective technical collaboration with countries. This includes the development of global, regional and country networks of expertise, setting up fora for exchange of experiences, and specific task forces to handle global- or region-specific issues. Direct technical support is also being provided by UNAIDS staff, cosponsor staff and identified technical experts. In assisting countries to build capacity to plan, implement and evaluate an expanded response, UNAIDS will make use, as much as possible, of national and regionally available resources.

15. We are also establishing inter-country technical collaboration teams in different regions. These will assist in strengthening national capacities by building referral networks and providing technical support to countries and cosponsors. Teams will be based in Côte d'Ivoire, South Africa, and Thailand; in Latin America and Europe, team members will be placed in locations still to be decided. These teams will work closely with, and will be integrated with support staff for regional projects in South-East Asia and Western Africa in order to make optimal use of available resources.

16. **Regional Projects:** The South-East Asia HIV/AIDS Project (SEAHAP), initiated by the World Bank, aims at strengthening policy analysis, promoting policy dialogue and supporting implementation of priority strategies, particularly regional and multisectoral initiatives. The Project operates in close collaboration with bilateral donors and other UN agencies. It has initiated an Information Support Service for the Region. This service, which makes use of electronic mail, supports policy development and implementation, by providing information and offering a forum for discussion and experience exchange. More than 400 people have now subscribed to this service.

17. The West Africa Initiative (WAI), which covers 17 countries in Western Africa and the Sahel, and which was also initiated by the World Bank, addresses cross-border and regional aspects of migration, and sex work, and supports networks of people living with HIV/AIDS. The Initiative offers an opportunity to conduct operational research, and to ensure that findings are incorporated in national level intervention development. UNAIDS provides technical and administrative support to this initiative, and the WAI Coordinator will

be a member of the Inter-country Technical Collaboration team to be based in Abidjan, Côte d'Ivoire.

18. ***Epidemiological surveillance:*** Mechanisms for global AIDS case reporting have been developed, in close collaboration with WHO. WHO will be the responsible Organization for global AIDS case reporting, while UNAIDS will support strengthening of national level HIV/AIDS/STD surveillance. Global and regional estimates of HIV and AIDS prevalence have been revised and updated; these will be disseminated regularly and are available on the Internet. Based on the recommendations of an external review of the epidemiological needs and activities of UNAIDS which took place in March 1996, and building on the surveillance mechanisms developed earlier by WHO/GPA, UNAIDS will focus especially on developing capacity for the collection and analysis of data needed for decision-making at national level, and for the development and evaluation of an expanded response.

19. ***Collaboration with donors:*** An agreement has been reached with GTZ, Germany, to collaborate in the provision of technical support, and to conduct operational research on the integration of HIV/STD interventions in district level primary health care systems. UNAIDS is in the process of developing a collaborative agreement with AIDSCAP, USA, for the development of country activities and to conduct joint research. We are also collaborating with Japan under the Global Issues Initiative (GII) on Population and AIDS.

Policy, Strategy and Research

20. The Department of Policy, Strategy, and Research (PSR) currently encompasses 13 professional staff members from a number of disciplines. In addition, seven short-term professionals and consultants are assisting in the development of PSR's agenda. A primary role of PSR is to evaluate existing responses, to identify the best among them, and ensure that the lessons from them are broadly shared.

21. In order to ensure that its activities are dealt with in a multi-disciplinary manner, specific working groups have been established, bringing together key UNAIDS staff, with increasing inputs from the cosponsoring organizations. These working groups have been created for the following topics:

- Determinants and dynamics of the epidemic
- Development and HIV/AIDS
- Human rights, ethics and law
- Communication
- Condoms
- Institutional systems and settings
- School education
- Community mobilization
- Social and economic support
- Vulnerable populations
- Care and support
- Sexually transmitted diseases
- HIV testing and counseling
- Vaccine development
- Clinical therapy
- Female-controlled methods (for prevention of both sexual and mother-to-child transmission)
- Diagnostics

22. Much of the current activity of PSR involves taking stock of the knowledge, experience and ongoing work that exists in the above-mentioned critical areas. The mapping of this information will in turn lead to several products for each area, namely a summary of best practices currently available; identification and review of the best available materials; identification of leading resource people and institutions in the various fields; and prioritization of UNAIDS' activities— all with the goal of improving technical collaboration and ultimately the quality of interventions and programmes at country level.

23. At a first meeting of an inter-agency working group, UNICEF, UNFPA, UNESCO and WHO staff worked closely to formulate a concerted approach on integrating HIV/AIDS prevention in the school setting. Within this common framework, the different agencies are now each formulating the specific activities that will be carried out in the coming biennium. Furthermore, UNAIDS will monitor globally the response of countries in this area. This is a first example of a successful effort to harmonize UNAIDS cosponsors' activities in a given substantive area.

24. Broader networks and other fora are being established, bringing together technical experts around a specific subject area (such as the international working group on vaginal microbicides), policy-makers from a sub-region (such as the Inter-Country Coordinating Committee of the West Africa Initiative), or some combination of both (such as a Latin American task force on HIV/AIDS communication).

25. In addition, a number of research projects supported by the Department have begun or will soon be underway. These include, for instance, a study in four African cities of the social, behavioural and biological factors that may explain the dramatically different course of the epidemic in those sites; a five-site study of the efficacy of new oral drug treatments to prevent mother-to-child transmission; a multi-site efficacy trial of a new vaginal microbicide; and a three-site study of the determinants of discrimination, stigma and denial.

26. Some challenges for work on international best practice include harmonization of our activities with those of the six cosponsors, creation of networks of collaborating individuals and institutions; establishment of a tight link between policy development, research and country support.

Collaboration with NGOs and PWAs

27. UNAIDS has been expanding its work with NGOs and People Living with AIDS (PWA) groups, both with traditional partners, such as The AIDS Support Organization (TASO) in Uganda, and the Global Network of People Living with HIV/AIDS, and through outreach to new partners, such as the development NGO sector including Questscope, working in Jordan, and lesser-known groups working with street youth in what are presently low prevalence countries. UNAIDS has also taken an active role in continuing to promote and implement the GIPA Principle¹ from the Paris AIDS Summit through ongoing consultations with NGOs and PWA groups both in Geneva, through "virtual communications", and during

¹ The GIPA Principle for the Greater Involvement of People Living with HIV/AIDS is one of the 7 initiatives included in the Paris AIDS Summit Declaration signed by 42 countries in December 1994.

country and regional visits, as well as by recruiting staff members from the NGO and PWA communities. Where possible, UNAIDS also facilitates meetings of these groups.

28. An NGO/PWA Liaison Officer is now in place and her focus is to bring the expertise of NGOs and PWAs into the work of UNAIDS both in Geneva and at the country level, as well as to assess how UNAIDS can best help NGO and PWA partners in their work, both through funding, and through technical and advocacy support.

Advocacy and Communications

29. UNAIDS staff have met with political, economic and social leaders in over 50 countries around the world, to brief them on the mandate of UNAIDS, what it expects to do at country level, and to discuss the dimensions of the epidemic. Events such as meetings with the Presidents of Ghana and Uganda and the Prime Minister of Côte d'Ivoire, or the luncheon briefing set up by the U.S. Secretary of Health and Human Services at the White House for top level U.S. corporation and foundation leaders to introduce UNAIDS, increase the likelihood that responses to HIV/AIDS will be strengthened and that resources will be mobilized.

30. To focus attention on HIV/AIDS as a cross-border problem, and to encourage regional leaders to work together to contain the epidemic and provide the necessary resources for activities, UNAIDS has been active in working with leading regional organizations. The ASEAN Heads of Government Summit endorsed a resolution stressing the importance of working with UNAIDS. Efforts to initiate similar resolutions are pending for the G-7 meeting, the OAU, and SELA (Latin America and the Caribbean economic group).

31. A series entitled *UNAIDS Points of View* began in March to present the media with policy statements and updated information on subjects of broad public interest. To date we have issued reports entitled "Women's Vulnerability to AIDS", to coincide with International Women's Day, and "TB and AIDS - The Dual Epidemic", which was released on World TB Day.

32. Planning has begun for an active presentation of UNAIDS at the Vancouver International AIDS Conference in July. A slogan "One World - One Hope" was chosen which will also be used for World AIDS Day 1996. UNAIDS will organize a joint booth with the cosponsors for the Conference and, in addition, expects to have several press interviews and opportunities around plenary sessions and satellite workshops in which to present its views. We will use these opportunities to strengthen our messages, particularly on women, human rights and care.

33. Working with UNICEF, and the African Football Federation, UNAIDS used the African Football Cup finals in South Africa to issue a strong message about AIDS prevention and care. In addition to the thousands of fans at the games, millions more were exposed to the message on television. We are working actively with UNICEF to identify similar opportunities which reach a young audience in order to communicate messages on AIDS.

34. French-German TV ARTE is preparing a 30 minute documentary on UNAIDS to be aired later this year after spending a day in Geneva with staff. Advantage is being taken of all opportunities to get our message across: that there is hope because AIDS is a preventable disease.

35. The publication and dissemination of technical documents is currently under review. A consultant was hired to prepare recommendations on a documentation centre and UNAIDS will shortly be in a position to make decisions on this area of work. We need to use the latest advances in technology, but also make accommodations for the fact that many people in our audience are in places not yet reached easily by such technology.

Resource Mobilization

36. The resource mobilization strategy at global level involves seeking collaboration from traditional and non-traditional government donors, and the private sector, including corporations, foundations, and sales of products related to HIV/AIDS awareness.

37. The PCB resource mobilization working group has met twice. At its second meeting, options for ensuring a reliable flow of funding to UNAIDS were discussed. Although the replenishment model in which donors would make firm pledges for an extended period has great appeal, it will not be possible for all donors. The group plans to meet again on an *ad hoc* basis to assist UNAIDS in the development and implementation of its strategies.

38. There is clearly growing international political will to contribute to a global struggle against the epidemic, and some pledges have been received from non-traditional donors. Furthermore, we are in discussions with several others and expect to have additional countries as contributors in the coming months. It should be noted, however, that difficulties encountered by many countries include the current unfavourable financial situation, as well as the lack, in some instances, of a mechanism to make voluntary contributions to UN organizations.

39. A corporate strategy is being developed through which UNAIDS will offer the corporate sector advice on workplace programmes, and demonstrate that money spent on prevention activities is cost-effective. In turn, UNAIDS can benefit from the corporate sector's people, product and communications capacity, as well as from donations.

40. The need to raise funds at country level and to equip staff and Theme Groups with the tools to do this job effectively is one of our programme priorities. In this context, UNAIDS staff and representatives of the cosponsors and NGOs attended workshops in Asia and Latin America organized by the "Fundraising Workshop", a non-profit group providing techniques primarily to NGOs in the developing world. In addition, a fundraising workshop for country support staff is planned to take place in Geneva in May. Based on our evaluation of this session, a decision will be taken on whether to hire the group to design similar workshops for CPAs and Theme Groups.

41. Three meetings with all the cosponsors representatives have taken place, and several meetings individually with each, to agree upon a joint plan of activities to be submitted to the donors for extra-budgetary funding, as authorized by the PCB for a total of US\$ 20 million. The final plan will be available shortly. The principal problems in reaching an agreement on the document include the structural and programmatic differences among the cosponsors.

42. UNAIDS signed an agreement with the US Foundation "Until There's a Cure". The agreement gives the Programme exclusive rights to market and sell outside the USA, an AIDS awareness bracelet, developed by the Foundation. The campaign involves celebrities advertising the product through public service announcements in national media, raising both public awareness and funds. We are currently in the development phase, seeking corporate support to underwrite the advertizing campaign. Arrangements will be made in each country where we decide to market the product with an NGO, and share funds with local organizations.

Monitoring and evaluation

43. The creation of a new programme provides a unique opportunity to establish a performance monitoring and evaluation scheme from the start. A PCB working group met in April 1996 in London and developed recommendations for such a scheme for the Programme (UNAIDS/PCB(3)/96.5).

44. A review of existing methods and tools for planning and evaluation used by the cosponsoring organizations and major bilateral donors is being conducted. A rapid appraisal method for assessing an expanded response is being developed which will be pre-tested by the CPAs in Africa. A major challenge in this area of evaluation will be the identification of a reasonable balance of resources for programme implementation and evaluation.

Programme Administration

45. The Department of Programme Administration, which is responsible for budget planning, financial management and accounting, personnel and human resources development and information technology, became operational at the beginning of the year. The Chief of Administration took up her functions in mid-January, and the Human Resources officer was in place in March 1996. One vacant professional post, for a country finance officer, remains to be filled in the next quarter, after which the staffing of this Department will be at its full approved complement.

46. **Administrative agreements:** A Letter of Agreement between WHO and UNAIDS for the provision of administrative and financial services was signed at the end of 1995 by WHO and UNAIDS. The arrangements came into effect on 1 January and will be reviewed mid-year. In the interim, WHO reduced the charge, retroactively to 1 January, for accommodation and building services by over US\$ 1 million (or almost by 50 percent).

47. During the first months, intensive efforts were made to identify the best modalities of operation, particularly at country level and in support of the field staff, building on the Resident Coordinator system as described under Country Support. UNAIDS and UNDP have

also agreed on a working arrangement whereby UNDP will provide administrative support at country level to facilitate the disbursement of funds to countries for support for HIV/AIDS activities foreseen in the approved budget. This came into operation at the end of April.

48. Agreements are also in process with UNOPS (United Nations Office for Project Services) for the management of projects in the future.

49. **Administrative arrangements:** The Programme Administration office coordinated the allocation of offices, furniture and equipment to all UNAIDS staff in Geneva. Communication systems for the effective distribution and exchange of information, both within and outside the Programme, were set up. Policies were established in relation to internal procedural matters such as for duty travel, recruitment of consultants, and procedures for contractual work, in preparation of issuing UNAIDS Administrative Guidelines. A preliminary proposal has also been developed for a UNAIDS Performance Appraisal System, linking the evaluation of staff to individual workplans, thereby providing an effective tool with which to measure performance.

50. **Staffing:** Staff selection and recruitment continue to receive maximum attention. By 1 May, 33 professional and 33 general service fixed-term staff had been recruited in Geneva duty station, all on two-year contracts. As stated earlier in the report, 19 CPAs have been selected for these positions, with 16 of them already in place. In addition, there is currently one Inter-country Technical Adviser in place. Recruitment continues for both Geneva and field-based staff, and a new phase of advertising is in progress with the total number of applications received to date amounting to about 2,700. At present, 40% of fixed-term staff are female and 38% of staff are from non-OECD countries. As part of collaboration with the cosponsoring agencies and other partners, UNAIDS is planning to fund a post in UNICEF, and in the Office of the UN System Services and Support (OUNS), both stationed in New York, as well as four posts in the WHO regional offices.

51. UNDP, UNFPA and UNICEF have each seconded a staff member to UNAIDS Geneva. UNICEF is co-financing with UNAIDS two positions based in New York, and UNESCO has seconded one staff member to UNAIDS to provide liaison functions with the UN system organizations in New York. As of 1 May, UNAIDS had three government seconded staff, namely from Australia, Belgium and Japan.

52. **Funding:** Formal and informal pledges for 1996 from 22 governments have been made, and as at end April 1996 approximately US\$ 3 million in income has been received. In addition, WHO has contributed US\$ 360,000 to the UNAIDS core budget and it is expected that the World Bank will shortly transfer US\$ 2.2 million to the UNAIDS Trust Fund for the core budget and regional projects. UNFPA will contribute US\$ 500,000 (including the cost of the UNFPA-seconded staff member based in Geneva). In addition, to date US\$ 20 million has been transferred to UNAIDS from the GPA total carry-over which, less the funds retained by WHO for outstanding close-down operations, is estimated to be approximately US\$ 37 million (UNAIDS/PCB(3)/96.8). Financial matters will be discussed by the PCB at its meeting, but it is clear that without the reserve funds that the Programme has inherited from GPA, UNAIDS would not have been in a position to have been fully operational on 1 January on the basis of the income received to fund 1996 core activities.

53. **Information technology:** Efforts in this area have concentrated on identifying the needs of the Programme at all levels for the immediate and over the longer term. The aim is to determine how best to integrate all aspects of information technology throughout the Programme into computer systems. These systems will permit the rapid flow of information on Programme management, financial status, the most effective prevention and care policies, strategies and programmes and all major UNAIDS documents to UNAIDS staff world wide, Theme Group members, cosponsors and national partners. In addition to identifying, designing and implementing various systems, training and support to UNAIDS staff at all levels in the use of implemented systems will take place. Additional activities that will not only intensify and improve the monitoring and evaluation system of UNAIDS, but also strengthen the communication and information exchange within and outside UNAIDS, include the development of a programme-wide informatics system.

Priorities

54. Ten priorities of work for UNAIDS in the next six months will be to:

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| <ul style="list-style-type: none">• Assist in making the Theme Groups functional, and help them move from information exchange to joint planning and action;• Accelerate placement of staff in countries, and ensure nomination of UNAIDS focal points in countries where no CPAs are foreseen;• Develop a framework for monitoring and evaluation, in parallel with the further prioritization of the UNAIDS workplan;• Ensure full funding of the Programme, including support for cosponsors' activities; | <ul style="list-style-type: none">• Expand communication activities to establish UNAIDS corporate identity;• Survey current international best practice;• Establish inter-country technical collaboration teams;• Develop a private-sector plan of action;• Operationalize an expanded response;• Further expand capacity and modalities to work with people living with HIV/AIDS and with NGOs. |
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JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

(UNDP, UNICEF, UNFPA, UNESCO, WHO, World Bank)

copy

PCB

In reply please refer to: UNAIDS/PCB(1)

Note Verbale addressed to participants
and observers attending the
Constitutive meeting of the Programme
Coordinating Board

The Joint United Nations Programme on HIV/AIDS (UNAIDS) presents its compliments to participants and observers attending the constitutive meeting of the Programme Coordinating Board and has the honour to enclose the following documents prepared for the meeting, which will take place from 13-14 July 1995. It should be noted that the meeting will take place at the International Labour Office, 4 route des Morillons, 1211 Geneva 22, in salle II, level R3 (south). Registration will begin at 08h15 on the first day outside the meeting room.

Provisional agenda	UNAIDS/PCB(1)/95.1 Rev.1
Report of the Executive Director *	UNAIDS/PCB(1)/95.2
Modus Operandi of the PCB	UNAIDS/PCB(1)/95.3
Structure and staffing	UNAIDS/PCB(1)/95.4
Indicative budget for 1996-1997	UNAIDS/PCB(1)/95.5

The document for provisional agenda item 5, 'Common understanding of the response to the Epidemic: initial concepts', will be made available at the meeting in both English and French.

Geneva, 26 June 1995

* The French version of this document will be available at the meeting



PROGRAMME COMMUN DES NATIONS UNIES SUR LE VIH/SIDA
(PNUD, UNICEF, FNUAP, UNESCO, OMS, Banque mondiale)

Prière de rappeler la référence:

Note verbale adressée aux participants
et observateurs à la réunion
constitutive du Conseil de Coordination
du Programme

Le Programme commun des Nations Unies sur le VIH/SIDA (ONUSIDA) présente ses compliments aux participants et observateurs à la réunion constitutive du Conseil de Coordination du Programme et a l'honneur de remettre ci-joint les documents ci-dessous, préparés pour la réunion qui se tiendra du 13 au 14 juillet 1995. Il est à noter que la réunion aura lieu à la salle II, niveau 3 (sud) du Bureau internationale du Travail (BIT), 4 route des Morillons, 1211 Genève 22. Les inscriptions débuteront le 13 juillet à 08h15 devant la salle de réunion.

Ordre du jour provisoire	UNAIDS/PCB(1)/05.1 Rév.1
Rapport du Directeur exécutif *	UNAIDS/PCB(1)/95.2
Modus Operandi du PCB	UNAIDS/PCB(1)/95.3
Structure et dotation en personnel	UNAIDS/PCB(1)/95.4
Budget indicatif pour 1996-1997	UNAIDS/PCB(1)/95.5

Document 'Vision commune de la réponse à l'épidémie: notions préliminaires', sera disponible en version anglaise et française au moment de la réunion.

Genève, le 26 juin 1995

* La version française de ce document sera disponible lors de la réunion



JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)
(UNDP, UNICEF, UNFPA, UNESCO, WHO, World Bank)

**Constitutive meeting of the
Programme Coordinating Board
Geneva, 13-14 July 1995**

**UNAIDS/PCB(1)/95.1 Rev.1
23 June 1995**

Place of meeting: Salle II, ILO, Geneva

*Times of meeting: * 09h00 - 12h30
14h00 - 17h30*

PROVISIONAL AGENDA

Reference documents

- | | | |
|-----|--|--------------------------|
| 1. | OPENING | |
| 1.1 | Opening remarks by the Executive Director | |
| 1.2 | Address by Chairperson of the Committee of Cosponsoring Organizations | |
| 1.3 | Election of officers | |
| 1.4 | Adoption of provisional agenda | UNAIDS/PCB(1)/95.1 Rev.1 |
| 2. | REPORT OF THE EXECUTIVE DIRECTOR | UNAIDS/PCB(1)/95.2 |
| 3. | PROGRAMME COORDINATING BOARD:
MODUS OPERANDI | UNAIDS/PCB(1)/95.3 |
| 4. | ADMINISTRATIVE AND LEGAL ARRANGEMENTS | |
| 4.1 | Structure and staffing | UNAIDS/PCB(1)/95.4 |
| 4.2 | Indicative budget for 1996-1997 | UNAIDS/PCB(1)/95.5 |
| 4.3 | Update on legal instrument and administrative support agreement | |
| 5. | COMMON UNDERSTANDING OF THE RESPONSE TO THE EPIDEMIC: INITIAL CONCEPTS | non paper |
| 6. | RECOMMENDATIONS AND CONCLUSIONS | |
| 7. | NEXT MEETING OF THE BOARD | |

** Registration on the first day will begin at 08h15*



JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)
(UNDP, UNICEF, UNFPA, UNESCO, WHO, World Bank)

**Constitutive meeting of the
Programme Coordinating Board
Geneva, 13-14 July 1995**

**UNAIDS/PCB(1)/95.2
26 June 1995**

Provisional agenda item 2

REPORT OF THE EXECUTIVE DIRECTOR

I. THE HIV/AIDS EPIDEMIC: THE SECOND DECADE

1. The worldwide epidemic of AIDS - a fatal syndrome caused by the human immunodeficiency virus (HIV) - is one of the major tragedies of our time. Now in its second decade, the HIV epidemic continues to grow, invisibly, at a rate of over 6000 new infections every day, and the resulting sickness and death from AIDS continue to wreak unprecedented havoc among individuals, families and societies. No country will be able to insulate itself from the shock waves of HIV/AIDS.

The impact of AIDS

2. One of the worldwide constants of the AIDS epidemic is the suffering it entails. Much of it is needless. Because HIV can spread through sexual and drug-injecting behaviours that society condemns, people with AIDS are often shunned and stigmatized. And although the virus is not transmitted through everyday social contact, HIV-infected people are wrongly feared as a source of contagion. Instead of compassion and support, therefore, people with AIDS often encounter painful rejection.

3. This emotional pain comes on top of the physical suffering caused by AIDS, a condition for which there is no cure. HIV slowly destroys the individual's immune defences against other diseases, including some cancers, tuberculosis and infectious bacteria that healthy people are able to fight off with ease. In practice, this means gradual if unpredictable deterioration marked by bouts of illness of increasing severity and indignity - persistent diarrhoea, fever and night sweats, painful lesions of the mouth and oesophagus that make eating and even swallowing difficult, incessant itching, wasting, dementia. Modern medicines can help palliate the pain and discomfort, but even simple drugs are unavailable in many developing country communities. The statistic to bear in mind here is that by the year 2000, developing countries will account for over 90% of all people with HIV infection.

4. To date, nearly 5 million men, women and children have endured this suffering. But people with AIDS are merely the visible part of the global epidemic. AIDS takes years - up to a decade, or even longer - to develop following initial infection with HIV. The World Health Organization estimates that a further 13 to 15 million adolescents and adults, plus about half a million children, are living with HIV infection but have yet to progress to the stage of severe disease we call AIDS. Most of them look and feel healthy, and are unaware of being infected. (The prolonged invisibility of HIV infection makes it easy to ignore and helps the epidemic to spread unchecked.) And by the year 2000, the

cumulative total of infected individuals is predicted to reach 30-40 million by the most conservative estimates.

5. Yet the importance of the HIV/AIDS epidemic cannot be measured solely against the yardstick of the number of infected or ill individuals, as enormous as that number is. Because HIV is primarily sexually transmitted, it tends to strike not those who are traditionally susceptible to infectious diseases - the very young and the very old - but rather adolescents, young adults and those in early middle age, the very people on whom society relies for production and reproduction.
6. These are the men and women who raise the young and care for the old. As they die of AIDS, their elderly relatives are left without support and their children become orphans - by the year 2000, as many as 5-10 million children may have lost their mother or both parents to AIDS.
7. They are also the ones who grow the crops, work in the mines and factories, run the schools and hospitals, even govern the country. For example, in Thailand, it is estimated that by the year 2000, the AIDS epidemic will cost the economy close to US\$ 11 billion - largely because of the lost productivity of this key demographic group.
8. Thus for every person with AIDS, countless more people are drawn into the circle of destruction - in the family, community or society. In hard-hit places, the very fabric of society is torn apart. Hard-won gains in child survival are being erased. In short, for countries that are not yet industrialized, or in the process of industrializing, AIDS threatens development itself.

What drives the spread of HIV?

9. Enough knowledge is available about the modes of HIV transmission to reduce the risks of transmission. HIV is mainly transmitted through sexual intercourse from man to woman or woman to man (heterosexual transmission) or from man to man (homosexual transmission). Worldwide, most infections are transmitted heterosexually, though sex between men continues to be a major route of HIV spread. Like many other sexually transmitted diseases (STDs), HIV can also spread through blood. In some places in both industrialized and developing countries, drug users who share their injection equipment are those with the highest HIV rates. Finally, as with syphilis, the virus can spread from an infected woman to her fetus or newborn infant, and this becomes a dramatic problem wherever heterosexual transmission predominates and many women are infected. So far, sub-Saharan Africa holds the lion's share of these infected infants, who generally fall sick and die before the age of five years.
10. But while the biological facts of transmission are straightforward, they are only part of the story, because HIV does not spread at random. People's sexual and drug-related behaviour occurs not in a vacuum but in a context which may make it easy, difficult or frankly impossible to be safe from the virus. Wherever this "environment" is not conducive to safe behaviour, for example, in poor or marginalized communities, the virus is free to spread.

11. For example, a woman who has little or no voice in sexual decision-making is vulnerable to HIV¹ because she can neither insist on mutual fidelity nor readily negotiate condom use. Men and women pushed into prostitution by poverty can do nothing to protect themselves from the virus unless their clients agree to use condoms - assuming these are available and affordable. Another example of a vulnerable population is migrants divided from their families, who often seek new sex partners and even long-standing relationships. Those who are unfamiliar with the language of their new community are at the further disadvantage of not understanding local AIDS information campaigns, or being less able to negotiate condom use for sex. An illegal immigrant hiding from the authorities may not dare seek medical care, thus putting himself at greater risk of HIV infection if he should develop syphilis or gonorrhoea. (HIV spreads more readily in the presence of an untreated STD.) Homosexual men living in a community where their sexual orientation is stigmatized may have no access to life-saving information about safer sex. Finally, discrimination and stigma directed against people with HIV/AIDS fosters the spread of the virus - for example, by making it difficult for individuals who know they are infected to acknowledge this and ensure that others are protected.

12. Conversely, in communities where the human rights of men and women are respected, including rights relating to information, education and employment, people are in a stronger position to protect themselves and others from HIV. In addition, access to care and support for those who are infected is generally better.

13. These factors help explain why HIV/AIDS is not a single global epidemic but the sum of multiple epidemics, each driven by its own set of social factors and characterized by its own transmission dynamics. Thus, the industrialized countries thus far have had over 1.5 million HIV-infected adolescents and adults. Where HIV is a more recent arrival there have obviously been fewer infections - e.g. more than 100 000 in North Africa and the Middle East and over 50 000 in Eastern Europe and Central Asia - but the potential for rapid spread exists. In Latin America and the Caribbean, where transmission through drug injecting and through sex between men and women continues to increase, there are over 1.5 million HIV-infected adults. Sub-Saharan Africa has by far the largest number of people with HIV - 11 million - and epidemic spread continues. But the region where HIV is spreading fastest is in South and South-East Asia, with an estimated 2.5 million adults with HIV infection - double the figure in mid-1993.

14. Within regions, however, and even within countries, the HIV/AIDS picture is marked by diversity. Transmission through shared drug injection equipment may predominate in one city, while in another city 100 km away rates of HIV infection may be far lower. This could be explained by a variety of reasons such as the drug users being subjected to less harassment and even provided with sterile needles and syringes. Still elsewhere, sex workers may be becoming infected by their clients, and in turn transmitting the virus to other customers through unprotected intercourse. Where epidemics are long

¹ To be vulnerable in the context of HIV/AIDS, means to have little or no control over one's risk of acquiring HIV infection or, for those already infected with or affected by HIV, to have little or no access to appropriate care or support. Vulnerability is the net result of the interplay among many factors, both personal (including biological) and societal; it can be increased by a range of cultural, demographic, legal, economic and political factors.

established, numerous people will be acquiring infection - not by injecting drugs or having unprotected sex with many partners - but through the behaviour of their sexual partner. In some mature epidemics, for example, most of the women infected with HIV are monogamous wives.

Lessons learnt

15. The major lesson learnt since AIDS was first described, in 1981, is that **HIV and AIDS are now part of the human condition - a tragic part that the world must challenge.**
16. The initial success of the scientific community in identifying the causal virus of AIDS and determining its routes of transmission led to high expectations that the epidemic would soon be curbed. This optimism was unwarranted, for both a vaccine and a cure remain elusive and the control methods available are imperfect. With no vaccine to protect the uninfected - and none expected to be available for large-scale use this century - HIV spread is bound to continue. And, with no cure on the horizon, millions of people already infected will progress to AIDS.
17. Unlike smallpox, the HIV/AIDS epidemic of today is not amenable simply to biomedical control. But if there is no simple technical solution to HIV/AIDS, neither is there a simple non-technical solution. For example, the injunction to "just say no" has, not surprisingly, been no more successful in curbing HIV than the earlier epidemics of syphilis, gonorrhoea and heroin use. In any case, given the multiplicity of HIV epidemics, there can be no single approach to control.
18. This being said, the second major lesson of the past 14 years is that **AIDS prevention is feasible.** There have been demonstrably successful programmes, and we now understand a great deal about the reasons for their success. To begin with, the successful programmes have been small scale with a good infrastructure and a specially strong community base. Indeed, many owe their success to community-based and nongovernmental organizations. Then, the effective programmes have combined several approaches to prevention - such as condom promotion, AIDS information through the mass media, and STD care - rather than relying on one approach in isolation. Just as important, none of the effective programmes has made the assumption that "just saying no" is adequate. Instead, they have attempted to create a supportive environment in which people are *motivated and enabled* to engage in safe behaviour.
19. However, we have also learnt that **prevention has had an inadequate impact at country level.** This is largely because of the small scale of programmes, but importantly, also for socioeconomic and political reasons. Despite the demonstration that the environment needs to be made conducive to safe behaviour, this lesson has often been ignored - partly, in all fairness, because of the difficulty of reshaping societal forces and structures. An even more fundamental problem is the quasi-universal tendency to deny the danger of AIDS and wish away the "invisible" HIV epidemic. (The epidemic is especially invisible when infected people remain hidden for fear of stigma and rejection.) This denial continues to be a powerful deterrent to political commitment. And without such commitment, large-scale AIDS prevention programmes receive neither the financing they need nor the political endorsement required for explicit communication about AIDS.

Joint United Nations Programme on HIV/AIDS

20. Because of its urgency and magnitude, because of its complex socioeconomic and cultural roots, because of the denial and complacency still surrounding HIV and the hidden or taboo behaviours through which it spreads, because of the discrimination and human rights violations faced by the people affected, the HIV/AIDS epidemic - more than any other health problem - calls for a special global programme. Inevitably, many different sectors are affected by the epidemic, given its selective impact on the most productive age group in society, and its destructive ripple effects on families, communities and economies. A joint United Nations system programme drawing on the experience of many organizations with expertise in many disciplines and sectors can catalyze the involvement of all these sectors in cushioning the impact of AIDS on individuals and society. A similarly broad array of actors and organizations must be engaged in the complex work of AIDS prevention and care, given the imperfect tools at our disposal and the powerful societal forces driving the spread of HIV.

21. In short, only a special United Nations system programme is capable of orchestrating a global response to a fast-growing epidemic of a feared and stigmatized disease whose roots and ramifications extend into virtually all aspects of society. The Joint United Nations Programme on HIV/AIDS, (further referred to as "UNAIDS"), brings together UNICEF, UNDP, UNFPA, UNESCO, WHO, and the World Bank into a single cosponsored programme. All six cosponsoring organizations have been active in responding to the HIV/AIDS epidemic.

II. UNAIDS: MISSION, ROLES AND STRATEGIC APPROACH

Mission and roles

22. As the United Nations system's main advocate for the global response to the HIV/AIDS epidemic, UNAIDS seeks to inspire, focus and strengthen efforts to prevent the transmission of HIV, reduce the suffering caused by HIV and AIDS, and counter the impact of the epidemic on individuals, families, communities and societies.

23. It is important to see UNAIDS in context. UNAIDS does not represent the totality of the United Nations system's response to AIDS; it is not even synonymous with the efforts of its six cosponsors. Rather, it is but one part of an extensive **network of United Nations system activities**. This is a network that encompasses the integration ("mainstreaming") capacity within each cosponsoring organization; the Resident Coordinator system with its Theme Groups on HIV/AIDS at country level; the programme activities of the cosponsors at country and intercountry level; and the AIDS-related activities undertaken by other United Nations system organizations, in particular in areas such as humanitarian aid, assistance to refugees, peacekeeping and human rights.

24. To ensure the necessary linkages with UNAIDS, each cosponsoring organization will have an **integration/mainstreaming** capacity. The integration activities conducted by each cosponsor will differ depending on its mandate and role within the United Nations system. These activities include the following:

- integrating AIDS-related issues into all relevant activities of the cosponsoring organization at global, regional and country level, in accordance with the policies and strategies of UNAIDS;

- incorporating UNAIDS' policies, strategies and technical guidelines into the policies and strategies of the cosponsoring organization; and
- promoting and reinforcing the support given by the cosponsoring organization, through the United Nations Theme Group on HIV/AIDS in each country, to the expanded response to AIDS, in accordance with UNAIDS' policies and strategies.

25. UNAIDS thus has three mutually reinforcing roles, which apply to activities at country, intercountry and global level:

- *Policy, Development & Research* to be a major source of *globally-relevant policy* on HIV/AIDS, and to develop, promote and strengthen *international best practice* (see paragraph 28 below) and *research*.
- *Technical Support* to *catalyze, target and provide technical support* to help build and strengthen the *capability* for an expanded response to HIV/AIDS, particularly in developing countries.
- *Advocacy* to be an *advocate* for a comprehensive, multisectoral response to HIV/AIDS, which is well-resourced and is strategically, ethically and technically sound.

26. UNAIDS must focus squarely on making its potentially **comparative advantages** a reality, in order to be successful in helping the focus, speed and effectiveness of the national and global responses to HIV/AIDS. These are:

- its joint nature, enabling UNAIDS to draw on the special strengths and advantages of all six cosponsors;
- its credibility as an advocate for a strong, sound, sustainable response to AIDS;
- its broad field of action and multisectoral scope;
- its ability to serve as a forum for achieving consensus, including on sensitive technical and policy issues;
- its technical expertise on HIV/AIDS, in the form of a critical mass of high-quality staff, complemented by outside expertise;
- its mandate for promoting and facilitating coordination, in particular among the cosponsors working at country level.

Strategic approach

27. The strategic approach promoted by UNAIDS will be multidimensional, incorporating four essential and interwoven strands:

- reducing the transmission of HIV and STDs;

- increasing the quality, appropriateness and accessibility of treatment, care and support for people with HIV/AIDS;
- reducing the adverse impact of HIV/AIDS on the health and well-being of individuals and communities; and
- reducing individual and collective vulnerability to HIV infection and AIDS through societal change.

28. UNAIDS will promote a range of multisectoral approaches and interventions, which are strategically, ethically and technically sound, aimed at HIV/AIDS-specific prevention, care and support as well as change within the broader contextual environment. Its focus will be on strengthening and supporting country capability to respond to HIV/AIDS, emphasizing community mobilization, respect for human rights and addressing the issues of achieving a supportive environment for prevention and care. In fulfilling its role as a major source of globally relevant policy on HIV/AIDS, UNAIDS will develop and promote international best practice, i.e. the principles, policies, strategies and activities that, according to collective international experience, are known to be the most effective in responding to HIV/AIDS.

29. A **strategic plan** for UNAIDS is under development. It will define the goals, objectives, targets, priorities and strategies of the Joint Programme for the period 1996-2000, and will serve as a basis for the UNAIDS workplan. This plan will benefit from the accumulated experience of the response to the HIV/AIDS epidemic, through a broad consultative process, not only with the cosponsors, but with a wide range of partners including: developing country Governments; nongovernmental and community-based organizations and networks of people living with HIV/AIDS; bilateral aid agencies; programme implementers in HIV/AIDS; policy-makers and opinion leaders; members of the academic and research community; and other United Nations system organizations.

30. To facilitate this process, and to ensure input from the different regions, five workshops have been held between April and June 1995 in New Delhi, Santiago, Nairobi, Venice, and Dakar. Each meeting was organized by the office of a different cosponsor.

31. **At global level, UNAIDS' functions** are to focus the world's attention on AIDS; to develop and provide the policy and technical guidance needed for an expanded response to HIV/AIDS (see paragraph 33 below); to promote, support and conduct research of relevance to the developing countries; to inspire and promote sound, effective and ethical responses to AIDS; to foster a socioeconomic and legal environment that is conducive to prevention and care and supportive of people affected by HIV/AIDS; and to convince the world to put sufficient resources into AIDS prevention, care, support and impact alleviation, including the creation of a supportive environment.

32. In research and technology development, UNAIDS will give priority to approaches, methods and technology of direct relevance to developing countries - tools that will help strengthen their capability to undertake prevention, care, support and impact alleviation. The emphasis will be on finding better methods and technologies both for health interventions (including preventive technology and interventions designed to improve the quality of life of people with HIV infection) and for societal initiatives to reduce people's vulnerability to HIV/AIDS. UNAIDS will identify gaps in research; advocate for research; support research activities; synthesize and disseminate research findings; provide a forum

for discussion of their policy implications; and help translate research findings into practice.

33. At country level, UNAIDS will advocate an expanded response to HIV/AIDS, which is broad-based and multisectoral and includes the incorporation of HIV/AIDS into all aspects of human development and economic planning. An expanded response includes strategies which address immediate HIV transmission, care, and support, and strategies which reduce vulnerability to HIV/AIDS by addressing the underlying societal factors and structural conditions.

34. The approach of UNAIDS will be to:

- promote locally relevant responses to HIV/AIDS in accordance with international best practice;
- elicit the support and involvement of key decision-makers and opinion leaders;
- support the expanded national response to HIV/AIDS through technical and selective financial support;
- mobilize financial, technical and human resources;
- enhance the collective and coordinated support of the United Nations system to the country response; and
- work with the widest possible network of private and public actors in the country response.

35. At country level, UNAIDS will operate through the Resident Coordinator system. A United Nations Theme Group on HIV/AIDS will be established in order to coordinate activities of the United Nations system to improve support to the country's response to HIV/AIDS. This Theme Group will also strengthen the interface between the United Nations system and national coordination mechanisms related to HIV/AIDS. In countries where the Theme Group mechanism is not possible because United Nations system organizations have no representatives (as is the case in many economies in transition), other mechanisms for UNAIDS collaboration will be developed, building on existing structures where possible.

36. In selected countries, a UNAIDS programme officer will be assigned to support the Theme Group in carrying out its tasks. Selected other responsibilities of the UNAIDS programme officer include: providing the Government with technical and managerial support; promoting UNAIDS policies and strategies through the Theme Group; and facilitating identification of technical support and training needs to be provided by UNAIDS and its cosponsors.

37. UNAIDS will provide "transition" funds for financial support to national AIDS programmes. Since its inception in 1987, WHO's Global Programme on AIDS (GPA) has allocated substantial funds in support of country operations to build up and sustain national AIDS efforts. These funds have been used to help ensure the core management of these programmes; to strengthen multisectoral approaches; to support activities directed

of these programmes; to strengthen multisectoral approaches; to support activities directed at preventing the transmission of HIV; to provide support to surveillance and evaluation activities; and care and support for people affected by HIV infection and AIDS. This funding (over US\$ 29 million in 1994-1995) will end in 1995. However, the sudden cessation of funds to national AIDS programmes may jeopardize the achievements gained through past investments, and in some cases could paralyse national efforts to respond to AIDS. Consequently, it is considered critical to ensure some continuing support during a transition period. A joint GPA-UNAIDS working group is currently reviewing GPA's commitments to national AIDS programmes to develop a management plan for transition, so that disruption of countries' AIDS activities is minimized. The allocation of funds will be proposed following country-specific assessments and on the basis of criteria which will be reviewed by the PCB in the proposed budget document at its next meeting.

38. UNAIDS will provide technical support to a range of partners in response to specific needs with requests being channelled through the Theme Group. This support will focus on strengthening capability, and will make maximum use of national and regional expertise. Seed money will be available for innovative activities.

39. UNAIDS will support **intercountry or regional AIDS activities** where these are cost-effective, efficient and complementary to global and country-level action. UNAIDS will have resources of its own for intercountry activities and will help finance selected initiatives jointly with its cosponsors. Its comparative advantages, however, lie more in the provision of technical support and as a forum for planning and coordination. Where appropriate, UNAIDS will make use of existing regional facilities of the cosponsors, in which case it would develop specific mechanisms of collaboration. There will be no intermediate managerial structure between UNAIDS at global level and the country Theme Group/Resident Coordinator system. In some cases, to facilitate country-level and intercountry activities, UNAIDS will locate small multidisciplinary technical support teams in specific regions or subregions.

40. The proposed **structure and staffing plan** are presented under agenda item 4.1. The management approach will include management by objectives and decentralization of decision-making. At global level, staff will be grouped in two larger departments (Country Support, and Policy, Strategy and Research) and two smaller departments dealing with External Relations and Programme Administration, in a fairly horizontal structure. As indicated in paragraph 36 above, UNAIDS will place programme officers/coordinators in a number of countries to provide support to the United Nations Theme Group on HIV/AIDS. Finally, as presented in paragraph 39, technical experts will function on a multi-country basis and will closely interact with both larger global departments.

41. The success of UNAIDS will largely depend on the competence, motivation, and working style of its staff. Therefore, the Joint Programme will make a particular effort to enhance the facilitative and consultative skills of the staff so that they may best serve countries in developing their specific responses. Additionally, as the very basis of UNAIDS is a team approach, this collective method will be carried through in the delivery and decision-making processes. Team building and maintenance skills will be developed throughout the Joint Programme to reinforce the internal methods of work, and the manner of interacting with all partners of the AIDS network. These skill developments will be complemented, of course, by a strong commitment to maintaining technical excellence and ensuring a broad understanding of the epidemic.

III. PROGRESS IN DEVELOPMENT OF UNAIDS: JANUARY-JUNE 1995

Report to the Economic and Social Council

42. On 23 January 1995, a report on UNAIDS was submitted by the Committee of Cosponsoring Organizations (CCO) to the United Nations Economic and Social Council (ECOSOC) as requested by its resolution 1994/24. The report was discussed by ECOSOC during an informal consultation and its organizational session, on 31 January and 10 February 1995, respectively. As requested during the informal consultation, a proposed modification of the chapter VI on governance and management of UNAIDS was formulated by the President of ECOSOC. At its third meeting in Vienna on 27 February 1995, the CCO considered the revised chapter and decided to work within the framework proposed by ECOSOC. The final edited version of the CCO report, including the revised chapter VI, was discussed during another informal consultation held on 9 June 1995 and will be formally considered by ECOSOC on 3 July 1995 at its substantive session in Geneva.

Strategic plan

43. Following the CCO's endorsement of a broad consultative process for developing the UNAIDS strategic plan, a first consultation of this kind was held with the six cosponsoring organizations in mid-March 1995. An "Invitation to help develop the UNAIDS strategic plan" was then prepared. This document was discussed in the five regional workshops mentioned in paragraph 30 above, involving around 50 participants each, as well as sent out for written comments to a broad range of partners. The intention is to arrive at a final draft by the end of July 1995, for review and approval by the PCB at its second meeting in the autumn of 1995.

Country support

44. The operational details of UNAIDS at country level (described in paragraphs 33 to 39 above) are being elaborated further. In July and August 1995, visits to Regional Offices of WHO will be made by the Executive Director or his staff to discuss the management of transitional support to national AIDS programmes. A draft Framework for Action on UNAIDS Country Support is being developed with input from the cosponsoring organizations. To test and further refine the framework, a series of country visits will be made for consultations with Government, United Nations system organizations, and other interested parties. Team visits are planned to three countries in the last quarter of 1995.

Collaboration with cosponsoring organizations

45. The Executive Director met several times with the executive heads and/or key staff of cosponsoring organizations to discuss the development of UNAIDS and means of collaboration with the cosponsors. Major issues under discussion include the finalization of a Memorandum of Understanding on UNAIDS, mechanisms for integration/mainstreaming of HIV/AIDS in the cosponsors' programmes, and the preparation of a Global Appeal. During several working sessions, collaboration and integration were further discussed in a constructive spirit, and plans for a Global Appeal are now well advanced. As part of the follow-up of the Paris AIDS Summit, plans were developed jointly with UNDP, UNICEF, and WHO for the implementation of the global initiatives adopted during the Summit. The Executive Director also attended a meeting of

the Regional Directors of all six cosponsors or their representatives in Amman (Middle East and North Africa/Eastern Mediterranean Region).

Consultations with nongovernmental organizations

46. Recognizing that nongovernmental organizations (NGOs) have demonstrated to be a key actor in responding to the HIV/AIDS epidemic - through their vital role and efforts in education, counselling, care and support, information exchange, etc. - UNAIDS is committed to ensure their effective and meaningful participation in the Joint Programme, using appropriate mechanisms.

47. The involvement of nongovernmental organizations (NGOs) in UNAIDS was discussed with NGO representatives during the 7th International Conference of People living with HIV/AIDS (Cape Town, March 1995) and at a meeting in Washington, D.C. In addition, the Executive Director of the International HIV/AIDS Alliance, London, spent several days with UNAIDS in early May 1995 to assist in the ongoing reflection on how the Joint Programme can work most effectively with NGOs in responding to the epidemic, as well as representatives of the Global Network of People Living with HIV and AIDS (GNP+), Amsterdam, in June. Finally, the Director of The AIDS Support Organization (TASO), Uganda, is also advising the Joint Programme on appropriate mechanisms for NGO participation in UNAIDS, as well as to assist in the planning of a larger UNAIDS consultation on the same topic with representatives of NGOs, scheduled for mid-July 1995 in Geneva.

Follow-up of the Paris AIDS Summit

48. A meeting with French government officials from three Ministries (Cooperation; Foreign Affairs; Social Affairs, Health and Urban Affairs) was held in Geneva on 3 April 1995 to discuss a set of proposals which had been prepared by UNAIDS for the implementation of the seven global initiatives adopted during the Summit. The proposals were subsequently revised and will be the basis for the French government's release of a substantial financial contribution to UNAIDS for the follow-up of the Summit (see paragraph 51 below). On 2 May 1995, during the World Health Assembly, the French Minister for Social Affairs, Health and Urban Affairs confirmed that France would make important funding available to UNAIDS in the near future in this context and invited other Governments to do the same.

Contributions by cosponsoring organizations

49. At the CCO meeting of 27 February 1995, each cosponsoring organization was requested to second at least one professional staff member to UNAIDS for 1995. Thus far, WHO has seconded 8.5 professional staff and 11 support staff from GPA, and UNFPA has seconded one professional staff member (for a two-year period). At the meeting, UNDP and UNICEF indicated their intention to second at least one staff member each. The World Bank indicated that it is unable at this point to second staff to UNAIDS.

50. In addition to the WHO contributions listed under paragraph 51 below, WHO is contributing accommodation and office facilities to UNAIDS, as well as administrative support services (office infrastructure).

Funding

51. An interim budget and workplan for 1995 was developed (US\$ 9 million, including the cost of seconded staff from UNFPA, WHO, and Australia). US\$ 1.1 million has been received from WHO/GPA, along with funds from the WHO regular budget to cover the salary of the Executive Director in 1995. Commitments for significant contributions in start-up funding have been made by Sweden (US\$ 3 million), the USA (US\$ 1.5 million and one short-term consultant), Australia (US\$ 375,000 and one professional) and the Netherlands (one post). In addition, as indicated above, France committed FF 60 million (approximately US\$ 12 million) to UNAIDS in the context of the follow-up of the Paris AIDS Summit in 1995.

52. The proposed indicative UNAIDS budget for the 1996-1997 biennium, which was reviewed and endorsed by the CCO at its fourth meeting on 2 June 1995, is presented under agenda item 4.2. The proposed overall level is US\$ 140 million, with 59% of the total allocated to country support.

Staffing and administrative arrangements

53. Following the secondment of staff from UNFPA, WHO, Australia, and the USA as well as a small number of short-term professional staff, UNAIDS comprised 13.5 professional and 11 support staff as of 23 June 1995. This limited capacity is strengthened by a number of short-term consultants.

54. A team is working on the recruitment of staff, as well as on administrative arrangements with WHO. They were assisted by short-term consultants on classification of posts, preparation of job descriptions, staff selection, negotiation with WHO on administrative arrangements, and on management issues.

Main plans for the next six months

55. The main priorities of work for UNAIDS in the next six months will be in the areas of: finalization of the Memorandum of Understanding among cosponsors; recruitment of staff; drafting of the strategic plan; development of a workplan; finalization of the administrative arrangements with WHO; definition of UNAIDS' roles and procedures at country level, including country visits; information on UNAIDS to all interested parties at global, regional and country level; and development of a plan to manage the transition at country level. Finally, support to Theme Groups on HIV/AIDS will start in selected countries in the last quarter of 1995. Pending the availability of funds and the recruitment of staff, it is anticipated that the Joint Programme will be fully operational at global level and in selected countries in January 1996.



JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)
(UNDP, UNICEF, UNFPA, UNESCO, WHO, World Bank)

**Constitutive meeting of the
Programme Coordinating Board
Geneva, 13-14 July 1995**

**UNAIDS/PCB(1)/95.3
21 June 1995**

Provisional agenda item 3

D R A F T

**MODUS OPERANDI
OF THE PROGRAMME COORDINATING BOARD
OF THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)**

Establishment

1. Resolution 1994/24 adopted by ECOSOC in July 1994 endorsed the establishment of the joint and cosponsored United Nations programme on HIV/AIDS as outlined in the annex to the resolution. That annex described the fundamental characteristics that would comprise such a programme. In Section VI of the annex on Organizational Structure, it is indicated that the Executive Director of the programme, appointed by the UN Secretary-General upon the recommendation of the cosponsors, will report directly to the programme coordinating board which will serve as the governance structure for the programme. The cosponsors have formed a Committee of Cosponsoring Organizations (CCO) and the terms of reference of the CCO and the UNAIDS Secretariat are found in Annex 1 of this document.

Resolution 1994/24 also indicated that the Board's detailed responsibilities and meeting schedule will be specified in a document containing its terms of reference. These details are set out below and take into consideration the subsequent discussions of ECOSOC at its organizational sessions.

Purpose

2. The Programme Coordinating Board (PCB) acts as the governing body on all programmatic issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS.

Functions

3. In order to carry out its functions the PCB shall be kept informed of all aspects of the development of UNAIDS and take into account, in matters of strategy and technical policy, the reports and recommendations of the Committee of Cosponsoring Organizations (CCO) and the Executive Director, and appropriate reports and recommendations from UNAIDS scientific and

technical advisory committees established by the Executive Director. The functions of the PCB are:

- (i) To review and endorse the strategic plan of UNAIDS;
- (ii) To review and approve the workplan and budget for each biennium, prepared by the Executive Director and reviewed by the CCO;
- (iii) To review and approve proposals from the Executive Director for major reallocations of funds among the broad programme areas of the current workplan and budget of UNAIDS and to take note of reallocations approved by the Executive Director after consultation with the Chairperson;
- (iv) To review longer term plans and their financial implications;
- (v) To review the biennial financial reports, as well as the interim annual financial statements prepared by the Executive Director;
- (vi) To review the reports on UNAIDS by the internal and external auditors of the agency providing administrative support;
- (vii) To review the annual reports on the work of UNAIDS prepared by the Executive Director and forward them, together with any comments it wishes to make, to ECOSOC and the governing bodies of each of the Cosponsoring Organizations;
- (viii) To review periodic reports that will evaluate the progress of UNAIDS towards the achievement of its goals;
- (ix) To make recommendations to the cosponsoring organizations regarding their activities in support of UNAIDS, including those for mainstreaming/integration; and
- (x) To propose, if necessary, changes in the management and governance of UNAIDS.

Composition

4. The membership of the PCB comprises 22 Member States, elected from among the Member States of the Cosponsoring Organizations, with the following regional distribution:

Western European and Others Group	7 seats
Africa	5 seats
Asia and Pacific	5 seats
Latin America and the Caribbean	3 seats
Eastern European/Commonwealth of Independent States	2 seats

5. Members of the Committee of Cosponsoring Organizations (CCO) have full rights of participation in the PCB but without the right to vote (see the terms of reference of the CCO in Annex 1 of this Modus Operandi).

6. Five nongovernmental organizations (NGOs) selected by the constituency of all NGOs active in HIV/AIDS prevention and care shall be invited to participate in meetings of the PCB.

7. The term of office of members in category 4 above shall be three years. The initial terms of office shall vary in order to achieve a staggering of membership. After the initial elections, approximately one third of the membership shall be replaced annually (i.e. 7, 7 and 8 seats in the subsequent years).

Observers

8. Upon written application, observer status for PCB meetings may be granted by the Executive Director, after consultation with the chairperson of the PCB, to any Member State of any of the Cosponsoring Organizations, and any intergovernmental organization. Observers will make their own arrangements to cover expenses incurred in attending meetings of the PCB.

9. Observers may participate, when invited to do so by the chairperson, in the deliberations of the PCB if any matter of particular concern to them is being discussed. Observers may have access to PCB background documents. They may submit memoranda to the Executive Director who shall determine the nature and scope of their circulation.

Meetings

10. The PCB shall hold a regular session once a year and may decide to hold additional sessions, if the majority of PCB members so decide. The sessions will be public unless the PCB decides otherwise.

11. The Executive Director of UNAIDS serves as the Secretary of the PCB.

12. In consultation with the CCO and the chairperson of the PCB, the Executive Director shall prepare an agenda for each meeting.

13. Announcements of regular meetings, accompanied by the provisional agenda, shall be sent to members, participants and observers, at least sixty days before the first day of the meeting; background documents will be prepared in English and French and sent as soon as possible thereafter.

14. Simultaneous interpretation will be provided for all PCB meetings in English and French.

15. Two thirds of the voting members of the PCB, i.e., fifteen, constitute a quorum.

16. Subject to any special arrangements that may be decided upon by the PCB, (or ECOSOC), members of the PCB shall make their own arrangements to cover expenses incurred in attending meetings of the PCB.

Officers

17. The PCB shall elect from among its members a chairperson, a vice-chairperson and a rapporteur. The term of office will be one year.
18. Should the chairperson be unable to complete his/her term of office, the PCB shall elect a new chairperson at its next meeting.
19. The chairperson and, in his or her absence, the vice-chairperson, shall preside over meetings of the PCB. Between meetings, they shall have such additional duties as may be assigned by the PCB.

Procedures

20. The PCB may establish subcommittees and ad hoc working groups to assist it in carrying out its functions.
21. The PCB shall endeavour to adopt its decisions and recommendations by consensus. Should decisions by voting or other procedural advice be necessary, the PCB shall use the Rules of Procedures in Annex 2 of this Modus Operandi which are based on similar Rules used in the United Nations system for meetings of an equivalent nature.
22. Recommendations and conclusions, prepared by the rapporteur with the assistance of the UNAIDS Secretariat, shall be submitted for adoption by the members prior to the close of PCB meetings and distributed to all participants preferably within one week of the close of the meeting.
23. A report of the PCB meeting, prepared by the UNAIDS Secretariat in consultation with the rapporteur, shall incorporate the recommendations and conclusions referred to in paragraph 22 above and be distributed to members and other participants within sixty days of the close of the meeting.

Annex 1

Terms of Reference of the Committee of Cosponsoring Organizations and the UNAIDS Secretariat

I. Committee of Cosponsoring Organizations

Functions

A Committee of Cosponsoring Organizations (CCO) serves as the forum for the Cosponsoring Organizations to meet on a regular basis to consider matters concerning UNAIDS. Specifically, the CCO has the following functions:

- (i) To review broad workplans and the budget for each biennium, prepared by the Executive Director of UNAIDS and reviewed by such advisory committees as may be established, in time for presentation to the annual meeting of the PCB;
- (ii) To review proposals to the PCB for the financing of UNAIDS for each biennium;
- (iii) To review reports submitted by the Executive Director (including reports by advisory committees) and to transmit these with comments as appropriate to the PCB;
- (iv) To make recommendations on particular aspects of UNAIDS specifically referred to it by the PCB;
- (v) To review the activities of each Cosponsoring Organization for appropriate support of, as well as consistency and coordination with, the activities and strategies of UNAIDS;
- (vi) To report to the PCB on the efforts of the Cosponsoring Organizations to bring UNAIDS' policy as well as strategic and technical guidance into the policy and strategy mainstream of their respective organizations and to reflect them in activities specific to their mandates; and take decisions, on behalf of the PCB, on issues referred to it for this purpose by the PCB; and
- (vii) To prepare an annual report on its activities for the PCB.

Composition

The CCO is comprised of the Head of each of the Cosponsoring Organizations or their designated representatives. They may be accompanied by advisers.

II. UNAIDS Secretariat

1. The Secretariat comprises the Executive Director and such technical and administrative staff as the Programme may require.

2. The Executive Director shall be appointed by the Secretary-General of the United Nations upon the recommendation of the Cosponsoring Organizations. The Executive Director shall be subject to the authority of the Programme Coordinating Board.
3. The Executive Director is, ex-officio, Secretary of the PCB, of the CCO, of all subcommittees of the PCB and of conferences organized by UNAIDS. He/she may delegate the functions.
4. The Executive Director may, by agreement with Member States of the cosponsoring organizations, have direct access to their various departments, administrations and organizations, whether governmental or nongovernmental. He/she may also establish direct relations with international organizations whether intergovernmental or nongovernmental.
5. The Executive Director shall, in the exercise of providing leadership and guidance to the programme:
 - (i) Prepare and submit to the PCB, after review by the CCO, the workplan and budget for each biennium;
 - (ii) Mobilize and manage programme financial resources on the basis of the budget approved by the PCB;
 - (iii) Reallocate funds, with the approval of the Chairperson of the PCB, between broad programme areas of the current workplan and budget, as necessary, and report on such reallocations to the next session of the PCB.
 - (iv) Select, appoint, reassign, promote and terminate the staff of the Secretariat. The Executive Director is responsible for ensuring that the conditions of service of staff of the programme conform as far as possible with those of the Agency providing administrative support to UNAIDS;
 - (v) Establish such policy and technical advisory committees as he/she deems necessary in order to advise him/her on any aspect of UNAIDS. The Executive Director shall make available to the PCB and the CCO, as appropriate, the reports of such technical advisory committees. The members of such committees, to be selected by the Executive Director, shall serve in a personal capacity and represent a broad range of disciplines and experience;
 - (vi) Delegate to the staff of the programme the authority necessary for the effective implementation of UNAIDS' activities.
6. In the performance of their duties the Executive Director and the staff shall not seek or receive instructions from any government or from any authority external to the programme.

Annex 2

**RULES OF PROCEDURE
OF THE PROGRAMME COORDINATING BOARD (PCB)
OF UNAIDS**

Conduct of Business

Rule 1

The PCB may limit the time allowed to each speaker.

Rule 2

During the discussion of any matter, a member may rise to a point of order, and the point of order shall be immediately decided by the Chairperson. A member may appeal against the ruling of the Chairperson, in which case the appeal shall immediately be put to the vote. A member rising to a point of order may not speak on the substance of the matter under discussion but on the point of order only.

Rule 3

During the course of a debate the Chairperson may announce the list of speakers and, with the consent of the PCB, declare the list closed. The Chairperson may, however, accord the right of reply to any member if in his/her opinion a speech delivered after the list was declared closed makes it desirable.

Rule 4

During the discussion of any matter, the Chairperson, with the consent of the PCB, may adjourn the debate on the item under discussion.

Rule 5

The Chairperson may at any time, with the consent of the PCB, close the debate on the item under discussion whether or not any other member has signified the wish to speak.

Voting

Notwithstanding the principle in paragraph 21 of the PCB Modus Operandi, the following rules shall apply should the PCB decide to proceed to a vote:

Rule 6

For the purpose of these rules, the phrase "members present and voting" means those members with the right to vote casting a valid affirmative or negative vote. Members abstaining from voting shall be considered as not voting.

Rule 7

The decisions of the PCB shall be made by a majority of the members present and voting.

Rule 8

If the votes are equally divided the proposal shall be regarded as not adopted.

Rule 9

The PCB shall normally vote by show of hands, except that any member may request a roll-call which, if the majority so agree, shall then be taken in the alphabetical order of the names of the members. The name of the member to vote first shall be determined by lot.

Rule 10

The vote of each member participating in any roll-call shall be inserted in the records.

Rule 11

After the Chairperson has announced the beginning of voting, no member shall interrupt the voting except on a point of order in connection with the actual conduct of voting.

Rule 12

Elections shall normally be held by secret ballot. If there is only one candidate the PCB may decide to proceed to elect the candidate without taking a ballot.

Rule 13

The PCB may vote on any matter by secret ballot if it has previously so decided by a majority of the members present and voting, provided that no secret ballot may be taken on budgetary questions.

A decision under this rule by the PCB whether or not to vote by secret ballot may only be taken by a show of hands; if the PCB has decided to vote on a particular question by secret ballot, no other mode of voting may be requested or decided upon.

Rule 14

Any of these rules may be suspended by the PCB by a two-thirds majority.

Rule 15

The PCB may amend or supplement these rules.

Rule 16

The PCB may at its discretion apply such rules of procedure of equivalent meetings of

the World Health Organization, the Agency providing administrative support to UNAIDS, as it may deem appropriate to particular circumstances for which provision does not exist in these rules.



JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)
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**UNAIDS/PCB(1)/95.4
21 June 1995**

Provisional agenda item 4.1

UNAIDS PROPOSED STRUCTURE AND STAFFING

1. The realization of the mission and role of the Joint United Nations Programme on HIV/AIDS will depend to a great extent on the quality and effectiveness of its staff, and on the optimum deployment of human resources in the three main roles of UNAIDS:
 - to be an *advocate* for a comprehensive, multisectoral response to HIV/AIDS, which is well-resourced and is strategically, ethically and technically sound;
 - to be a major source of *globally-relevant policy* on HIV/AIDS, and to develop, promote and strengthen *international best practice and research*; and
 - to *catalyze, target and provide technical support* to help build and strengthen the *capability* for an expanded response to HIV/AIDS, particularly in developing countries.
2. The professional staff of the Programme will occupy global, intercountry and country posts in a pattern designed to respond to country needs and to fulfil the Programme's global functions. The management approach will include management by objectives and decentralization of decision-making. The number of management "layers" between the Executive Director and the technical staff will be kept to a minimum, i.e. in current management terms, UNAIDS will use a "horizontal style of management".
3. At global (Geneva) level, UNAIDS will be divided into four departments (see the organizational structure in Annex I). These departments will be closely linked and interact constantly on issues of common concern. The department of **Country Support** will be central to the work of UNAIDS, in providing support to its primary clients, the Member States. The department of **Policy, Strategy and Research** will consist of multi-disciplinary specialists working together on a wide range of issues under the direction of three Team Managers. These Team Managers will provide overall guidance in the areas of (1) **Prevention**, (2) **Care, Support and Impact Alleviation**, and (3) **Technology: Research & Development**. Two other departments will deal with **External Relations** and **Programme Administration**.
4. **COUNTRY SUPPORT** - The staff in Country Support will be responsible for mobilizing and coordinating UNAIDS technical cooperation with countries with the ultimate aim of strengthening national capacity to plan, coordinate, implement and monitor the response to AIDS. An important element in this support to countries will be liaison and coordination with nongovernmental organizations and other partners who are active globally and in countries. This department will be the focus for providing support

to the UNAIDS staff based in countries.

It is envisaged that **UNAIDS Country Programme Officers** will be posted in up to 50 countries to work with the Theme Groups in support of national AIDS programmes. Perhaps 10 of these Officers will carry out intercountry assignments, providing support for the country programmes of two or more countries in addition to that of the country in which they are posted.

To further facilitate country and intercountry support activities, UNAIDS will have a number of **UNAIDS Intercountry Technical Experts** who are able to serve the needs of several countries in one or another geographic zone. They would be posted individually or, more often, in small teams in one of the countries for which they would be a technical resource. These staff will also facilitate the means for dealing with cross-border issues and common policy or technical issues that can best be handled by dialogue and cooperation among neighbouring countries. While the need for this type of staff is not yet fully assessed, as many as 30 of these may eventually be required to provide support in all regions. As a principle, these teams would be accommodated in one of the cosponsors' offices and serve as the technical out-reach arms of both the UNAIDS Country Support group and the Policy, Strategy and Research department.

Through the Theme Groups and the Country Programme Officers, countries will be able to mobilize appropriate technical cooperation and human resources from UNAIDS Intercountry Technical Experts, or the Geneva-based staff, or from the cosponsors and other parts of the international community.

5. **POLICY, STRATEGY AND RESEARCH** - This department will consist of a group of specialists who will work together on many fronts. It will be organized flexibly under the guidance of a Director, assisted by three Team Managers who will facilitate task force efforts in three inter-linked areas:
 - i) **PREVENTION** - The focus of activities in the area of Prevention will be the development and application of the approaches, technologies and interventions that are required to achieve a reduction in the transmission of HIV for the benefit of individuals, communities and society as a whole. Both immediate ("proximal") and societal ("contextual") approaches will be pursued. Technical assistance, reviews of progress in prevention, establishing priorities based on successful approaches, research, policy development, monitoring, and advocacy for prevention will all be part of the prevention mandate.
 - ii) **CARE, SUPPORT AND IMPACT ALLEVIATION** - Mitigating the personal, household, community and national impact of AIDS will be a second important focus of the team. Particular areas to be addressed will include clinical care, health care system development, counselling and psychological support, community mobilization, socioeconomic impact and human rights. This mandate will be fulfilled through research, policy development and technical assistance.
 - iii) **TECHNOLOGY: RESEARCH & DEVELOPMENT** - A particular concern for the team will be the coordination and support of trials of new technologies, including vaccines, microbicides, prevention of opportunistic

infections, and the prevention of HIV transmission from mother to child. Disciplines to be represented will include clinical immunology, virology and epidemiology.

6. **EXTERNAL RELATIONS** - The major responsibilities of this department will be the advocacy and communications functions of UNAIDS, as well as the mobilization of resources. The staff will include the UNAIDS Representative in New York, Communications and Press Officers and the External Relations Officer for fund-raising.
7. **PROGRAMME ADMINISTRATION** - Sustaining the work of UNAIDS will not be possible without a team of administrative staff, dealing with programme planning and budget design, financial monitoring, human resources development, informatics support and production of documents and materials. This will be backed up by the administrative support that UNAIDS will receive from WHO in the areas of personnel, finance and the accommodation of the Programme on the WHO premises.
8. Recruitment procedures are already underway for 13 professional and 7 general service staff. These were initiated in April and May 1995 on the basis of the agreement of the Third Meeting of the Committee of Cosponsoring Organizations held on 27 February 1995. The vacancies advertised so far include:

Geneva-based posts

Professional staff:

- Director, Country Support
- Director, External Relations
- Senior Communications (Public Information) Officer
- External Relations Officer / Fundraising
- Senior Planning and Budget Officer
- Executive Assistant to the Executive Director, UNAIDS
- Manager, Human Resources

General service staff:

- Administrative Assistants - 3
- Secretaries - 3
- Budget Assistant - 1

New York-based post

- UNAIDS Representative in New York

Country-based posts (five such posts under recruitment):

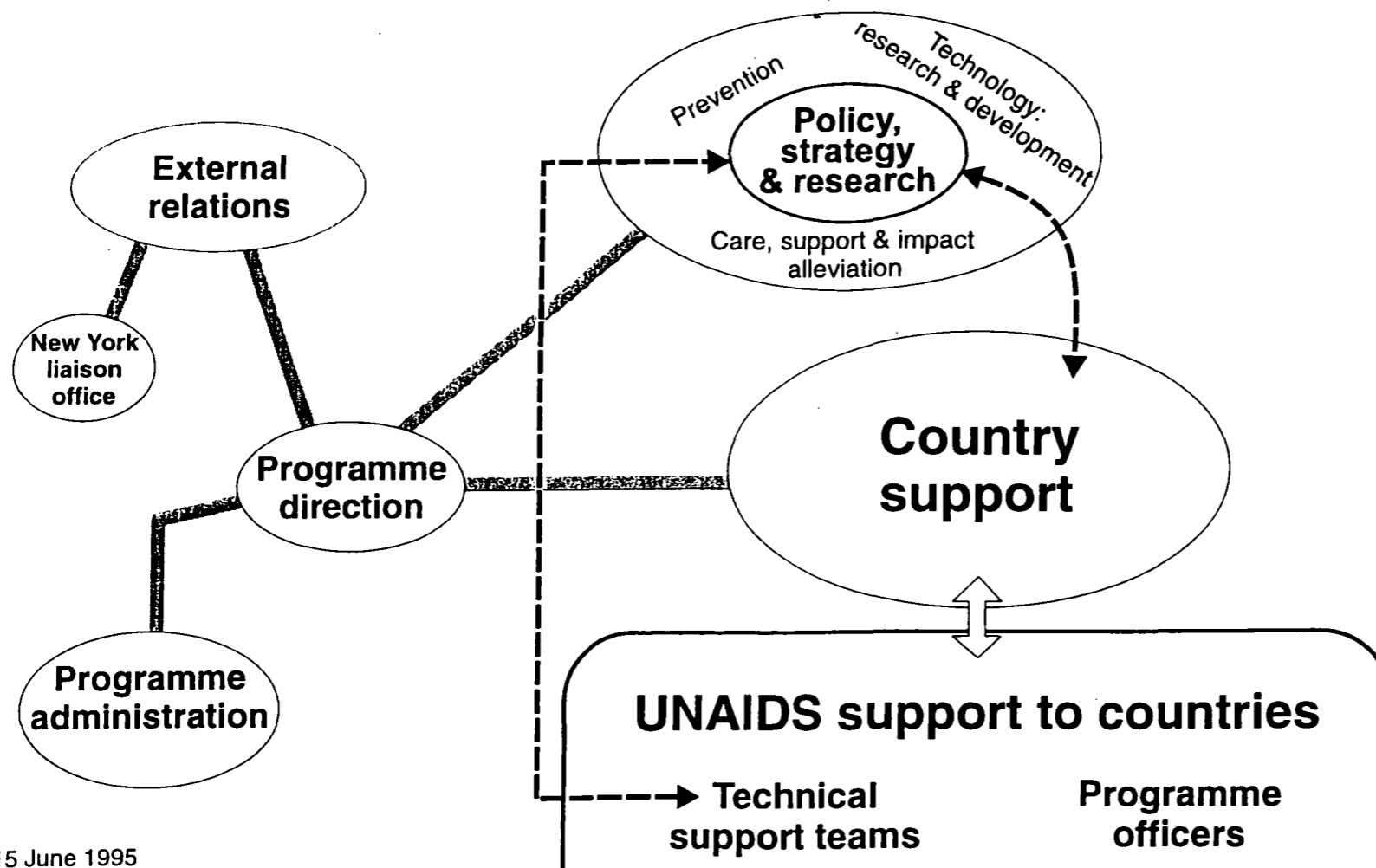
- UNAIDS Country Programme Officers - countries still to be determined

9. A **UNAIDS Professional Staff Selection Committee** will be established to review candidates applying for professional posts P-1 through P-5 and to make recommendations to the Executive Director who is responsible for appointing staff. The Committee will consist of persons who will represent the six cosponsors, senior UNAIDS staff serving in rotation, and a representative of the WHO Division of Personnel. A representative of the WHO Staff Association will attend in the capacity of observer to represent the interests of UNAIDS staff.

10. For senior UNAIDS positions (those graded at D.02 and D.01), the UNAIDS Executive Director will direct a process for the preparation of a list of candidates to be considered. Following consultation with the cosponsors, the Executive Director will make his final selection and make the appointments.
11. General service staff will be recruited locally. This may include both local and international general service UN staff. Initially, this recruitment will be accomplished largely through the selection of internal candidates from GPA and Geneva-based UN system organizations.
12. Annex II contains the current projections of staff to be recruited for each department (subject to the availability of funds). Details of the posts and the associated costs are given in the indicative budget for 1996-1997 (cf. document UNAIDS/PCB(1)/95.5).

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Proposed organizational structure



at 15 June 1995

ANNEX I

ANNEX II**PROPOSED STAFFING OF UNAIDS, 1996-1997**

DEPARTMENT	NUMBER OF STAFF
Country Support - global	25
Country Support - country and intercountry	50
Country Support - intercountry-based technical experts	30
Policy, Strategy and Research - global	39
External Relations - Geneva	9
- New York	2
Office of the Executive Director	5
Programme Administration	25
TOTAL	<hr/> 185



JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS)
(UNDP, UNICEF, UNFPA, UNESCO, WHO, World Bank)

**Constitutive meeting of the
Programme Coordinating Board
Geneva, 13-14 July 1995**

UNAIDS/PCB(1)/95.5
21 June 1995

Provisional agenda item 4.2

PROPOSED INDICATIVE BUDGET FOR THE 1996-1997 BIENNIUM

In establishing the Joint United Nations Programme on HIV/AIDS (UNAIDS) it has been agreed that the Programme Coordinating Board (PCB) will serve as the governance structure for UNAIDS (paragraph 16 of the Annex to ECOSOC resolution 1994/24 refers). The broad functions of the PCB include the review and approval of the workplan and budget for each financial period, prepared by the Executive Director of UNAIDS and reviewed by the Committee of Cosponsoring Organizations (CCO). Accordingly, a proposed indicative budget for UNAIDS for the 1996-1997 biennium is submitted for consideration by the PCB, for it to advise the Executive Director on the proposed overall level and allocation of resources, prior to submitting a proposed programme budget for 1996-1997, for review by the PCB at a second meeting before the end of 1995.

The CCO reviewed and endorsed an advanced draft of this document, at its fourth meeting in New York on 2 June 1995. The comments of the CCO on the proposed indicative budget were taken into account in the finalization of this document.

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PROPOSED INDICATIVE BUDGET FOR THE 1996-1997 BIENNIUM

I. INTRODUCTION

1. As the PCB is aware, UNAIDS should be operational on 1 January 1996. Many aspects of UNAIDS are, therefore, being developed in parallel. Thus, for example, this document had to be developed while intensive consultations on the UNAIDS Strategic Plan for 1996-2000 are continuing. In addition, discussions on the contributions and specific roles of each cosponsor are ongoing. While great strides in developing many aspects of the new Programme have been made; it is evident that, over the coming months, such progress will gain momentum and accelerate further. For example, the country visits to assess the proposed operational framework of UNAIDS at country level will take place in the coming months. Also, once key staff are appointed and detailed plans of action developed, some of the proposals at global level may need to be reviewed. For this reason, reorientation of parts of the proposed indicative budget may be required, leading possibly to the transfer of the budgetary allocations initially envisaged, for review by the PCB at its second meeting. This, of course, would be done within the general guidance that the PCB will provide on the proposed allocation of resources to the Programme.

II. PRESENTATION OF THE UNAIDS PROGRAMME BUDGET DOCUMENT

2. Practices in programme budgeting differ among the United Nations system organizations and, therefore, among the respective governing bodies. Consequently, the presentation of the UNAIDS programme budget cannot be consistent with those of all the cosponsoring organizations. The indicative budget has, therefore, been prepared on the principles of programme budgeting used by WHO, the agency providing administrative support to UNAIDS, adapted to take into account the experience of WHO programmes that rely heavily on non-assessed or voluntary funding. It is also based on the principle that development and promotion of international best practice¹ is a prime function of UNAIDS, and that the contribution of UNAIDS technical staff is an integral part of the Programme's provision of technical cooperation and advice to Member States; such staff, therefore, are not considered as being under the category of "administrative overhead", in contrast to the way in which programme budgets of some other United Nations system organizations (which may place non-project staff within this category) are developed. The UNAIDS budget, therefore, proposes a distinction between "technical" and "administrative" staff costs.

3. It should further be noted that the UNAIDS programme budget will be developed on a biennial basis, rather than presenting separate budgets for 1996 and 1997. This is because UNAIDS is likely to require at least an equal level of funding over the two-year period, bearing in mind that start-up operations often tend to require a higher level of funding in the first year than in subsequent years, and that UNAIDS is expected to be fully operational from 1996. The budget estimates in this document are given in United States dollars and are based on the anticipated costings for different items of expenditure for the 1996-1997 biennium, in consultation between UNAIDS and WHO. The rate of exchange applied to Geneva-based expenditures is the April 1995 exchange rate of Swiss franc 1.17 to the United States dollar. The PCB may wish to note that fluctuations

¹ "International best practice" refers to the principles, policies, strategies and activities that, according to collective international experience, are known to be the most effective in HIV/AIDS prevention and care. A primary function of UNAIDS will be the development and promotion of international best practice.

in the exchange rates of major currencies may make a significant impact on the costings of the proposed budget, particularly for Geneva-based expenditures. Proposals in the indicative budget for Geneva-based operations may thus need to be reviewed in the light of the final average costings that will be used in the UNAIDS proposed budget (i.e. most likely those calculated in September 1995).

III. PROPOSED OVERALL BUDGET LEVEL FOR THE 1996-1997 BIENNIUM

4. It is proposed to develop the UNAIDS programme budget for the 1996-1997 biennium at an overall level of **US\$ 140 million**. This overall budget level is considered to be realistic in the light of the anticipated income for the 1996-1997 biennium, following discussions with potential funding partners and taking into account also the expected delivery capacity of UNAIDS, given that a number of start-up activities are already taking place in 1995.

5. UNAIDS will be part of a much broader United Nations system effort comprising, inter alia, the Resident Coordinator system, the Theme Groups on HIV/AIDS,² the cosponsors' activities at country and intercountry levels, and the HIV/AIDS-related activities that will be undertaken by other organizations of the United Nations family. Thus, the proposed overall budgetary level of US\$ 140 million has to be seen in the context of UNAIDS operations at country, intercountry and global levels, and the mutually reinforcing relationships that will be forged between its activities and those of the six cosponsoring organizations.

6. The UNAIDS proposed budget for 1996-1997 will not, however, include a projection of the funds that cosponsors may provide at country level directly through the Theme Group mechanism to support the countries' response to the epidemic or through other channels, e.g., multilateral funding. While the setting up of systems to track such information is envisaged within UNAIDS, it is unlikely that realistic projections can be made until a baseline has first been established, starting with the 1996-1997 biennium.

7. In parallel with the development of the UNAIDS proposed budget and related workplan of activities, each cosponsor is defining which HIV/AIDS-related components should be integrated into the work of its Organization; and how this will be achieved. It is expected that global and interregional integrated activities will either (a) have no financial implications; (b) be funded out of each Organizations' regular/core budget; or (c) be funded from extrabudgetary funds raised for an HIV-related purpose (such as funds raised for maternal and child health, women and development, or youth mobilization) as opposed to HIV/AIDS/STD specific funds. Information on these integrated activities (which have also been referred to as "mainstreaming" activities) is being discussed by the CCO with a view to ensuring coordinated and complementary action between UNAIDS and the cosponsors.

8. As explained in the January 1995 report of the CCO to ECOSOC, global-level fund-raising for UNAIDS will take the form of a Global Appeal prepared by the Executive Director in consultation with the six cosponsors. The Global Appeal will set out main objectives for UNAIDS for the 1996-1997 biennium, and specify the provisional amounts of contributions requested from governments and other sources for UNAIDS and its cosponsors, along with the contributions to be provided by each cosponsor. It is

² In accordance with the Annex to ECOSOC resolution 1994/24, UNAIDS at country level will work primarily through the Theme Group on HIV/AIDS established by the Resident Coordinator as a mechanism to ensure coordination of country-level activities of the cosponsors and other United Nations system organizations.

understood that the cosponsors would not seek to independently solicit funds for HIV/AIDS activities at the global level, but that any requests for funds would be made in concert with UNAIDS and the other cosponsors via the Global Appeal.

IV. INDICATIVE BUDGETARY PROPOSALS FOR THE 1996-1997 BIENNIUM

Overview

9. A major function of UNAIDS will be to strengthen national capability to improve national responses to AIDS, and - related to supporting these efforts - activities to provide and develop technical and policy guidance.³ A managerial framework, grouping the envisaged areas of work of UNAIDS at its central office in Geneva, is proposed in the Annex. Through flexible management structures, a mix of staff from a variety of disciplines will work in teams or task forces on specific problems, while being "housed" structurally, around programme direction, within four departments: country support; policy, strategy and research; external relations; and programme administration.

10. It is planned to develop subsequent UNAIDS budgets on the basis of objectives and expected outcomes with set targets, in keeping with the envisaged managerial approach. For the first UNAIDS programme budget, however, such an approach may prove to be difficult as the Programme is confronted by at least two major constraints in this respect, namely, a situation whereby its Strategic Plan for the period 1996-2000 is being developed in parallel with the first budget, rather than preceding it; and secondly, the fact that staff will not be in place early enough to develop such a targeted programme budget, which requires intensive intra-programme consultation. Consequently, the UNAIDS first programme budget will be presented essentially in terms of the proposed organizational framework envisaged (as shown in the Annex).

11. An overview of the proposed indicative budget in accordance with this proposed organizational framework is presented in Table I, with a further indicative budgetary breakdown, including the proposed staffing, shown in Table II. The total number of posts currently foreseen for the 1996-1997 biennium amounts to 185, of which 103 will be based in Geneva (55 professional and 48 general service posts); this figure also takes into account the administrative posts envisaged within UNAIDS to support the Programme at all levels (25 in total, see paragraph 36); 80 professional posts will be country or intercountry-based (with locally recruited support staff); and one professional post and one general service post will be based in New York. A general description of the nature of activities and support tentatively envisaged, is given below.

Country support

12. A major objective of UNAIDS will be to strengthen national capability to plan, coordinate, implement, monitor and evaluate the overall responses to AIDS. To achieve this, three major elements are foreseen for country support:

- **Advocacy:** for expanded responses, increasing resources and international best practice⁴;

³ It is assumed that readers of this document will have as background knowledge the January 1995 report of the CCO to ECOSOC on UNAIDS, E/1995/71.

⁴ See footnote 1.

- **Technical support:** on policy and technical issues (including, but not exclusively, the design of assessments of vulnerability and strategies in expanded responses);
- **Coordination:** of HIV/AIDS activities of the United Nations system, to respond effectively to national needs and priorities and maximise the impact of the United Nations system on the development process.

UNAIDS will aim to achieve this overall objective by building on what has already been achieved at the country level, by enhancing, catalysing and facilitating the assistance provided by each of its cosponsoring organizations, and by providing technical support itself. It is recognized that needs will vary greatly from country to country, and that the Programme's support role will vary accordingly. As shown in the attached tables, financial support for these efforts has been placed under the broad heading, **country support**, where it is proposed to allocate 59% of the total budget. The subdivisions foreseen within this overall allocation are set out below.

13. For the purpose of coordinating UNAIDS support towards strengthening national capability to respond to AIDS, a department of **country support** based in Geneva will be established, comprising 25 posts (14 professional posts of various types of expertise, an administrative assistant, six country programme assistants and 4 other general service posts). The general profile of the professional posts will include:

- a director of country support;
- a manager for planning and integrating operational assistance to countries;
- six "desk officers" (geographically covering the world) to liaise with the Theme Groups, national staff working in AIDS, and UNAIDS country-based programme officers;
- two posts to cover functions relating to planning and management, with emphasis on country needs assessment and tool development;
- one post for networking with nongovernmental organizations and promotion of greater involvement of people living with HIV/AIDS;
- three posts for functions relating to the monitoring of the AIDS epidemic, epidemiological surveillance and evaluation of the national and international response.

This department, calling on the human resources of UNAIDS at all levels, as well as of the cosponsoring agencies, will ensure the provision of technical support to countries, the funds for which have been grouped under three major subheadings, as described below.

14. To ensure coordination of AIDS activities at country level, UNAIDS will provide support of various kinds to the Theme Groups on HIV/AIDS, foreseen under **support to coordination of United Nations system efforts**. One category of such support will include the placement of up to 50 posts of UNAIDS programme officers, some of which could be country-specific while others would cover several countries. The main functions of such staff, as currently envisaged, will, inter alia, include:

- Providing the governments with technical and managerial support, particularly to strengthen national capacities and skills for effective programme planning, monitoring and evaluation of the expanded response to HIV/AIDS;
- Providing assistance and support to the Theme Groups on HIV/AIDS, and other partners, in their efforts to mobilize and coordinate UN system support to the national response to AIDS;

- Promoting UNAIDS policies and strategies through the Theme Groups, and helping to adapt them to local needs;
- Facilitating identification of technical support and training needs to be provided by UNAIDS;
- Administering funds entrusted to the UNAIDS Theme Groups from various sources;
- Providing guidance to bilateral and nongovernmental organizations and seeking their collaboration to support the national response;
- Monitoring the pandemic and responses to it at national level;
- Promoting the incorporation of national experiences into global policies and strategies.

15. Staff for these programme coordinator posts will be selected by UNAIDS, based on consultation with national authorities and the Theme Groups. While many will be filled by staff recruited internationally, it is also envisaged that some posts will be filled by national professional officers. The proposed budget line will include some funds for logistical support and for travel for UNAIDS staff (especially for intercountry staff). The number of posts that UNAIDS will ultimately establish will depend on an assessment of countries' needs and on the actual cost to UNAIDS of such staff. This, in turn, will be contingent on what infrastructure UNAIDS will inherit at country level, especially from WHO's Global Programme on AIDS; the support that the cosponsors may provide to UNAIDS staff at country level; as well as the level of resources that will be available to UNAIDS in the 1996-1997 biennium. Funds will also be made available from the global level budget for selected activities in support of coordination, such as training and database development.

16. Within this budget line, funds will also be provided to support the Theme Groups, essentially to ensure that advocacy and awareness-raising activities can take place, as well as resource mobilization meetings. The indicative provision shown in Table II is intended to cover seed fund support for up to 100 countries.

17. The indicative budget line for **technical support for strengthening national capability** will include funds for both technical staff stationed outside Geneva and for activities. Requirements for technical support will be identified in consultation with national staff and Theme Groups concerned.

18. Altogether, up to 30 such technical posts are envisaged, together with funds to cover operational costs and travel. This group of staff will consist of specialists of different disciplines, and complement the technical staff based in Geneva (described below under policy, strategy and research). Most such staff will work in small multidisciplinary technical support teams (e.g., 3 to 5 posts), accommodated in an office of a cosponsoring agency. This arrangement is considered to be both cost-effective and liable to be most responsive to countries' needs. Exceptionally, one or two technical experts may be assigned to a country-specific post (e.g., in the case of the largest countries). These country and intercountry-based technical staff will be closely supported by UNAIDS staff in Geneva, and by short-term consultants, including national staff. Their primary function will be to provide technical support, training and monitoring to ensure that all national

partners have access to international best practice⁵, and, in turn, to ensure that their country experiences help shape global policy and programmes.

19. Funds from the central office will support selected technical cooperation activities in response to countries' needs as required, such as training, workshops, the preparation of guidelines, and provide seed money for innovative activities.

20. UNAIDS will also develop and maintain a global database incorporating information on epidemiological data and the country-level response to HIV/AIDS. It will, inter alia, build on the database set up by the GMC Task Force on HIV/AIDS Coordination (HADIX, the HIV/AIDS Development Information Exchange Database). UNAIDS staff at country and intercountry levels will help support this process. Indicators to permit local and global monitoring will be further developed and implemented. Such a database will help UNAIDS and the Theme Groups to assess countries' situations in terms of the epidemic and the response to it, the resources available, and help to determine which countries are in greatest need of support. The intercountry and global staff will also closely monitor and evaluate the national response to the epidemic with particular respect to international contributions. This information will be periodically reviewed and may lead to revisions in the level and nature of support that UNAIDS will provide to individual countries over time.

21. The indicative budget includes funds for **financial support for national AIDS programme operations**. Since its inception in 1987, WHO's Global Programme on AIDS has allocated substantial funds in support of country operations to build up and sustain national AIDS efforts. These funds have been used to help ensure the core management of these programmes; to strengthen multisectoral approaches; to support activities directed at preventing the transmission of HIV; to provide support to surveillance and evaluation activities; and to providing care and support for people affected by HIV infection and AIDS. This funding (over US\$ 29 million in 1994-1995) will end in 1995. However, suddenly ceasing to provide such funds to sustain national AIDS efforts may jeopardize the achievements gained through past investments, and in some cases could paralyse national efforts to respond to AIDS. Consequently, it is considered critical to ensure some continued support during a transition period.⁶ The allocation of such funds will be proposed following country-specific assessments on the basis of criteria which UNAIDS is currently developing, and which will be described in the proposed budget document to be reviewed by the PCB later in the year. Support will be provided for specific activities on the basis of detailed proposals that will be jointly developed by UNAIDS and national staff. The future level of such funding will depend on success in identifying alternative funding sources, such as national government, cosponsors, and bilateral or multilateral funding.

22. Within this indicative budget line, a reserve will be maintained to support AIDS activities in emergency situations, or to meet emerging needs, e.g., those which are great or unanticipated, or where external support is grossly insufficient. An account of how such flexible funds would be used during the biennium would be provided to the PCB, through the UNAIDS periodic financial reports.

⁵ See footnote 1.

⁶ UNAIDS and WHO's Global Programme on AIDS are working together on ensuring appropriate transitional arrangements into the early part of 1996, in order to ensure a smooth carryover of activities particularly at country level.

Policy, strategy and research

23. A major thrust of the substantive work to be undertaken by UNAIDS at its global level will be in the areas broadly defined as: **prevention, and care, support and impact alleviation, and technology: research and development.** Work in these three areas will fall under the managerial responsibility of three team managers, grouped under an overall department of **policy, strategy and research**, which will be headed by a director. The proposed allocation for these areas is 32% of the total budget.

24. The staffing for the department will comprise 39 posts (25 professional posts, including the four above-mentioned posts, and 14 general service posts). The staff of this department will focus primarily on technical guidance, working closely with, and complemented by, the country and intercountry-based technical experts referred to in paragraph 18 above, on research in specific areas, and on policy development. Efforts in these areas will cover and integrate both strategies which address immediate HIV/STD transmission and care ("proximal" approaches), and strategies which reduce vulnerability to HIV/AIDS by addressing the underlying societal factors and structural conditions. The varied nature of the work encompassed within these broad areas will call for a multidisciplinary mix of knowledge and skills.

25. Thus, the expertise that this department would need to encompass, in addition to the four managerial posts already cited (i.e., the other 21 professional posts), include the following:

- behaviour science/counselling (2 posts)
- clinical care
- clinical trials (3 posts)
- communications/social marketing
- community care
- community mobilization/social work (2 posts)
- economics/demography
- health care systems
- operations research
- human rights (2 posts)
- reproductive health/sexually transmitted diseases
- social sciences (3 posts)
- statistics
- virology

26. This group of staff will, therefore, represent one pool of expertise with complementary skills, to address a variety of issues falling within these broad areas, e.g. human rights, harm reduction and other prevention approaches, community mobilization, interventions for care and support, gender issues, ethical concerns, legal issues, alleviation of impact of HIV/AIDS on different sectors, various types of research such as behavioural, economic, intervention and biomedical research, and a wide range of policy and strategy issues. The staff costs, therefore, as shown on the budgetary tables, have been grouped under one budget line, and not apportioned according to the three broadly defined areas of work.

27. Activity funds proposed for the areas of work of prevention and care, support and impact alleviation, will be directed towards technical support, policy development, synthesis of current knowledge, advocacy of strategies, and research and development. Research in these areas will focus on reviewing and analysing various aspects of the epidemic and the responses to it, applying the results of research, building up a body of knowledge of successful interventions and activities, and evaluation of innovative strategies in selected settings. Such research is expected to have a direct impact on strengthening national capability to respond to AIDS, and thus interaction with the country support department will be intensive. Biomedical research will focus on a few selected key areas, including normative standards and monitoring of HIV vaccine development, vaginal microbicides for HIV/STD prevention, prevention of mother-to-child HIV transmission, prophylaxis and treatment of opportunistic infections in developing country settings, and monitoring of diagnostic technology development. It is anticipated that UNAIDS will establish a working relationship with a network of collaborating centres worldwide which will carry out, on its behalf,

priority research and development work, particularly as relevant to the needs of developing countries.

28. Two steering committees, one to address socioeconomic and behavioural issues, and the other biomedical issues, would guide research in UNAIDS.

External relations

29. A department of **external relations**, representing 5% of the total budget, is proposed. This department will carry out the following broad functions:

- liaison with United Nations system organizations and other key partners;
- resource mobilization activities and relations with donors;
- communications and public relations with all partners and with the media;
- publication of documents;
- support for the meetings of the governing bodies, the CCO, other interagency meetings, and provision of seed funds to support selected international networks and conferences.

30. The proposed staffing for external relations comprises eleven posts, namely, a post for a director of external relations, a post for a liaison officer in New York, a post for a fund-raising specialist, two posts for communications and one for a writer, an external relations assistant and four other general service posts. Special emphasis will be placed on efficient and transparent communications, including with staff of UNAIDS and its cosponsors, as well as with its major partners and with the media.

31. As mentioned above, it is proposed to establish a small UNAIDS Representative Office in New York (USA), to be staffed by a senior liaison officer and a secretary. This is based on the need to have a UNAIDS presence to liaise with the cosponsoring organizations based in the USA and other agencies of the United Nations system, as well as with the missions of Member States in New York; to maintain contact with other North American-based organizations involved in HIV/AIDS activities; and to support fund-raising initiatives in North America.

Programme direction

32. Under the budget line **programme direction**, where 4% of the total budget is proposed, funds will be included to cover the Office of the Executive Director; for human resources development; and a discretionary fund. In addition to the staff costs (for the post of Executive Director, executive assistant, an administrative assistant and two secretaries) funding requirements for the Office of the Executive Director will relate principally to advocacy-related activities, requiring essentially travel funds. Funds will also be allocated for periodic advisory meetings, to advise the Executive Director on different matters relating to the mandate of UNAIDS.

33. UNAIDS will put particular emphasis on developing human resources to ensure that staff output is of high quality and oriented to the needs of those served by the Programme; on maintaining a common understanding of the epidemic, and on promoting the skills and attitudes required for the implementation of the Programme.

34. Lastly, within this budgetary provision, some funds will be reserved to provide UNAIDS with flexibility in meeting emerging needs (tentatively entitled The Initiative Fund).

Administration in support of UNAIDS

35. As reflected in ECOSOC resolution 1994/24, WHO will be responsible for the administration in support of UNAIDS. This will include support in areas such as personnel, finance, accommodation and operating support. At the point of finalizing this document, negotiations are

under way between UNAIDS and WHO concerning the detailed arrangements regarding such support and the amount that UNAIDS will pay WHO for such services (defined in WHO as programme support costs). In order to be able to finalize the indicative budget, an interim provision for programme support costs has been used in the calculation of the indicative budget and thus reflected in all the budgetary figures in Tables I and II. The Executive Director will update the PCB on the current status of negotiations between UNAIDS and WHO.

36. Some of the administrative services supporting UNAIDS will be provided by UNAIDS itself in Geneva. To this end, a department of **programme administration** is envisaged, to include staff to provide support for the efficient operation of UNAIDS, in collaboration with support services and administrative structures provided by WHO. In addition to a programme administrator, eight other professional posts are proposed, in the areas of human resources management, programme budgeting, financial control and informatics. Sixteen general service posts are also envisaged, most of which will provide specialized services in areas such as personnel, budget preparations, computer training, supplies, document production, editorial assistance, graphics and overall administration.

37. Accordingly, within this department, personnel staff will handle the day-to-day operations stemming from the size and nature of the UNAIDS workforce and organize the human resources development activities referred to in paragraph 33. This department will be responsible for ensuring the planning and coordination of the UNAIDS biennial programme budgets and related workplans, as well as the overall financial monitoring of UNAIDS at all levels, preparing the required report to the PCB on such matters. Information system support is foreseen, to maintain the global databases, to ensure rapid and efficient communications with countries, including with UNAIDS staff, and for networking with a wide range of key partners. Lastly, support for the production of UNAIDS documents and materials is also proposed. The proposed budget for these and other related services will be developed and costed in the light of the final agreement reached with WHO on the support arrangements to be provided to UNAIDS. These will be shown in the proposed programme budget document as itemized budgetary estimates.

V. CONCLUDING NOTE

38. Following the comments and recommendations of the PCB on the proposed indicative budget, UNAIDS will revise and update this document, to be used to finalize the first proposed programme budget, for discussion by the PCB at its second meeting in 1995. The programme budgets of United Nation system organizations are usually reviewed by expert bodies which examine the basis of the proposed costings, the exchange rates applied, inflation rates proposed, i.e., all elements which have been used in constructing the programme budget for a specific biennium. For the future, the PCB may wish to decide that the WHO budgeting procedures, endorsed by its governing body, may apply to UNAIDS at the discretion of the Executive Director, or alternatively it may wish to set up its own subcommittee for this purpose.

* * *

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS - UNAIDS
TABLE I: PROPOSED INDICATIVE BUDGET FOR THE 1996-1997 BIENNIUM: OVERVIEW *

(This table has to be read in conjunction with the text)

	Proposed indicative budget	
	US\$ (millions)	% of grand total
I. Country support		
□ Staff of the department of country support	8.2	
□ Support to coordination of United Nations system efforts (through the Theme Groups) (includes country staff and other support)	25.9	
□ Technical support for strengthening national capability (Includes technical experts at country/intercountry level and other support)	26.8	
□ Financial support for national AIDS programme operations	21.4	
<i>Subtotal country support</i>	82.3	59%
II. Policy, strategy and research		
□ Staff of the department of policy, strategy and research	13.0	
□ Prevention	11.4	
□ Care, support and impact alleviation	11.4	
□ Technology: research and development	9.2	
<i>Subtotal policy, strategy and research</i>	45.0	32%
III. External relations (staff and activities)	6.7	5%
IV. Programme direction (staff and activities)	6.0	4%
GRAND TOTAL *	140.0	100%

* In the present document, costs of the staff foreseen for a department of programme administration (as shown in Table II) are covered by an interim provision for programme support costs included in all the figures of the budget. At the time of finalizing this document, WHO/UNAIDS negotiations on administration in support of UNAIDS were under way. The PCB will be updated in this respect at its July 1995 meeting (see paras. 35 to 37 of the document). It is anticipated that the final programme budget document will show the administrative costs foreseen for UNAIDS as specific budget items.

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS - UNAIDS

TABLE II: PROPOSED INDICATIVE BUDGET FOR THE 1996-1997 BIENNIUM* : further budgetary breakdowns (US\$ millions)

(This table has to be read in conjunction with the text)

	Proposed allocation of posts	Proposed indicative budget			
		Staff costs US\$	Activities US\$	Total US\$	% of grand total
I. Country support					
□ <u>Staffing of the department of country support</u>	<i>Subtotal</i>	25	8.2	8.2	
□ <u>Support to coordination of United Nations system efforts (through the Theme Groups) including:</u>					
• Country and intercountry posts for programme coordinators	50	14.7		14.7	
• Logistical and operational support for these posts			7.8	7.8	
• Other support to the Theme Groups			3.4	3.4	
<i>Subtotal</i>	50	14.7	11.2	25.9	
□ <u>Technical support for strengthening national capability</u>					
• Technical experts at country/intercountry level, including logistical support and other costs	30	8.8	6.1	14.9	
• Other technical cooperation activities, such as:					
- planning, monitoring, review and evaluation of national AIDS activities (needs assessments)			11.9	11.9	
- tool development (e.g., guidelines)					
- management training					
- technical guidance					
- trends monitoring; epidemiological surveillance; databases.					
<i>Subtotal</i>	30	8.8	18.0	26.8	
□ <u>Financial support for national AIDS programme operations</u>					
• Direct support			18.6	18.6	
• Reserve fund for emergency situations			2.8	2.8	
<i>Subtotal</i>	0	0.0	21.4	21.4	
Subtotal country support	105	31.7	50.6	82.3	59%

* As explained in Table I, the figures include an interim provision for programme support costs.

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS - UNAIDS

TABLE II: PROPOSED INDICATIVE BUDGET FOR THE 1996-1997 BIENNIUM* : further budgetary breakdowns (US\$ millions)

(This table has to be read in conjunction with the text)

	Proposed allocation of posts	Proposed indicative budget			
		Staff costs US\$	Activities US\$	Total US\$	% of grand total
II. Policy, strategy and research					
<ul style="list-style-type: none"> □ <u>Staffing of the department of policy, strategy and research</u> 	39.0	13.0		13.0	
<ul style="list-style-type: none"> □ <u>Prevention</u> Examples of main areas of work include: <ul style="list-style-type: none"> • technical support • synthesis/reviews • policy development • advocacy of strategies • research and development 			11.4	11.4	
<ul style="list-style-type: none"> □ <u>Care, support and impact alleviation</u> Examples of main areas of work include: <ul style="list-style-type: none"> • technical support • synthesis/reviews • policy development • advocacy of strategies • research and development 			11.4	11.4	
<ul style="list-style-type: none"> □ <u>Technology: research and development</u> Examples of main areas of work include: <ul style="list-style-type: none"> • HIV vaccines • microbicides • prevention of mother-to-child HIV transmission • clinical research for prophylaxis and treatment 			9.2	9.2	
Subtotal policy, strategy and research	39	13.0	32.0	45.0	32%

JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS - UNAIDS

TABLE II: PROPOSED INDICATIVE BUDGET FOR THE 1996-1997 BIENNIUM* : further budgetary breakdowns (US\$ millions)

(This table has to be read in conjunction with the text)

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	Proposed allocation of posts	Proposed indicative budget			
		Staff costs US\$	Activities US\$	Total US\$	% of grand total
III. External relations	11	3.6		3.6	
Examples of main areas of work include:			3.1	3.1	
<ul style="list-style-type: none"> • interagency coordination • resource mobilization, and donor relations • communications, public relations and information • meetings of the governing bodies 					
Subtotal external relations	11	3.6	3.1	6.7	5%
IV. Programme direction					
<ul style="list-style-type: none"> • Office of the Executive Director, (including advisory meetings and travel funds) • human resources development • The Initiative Fund 	5	1.8	0.8	2.6	
			1.1	1.1	
			2.3	2.3	
Subtotal programme direction	5	1.8	4.2	6.0	4%
Programme administration *	25				
Proposed staffing					
GRAND TOTAL	185	50.1	89.9	140.0	100%

Total UNAIDS posts :	Country-based	80
	Geneva-based	103
	New York-based	2
		185

* The cost of these proposed posts for the department of programme administration are included in an interim provisional amount used to cover programme support costs included in all the figures of the budget, in order to finalize the draft budget (see footnote on Table I). No costing is therefore shown under the staff cost column.

Joint United Nations Programme on HIV/AIDS (UNAIDS)

Proposed organizational structure

