



Report of the Thirteenth Meeting (Fourth Ad Hoc Thematic Meeting) of the Programme Coordinating Board 11-12 December 2002

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I. Opening and adoption of the provisional agenda

I.1. Opening and adoption of the provisional agenda

1. The thirteenth meeting of the UNAIDS Programme Coordinating Board (PCB) and the fourth *ad hoc* thematic meeting took place at the Hotel Palacio do Estoril, Estoril, Portugal on 11-12 December 2002, with field visits organized on 10 December 2002. The participants are listed in Annex 3.

2. On behalf of Portugal, the Chair of the PCB, H.E. M. Luis Filipe de Conceicao Pereira, Minister of Health, opened the meeting and welcomed participants to the meeting and to Portugal. Recognizing that UNAIDS represented an important example of UN reform, Dr Pereira noted that the Programme was currently facing tremendous challenges in the context of the rapidly changing environment of the HIV/AIDS epidemic. These included the urgent need to: (1) scale up the response; (2) make prevention, care and treatment available to all; and (3) bridge the gap between North and South. The Chair then presented the provisional agenda, noting that an additional item had been proposed by the UNAIDS Secretariat under agenda item 6—‘Other business’. This was consideration of the background document: *Financial resources for HIV/AIDS programmes in low- and middle-income countries over the next five years* (UNAIDS/PCB(13)/02.5). The Chair described the organization of the three Working Groups to discuss the Five-Year Evaluation of UNAIDS (UNAIDS/PCB(13)/02.2) and the UNAIDS response, *Future Directions for UNAIDS: Responding to the Five-Year Evaluation of the Programme* (UNAIDS/PCB(13)/02.3).

3. The provisional agenda, (UNAIDS/PCB(13)/02.1), as amended above, was adopted (see Annex 1).

II. The Five-Year Evaluation of UNAIDS

4. The Chair welcomed Dr Euclides Castilho (Chair of the Evaluation Supervisory Panel (ESP)) and Ms Toril Skard (ESP Vice-Chair) who were present to introduce the results of the Five-Year Evaluation of UNAIDS. He also welcomed Dr Peter Piot (Executive Director, UNAIDS) who would present his report in response to the evaluation.

II.1 Report of the Chair of the Evaluation Supervisory Panel

5. Dr Castilho recalled that, two years ago in Rio de Janeiro, the PCB had endorsed the selection of the members of the Evaluation Supervisory Panel and appointed him as its Chair. Since that time, the ESP had faced the challenge of translating a comprehensive and complex mandate into a work programme, which, among other things, ensured the principles of independence, transparency and stakeholder participation. Dr Castilho stated that it was the view of the ESP that the Final Report met the expectations of the PCB, including that the Evaluation could serve “as a basis for guiding the future policy and programme development of the Programme at all levels”. Dr Castilho went on to highlight a number of key points from the Appraisal Report of the ESP. These included that the methodology of the Evaluation Report was appropriate, responded to the criteria in the Mandate, and generated sufficient data to support the conclusions of the Evaluation. Furthermore, the Appraisal Report described the steps taken by the ESP in its supervision of the evaluation work programme. Finally, the recommendations that resulted from the evaluation were forward-looking and relevant for discussions on the future directions of UNAIDS, and sufficient processes had been set in motion to ensure appropriate follow-up action.

6. Dr Castilho pointed out that the management arrangement for the evaluation was unique and unprecedented, given the fact that the individual members of the ESP were initially unknown to one another, yet came together in the common cause of an Evaluation Report that would strengthen the future work of the Programme to combat HIV/AIDS. In particular, he noted that good synergy existed between the ESP and the Evaluation Team and that the team remained open to suggestions from the ESP and stakeholders throughout its work. Dr Castilho acknowledged the valuable and substantive work of the Vice-Chair and other members of the ESP, as well as that of the Leader of the Management Support Team and its other members. In closing, he thanked the UNAIDS Secretariat for its cooperation and goodwill. He also thanked the donors who contributed financially and in kind to the evaluation. These were Australia, Brazil, Canada, China, Luxembourg, Norway, Sweden and the United Kingdom.

II.2 Report of the Executive Director, UNAIDS, on follow-up to the Five-Year Evaluation: Future Directions for UNAIDS

7. Dr Peter Piot (Executive Director, UNAIDS) thanked the Government of Portugal and Dr Pereira for their work in chairing the PCB and their stewardship of this important meeting at which the future directions of UNAIDS would be considered. He also congratulated Dr Castilho, the ESP and the Evaluation Team for their efforts in conducting the evaluation. Dr Piot then introduced his report entitled *Future Directions for UNAIDS: Responding to the Five-Year Evaluation of the Programme* (document UNAIDS/PCB(13)/02.3), noting that the report was prepared in response to the conclusions and recommendations of the Final Report of the Five-Year Evaluation of UNAIDS. The report provided: a brief history of the Five-Year Evaluation and subsequent consultations; an overview of the context in which the response has been formulated; a description of past and current challenges in key areas; 39 proposed actions in response to the Evaluation Report's findings and recommendations; and suggestions regarding a mechanism and timeline for reporting to the PCB on progress in the recommendations' implementation.

8. Dr Piot explained that the report set out a number of proposed actions aimed at improving the performance and functioning of UNAIDS so that it could more effectively support an expanded response to the epidemic. He briefly outlined the context in which the proposed actions should be considered, noting that, although the world has not yet caught up with the pace of the epidemic or been able to fully comprehend its impact, there is evidence that an appropriately resourced response can slow down the epidemic. In this effort, there will be a need to use available science, as well as to invest in new technologies. To be successful, Dr Piot stressed that: (1) national responses should be multisectoral and full-scale; (2) necessary resources should be sustained through effective and broad-based partnerships; and (3) prevention, care and treatment should be scaled up in many communities immediately, while others will require further simultaneous investments in infrastructure. He noted that the development of a global movement with an agreed-upon strategic pathway, i.e. the Declaration of Commitment on HIV/AIDS (adopted by Member States at the UN General Assembly Special Session on HIV/AIDS (UNGASS) in June 2001) was a major achievement. The combination of agreed goals, mobilization of political commitment, advancing technology and increasing resources could move the response from a marginal one to one that is full-scale and effective.

9. Dr Piot stated that the broad purpose of the engagement of the UN system was to provide leadership in global collaboration and support to effective country responses. He acknowledged that the evaluation recognized that several successes had occurred at the global level and that greater support was needed in support of national efforts. In response to this, Dr Piot's report proposed 39 actions, the majority of which were intended to strengthen the Programme's capacity to address the

countries' needs at national level. Dr Piot outlined the five core functions of UNAIDS. These were: (1) leadership and advocacy; (2) dissemination of strategic information; (3) tracking, monitoring and evaluation of the epidemic and the response; (4) promotion of the engagement of civil society; and (5) mobilization of financial, technical and political resources.

10. Dr Piot then described four groups of proposed actions: firstly, those related to greater capacity in monitoring and evaluation; planning; civil society and private sector partnership; and resource mobilization and tracking; secondly, actions regarding the accountability and functioning of UN Country Teams, including UNAIDS Programme Coordinators in countries, and Implementation Support Plans to the National Response; thirdly, actions to provide multi-agency technical support facilities so that country-programming actors have the technical and policy resources to scale up their efforts; and fourthly, actions aimed at substantially increasing the quantity, quality and relevance of strategic information related to the epidemic and its impacts, including the Country Response Information System (CRIS). Dr Piot pointed out that his Report did not fully address the recommendations concerning governance, as these were more appropriately the business of the PCB itself. However, with regard to the recommendation by the Evaluation Team that the Committee of Cosponsoring Organizations (CCO) be replaced with a Management Board, Dr Piot felt that this would mix the governance and management functions of the Programme. He therefore proposed an alternative approach, described in paragraphs 114 to 121 of his report.

11. Dr Piot also called attention to the Conference Room Paper *Future Directions of UNAIDS: Note on Costing Options* (UNAIDS/PCB(13)/Conf. Paper 1), which roughly estimated the financial implications of the proposed actions. The Secretariat estimated that fully implementing the proposed actions would require a core budget of approximately US\$270 million in the next biennium, which corresponded roughly to 4.8% of the US\$2.8 billion current AIDS disbursements, and probably significantly less than 3.5% of the increased level of AIDS disbursements likely in the next biennium.

12. Dr Piot closed by pointing out that this was the first time that a governing board of a UN system programme had commissioned an independent evaluation of itself, as well as of the programme or agency it governed. He urged the PCB to carefully consider each of the actions proposed in his report and provide guidance in response to the evaluation of the first five years of the Programme.

13. Dr Debrework Zewdie, (Global AIDS Adviser, World Bank), in her role as Chair of the Committee of Cosponsoring Organizations (CCO), made a statement on behalf of the CCO. Dr Zewdie expressed appreciation to the PCB and the members of the ESP for the Five-Year Evaluation and welcomed it as a critical opportunity to improve the efforts of, and support provided by, UNAIDS. She pointed out that the Report of the Executive Director of UNAIDS was prepared with the full participation of all the Cosponsors. It expressed the vision of the Cosponsors and the Secretariat—all of whom were committed to translating it into action through the Unified Budget and Workplan (UBW) and its implementation. She noted that the main challenge presented by the findings of the evaluation was to strengthen the country-level response, both in terms of coverage and content. This meant paying more attention to the implementation of national strategic plans, addressing operational barriers to scaling up, further mobilizing leadership and organizations, and getting services and resources to the families and communities that needed them. Though resources were increasingly available through the World Bank's Multi-Country HIV/AIDS Programme (MAP) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), some countries lacked the capacity to use these resources effectively. Dr Zewdie stressed that the outcome of the Evaluation and UNAIDS' response to it should be measured by the number of young people armed with appropriate interventions to remain HIV-negative; the number of people provided with care, support and treatment; the number of mothers and infants who remained HIV-negative; the number of

orphans who have been cared for; and, most of all, a turn in the tide of the epidemic. In closing, she stated that the Cosponsors looked forward to the guidance that the PCB would provide.

14. The PCB thanked the Government of Portugal for organizing the meeting, expressed its appreciation for the excellent and thorough work of the Evaluation Supervisory Panel and the Evaluation Team, and thanked Dr Castilho for his chairmanship of the ESP. The PCB commended the Evaluation Supervisory Panel and the Evaluation Team for the excellent Evaluation Report. The PCB also thanked Dr Piot for his report, which thoughtfully addressed and responded to the evaluation's recommendations. The PCB also commended Dr Piot and UNAIDS for the tremendous achievements that UNAIDS has accomplished in its first five years.

15. The PCB noted that the evaluation represented an unprecedented and epoch-making effort of systematic evaluation of the UN Programme, focused on one of the most critically important challenges facing the world today—the HIV/AIDS epidemic. The Evaluation Report formed a solid basis for consideration of the difficult issues confronting UNAIDS and set out opportunities for designing appropriate, comprehensive and effective approaches to fighting HIV/AIDS in the future. Though the Evaluation Report described some gaps in performance and achievements, it fully confirmed the irreplaceable role of UNAIDS. Given the interest of many governments in joint and multi-donor evaluations, and in light of the unique and ground-breaking nature of this Evaluation and its process, it was suggested that the Evaluation Supervisory Panel and the Management Support Team prepare a short paper on the 'lessons learned' during the evaluation.

16. The PCB endorsed the **five core functions of UNAIDS** as outlined by the Executive Director of UNAIDS in his report (see paragraph 9 above). In performing these functions, the PCB urged UNAIDS to help mobilize the maximum resources for countries, promote coherent and effective strategies, make technology and treatment accessible, and counteract the development disaster the HIV/AIDS pandemic has become. In discussing the provision of strategic information, the PCB urged UNAIDS to build on its successes in this area and further improve its ability to collect and manage data. The PCB suggested that UNAIDS become a centre of reliable information on the epidemic, creating the best possible access to strategic information required by countries. Such information should include information on prevalence, incidence, behavioural trends, resource mobilization and utilization, and best practices, which should be more widely disseminated. The PCB noted that a major challenge was to gain greater understanding of behavioural change, particularly in the area of sexuality. It urged UNAIDS to take on this challenge by stimulating operational research, disseminating best practices in this area, and supporting governments to overcome constraints due to culture and social norms. The PCB also noted that the concept of an 'expanded response' had not yet become so clearly understood or embraced, especially at the national level and among the UN Theme Groups on HIV/AIDS. The PCB suggested that UNAIDS put together a conceptual and operational consensus regarding an expanded response that extends from the international to the community level.

17. The PCB stressed the **critical importance of the cross-cutting themes** of gender, human rights and the involvement of people living with HIV/AIDS. It urged that these themes be integrated into all the policies of UNAIDS and into all of the actions proposed by the Executive Director. The PCB commended UNAIDS for its role in forging a broad policy-based consensus, as outlined in the UNGASS Declaration of Commitment on HIV/AIDS, which included the indivisibility of prevention, care and human rights. However, some PCB members noted that there were still differences at country level, particularly among the key sectors, on how to put this consensus into practice. In this regard, UNAIDS' work at country level should assist in promoting consistent best

practice. The PCB urged UNAIDS to continue its efforts to help governments build their capacity to increase access to care, especially for vulnerable groups, and to antiretroviral therapy.

18. The PCB noted **achievements at the regional level**, including well-functioning UNAIDS Intercountry Teams that provided support on cross-border issues, as well as regional networks that shared experience and expertise through horizontal learning mechanisms. Excellent examples were cited in Latin America, Southern Africa and the CIS. The PCB urged that such regional work continue to receive support and be further expanded, and that, where possible, existing regional structures be empowered to take on HIV/AIDS, if they have not yet done so. Regarding Action 27, concerning refined terms of reference for the Intercountry Teams and related budgetary support in the UBW, the PCB asked that the next UBW submission reflect revised terms of reference and related budgetary support in line with core functions to improve and expand regional work and support.

19. The PCB commended the Evaluation Report and the Report of the Executive Director for their **focus on the national response to the HIV/AIDS epidemic**. While noting with satisfaction the striking achievements of UNAIDS at the global level, the PCB stressed that, at this point in the epidemic, there must be a concerted effort to strengthen the UN system response at country level and improve the support it provides to national efforts. In light of the rapid expansion of the epidemic, the future direction of UNAIDS should comprise an “intensified response” at country level, whereby the UN system should add value to the efforts of other international partners at national level and should focus on supporting national efforts. The PCB stated that the role of the UN system was to create an enabling environment, with ownership by the national stakeholders being the guiding principle. Some members of the PCB expressed concern with the UN focus on ‘priority countries’, if this term was interpreted to mean those countries hardest hit, with high prevalence of HIV/AIDS. PCB members stressed that countries with low prevalence and high vulnerability should also be viewed as priority countries in the sense that efforts in such countries should be intensified now, to avoid rapid expansion of the epidemic in the near future.

20. The PCB recognized **strengthening national capacities** as a critical role for the UN. It was suggested that UNAIDS prioritize its functions and re-allocate its budget to focus on and strengthen the most critical national capacities. Such capacities would comprise *inter alia*: inclusive national mechanisms to coordinate planning, financing, implementation, monitoring and evaluation; systems to ensure that best practices are incorporated into strategies and plans; better national understanding of available resources and how to use, compete and account for such resources; and systems that provide basic information and capacity for programme expansion.

21. The PCB endorsed ongoing and future efforts of the UN system to assist national governments in incorporating **multisectoral HIV/AIDS strategies** into national processes and planning documents, particularly social and economic development plans, and national poverty reduction and development strategies. In that context, the PCB urged UNAIDS to assist governments in making the national AIDS strategy consistent with Poverty Reduction Strategy Papers (PRSPs), Medium-term Expenditure Frameworks (MEFs) and sector-wide approach programmes (SWAPs) in relevant areas.

22. The PCB urged UNAIDS to assist governments in building **wider partnerships** to facilitate the implementation of National AIDS Plans and scaling up. These should include government, civil society, community- and faith-based organizations, the private sector, and people living with HIV/AIDS. The PCB welcomed the concept of Partnership Forums and encouraged countries that did not have them to consider their establishment. They also urged that these forums have measurable

objectives and plans of action. Some PCB members were of the view that such forums should be chaired by governments to better ensure coordination and consistency with National AIDS Plans.

23. The PCB urged UNAIDS to ensure the effective involvement of **civil society** in all aspects of the response and particularly at the national level. The PCB pointed out that NGOs and networks of people living with HIV/AIDS need much greater support if they are to play the roles that are now expected of them. One PCB member asked that, in future, UNAIDS explicitly indicate the resources that would be devoted to support NGOs and people living with HIV/AIDS, including those for institutional development and cooperation with governments.

24. The PCB recognized positive developments in **Cosponsor coordination at country level**. However, it expressed concern about the plethora of programmes, projects and structures at country level that required coordination. Though the PCB expressed its approval for the involvement of more Cosponsors and more partners, it pointed out that such a development increased the challenge for UNAIDS to coordinate and provide leadership. The PCB urged the Cosponsors to assume greater responsibility at country level for contributing to an integrated approach by the UN system according to agency mandates, expertise and comparative advantages.

25. The PCB confirmed that the ongoing processes of **UN reform** should be utilized to further strengthen UNAIDS at country level. It was felt that improving vertical and horizontal accountability for HIV/AIDS efforts within the UN Resident Coordination System, as proposed in Action 22, would help the UN Theme Groups to clarify their functions and responsibilities. A number of PCB members proposed that UNAIDS and the UN Development Group, as the primary UN organ for coordination in the field, should develop proposals together for possible new governance structures at country level, with transparency and accountability being the guiding principles.

26. The PCB recognized the need for **greater transparency and accountability concerning the plans and budgets of the UN system at country level**, as well as the type and amount of technical assistance provided to governments. In this regard, the PCB discussed the evaluation's finding that the Integrated Workplans on HIV/AIDS had not proved to be effective instruments. It also discussed Recommendation 14 of the Evaluation Report that proposed extending the UBW process to national level, to capture, among other things, the amount of resources spent by the UN system on the epidemic at country level. The PCB was of the view that extension of the UBW process to national level would be extremely difficult, given the different procedures and budgetary time frames of the Cosponsors.

27. However, the PCB felt that the proposals in Actions 9 and 10 of the Executive Director's Report regarding the establishment of a fully integrated **UN Country Team Implementation Support Plan to the National Response (UN-ISP)** would advance country-level actions of the UN system, address issues of transparency and accountability, and create a system by which to measure and document UNAIDS contribution at country level. The PCB also endorsed the proposal concerning an annual progress report to be prepared by the UN Theme Groups on HIV/AIDS under the Resident Coordinator on the implementation of the UN-ISP. It was felt that this would increase the profile and involvement of the Resident Coordinator, as well as the accountability of the UN Theme Groups.

28. One PCB member expressed the view that **funding for UN Theme Groups** on HIV/AIDS should become more regular and systematic, perhaps assessed by Cosponsor members, rather than depending on strategic and scarce Programme Acceleration Funds. It was noted that collaboration between the UN Theme Group on HIV/AIDS and the Country Coordinating Mechanism of the Global Fund would be critical, and positive examples of such collaboration should be compiled and disseminated.

29. The PCB noted the very positive contributions made by the **UNAIDS Country Programme Advisers (CPAs) at country level**. It noted, however, that in some countries there remained confusion regarding the status and responsibilities of the CPA. Nor was the greatest cooperation or support always extended to the CPAs from the office of the UN Resident Coordinator or that of the head of the UN Theme Group on HIV/AIDS. The PCB expressed the view that the contribution of CPAs could be improved if their status was improved, if the criteria for their selection were strengthened, and if lines of responsibility were clarified. The PCB expressed its approval of Action 24, which proposed the replacement of the title 'Country Programme Adviser' by 'UNAIDS Country Programme Coordinator', and looked forward to seeing a description of the authority and responsibilities of the new position. The PCB also urged that, in light of the proposed actions to increase its support to countries and increase the country-level response of the UN, UNAIDS should increase its presence at country level in terms of staff. Thus, the PCB also concurred with Action 23, which proposed more UNAIDS staff, particularly at country level.

30. Regarding governance of the Programme, the PCB noted the recommendations of the Evaluation Report, as well as the Actions proposed by the Executive Director of UNAIDS. The PCB recognized the critical importance of the governance of UNAIDS, including the authority and accountability of the PCB itself and how these should be balanced with the governance of the Cosponsors. It noted that the PCB currently has no authority over the governing boards of the Cosponsors and no direct links with them. The PCB did not agree with Recommendation 5 of the Evaluation Report, which proposed that the **Committee of Cosponsoring Organizations** be replaced with a Management Board. Rather the PCB generally supported the establishment of an Interagency Programme Planning and Development Group with ongoing responsibilities for the development, update, strategic oversight and performance monitoring of the UBW, as proposed in Action 38. It was felt this would improve the work of the CCO. However, given the complexity of the issues, the PCB decided to create an open-ended working group to explore matters of governance. The PCB acknowledged that such a working group would have cost implications, and suggested that these be assessed by the Secretariat and the Co-chairs of the Working Group. The PCB asked that the working group submit a report to the PCB for its consideration at the next regular meeting.

31. Recognizing the need to minimize costly separate reviews and the burden of monitoring and evaluation imposed on countries, the PCB supported Action 6, which proposed **periodic joint reviews led by governments**. However, some members of the PCB felt there was also a need to accommodate the different donor requirements for evaluation in order for them to fulfil accountability demands back home.

32. Regarding proposals in Actions 19 and 20 concerning HIV/AIDS in the context of security, stability and **humanitarian response**, the PCB urged UNAIDS to continue its important roles of advocacy and information dissemination to ensure that HIV/AIDS was integrated into the work of humanitarian agencies, while avoiding becoming itself operational in the humanitarian field. The PCB also urged UNAIDS to continue working with uniformed services to ensure effective prevention and care responses within those services.

33. PCB members recognized that the need to intensify efforts through the actions proposed by the Executive Director in response to the Evaluation Report would require **additional financial and staff resources**. The PCB asked that the UNAIDS Secretariat further elaborate the human and financial resource implications for implementing the actions agreed upon at the PCB. These costs should be reflected as far as possible in the updated 2002-2003 UBW, and more fully in the 2004-

2005 UBW, to be considered at the next meeting of the PCB. Some PCB members suggested that such proposals should be based on an analysis of existing costs, resources and prioritization, and should be addressed, wherever possible, by the redeployment of existing resources.

34. The PCB took note of the Evaluation Report and the Report of the Executive Director (UNAIDS).

III. Partnership Agreement between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria

35. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) introduced the agenda item with reference to the conference document: *Partnership Agreement between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria* (UNAIDS/PCB(13)/02.4). Dr Cravero recalled that, at its twelfth meeting, the PCB had urged UNAIDS to develop a partnership agreement with the Global Fund to Fight AIDS, Tuberculosis and Malaria for consideration at its thirteenth meeting. Dr Cravero explained that, though the development of such an agreement was well under way, it had not yet been possible to conclude it, largely due to the heavy engagements of the Global Fund staff in setting up basic processes and procedures for proposal review and fund disbursement. For this reason, the paper currently before the PCB was a progress report. It described the process of consultations, principles underlying the discussions and the areas of collaboration being considered. A document on a resource analysis and mobilization strategy, requested by the PCB as part of the partnership agreement, was being developed separately.

36. Dr Cravero called the attention of the PCB to the principles that had been agreed upon between UNAIDS and the Global Fund Secretariat, which were set forth in paragraph 6 of the conference document. These were: (1) UNAIDS to be the key provider of strategic leadership, knowledge, policy advice and technical expertise on HIV/AIDS to support the Global Fund in all its operations; (2) UNAIDS to use its extensive partnership network to promote the goals and principles of the Global Fund; (3) UNAIDS and the Global Fund to work in a complementary way to support mutual goals and objectives and to avoid duplication of effort; (4) UNAIDS and the Global Fund to respect the principles of national ownership and country leadership and support the goals of national capacity-building and scaling-up of country-level response to HIV/AIDS; and (5) UNAIDS and the Global Fund to respect the key principles of independence, reciprocity, transparency and flexibility.

37. The areas of cooperation being considered for inclusion in the Partnership Agreement would relate to action at both the global and country levels. They would cover the following: (1) strategic analysis and policy advice; (2) technical support throughout the proposal cycle; (3) the monitoring and evaluation framework of the Global Fund; and (4) resource mobilization and advocacy. Dr Cravero said that UNAIDS and the Fund were now fully engaged in the development of the Partnership Agreement and that discussions were also ongoing with Cosponsors. When appropriate, it would be necessary for the draft agreement to go before the Board of the Global Fund, as well as before the PCB. Dr Cravero closed by assuring the PCB that the relationship between UNAIDS and the Global Fund was evolving positively and at a rapid pace, the draft Partnership Agreement was well under way, there was joint recognition of the challenges to be addressed, and there was mutual commitment towards working together.

38. Mr Jefferson Solender (Director External Relations, Global Fund to Fight AIDS, Tuberculosis and Malaria) underscored what the Deputy Executive Director, UNAIDS, had said, stating that the Global Fund fully recognized the importance of UNAIDS, and hoped that the existence of the Fund would present UNAIDS with new opportunities for growth and development. He stressed that,

because the Global Fund was not a field operation, it particularly depended on UNAIDS for support at country level. He confirmed that the Global Fund remained committed to the principle of additionality, there being little purpose for the Fund if it did not succeed in raising additional funds. He stated that the Governance and Partnership Committee of the Fund would be meeting shortly and would make recommendations to the Fund's Board in January on partnership agreements. He closed by saying that the Global Fund was committed to developing an effective partnership with UNAIDS.

39. Mr Solender was assisted in responding to questions by Mr Anil Soni (Adviser to the Executive Director, Global Fund to Fight AIDS, Tuberculosis and Malaria). Mr Soni described some of the efforts of the Fund in its first year—in particular, its efforts to make decisions on funding proposals and to speed up disbursements. He assured the PCB that the Fund had moved as rapidly as possible to establish mechanisms for disbursing funds to those countries for which proposals had been approved. He also pointed out that commitments made under Rounds 1 and 2 would take up 90% of the resources that the Fund had available, thereby creating an urgent need for sufficient resources to be made available for Round 3. He pointed out that, in one year of operation, the Fund would have approved funding for 85 countries.

40. The PCB took the opportunity to welcome the establishment of the Global Fund and to commend its rapid development, including consideration of two rounds of funding proposals in its first year. The PCB also thanked UNAIDS for all the assistance UNAIDS had provided to countries in support of applications to the Fund. The PCB underscored the fact that it was absolutely necessary for UNAIDS and the Global Fund to cooperate closely and find complementary roles. It stressed that this should not be difficult if UNAIDS remained a source of expertise and technical assistance, while the Fund functioned as a purely financial instrument. The PCB encouraged an effective division of labour between UNAIDS and the Fund, based on their mandates and competencies.

41. The PCB commended UNAIDS on the progress made towards the establishment of a Partnership Agreement with the Global Fund and urged it and the Fund to proceed as quickly as possible to finalize a collaborative agreement. The PCB recognized that the timing of the conclusion of such an agreement would partly depend on action by the Board of the Fund to authorize the Fund to enter into agreements with UN agencies. The PCB noted the need to synchronize efforts of the PCB and the Board of the Fund to review the draft agreement in a timely manner.

42. The PCB encouraged UNAIDS to be a major partner of the Global Fund at national and local levels. It urged that the collaboration between UNAIDS and the Fund be: (1) focused on country support; (2) address the hardest hit countries; (3) utilize existing mechanisms; (4) result in scaling-up across sectors; (5) achieve the appropriate balance between prevention and care; (6) streamline procedures at country level so as to minimize the burden on countries; and (7) address poverty alleviation.

43. The PCB reiterated that UNAIDS should support the Global Fund's efforts to devise a strategy for the mobilization of funds. This strategy should avoid duplication with the various mechanisms that already exist and should ensure that countries were not burdened with a surfeit of regulations and new mechanisms. Complementarity of action on the part of UNAIDS and the Global Fund should result in the maximum possible mobilization of funds. The PCB urged the Fund to attract funding by demonstrating to the international community that quality proposals were being submitted and good intervention plans were being implemented as a result of positive funding decisions.

44. The PCB urged UNAIDS and the Global Fund to continue to try to avoid parallel and heavy structures and systems, particularly at country level. Concern was expressed that too many structures and processes were being created. The challenges were to: avoid duplication and conflicts; do

everything possible to simplify procedures; and ensure that the primary responsibility remains in the hands of government. One PCB member urged that the Global Fund should support the existing SWAP arrangements, which were working quite well.

45. The PCB underscored the important roles of UNAIDS throughout the funding cycle and implementation process. It noted that the proposal stage was but the first stage of this process; successful countries were now facing the challenge of implementing their proposals with the resources provided and following through with monitoring requirements. Some countries faced a severe lack of expertise for implementation, monitoring and evaluation. Another area that could benefit from technical assistance was that of accounting and financial controls at country level for funds provided by the Global Fund. The PCB urged UNAIDS to provide countries with technical assistance in these areas.

46. The PCB urged UNAIDS to be realistic in its commitments to the Global Fund and ensure that it would be able to deliver on these commitments. One PCB member cautioned that UNAIDS could not be expected to provide all the support needed, even with its new country-level focus. It urged the Global Fund and countries to call on others to support activities related to the Fund. In this regard, the PCB noted that UNAIDS should continue to foster partnerships between governments and civil society so that NGOs and other stakeholders could do their part and could strengthen the country coordinating mechanisms (CCM).

47. A number of PCB members who had made successful applications to the Global Fund during the first round of proposals took the opportunity to express regret that they had not yet received any actual disbursements from the Fund. The representatives from these countries urged the Fund to speed up its disbursement process, particularly in light of the urgent needs and the expectations and expenditures made pending disbursement. Some PCB members described how, in some places, lack of funding was blocking the action of social forces that have been mobilized and were ready to act.

48. The PCB took note of the progress made on the Partnership Agreement and on the principles and likely areas of cooperation described in the conference document.

IV. Debriefing of the field visits

49. On the invitation of the Government of Portugal, four field visits were organized for PCB participants on 10 December 2002. Reports on these field visits were presented to the PCB under Agenda Item 4. The first report, on harm reduction, described a visit by members of the PCB to three types of projects: two pharmacies implementing a national needle-exchange programme 'Say No to a Second-hand Needle Project' – a result of a partnership between the National AIDS Committee/Ministry of Health and ANF (National Pharmacies Associations); two mobile units for the Drug Addiction Prevention Integrated Plan of Ares do Pinhal Association; and a centre for the homeless – VITAE-International Solidarity and Development Association. The needle-exchange programme had three objectives: (1) to prevent transmission via injecting drug use and by unsafe sex among injecting drug users; (2) to provide access to sterile injecting equipment; and (3) to promote safer sexual behaviour by increasing the use of condoms. Between the years 1993 and 2002, the outcomes of the programme showed that: some 26 million syringes were exchanged and destroyed; there was free access to prevention information and material; and there was good distribution through the participation of some 80% of pharmacies. It was estimated that the programme prevented more than 7000 infections, and that there was a 70-fold return on the investment. With regard to the use of mobile units for harm reduction, these were considered important points of contact for injecting drug users who did not have access to other social services. They were valuable

in providing information, condoms and access to other services such as clinical care, psychological assessment, methadone treatment, and TB treatment. It was felt that the programme was successful in outreach and resulted in a decrease in the incidence of new HIV infections. Regarding the accommodation centre for the homeless, this facility provided 301 beds, meals, laundry, social and legal support, a barber shop, and access to medical care including methadone, antiretrovirals, and drugs for TB. Its biggest challenges involved reintegrating the users of the facility into society and providing alternatives to the street environment that they experienced during the day.

50. The second report described a field visit by a group of PCB members to three centres that provided out-of-hospital support. The first centre was SOL, an NGO that provided support to children infected and affected by HIV, including orphans. This centre included a residential unit for 17 children, a day-care centre for 6 children, and family assistance involving 106 children. In a warm and family-like atmosphere, it sought to provide education, emotional, psychosocial and hospital support, information and training, as well as family and social integration. The field trip group also visited the Mother Teresa of Calcutta Residential Facility, which was a residential facility for HIV-positive poverty-stricken adults, most of whom were drug users. This centre provided a day-care centre, outpatient support, home-care and training. Lastly, the group visited ABRACO, an NGO that provided home-based care for HIV-positive patients ranging from those who are dependent to those who are bedridden. It provided personal hygiene services and comfort, meal preparation and administration, home cleaning, and shopping for food, clothing and medicines. All the centres appeared well run, warm and friendly. However, inadequate funding was a problem for all of them.

51. The third report described a field trip by a group of PCB members to two voluntary counselling and testing centres—an NGO and a public health centre. The Nossa Senhora do Bom Sucesso Foundation was a private charitable institution, which provided a telephone answering service on AIDS called *AIDS Line*, as well as voluntary counselling and testing services. During 2002, *AIDS Line* received 7900 calls, mostly regarding modes of transmission, symptoms, and sexual behaviour. Many of those who called eventually visited the centre for voluntary counselling and testing. Both *AIDS Line* and the voluntary counselling and testing services were provided free of charge. The group also visited the Lapa Health Centre of the Ministry of Health. This centre provided a programme for HIV and STI control and prevention. It offered a drop-in counselling centre in an area where commercial sex was prevalent, a mobile unit, which targeted sex workers (male, female and transgender), and voluntary counselling, and testing services at the centre. In the previous five years, 7800 people had used the centre. The field trip team felt that the services were conducted with commitment, enthusiasm and sensitivity, while providing effective alternative ways of outreach for various populations.

52. The fourth report described a field trip by a group of PCB members that focused on migrant populations who lived in a marginalized urban area of Lisbon largely populated by illegal migrants from diverse origins, such as Africa, Cape Verde and Eastern Europe. The group visited four centres run by a group that promoted ‘healthy love’ or L’AJPAS, ‘Association des jeunes promoteurs d’un Amadora en bonne santé’. The programme was begun in 1990 when it was realized that the public associated HIV/AIDS with Africans, and there were no services provided for them or other migrants. The programme provided awareness training and information, and tried to respond to the cultural and social context in which many migrants lived—poverty, social exclusion and marginalization. Various services included youth activities, kindergarten and after-school activities, and services for those living with HIV/AIDS. The field trip participants were struck by the commitment of those providing the services, particularly given the low level of resources available.

53. The PCB thanked the Government of Portugal and the programmes visited for providing the opportunity to see local efforts first hand. The PCB took note of the reports of the field trips.

V. Next PCB meeting

54. The dates of the next PCB were discussed in the context of other Governing Board meetings in Geneva in May-June 2003. It was agreed that the next PCB meeting would be held in Geneva, Switzerland on 24-25 June 2003.

VI. Other business

55. Under Agenda Item 6 of the conference paper, the PCB considered *Financial resources for HIV/AIDS programmes in low- and middle-income countries over the next five years* (UNAIDS/PCB(13)/02.5). The paper was introduced by Dr Jim Sherry (Senior Adviser to the Executive Director, UNAIDS). The report was prepared in response to a recommendation from the last meeting of the PCB and included updated information on the costs of responding to the HIV/AIDS epidemic and on progress in tracking expenditures and mobilizing new resources for the response, including information on the financial resources required for a credible response to the epidemic and on global progress towards achieving the necessary level of support. The report described: the key interventions required to achieve the overall goals laid out in the Declaration of Commitment on HIV/AIDS, and their related costs; the best estimates on the current coverage of those interventions; the current assumptions about HIV/AIDS programme capacity required to scale up coverage in countries; and the best estimates of the financial resources currently available for the response. The report also elaborated the areas where consensus would be needed to allow for effective cost-sharing of the global response, and briefly described a multi-stakeholder resource mobilization strategy exercise to be facilitated by the Secretariat.

56. Dr Sherry pointed out that, though much of the content of the report had been seen before in different forms, the current report provided updates projected through 2007, which were harmonized with the projections of the Committee on Macroeconomics and Health. He also drew the attention of the PCB to the gap between programme capacity and resource availability, which was approximately US\$1 billion in 2002, and would approach US\$3.5 billion in 2003 and US\$5 billion in 2004. He stated that, at the present time, there were no budgetary actions in view that would close these gaps. He emphasized that, in many instances, the costs presented were minimal costs and that there was the intention to improve estimates over time—for instance, with regard to costs of necessary infrastructure. He pointed out that 22 countries had undertaken a national costing process and that the methodology continued to improve. He noted that the PCB had before it Action 36 of the Report of the Executive Director, which was the operative part in the development of a multiparty global resource mobilization strategy exercise, with the objective of developing an international consensus on financing the global response. The report called for completing the strategy by the end of 2003. Dr Sherry informed the PCB that it would continue to receive updates on costing the response and the strategy for mobilizing resources.

57. The PCB noted that much progress had been made towards an international consensus on financing a global response, and expressed its appreciation to UNAIDS for the important work it had done in this area. The PCB felt that such efforts represented a powerful tool for resource mobilization. The PCB acknowledged, however, that, regardless of the scenario chosen, there remained a major gap between resources available and resources needed. Given this gap, the PCB stressed that all donors should share the responsibility and that there should be increased contributions from a wider range of donors. Some PCB members stated that, among other things, an

increase in OECD/DAC spending on development and health and social sectors would be appropriate and that this should go hand in hand with increased spending on HIV/AIDS. Considering the need for a scaled-up response to the epidemic, it was considered equally important that the UN system as a whole, and especially the Cosponsors, give even more priority to HIV/AIDS activities within their respective organizational budgets.

58. Some PCB members raised questions about some of the cost estimates presented in the report and the assumptions on which they were based, in particular those relating to: awareness creation among the general population, including young people; condom coverage; risky sexual behaviour; psychosocial support to people living with HIV/AIDS; and the externalities of the costs of care and support. Some PCB members urged that the experience and expertise of costing the response to the epidemic be more widely shared with national governments, which were in the process of costing their own responses.

59. The PCB took note of the Report on Financial Resources.

VII. Adoption of decisions, recommendations and conclusions

60. The Drafting Group, to which all PCB members were invited, prepared the Decisions, Recommendations and Conclusions of the meeting. The Drafting Group benefited from the conclusions of the working group sessions on actions proposed by the Executive Director, UNAIDS, in his *Future Directions* paper. The Decisions, Recommendations and Conclusions (Annex 2) were approved in Plenary.

Annex 1
AGENDA

	<u>Reference documents</u>
1. Opening	
1.1 Opening and adoption of provisional agenda	UNAIDS/PCB(13)/02.1 Rev. 1
2. The Five-Year Evaluation of UNAIDS	
2.1 Report of the Evaluation Supervisory Panel Chair	UNAIDS/PCB(13)/02.2
2.2 Report by the Executive Director, UNAIDS on Follow-up of the Five-Year Evaluation: Future Directions for UNAIDS	UNAIDS/PCB(13)/02.3
3. Partnership agreement between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria	UNAIDS/PCB(13)/02.4
4. Debriefing of the field visits	
5. Other business	
5.1 Financial resources for HIV/AIDS programmes in low- and middle-income countries over the next five years	UNAIDS/PCB(13)/02.5
6. Next PCB meeting	
7. Adoption of decisions, recommendations and conclusions	

Annex 2

DECISIONS, RECOMMENDATIONS AND CONCLUSIONS

Agenda item 1: Opening of the meeting and adoption of the provisional agenda

1. The PCB adopted the provisional agenda with the addition of one item under other business: financial resources for HIV/AIDS programmes in low- and middle-income countries over the next five years.

Agenda item 2: The Five-Year Evaluation of UNAIDS

2. The PCB:
 - 2.1 Noted the report of the Chair of the Evaluation Supervisory Panel (ESP) introducing the Final Report of the Evaluation Team on the Five-Year Evaluation of UNAIDS;
 - 2.2 Welcomed the Final Report of the Five-Year Evaluation of UNAIDS, which informs the PCB discussions on the Future Directions of UNAIDS;
 - 2.3 Welcomed the Report of the Executive Director, *Future Directions for UNAIDS: Responding to the Five-Year Evaluation of UNAIDS* (UNAIDS/PCB (13)/02.3) and the proposed actions as the basis for the PCB discussions in response to the Evaluation;
 - 2.4 Endorsed five cross-cutting functions applicable at all levels of the Programme, which guide its actions at country, regional and global levels, namely:
 - **leadership and advocacy** for effective action on the epidemic;
 - **strategic information** required to guide the efforts of partners;
 - **tracking, monitoring and evaluation** of the epidemic and actions responding to it;
 - **civil society engagement and partnership development**; and
 - financial, technical and political **resource mobilization**
 - 2.5 Endorsed the following set of actions to guide the future directions of UNAIDS. These actions are grounded in the guiding principles¹ within the Global Strategy Framework on HIV/AIDS, endorsed by the PCB in December 2000 and cited in the Declaration of Commitment adopted by the UN General Assembly Special Session on HIV/AIDS in June 2001.

¹ Guiding principles

The Global Strategy Framework is founded on the respect, protection and fulfilment of human rights. It is guided by four fundamental principles:

It is the role of national governments, working with civil society, to provide the leadership, means and coordination for national and international efforts to respond to country and community needs.

In communities around the world, support for the active engagement of people living with and affected by HIV/AIDS is central to the response.

Gender inequalities fuelling the epidemic must be explicitly addressed.

Prevention methods, life-saving treatments and the results of scientific breakthroughs need to be equitably and affordably available to all.

Strategic Vision

Action 1: The PCB will periodically clarify the specific roles and functions of the Programme and of its constituent parts and will ensure that they should be clearly reflected throughout the work of the Programme – in particular, through updates and revisions of the UN System Strategic Plan (UNSSP) and the Unified Budget and Workplan (UBW).

Action 2: The PCB recommends that: UNAIDS intensify its support to national governments, civil society and private sector actors in their preparation of funding proposals to the Global Fund to Fight AIDS, Tuberculosis and Malaria, regional development banks, major foundations, the World Bank and other funding sources for HIV/AIDS programmes; UNAIDS provide thematic, monitoring and evaluation, and other technical, policy and service support, as may be appropriate to enhance institutional partners' capacities to support countries to achieve common objectives; and UNAIDS, develop, as necessary, partnership agreements with those financial institutions and instruments as may be required to clarify further respective roles and expectations.

Action 3: The PCB recommends to the Secretary-General that he draw on the experiences gained through the Programme to assist in informing the implementation of his second phase of UN system reform. It is further requested that the Secretary-General's UN reforms seek to facilitate what UNAIDS is striving to achieve at country level and that the Secretary-General consider including UNAIDS within those UN system entities most directly relevant to the organizational development experience and needs of the Programme—in particular, the Executive Committees on Economic and Social Affairs, Humanitarian Affairs and the United Nations Development Group (UNDG).

National plans

Action 4: The PCB will urge, and UNAIDS support, national governments to give HIV/AIDS high priority, and to incorporate HIV/AIDS as a specific cross-cutting thematic issue to be monitored within national, social and economic development plans, national poverty reduction and development strategies, Medium-Term Expenditure Frameworks (MEFs) and sector-wide programmes, in relevant areas.

Government-led joint reviews

Action 5: The PCB will encourage, and UNAIDS facilitate and support, national governments to lead periodic reviews of the implementation of their National AIDS Plans; these reviews should be conducted by teams drawn from government, civil society, including people living with HIV/AIDS, the private sector, multilateral and Organizations for Economic Cooperation and Development (OECD) donors, and UN system organizations.

International investments in National AIDS Plans

Action 6: The PCB will encourage OECD and other donors to link their funding of country-level HIV/AIDS programmes to the execution of national strategies—in particular, their Poverty Reduction and Development Strategy—that have been articulated through country-led mechanisms in order to reinforce the capacities of host governments to coordinate international assistance on HIV/AIDS.

Action 7: The PCB will encourage OECD and other donors, in their HIV/AIDS in-country financial investments that are channelled through UN system agency mechanisms and programmes of assistance, to give priority to those efforts that are integrated within national Poverty Reduction Strategy Papers (PRSPs) and MEFs, and are clearly articulated within UN Country Team Implementation Support Plans to the National Response (UN-ISPs, described below) that reflect the comparative roles and functions of the particular UN system organization within the specific country setting.

United Nations Country Team Implementation Support Plan to the National Response (UN-ISP)

Action 8: Current and proposed support from UN system organizations to the implementation of the National AIDS Strategies will be presented within fully integrated UN Country Team Implementation Support Plans to the National Response (UN-ISP), consistent with needs identified in National AIDS Plans, which include:

- integrated budget and finance plans for joint, integrated and individual agency efforts in support of the National AIDS Strategy;
- specific objectives with monitorable indicators for individual agency efforts reflecting their specific roles and responsibilities and the five core functions of UNAIDS;
- the coordinating work of the UN Theme Groups on HIV/AIDS; and
- priority areas in national capacity-enhancing and -building.

Action 9: The PCB will seek the endorsement of the Secretary-General to request a written annual progress report to the PCB on implementation of the UN-ISP from UN Theme Groups on HIV/AIDS, through the UN Resident Coordinator, in all countries supported by UNAIDS. It is further proposed that this reporting effort be facilitated by the Secretariat through the use of formats designed to maximize transparency, enable compilation for comparative purposes, allow for easy integration with other reporting instruments to minimize duplication of effort, and contribute to the preparation of the Annual Report of the Secretary-General to the UN General Assembly on Progress towards Implementation of the Declaration of Commitment on HIV/AIDS.

Strengthening national data utilization, monitoring, and evaluation capacities

Action 10: UNAIDS will intensify its efforts to support country actors in expanding and strengthening their capacities and systems to: monitor the epidemic and the national response; evaluate interventions; and improve the analysis and use of surveillance data. These efforts will include advocacy with programme partners to allocate an appropriate share of total programme resources to strengthening monitoring and evaluation efforts.

Action 11: UNAIDS will increase its support to National AIDS Councils and ministries of planning, development and finance, to strengthen the analytic capacities they need to better incorporate and monitor their multisectoral HIV/AIDS strategies within national PRSPs, MEFs and relevant sector-wide approach programmes (SWAPs) and to strengthen the preparation and execution of nationally led joint reviews of the implementation of National AIDS Plans.

Action 12: UNAIDS will take the necessary steps to ensure that the Country Response Information System (CRIS) is developed in consultation with governments and is operational in all countries where there is most urgent need by the end of 2003. UNAIDS should ensure that there is sufficient technical capacity to enable national and international partners to have easy

access to key strategic information and that CRIS serves as a ‘core instrument’ of a fully integrated UN system effort to prepare the Annual Report of the Secretary-General to the General Assembly on Progress towards Implementing the UNGASS Declaration of Commitment. CRIS should be expanded subsequently to all other countries.

National partnerships

Action 13: UNAIDS will increase its support to countries for the development of partnerships focused on implementing a national AIDS response plan and involving government, civil society, community-based organizations, the private sector and international actors, with particular attention to the participation of people living with HIV/AIDS. This will include support for approaches intended to increase participation, improve connectedness of efforts, and strengthen the various actors’ capacity for action. UNAIDS should provide best practice advice on this issue.

Provision of technical resources to support national efforts

Action 14: UNAIDS will include in the next UBW submission provision for increasing technical resources to countries. These resources will flow through the UNAIDS Cosponsors and regional-based mechanisms, coordinated and promoted by the UNAIDS Secretariat. It is envisioned that these efforts will be based on existing regional and national institutional efforts.

Strengthened advocacy at country level

Action 15: UNAIDS will take the necessary steps at country level to support the development, implementation and monitoring of an explicit UN Theme Group advocacy strategy to expand the response on HIV/AIDS for the entire UN system in-country, in synergy with the National AIDS Strategy.

Action 16: UNAIDS will intensify its support in countries to the development and implementation of strategies that engage a range of diverse actors, especially the media and other civil society actors, in more sustainable advocacy approaches in the response to the epidemic.

Promotion of best practices in countries

Action 17: UNAIDS will intensify efforts in countries to promote and support the dissemination of a broad range of best practice documentation through a more coherent multi-agency and multi-partner effort.

Challenges of HIV/AIDS in the context of security, stability and humanitarian response

Action 18: UNAIDS will, in accordance with its mandate and in coordination with other relevant agencies, develop and facilitate interventions that address the challenges of HIV/AIDS prevention, care and treatment in the context of security and stability. This response will encompass three target areas:

- community security, referring to vulnerable populations affected by conflict and natural disasters;
- national security, referring to defence and civil defence personnel; and
- international security, referring to peacekeeping and humanitarian operations.

Action 19: UNAIDS will support international humanitarian organizations as well as governments and other actors to take effective action in the context of humanitarian emergencies. UNAIDS, together with other relevant agencies, will support the development of a strategy and operational plan for a humanitarian response in those specific countries where the impact of the epidemic is substantially compounding the impact of humanitarian emergencies.

Financing programme acceleration

Action 20: UNAIDS will continue to expand the Programme Acceleration Fund (PAF) facility and disseminate updated guidelines with a more strategic focus on:

- programme planning and development;
- strengthening of monitoring and evaluation efforts and capacities;
- strengthening of partnership development and resource mobilization; and
- financing efforts to organize and promote more effectively the technical resources provided through Cosponsor programmes and additional assistance to country-level programming partners to accelerate their efforts.

Theme Group development and accountability

Action 21: UNAIDS will revise, update and clarify the expected method of work for UN Theme Groups on HIV/AIDS in close collaboration with the UNDG, consistent with the deliberations of the PCB on the Evaluation Report, and in light of the Secretary-General's reform proposals. Particular emphasis will be given to improving vertical and horizontal accountability for HIV/AIDS efforts within the UN Resident Coordinator System and with the respective Cosponsor executive offices, the PCB, country constituencies and in enhancing collaboration between the UN Theme Group and the national government and other partners.

Additional UNAIDS staff resources in countries

Action 22: The UBW submission for the next biennium will include a specific plan and provision for the deployment of the additional financial and staff resources needed to strengthen the capacities of the UN system to support countries where there is most urgent need in the areas of: monitoring and evaluation; resource mobilization and tracking; policy advice and technical services; and partnership development, particularly with civil society and the private sector.

UNAIDS Country Coordinator

Action 23: UNAIDS will immediately make provision to put in place UNAIDS Country Coordinators, starting with countries where there is most urgent need, in order to assist countries to mount and sustain effective, expanded scaled-up responses and to provide strategic opportunities for the UN system to contribute to those responses.

Appointments and rotation of Theme Group Chairs

Action 24: In countries where there is most urgent need, the Executive Director, in close consultation with UN Country Resident Coordinators and the respective Cosponsoring agency Executive Head, will propose specific agency representatives for non-rotating appointments of more than one year as Chair of the UN Theme Group on HIV/AIDS.

Further training of United Nations system staff in countries where there is most urgent need

Action 25: The next UBW submission to the PCB will include provision for intensified learning programmes on HIV/AIDS, including orientation of all relevant UN system staff in countries where there is most urgent need. This orientation should emphasize revised UNAIDS methods of work, together with substantive briefings on the implementation of the UNGASS Declaration of Commitment. It should also be developed and executed in close collaboration with the UNDG and consistent with the deliberations of the PCB on the Evaluation Report.

Regional and intercountry work in support of countries

Action 26: The next UBW submission will reflect revised terms of reference for the UNAIDS area and intercountry teams, and related budgetary support in line with core functions, to allow them to:

- coordinate regional submissions to the UBW process and the articulation of regional-level UN system priorities on HIV/AIDS;
- identify and promote high-quality national and international technical resources through newly established multi-agency technical coordinating facilities;
- support strengthening of monitoring and evaluation in countries;
- support regional leadership and regional networks and partnership development activities; and
- support training and reorientation on HIV/AIDS within the UN system and with key programme partners in countries where there is most urgent need.

Global advocacy

Action 27: UNAIDS will strengthen the advocacy and campaigning links between the UNGASS Declaration of Commitment on HIV/AIDS and the Millennium Development Goals, including through developing and supporting partnerships with a range of constituencies, particularly with civil society and NGOs, and through the intensification of the World AIDS Campaign.

Building and supporting global partnerships

Action 28: The next UBW submission will include provision for an expansion of current efforts to strengthen and connect leadership development and support initiatives on HIV/AIDS for government, civil society, community-based organizations, the private sector and international actors, with particular attention to the participation of people living with HIV/AIDS. These activities should be coordinated with national approaches, as appropriate. A systematic review of existing partnership and collaborative agreements will also be undertaken to permit expansion and strengthening of partnerships with and among partners from civil society, public-sector and private-sectors, who can bring most value to the response.

Evaluation and monitoring

Action 29: The next UBW submission to the PCB will include provision for further UNAIDS development of a shared international monitoring and evaluation support capacity, which is currently being established together with major donors and international partners, and will include:

- a common monitoring and evaluation framework for international partners harmonized through the UNAIDS Monitoring and Evaluation Reference Group (MERG);
- shared technical resource facilities at global and regional levels in support of country monitoring and evaluation efforts;
- strengthening and better use of existing data systems, common reference resources and instruments; and
- common coverage surveys on key indicators and joint studies to measure impact indicators.

Operations research

Action 30: With the goal of increasing capacity at all levels to respond to the epidemic, UNAIDS will support HIV/AIDS research endeavours by:

- refining and promoting, together with countries, a research agenda that addresses priority questions, including consideration of the factors of gender, stigma and poverty;
- advocating increased funding for HIV/AIDS research;
- enhancing the capacity of country and regional partners to undertake relevant operational research;
- assisting in the strengthening of abilities to analyse data and translate knowledge into programming and policy at country level; and
- supporting widespread dissemination of results.

Best practices

Action 31: UNAIDS will strengthen global and regional efforts to improve the development of, and expand access to, best practices in programme countries, as described in Action 17, through an expanded and strengthened multi-agency effort to:

- more systematically identify gaps in key policy and programme areas, in consultation with appropriate partners;
- review and include relevant offerings of the UNAIDS Cosponsors and Secretariat and those of major development partners;
- expand global distribution—electronically and in hard copy and translated into guidance for countries—through appropriate partnerships; and
- review methodologies on evaluating best practices.

Global policy forums and ‘horizontal collaboration’

Action 32: UNAIDS will intensify efforts and ensure consistent responses to support policy and strategy development in emerging issue areas through the convening of, and information support to, policy forums. This will include issues around at-risk and vulnerable populations, support to ‘group-to-group’ horizontal collaboration and information-sharing between country and regional entities.

Sectoral information and data systems

Action 33: The next UBW will include provision for strengthening data collection and analysis in key sectors at global, regional and country levels—in particular, agriculture and food, education, health and social welfare—including mapping and increasing access to existing data sources, disseminating key analyses, and encouraging the development of consistent and comparable analytic methodologies.

Country Response Information System (CRIS)

Action 34: The next UBW submission to the PCB will include support at global and regional level for the further development and utilization of the Country Response Information System (CRIS) and other instruments, including provision for:

- access to annual progress reports on UN system HIV/AIDS efforts in all HIV/AIDS programme countries;
- financial reporting categories and methodologies for HIV/AIDS-related spending, which are harmonized among all major donors and international partners and regularly updated;
- regularly updated, country-by-country reporting from all major funding partners (national, multilateral, bilateral and private sector) of projected current-year disbursements, and project-level, survey-based reporting of actual disbursements in prior years;
- analysis and reporting on key supportive environment parameters, including policy and legislation; and
- establishing and reporting on implementation of CRIS and other instruments, with clear targets and time frames.

Resource mobilization

Action 35: Beginning in early 2003, the UNAIDS Secretariat will facilitate the development of a multiparty global resource mobilization strategy, with the objective of developing an international consensus on financing the global response, with due attention to regional needs. In developing the strategy, the complementarity of various institutional resource mobilization strategies should be ensured. UNAIDS will continue to assist countries in identifying how to best use existing resources.

Improvements in the UBW process

Action 36: Efforts already initiated to improve the UBW process in the current cycle should continue and will include:

- further strengthening of a strategic management approach to ongoing performance monitoring and reprogramming in the UBW;
- further simplification of presentation of UBW, including explicit identification of action priorities identified through the Evaluation Report; and
- regional and country-level estimates of anticipated Cosponsor expenditures to be reflected in next submission of UBW.

Management

Action 37: The PCB encouraged the Executive Director of UNAIDS and the Committee of Cosponsoring Organizations (CCO) to clarify inter-agency responsibilities and put in place the necessary mechanism for planning and programme development. This mechanism should be responsible for regularly updating as well as providing strategic oversight and performance monitoring of the UBW and the UNSSP, as well as preparing the UNAIDS Performance Monitoring Report.

- 2.6 The PCB recognized the human and financial resource implications of implementing the agreed actions and requested that these be reflected in so far as possible in the updated 2002-2003

Unified Budget and Workplan, and much more fully in the 2004-2005 Unified Budget and Workplan, for consideration at its next meeting.

- 2.7 The PCB decided to create an open-ended working group on UNAIDS governance, comprised of members and observers of the PCB, to address the governance-related issues of UNAIDS, including the mandate, conclusions and recommendations of the Final Report of the Five-Year Evaluation of UNAIDS.

Following the recommendation of the PCB Chair, Senegal and Switzerland were appointed as Co-chairs of the working group.

The working group will prepare a report for the PCB that will include a set of governance-related recommendations designed to facilitate the achievement of the UNAIDS mandate through more effective and efficient governance. This report will be submitted to the PCB for its consideration at its next regular meeting.

The recommendations of this report should address UNAIDS governance-related issues, including:

- roles, responsibilities, authorities and accountabilities;
- PCB membership;
- PCB methods of work;
- relationships with other governing bodies, especially those of the Cosponsors; and
- relationships between the CCO and the Secretariat.

The working methods of the working group will be elaborated by the co-chairs in consultation with working group members. The working group will be supported by a secretariat provided by the UNAIDS Secretariat, which will include administrative, management and technical support.

Agenda item 3: Partnership agreement between UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria

- 3.1 The PCB took note of the progress made by the Programme in developing a partnership agreement with the Global Fund to Fight AIDS, Tuberculosis and Malaria.
- 3.2 The PCB urged the Programme to continue these discussions, with a view to developing a partnership agreement that provides an enabling framework within which the Secretariat and Cosponsors can further develop their collaboration with the Global Fund, particularly at country level.
- 3.3 The PCB recognized that the primary role of the Global Fund is to act as a financing mechanism. The PCB noted the critical role of UNAIDS in providing strategic analysis, policy advice and technical expertise, and in supporting countries to access the resources of the Global Fund.
- 3.4 The PCB further noted the need to continue to clarify the roles and responsibilities of UNAIDS and other partners at country level in relation to Global Fund processes.
- 3.5 The PCB requested that the Secretariat continue to negotiate a partnership agreement with the Global Fund on behalf of the Programme and to submit it to the PCB for final approval.

Agenda item 4: Debriefing of field visits

4. The PCB took note with appreciation of the field visits organized by the Government of Portugal.

Agenda item 5: Other business

5. Financial resources for HIV/AIDS Programmes

The PCB took note of the report on Financial Resources for HIV/AIDS in low- and middle-income and made suggestions on strengthening data content and presentation for future updates to the PCB. The PCB also reinforced its earlier decision that UNAIDS should provide leadership in the development of a multiparty global resource mobilization strategy

Agenda item 6: Next PCB meeting

6. The PCB decided that the 14th meeting of the PCB will take place on 24-25 June 2003 in Geneva.

Agenda item 7: Adoption of decisions, recommendations and conclusions

7. The PCB adopted the decisions, recommendations and conclusions of the meeting.

Annex 3

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