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Joint United Nations Programme on HIV/AIDS

UNAIDS/PCB(7)/98.6
1 April 1999

Report of the Second *ad hoc* Thematic Meeting of the Programme Coordinating Board of UNAIDS

New Delhi, 9-11 December 1998

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Agenda item 1 – Opening

1. The second *ad hoc* thematic meeting (and seventh meeting) of the UNAIDS Programme Coordinating Board was held at the Vigyan Bhavan, New Delhi, India from 9 to 11 December 1998. The participants are listed in Annex 1.
2. In the absence of the Chairperson, Dr Michael Wooldridge (Australia), who was unable to attend, the Vice-Chairperson, Dr Juan Ramon de la Fuente (Mexico) took the chair on the first day. Dr Cathy Mead (Australia) chaired on the second day.
3. The provisional agenda (document UNAIDS/PCB(7)/98.1) was adopted (Annex 2). The topics for discussion focused on two main themes: development of a strategic framework for activities related to young people and HIV/AIDS; and migration and HIV/AIDS. The Board also reviewed the revised UNAIDS Monitoring and Evaluation Plan.
4. The representative of India described the current status of the HIV/AIDS epidemic in his country and outlined his Government's response to the many challenges it posed. The PCB commended the considerable progress made to date and welcomed the implementation of new strategies to prevent further rapid spread into the general population. This included action to decentralize programme planning to the state level, to develop mechanisms to ensure a smooth flow of funding, to integrate HIV/AIDS activities in local health services and to strengthen technical capacities. Broader participation across all public sectors and the involvement of nongovernmental organizations (NGOs) and people living with HIV/AIDS were being emphasized in an impressive and diverse array of activities. The need to provide better care and support for people living with HIV/AIDS, to eradicate stigmatization and discrimination, and to expand interventions aimed at vulnerable groups, such as young people and injecting drug users had also been recognized. Appropriate best practices publications would be useful in that regard. Interest was expressed in the work being undertaken to develop local drug therapies and to establish vaccine research.
5. The PCB commended the activities of the United Nations system in India being undertaken in support of national efforts to combat the epidemic. These were described by Dr Brenda McSweeney, United Nations Resident Coordinator in India, Professor Moegiadi, Director, UNESCO New Delhi and Chairperson of the United Nations Theme Group on HIV/AIDS in India, and Dr Gordon Alexander, Senior Country Programme Adviser, UNAIDS New Delhi. The PCB commended, in particular, the expansion of the Theme Group to include additional United Nations and bilateral partners, the progress in establishing the United Nations Development Assistance Framework (UNDAF) and support for a wide variety of targeted interventions by individual organizations in their particular area of competence.
6. In his address to the Board, the Minister of Health of India stressed his Government's awareness that despite more than a decade of HIV/AIDS prevention and control activities, the epidemic continued to spread throughout the country, with 3-5 million people currently infected. He emphasized the political commitment, from the Prime Minister downwards, to take urgent action, backed by substantial financial and technical resources. The recent successful immunization of 120 million children against poliomyelitis in a single day proved that India had the necessary capacity and resources to mount a nationwide campaign and gave cause for hope that, with the new decentralized

approach and with international support, successful HIV/AIDS prevention and control activities could be implemented across the country. It was of particular importance to reach young people and to change current attitudes that led to discrimination against people living with HIV/AIDS.

7. In his statement to the Board outlining recent developments (document UNAIDS/PCB(7)/98.2), Dr Peter Piot, Executive Director, UNAIDS said that there had been steady progress in building broader partnerships, strengthening strategic planning and establishing national HIV/AIDS programmes. However, the continued escalation in infections indicated that, although a great deal was known about prevention, there remained a serious gap between what could be done and what was actually being done. Greater efforts were required to give, especially to young people, the necessary information skills and services needed for self-protection, to counter socioeconomic conditions that left people little control over their exposure, to reach HIV-infected women and so prevent mother-to-child transmission, to provide basic care needs for the 33 million people living with HIV, and to develop potential vaccines. Nevertheless, the increased attention being given to questions related to HIV/AIDS by heads of state around the world indicated that UNAIDS' global advocacy efforts were paying off and signalled growing political commitment to the fight against the epidemic. A global strategy, focusing on specific themes would advance common understanding in that regard.

8. The PCB expressed concern at the continued expansion of the epidemic, in particular in Africa and South Asia, and called for renewed efforts by UNAIDS, Cosponsors, national governments and donors. The proposed initiative for intensified activities in Africa, where many of the countries in greatest need were to be found, was therefore to be welcomed. Noting that a meeting of UNAIDS and the Cosponsors was planned in January 1999 to discuss potential contributions and a preliminary plan of action and budget, the Board requested the preparation of proposals for the initiative for consideration at its eighth meeting.

9. Regional and subregional activities were of great importance in tackling cross-border and common problems and the progress in that area in Latin America and the Caribbean was encouraging.

10. It was noted that planning for the preparation of an integrated workplan and budget for 2000-2001 was proceeding and that agreement had been reached on basic principles and common objectives. The Board hoped that information on HIV-related activities financed from the core budgets of the Cosponsors could be provided to the Board at its next meeting. A successful plan, closely linked to monitoring and evaluation activities, would provide a useful model for United Nations reform.

11. Further progress was needed to improve the performance of United Nations Theme Groups on HIV/AIDS: evaluations had shown that some 40% were now functioning effectively. It was suggested that in order to facilitate collaboration, consideration be given to rotating the chair of the Theme Groups in line with rotation in the CCO, i.e., when, as in the current year, the CCO was chaired by WHO, Theme Groups would also be chaired by the WHO Representative in countries.

12. Progress in the development of HIV vaccines remained slow. The Board therefore welcomed the establishment of a World Bank Task Force to investigate market mechanisms that would stimulate greater investment by the pharmaceutical industry and the public sector in that area.

Any vaccines developed would need to take into account the variability in the HIV virus, and questions of accessibility would need to be addressed. Further efforts were also needed to improve access to care and to therapy for opportunistic infections and antiretrovirals, which remained uneven.

13. Dr Daniel Tarantola, Senior Policy Adviser to the Director-General, WHO, speaking on behalf of Dr Gro Harlem Brundtland, Director-General, WHO and Chairperson of the Committee of Cosponsoring Organizations (CCO) recalled that, in her address to the CCO in November 1998, Dr Brundtland had emphasized the importance being given to cross-cutting HIV/AIDS prevention and control activities in the new structure of WHO, and her assurance that WHO would intensify its collaboration with UNAIDS and the other Cosponsors.

14. Speaking on behalf of the Cosponsors, he reported that, at its meeting in November 1998, the CCO had discussed the possible admission of UNDCP as a seventh Cosponsor, and had recommended that the process for admission be initiated. It had also been suggested that criteria for consideration of future applicants should be developed. The Committee had emphasized the need to develop close links between global HIV/AIDS strategies and the integrated workplan and budget, UNDAF and other processes for enhancing United Nations responses to health and social issues at international, regional and national levels. Preparation of the integrated workplan and budget for 2000-2001 would be a key activity in the coming year. In accordance with the schedule drawn up by UNAIDS, the Cosponsors would be providing information on their individual programmes by February 1999, although because of integrated approaches it was sometimes difficult to identify clearly the resources being devoted specifically to HIV/AIDS activities. The CCO had reviewed and endorsed the revised UNAIDS Monitoring and Evaluation Plan to be considered by the PCB under agenda item 4. Additional matters discussed had included a UNAIDS report on the use of the 1996-1997 Coordinated Appeal, input to the present meeting and follow-up of recommendations arising from the 1998 UNAIDS Cosponsor Retreat relating to unified policy development, more effective multisectoral activity, improving the Cosponsors' ability to respond to the epidemic, and the possibility of launching an initiative for intensified HIV/AIDS activities in Africa. The CCO would consider proposals in some of those areas at its next meeting in Geneva in April 1999.

15. The Board welcomed the interest expressed by UNDCP in becoming a Cosponsor of UNAIDS and supported the CCO's call for development of criteria for future potential applicants. Assurance was given that the current approach of the UNAIDS Secretariat and Cosponsors to certain drug-related matters, in particular addressing both harm reduction and demand reduction, would be maintained.

16. Mr Luis Gauthier, Coordinator, Education on and prevention of HIV/AIDS, Centre for Studies on Sexuality, Santiago, Chile and the NGO representative for Latin America and the Caribbean on the PCB, addressed the Board on behalf of the representatives of NGOs/people living with HIV/AIDS. He reported that continuing denial of the epidemic, ongoing economic, political and health crises as well as the political instability in many countries in the region often lead to lack of strategic planning to respond to the epidemic. In spite of these difficulties, important progress was taking place. Community initiatives by nongovernmental organizations and associations of People Living with AIDS are pressuring governments through the legal systems to increase access to adequate treatment of HIV. A recent conference of the Horizontal Technical Cooperation Group facilitated by UNAIDS illustrates the ongoing efforts to strengthen coordination

between government authorities and civil society.

17. Mr Gauthier stressed the importance of documenting best practices, monitoring and evaluating appropriate responses to HIV/AIDS, and linking HIV/AIDS and human rights. He also emphasized that countries and communities facing situations of crises need financial and other support. Prevention activities should involve key decision-makers and an emphasis should be on the most vulnerable segments of the population. Efforts to obtain better pricing and access to drugs, as well as basic health services, and HIV vaccine development are priorities for the future.

Agenda item 2 - Optional field visits

18. The Board expressed appreciation for the field visits arranged by the Government of India which had provided members with a useful opportunity to see a variety of project activities at first hand. The visit to Calcutta had focused on three projects, an STD/HIV Intervention Programme, for sex workers, the West Bengal Sexual Health Project which had set up a telephone hot-line and was working with street children, and a needle exchange project being run by Calcutta Samaritans. The trip to Chennai organized by the Tamil Nadu State AIDS Control Society, had included visits to a tuberculosis hospital, where one-third of patients are co-infected with HIV, and to a project for sex workers run by the Madras Christian Council Social Services. In addition, a meeting had been arranged with NGOs collaborating with the State AIDS Control Society at which presentations on various other local activities were made. For the third field visit, three teams of participants joined an extensive programme organized by the Maharashtra State AIDS Control Society, visiting a number of projects in a hospital, for sex workers, and for youth groups and orphans. Participants in all the visits were impressed by the enthusiasm and dedication of the many people involved and by the results being achieved. Careful follow-up would be needed to secure sustainability of such projects and to ensure that the experience gained was used to expand and replicate successful activities

Agenda item 3 - Young people and HIV/AIDS: strategic framework

19. Dr Purnima Mane, Chief, Office of the Executive Director, UNAIDS presented seven strategic actions proposed for inclusion in a global strategy for young people and HIV/AIDS (document UNAIDS/PCB(7)/98.3). The actions were aimed at providing a safe environment for young people, the information and skills for healthy development and responsible adulthood, access to affordable, accessible and confidential services, including HIV/STD services, and participation in the development of policies and programmes affecting their lives. Young people between the ages of 10 and 24 years were disproportionately affected by HIV/AIDS. However, evidence from a number of countries indicated that they also had a high propensity to adopt safer behaviours. Thus even a relatively small reduction of risk in that age group could have a significant impact on overall infection rates. It was envisaged that the strategy would be established and implemented by all major partners - governments, NGOs and the organizations of the United Nations system - working in collaboration. Operational goals had been set out for each of the seven actions. In addition to targeting young people directly, the actions were also aimed at mobilizing parents and other adults, teachers, policy-makers, the media and religious and cultural organizations to provide support and advocate on their behalf.

20. The Board endorsed the proposals as a first step in developing a global strategic framework

with a positive rights-based approach. Cooperation at all levels would be crucial to their speedy translation into concrete action, and the roles and responsibilities of the parties concerned should therefore be more clearly defined. Further elaboration of the operational goals and indicators was needed, taking into account differences at the country level, and monitoring and evaluation components should be added. It was also important to listen to young people and to encourage their participation in the process by strengthening their own capacities, for example, to evaluate projects and mobilize their own resources. The United Nations Special Rapporteur on Education might have a useful role to play in regard to educational programmes. However, it was also important to reach young people who were outside formal education systems. The collection of appropriate data disaggregated by age and sex was needed to define priorities and establish baseline values.

21. The proposals formed the basis of further extensive discussions in five working groups. The recommendations arising from the working groups for the further development, promotion and content of the strategy were discussed and revised in plenary and are set out in Annex 3 and its Attachment 1. The Board requested that a draft strategy should be submitted for its consideration within one year.

Agenda item 4 - UNAIDS Monitoring and Evaluation Plan

22. In response to the request made by the PCB at its sixth meeting, Dr Bernhard Schwartländer, Team Leader, Epidemiology, Monitoring and Evaluation Team, Office of the Executive Director, UNAIDS presented a revised proposal for a UNAIDS Monitoring and Evaluation Plan (document UNAIDS/PCB(7)/98.4). The four-stage framework of the original proposal, comprising outputs, intermediate outcomes, outcomes and impact had been developed further to take into account the recommendations of the PCB at its sixth meeting, and bearing in mind two basic principles, the need for flexibility to permit response to the rapidly changing epidemic and the need for a strong partnership approach to monitoring and evaluation. Additional human and financial resources had been allocated within the UNAIDS Secretariat to work on the Plan, and valuable advice had been received from the Monitoring and Evaluation Reference Group, which had held its first meeting in September 1998.

23. Progress had been made in formulating objectives, indicators and processes for monitoring and evaluation at each of the four levels of the Plan and in developing existing and new tools, for example: a framework for developing indicators at the impact level; the AIDS programme effort index to measure programme efforts related to the specific context at the outcome level; country profiles and roles and responsibility matrices to define roles and responsibilities of all stakeholders in monitoring and evaluation and to ensure integrated workplans at the intermediate outcome level; and a UNAIDS performance monitoring and evaluation framework at the output level. A start had been made in establishing collaborating centres and resource networks, with emphasis on centres in developing countries. There had been substantial progress in implementing monitoring and evaluation activities at the different levels of the Plan, as set out in Annex 1, document UNAIDS/PCB(7)/98.4. Further significant developments were expected over the coming six months as implementation expanded and the Plan was refined.

24. The Board endorsed the approach and priorities set out in the revised Plan which represented a substantial advance. The Plan now provided a better basis for monitoring and

evaluation in a multi-partner collaboration, which should enhance accountability.

25. Activities to improve the definition of the roles and responsibilities of all parties involved in monitoring and evaluation were welcomed. The Secretariat would need to work closely with the Cosponsors to coordinate internal, external and collective monitoring and evaluation; the proposed development of a framework for elaborating common approaches was therefore welcomed. Integrated workplans, with monitoring and evaluation components, at global, regional and country levels would also be of considerable importance. Efforts to develop those plans should be accelerated. In particular, the PCB recommended that the CCO should monitor progress towards the completion of United Nations system integrated workplans operated through the Theme Groups in all countries by the year 2000, and requested regular progress reports in that regard. The proposed use of a modified rapid assessment approach to monitor Cosponsor interactions would also be useful. Close links with UNDAF would be crucial to the consideration of the impact of HIV/AIDS on development.

26. Advocacy within the governing bodies of the Cosponsors for the strengthening of internal monitoring and evaluation of HIV/AIDS-related programmes, including clearer identification of the level of resources allocated, should be encouraged. PCB members could play an important role in that regard.

27. The Board recognized the difficulties in tracking financial resources devoted to HIV/AIDS activities at the national, regional and global levels but expressed the hope that mechanisms for doing so could be improved.

28. Further efforts were needed to develop and refine indicators at all four levels of the plan, emphasizing impact and outcome levels in the first instance, and taking into account the need to reflect socioeconomic development, capacity-strengthening, gender differences, impact on young people and the efficiency and quality as well as the quantity of activities. Improved collection of appropriate data, disaggregated by age and sex, would be needed, and countries should be encouraged to intensify data-gathering and ensure regular reporting. The Board hoped that a set of core indicators for each level would be available for its consideration in the near future, although it recognized that there would be a continuous need to adapt indicators in the light of experience in their use.

29. The PCB recommended accelerated implementation and refinement of the Plan, and requested that it be kept regularly informed of progress through the reports made to the Board by the Executive Director.

Agenda item 5 - Migration and HIV/AIDS

30. Introducing the background paper on migration and HIV/AIDS (document UNAIDS/PCB(7)/98.5), Dr Awa Coll-Seck, Director, Department of Policy, Strategy and Research, UNAIDS said that every year an estimated 100 million people were on the move worldwide as voluntary migrants within or across borders, with an additional 30 million refugees or internally displaced persons. Evidence indicated that infections with HIV and other sexually transmitted diseases were likely to spread more rapidly as populations become more mobile. Factors affecting the vulnerability of migrants and refugees to HIV/STD infection included

demographic profile, socioeconomic conditions - including, working and living conditions, levels of assimilation and acceptance by the local population, and accessibility of health and social services - legal status and literacy, and educational levels. It was clear that action-oriented research was needed to fill the existing major gaps in the information needed to make appropriate policy decisions and ensure effective planning and implementation of interventions. UNAIDS, the cosponsors and other United Nations agencies were becoming increasingly involved in advocating and supporting collaboration at all levels to improve the response to HIV/AIDS-related problems in this area, and a number of important projects were already under way.

31. The PCB welcomed the efforts made by the Secretariat to bring together existing information on migration and HIV/AIDS, and recommended that the work should be continued and expanded to include greater use of published studies and data from other United Nations organizations, governments, nongovernmental organizations and expert groups. Technical and financial support would be needed to assist countries in the mapping of movements of people.

32. In planning future policies and interventions, it would be important to define the terms used carefully and to distinguish the different characteristics and needs of migrants, refugees and displaced persons.

33. Greater cooperation at the global, regional and national level was needed to tackle the problems of migrants and refugees. UNAIDS should advocate for greater commitment in that regard, emphasizing the need for respect for human rights, and a more positive attitude to the contributions immigrants could make to recipient countries. Coordination of existing structures within the UNAIDS Cosponsors and other organizations of the United Nations system, such as UNHCR, IOM, ILO and FAO, for dealing with migrants and refugees was also essential, with a clear identification of comparative advantages. Research was needed to enhance the capacity to anticipate and act in advance of large population movements.

34. The Board recognized the difficulty in designing services to reach migrants and refugees. However, practical and non-discriminatory solutions were needed, with integration of HIV/AIDS services into overall health services.

35. Migration frequently led to the breakdown of social and cultural networks, which in turn threatened responsible behaviours. Emphasis should therefore be given to family unification. Moreover, countries should examine patterns of migrant labour to see how they might be restructured to avoid the break-up of families, and appropriate interventions should be targeted at both the sources of migrant labour and in the workplace.

36. The PCB expressed appreciation for the opportunity to discuss the problems relating to migration and HIV/AIDS, which affected many millions of people across the world, and urged UNAIDS, the Cosponsors and other relevant parties to continue their efforts in that area and to keep the Board informed of progress.

Agenda item 6 - Next PCB meeting

37. The PCB agreed that its eighth meeting, the regular annual session, should be held in Geneva from 28 to 29 June 1999.

Agenda item 7 - Other business

38. It was suggested that future meetings of the PCB, regular or *ad hoc* thematic, may wish to consider for the agenda, the issues of conflict and HIV/AIDS, resource mobilization and the introduction of HIV/AIDS activities across all major programmes ("mainstreaming") at the global, regional and country level.

39. Dr Ingrid Laux, Director, Medical Services Division, United Nations, reported on the response of the United Nations Secretariat to the HIV/AIDS epidemic. Dr Laux stressed the importance attached by the United Nations Secretariat to the activities of UNAIDS and the United Nations Theme Groups on HIV/AIDS and outlined the action taken by various United Nations bodies in furthering that work. The Secretary-General played an important advocacy role during his travels, in his discussions with world leaders and in his reports to the General Assembly. The Department of Economic and Social Affairs continued to undertake research on the socioeconomic and demographic implications of the HIV/AIDS epidemic, and included analyses of the results in its reports. In its *Revision of world population estimates and corrections*, the Population Division had included information showing the devastating effects of mortality from AIDS on life expectancy and population growth rates in a number of countries. The Division was also planning a study of the impact of the epidemic on development. The Department of Public Information had played an important role in activities for World AIDS Day. At its fourteenth meeting in May 1998, the Inter-Agency Advisory Group on AIDS (IAAG) had considered questions related to HIV/AIDS in the United Nations workplace and HIV/AIDS in emergencies and peace-keeping operations. It had noted considerable progress in both areas.

40. The Board was informed by the representative of France of progress in establishing the International Therapeutic Solidarity Fund, an initiative launched by France in 1997 to secure additional funding for specific projects to improve access to treatment and care for people with HIV/AIDS. Negotiations with interested partners were continuing, mindful of the need to respect the priorities and approaches of UNAIDS and the Cosponsors and to avoid duplication of effort. An international committee had been established to consider potential projects; a number had been selected and the first would begin at the end of 1998. France had allocated F.fr. 25 million to support activities, and negotiations with other potential donors were under way.

Agenda item 8 - Adoption of decisions, recommendations and conclusions

41. The decisions, recommendations and conclusions of the second *ad hoc* thematic (and eighth) meeting of the PCB, which were prepared by a drafting group established at the start of the meeting and which were discussed and adopted prior to the closure on 11 December 1998, are set out in Annex 3.

Annex 1

List of participants

MEMBERS

Member States

Algeria

Professeur Youssef Mehdi, Président du Comité national de Lutte contre le SIDA, Ministère de la Santé et de la Population, Alger

Australia

Dr Cathy Mead, National Centre for Disease Control, Department of Health and Family Services, Canberra

Mr Richard Moore, Director, Multilateral Agencies and International Section, Australian Agency for International Development (AUSAID), Canberra

Ms Gillian Mellsop, First Secretary (Development Cooperation), Australian Agency for International Development (AUSAID), Australian High Commission, New Delhi

Barbados

Miss Arlene Husbands, Programme Manager, Ministry of Health and the Environment, St. Michael, Bridgetown

China

Mr LIU Peilong, Director General, Department of International Cooperation, Ministry of Health, Beijing

Dr QI Qingdong, Deputy Director, Department of International Cooperation, Ministry of Health, Beijing

Dr SUN Xinhua, Deputy Director, Department of Disease Control, Ministry of Health, Beijing

Republic of Congo

Dr Marie Franck Puruehnce, Médecin chef du Programme National de Lutte contre le SIDA, Ministère de la Santé et de la Population, Brazzaville

Côte d'Ivoire

Dr Issa Malick Coulibaly, Directeur exécutif, Programme National de Lutte contre le SIDA et les MST, Ministère de la Santé et des Affaires sociales, Abidjan

Denmark

Mrs Chitra Sundaram, Health Systems Research Adviser, DANIDA, New Delhi

Dr Suresh Ambwani, Senior Programme Officer, Royal Danish Embassy, New Delhi

Germany

Mr Franz J. Bindert, Director, Directorate 32, Communicable Diseases AIDS, Addiction and Genetic Engineering, Bonn

Dr Eltje Aderhold, First Secretary, Permanent Mission of Germany to the United Nations Office at Geneva

India

Dr J.V.R. Prasada Rao, Additional Secretary and Project Director, National AIDS Control Organization, Ministry of Health & Family Welfare, Government of India, New Delhi

Dr P.L. Joshi, Joint Director (Technical), National AIDS Control Organization, Ministry of Health & Family Welfare, Government of India, New Delhi

Mrs Neelam Kapur, Deputy Director (IEC), National AIDS Control Organization, Ministry of Health & Family Welfare, Government of India, New Delhi

Dr Mohd. Shaukat, , Deputy Director (Tech.), National AIDS Control Organization, Ministry of Health & Family Welfare, Government of India, New Delhi

Mr Allaudin Kadar Mohideen, Special Secretary and Project Director, Tamil Nadu State AIDS Control Society, Chennai

Professor Y.N. Rao, Officer on special duty, Directorate of Health Services, Ministry of Health & Family Welfare, Government of India, New Delhi

Ms K. Sujatha Rao, Joint Secretary, National AIDS Control Organization, Ministry of Health & Family Welfare, Government of India, New Delhi

Dr Usha Baveja, Head, AIDS Division, National Institute of Communicable Diseases, New Delhi

Japan

Dr Hideo Shinozaki, Director-General for Science and Technology, Ministry of Health and Welfare, Tokyo

Mexico

Dr Juan Ramon De la Fuente, Minister of Health, Ministry of Health, Mexico D.F.

Mrs Patricia Uribe-Zuñiga, Coordinadora General, Consejo Nacional de Prevención y Control del SIDA (CONASIDA), Secretaria de Salud, Mexico D.F.

Mr Juan Carlos Nolte Santillan, Director for International Affairs, Ministry of Health, Mexico D.F.

Mrs Lourdes Sosa-Marquez, Third Secretary, Permanent Mission of Mexico to the Office of the United Nations at Geneva

Pakistan

Unable to be represented.

Paraguay

Unable to be represented.

Poland

Mr Arkadiusz Nowak, Advisor, Ministry of Health, National AIDS Coordinator, Ministry of Health and Social Welfare, Warsaw

Ms Irena Glowaczewska, Deputy Minister of Health, Ministry of Health and Social Welfare, Warsaw

Mr Andrzej Kubik, Ministry of Health and Social Welfare, Warsaw

Russian Federation

Dr Alexandre T. Goliousov, Chief Specialist, AIDS Prevention Unit, Department of International Cooperation, Ministry of Health of the Russian Federation, Moscow

South Africa

Dr Nothemba Simelela, Director, HIV/AIDS, Department of Health, Pretoria

Dr Desmond Keith Johns, Counsellor Health Affairs, Permanent Mission of South Africa to the United Nations Office at Geneva

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Ms Sabine Ulmann, Diplomatic adviser – Chargée de programme, Direction du Développement et de la Coopération, Département fédéral des Affaires étrangères, Berne

Dr Raphael Baltès, Spécialiste en médecine générale et tropicale, Tholey (Germany)

M. Jean-Jacques Thorens, Chef de Section adjoint, Office fédéral de la santé publique, Département fédéral de l'intérieur, Berne

Thailand

Dr Wiput Phoolcharoen, Director, AIDS Division, Department of Communicable Disease Control, Ministry of Public Health, Nonthaburi

Uganda

Dr Omwony Ojwok, Director-General, Uganda AIDS Commission, Kampala

Dr David Apuuli, Director-General of Health Services, Communicable Disease Control, Ministry of Health, Entebbe

United Kingdom of Great Britain and Northern Ireland

Ms Julia Cleves, Technical Adviser, Department for International Development, London

Madhu Deshmukh, Project Officer, Health Sector Group, Department for International Development, India

United States of America

Ms Sandra Thurman, Director, Office of National AIDS Policy, The White House, Washington, D.C.

Dr Paul R. De Lay, Chief, HIV-AIDS Division, Center for Population, Health and Nutrition, Bureau for Global Programs, Field Support and Research, U.S. Agency for International Development, Washington, D.C.

Dr Marsha Martin, Special Assistant to the Secretary for Health and Human Services, Department of Health and Human Services, Washington, D.C.

Dr Eric Goosby, Director, HIV/AIDS Policy, Department of Health and Human Services, Washington D.C.

Cosponsoring Organizations

United Nations Children's Fund (UNICEF)

Dr Bruce Dick, Senior Adviser, Youth Health, UNICEF, New York

United Nations Development Programme (UNDP)

Ms Mina Mauerstein-Bail, Manager, HIV & Development Programme (HDP), Social Development and Poverty Elimination Division (SEPED), UNDP, New York

Mr Thierry Lemaesquier, Director, Social Development and Poverty Elimination Division (SEPED), UNDP, New York

Miss Joanne Kazana, HIV Programme Manager and UNAIDS Focal Point, UNDP, Warsaw, Poland

United Nations Population Fund (UNFPA)

Mr Michael Vlassoff, UNFPA Representative in India

United Nations Educational, Scientific and Cultural Organization (UNESCO)

Ms Marie-Paule Roudil, AIDS Focal Point, UNESCO, Paris

World Health Organization (WHO)

Dr Daniel Tarantola, Senior Policy Adviser to the Director-General, WHO, Geneva

Dr Eric Van Praag, Office of HIV/AIDS and Sexually Transmitted Infections (HSI), WHO, Geneva

Ms Jane Ferguson, Chief, Adolescent Health, Department of Child and Adolescent Health and Development, WHO, Geneva

The World Bank

Dr Debrework Zewdie, Lead Population Specialist for the Africa Region and HIV/AIDS Coordinator, Human Development Department, The World Bank, Washington D.C.

Representatives of Nongovernmental Organizations/People Living with HIV/AIDS

Africa

Ms Dorothy Odhiambo, WOFAK, Nairobi

Asia & Pacific

Representative unable to attend

Europe

Dr Arnaud Marty-Lavauzelle, Président, AIDES Fédération Nationale, Paris, France

Latin America & Caribbean

Mr Luis Gauthier, Coordinator, Educacion y Prevention en VIH/SIDA, Centro de Estudios de la Sexualidad, Santiago, Chile

North America

Mr Jairo Pedraza, New York, USA

OBSERVERS

Member States

Canada

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Finland

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Mr Satu Santala, Second Secretary, Embassy of Finland, New Delhi

France

M. Eric Chevallier, Adviser to the Secretary of State for Health and Social Affairs, Ministère de la Santé, Paris

M. Philippe Garnier, Sous-directeur de la Santé et du Développement Social, Ministère des Affaires étrangères, Paris

Gabon

Madame Marionette Angone Abena, Conseiller, Mission permanente de la République Gabonaise auprès de l'Office des Nations Unies à Genève

Holy See

Mgr Andrew V. Thanya-Anan, First Secretary at the Vatican Embassy, Apostolic Nunciature, New Delhi

Docteur Joseph P. John, Apostolic Nunciature, New Delhi

Luxembourg

Dr Robert Hemmer, Chef, Département national des maladies infectieuses, Centre hospitalier de Luxembourg

Malaysia

Mr Prathapa Senan Pallai, Ministry of Health, Kuala Lumpur

Myanmar

Dr Myint Zaw, Manager, National AIDS Programme, Ministry of Health, Yangon

Netherlands

Dr J.H. Moerkerk, AIDS Coordinator, Department of Social and Institutional Development (DSI/SB), Ministry of Foreign Affairs, The Hague

Mrs Lidi Remmelzwaal, Head, United Nations Funds and Economic Affairs Division, Ministry of Foreign Affairs, The Hague

Mrs Gita Menon, Project Officer, Royal Netherlands Embassy, New Delhi

Norway

Ms Anne Solberg, Norwegian Board of Health, Oslo

Ms Gunvor Alida Endresen, Ministry of Foreign Affairs, Oslo

Ms Ellen Hoiness Flotve, Government of Norway, Oslo

Sweden

Mr Björn Andersson, Programme Officer, Health Division, Department for Democracy and Social Development, Swedish International Development Cooperation Agency, Stockholm

Ms Gunilla Essuer, Programme Officer, Swedish International Development Cooperation Agency, Stockholm

Ms Eva Joelsclotter-Bery, Swedish Embassy, New Delhi

Ms Yasmin Z. Roy, Swedish Embassy, New Delhi

Tunisia

Mr Riadh Ben Sliman, Counsellor, Embassy of Tunisia, New Delhi

Intergovernmental Organizations

European Commission

Ms Nicole Bintner, Resident Consultant, European Commission, New Delhi

Mr Parimal Bardhan, Adviser, European Commission, New Delhi

United Nations System Organizations/Agencies

Dr Ingrid Laux, Director, Medical Services Division, United Nations, New York

Mr Abdul Latif and Ms Ashita Mittal, Regional Office in New Delhi, United Nations International Drug Control Programme, New Delhi

Ms Francesca Erdelmann, Associate Food and Nutrition Officer, FAO, New Delhi

Mr Gabor Sandi, Deputy Director, ILO, New Delhi

Nongovernmental Organizations

Dr Nareet Wig, **All India Institute for Medical Sciences**, New Delhi, India

Ms Le Thi Hanh, Health Project Officer, **Care International**, Ho Chi Minh City, Viet Nam

Ms Oi-Chu Lin, Chief Executive, **Hong Kong AIDS Foundation**, Shaukeiwan, Hong Kong

Mr Ashok Pillai, **INP+**, Chennai, India

Mr Jeffrey O'Malley, Executive Director, **International HIV/AIDS Alliance**, London, United Kingdom

Ms Lallitha Kumaramangalam, **Prakriti**, Chennai, India

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

Ms Carol Squire, **PSI** Representative in India, New Delhi, India

Dr Deepak Meshram, Senior Programme Officer, Voluntary Health Association of India (VHAI), New Delhi, India

Annex 2

Agenda

Wednesday 9 December (afternoon session)

Reference documents

- Briefing on the response by the Government of India to HIV/AIDS and the support from the UN System

Thursday 10 December

1. Opening
 - 1.1 Opening of the meeting and adoption of provisional agenda UNAIDS/PCB(7)/98.1
 - 1.2 Report by the Executive Director UNAIDS/PCB(7)/98.2
 - 1.3 Report by the Chairperson of the Committee of Cosponsoring Organizations
 - 1.4 Report by the NGO representative
2. Debriefing of optional field visits
3. Young people and HIV/AIDS: Strategic Framework UNAIDS/PCB(7)/98.3

Friday 11 December

4. UNAIDS Monitoring and Evaluation Plan (Revised: October 1998) UNAIDS/PCB(7)/98.4
5. Migration and HIV/AIDS UNAIDS/PCB(7)/98.5
6. Next PCB meeting
7. Other business
8. Adoption of decisions, recommendations and conclusions

Annex 3

Decisions, Recommendations and Conclusions

1. The PCB recorded its thanks to the Government of India for its excellent support to the meeting, and particularly for the field visits.

The Indian Response

2. The PCB also appreciated the energy, innovation and political commitment of the Government of India in addressing the epidemic in India.

In addition, the PCB welcomed:

- the Government of India plans for more decentralized and participatory programme planning, particularly at state level;
- the development of Technical Resource Groups to strengthen the technical base at national and state level;
- the development of new technical collaboration approaches with UN and bilateral agencies, including the development of appropriate funding mechanisms;
- the interest of the Government of India in vaccine development.

Agenda Item 1: Report of the Executive Director

3. The PCB welcomed the report of the Executive Director and noted with concern the escalation of the epidemic. It urged the UNAIDS Cosponsors and Secretariat, national governments and donor agencies to intensify efforts aimed at addressing the problem in a holistic manner, including advocacy, prevention, improving access to care and therapy, vaccine and other research.

4. The PCB welcomed the announcement that UNDCP has indicated its interest in becoming a Cosponsor. It is recommended that UNAIDS Secretariat and its Cosponsors develop criteria for cosponsorship. The PCB noted that the UNAIDS Secretariat and Cosponsors' approach to drug issues, including work on harm reduction and demand reduction, would remain.

5. The PCB welcomed the initiation of a partnership for intensified action on HIV/AIDS in Africa. It emphasized the importance of participation by all key players and requested a proposal describing the initiative from the UNAIDS Secretariat and Cosponsors at the next PCB.

Agenda Item 3: Young people and HIV/AIDS: Strategic framework

6. The PCB welcomed the development of a global strategic framework, including the seven priority action areas described. The PCB further emphasized that the strategy development process needs to involve the participation of governments, young people, civil society, including religious and cultural organizations, with the goal of increasing participation and commitment of all stakeholders.

7. *Strategy Preparation*

7.1 The PCB requests the UNAIDS Secretariat, working in partnership with the Cosponsors, to further develop the strategic framework.

7.2 The development of the strategy should be undertaken in consultation with relevant parts of the UN system, in particular the Office of the UN High Commissioner for Human Rights (OHCHR) and the Committee of the Rights of the Child (CRC) to help ensure a rights based approach.

7.3 The PCB requested a broad strategy to be supported by a more detailed description of more targeted efforts, based on age and other determinants of vulnerability including disability.

7.4 The PCB and its members have different and important roles in the strategic development process:

- country level consultations with young people should be carried out through the Theme Groups and other appropriate consultative mechanisms, in particular in countries of PCB members (with a view to reporting back to the next PCB meeting);
- the collection of background information and the preparation of the working draft should be undertaken by the Cosponsors and the Secretariat.

7.5 The strategy development should be completed and reported to the PCB within one year.

7.6 The development of indicators should occur simultaneously with that of the strategy.

Strategy promotion

8. As a powerful advocacy tool, the strategy should be presented to the governing boards of the Cosponsors and other relevant UN agencies. Members have a responsibility to advocate within these governing boards for appropriate action.

Strategy Content

9. The points in attachment 1 were recommended by the PCB working groups to be taken into consideration in the development of the strategy paper.

Agenda Item 4: UNAIDS Monitoring and Evaluation Plan

10. The PCB endorsed the approach and priorities described within the Monitoring and Evaluation Plan (UNAIDS/PCB(7)/98.4), welcoming the emphasis within the plan on the further

elaboration of the specific roles and responsibilities of the Secretariat and the Cosponsors. The PCB further urged the Secretariat and the Cosponsors to accelerate the implementation of the plan, including initiating global monitoring at each of the four levels of the logical framework, using the best available indicators.

11. The PCB requested that the Secretariat and Cosponsors continue to collaborate in the further development of the plan, taking into consideration the need for:

- further distinction of those efforts focussed on the monitoring and evaluation of the global response to HIV/AIDS from that of the performance of the UNAIDS Cosponsors and Secretariat;
- closer linkage with the UN Development Assistance Framework (UNDAF) including attention to the relationships between HIV/AIDS and development policy and programme efforts;
- further development of core indicators at each level of the logical framework;
- social indicators which enable a better understanding of the disparities within communities;
- greater emphasis on a gender and young people perspective with attention to the disaggregation of data by age and sex; and
- further development of mechanisms to monitor HIV/AIDS related programmes financing at national, regional and global levels.

12. The PCB requested an intensification of current efforts to develop the UN System Integrated Workplan and Budget for the 2000-2001 biennium at the global and regional levels in order to further define the responsibilities of the UNAIDS Cosponsors and Secretariat, including their monitoring and evaluation responsibilities.

13. The PCB noted with appreciation the decision of the CCO to complete UN System Integrated Workplans in all countries through the Theme Group Mechanism by the year 2000. The PCB requested that the CCO directly monitor progress in completing these workplans and to regularly report to the PCB on this key benchmark of interagency collaboration at country level.

14. The PCB encouraged its Members to raise within the governing boards of the Cosponsors the need for further commitment to their individual and collective responsibilities in the response to the HIV/AIDS epidemic, emphasizing the clarification of roles and responsibilities required to improve accountability for programme performance and implementation.

15. The PCB encouraged the Cosponsors to strengthen the internal monitoring and evaluation of their HIV/AIDS related programmes. The PCB further requested the Secretariat to work closely with the Cosponsors to coordinate their internal, external and joint monitoring and evaluation efforts on HIV/AIDS, emphasizing a common framework, formats and indicators.

16. The PCB encouraged national governments to strengthen their monitoring and evaluation efforts and to intensify collaboration with the UNAIDS Cosponsors and Secretariat in reporting

regularly on the status and response to the global epidemic.

17. The PCB requested that the Secretariat report annually on progress made in the further development and implementation of the Monitoring and Evaluation Plan as a part of the Executive Director's Report to the PCB.

Agenda Item 5: Migration and HIV/AIDS

18. The PCB welcomed the background paper and reaffirmed their strong interest in the thematic area of Migration and HIV/AIDS. It recommends:

18.1 That future work should emphasize the importance of protecting the rights of migrants (to work, to health, to other social services, non-discrimination and so forth) and their needs, in its response to the problem of HIV among migrant groups.

18.2 That the UNAIDS Secretariat documents and draws on experience from expert bodies (including governments and other bodies) to inform its ongoing work.

18.3 That the UNAIDS Secretariat and Cosponsors identify their comparative advantages and that of other UN bodies in taking forward work on migration and AIDS.

18.4 That the regional dimension of migration and HIV/AIDS is included in subsequent work, in addition to other country-level work.

Agenda Item 6: Next PCB Meeting

19. The PCB recommended that its next meeting take place on 28 and 29 June 1999 in Geneva.