



Report of the Fifteenth Meeting of the UNAIDS Programme Coordinating Board Geneva, 23 and 24 June 2004

Contents

1.	Opening.....	2
1.1	Opening of the meeting and adoption of the provisional agenda.....	2
1.2	Election of Officers.....	2
1.3	Consideration of the report of the fourteenth meeting.....	2
1.4	Report of the Executive Director, 2003-2004.....	2
2.	Coordination and harmonization (the “Three Ones”).....	7
3.	Reports by the Chairperson of the Committee of Cosponsoring Organizations and the NGO Representative.....	9
4.	Panel discussions on Capacity and HIV Treatment Issues in Scaling up the Response to HIV/AIDS Panel 1 - Strengthening Capacity on HIV/AIDS.....	11
	Panel 2 - Scaling up Access to HIV Treatment.....	13
5.	Possible Establishment of a PCB Bureau.....	15
6.	Cosponsorship.....	16
7.	Financial reports.....	17
8.	Other matters.....	18
8.1	Update on the implementation of the UNGASS on HIV/AIDS Declaration of Commitment.....	18
8.2	Review of the Memorandum of Understanding with the Global Fund to Fight AIDS, Tuberculosis and Malaria	19
8.3	Update on the Global Coalition on Women and AIDS.....	20
8.4	Statement by the representative of the UNAIDS Staff Association Steering Committee.....	21
9.	Next PCB meeting.....	21
10.	Adoption of decisions, recommendations and conclusions.....	22
	Annex 1 - Agenda.....	23
	Annex 2 - Decisions, recommendations and conclusions.....	24
	Annex 3 - List of participants.....	31

1: Opening

1.1 Opening of the meeting and adoption of the provisional agenda

1. The fifteenth meeting of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board (PCB) took place at the Ramada Park Hotel, Geneva, Switzerland, on 23 and 24 June 2004. The participants are listed in Annex 3.

2. On behalf of Zambia, the outgoing Chair of the PCB, H.E. Dr Brian Chituwo, Minister of Health, opened the fifteenth meeting of the PCB and welcomed all those attending. Dr Chituwo stated that it had been an honour and a privilege on behalf of Zambia to chair the PCB. In light of various international proclamations, including the United Nations Millennium Development Goals, the Copenhagen Consensus and the World Health Organization (WHO) Commission on Macroeconomics and Health, he felt that the global community had given a broad mandate to UNAIDS to take the fight against the pandemic to higher levels, and he noted that UNAIDS had responded by scaling up activities significantly. He warned against complacency, however, and cited the particular challenges posed by the "3 by 5" Initiative, including his country's own efforts to scale up treatment. He paid tribute to Dr Peter Piot (Executive Director of UNAIDS) and his team and thanked them for their close support during his tenure in office. In closing, he urged all to remain united in the fight against HIV/AIDS.

1.2 Election of officers

3. In accordance with agreed procedures, Canada, the previous Vice-Chair, was elected the new Chair of the PCB. Brazil was elected Vice-Chair, and Kenya was elected Rapporteur. The PCB also approved and welcomed the new nongovernmental organization (NGO) delegates and alternate delegates of the PCB for the period 1 January 2005 to 31 December 2006. These were: AMAL Human Development Network (Pakistan) representing Asia as delegate; the Kenya Network of Women with AIDS (KENWA, Kenya) acting as alternate for Africa; Asia Pacific Network of People Living with HIV/AIDS (APN+, Singapore) acting as alternate for Asia; and Network of Sex Work Projects (Brazil), acting as alternate for Latin America/the Caribbean.

4. Mr Paul Thibault (President, Canadian International Development Agency) expressed his appreciation for the election of Canada as Chair of the PCB and thanked Zambia for all its hard work for the PCB during the past year. The Chair explained that a drafting group would be established for the meeting and would be open to all, with PCB members having priority to take the floor, followed by observers, and others whom the Chair may invite to speak. Only issues contained in PCB documents circulated by the Secretariat or raised in the PCB plenary would be discussed in the drafting group. The drafting group would draft the decisions, recommendations, and conclusions for each agenda item. These would then be approved in plenary.

1.3 Consideration of the report of the fourteenth meeting

5. The PCB approved, without comment, the report of its fourteenth meeting (UNAIDS/PCB(14)/03.8).

1.4 Report of the Executive Director, 2003-2004

6. Dr Peter Piot (Executive Director, UNAIDS) thanked Mr Chituwo (Minister of Health, Zambia) for the leadership he provided in chairing the PCB during the preceding year and welcomed the prospect of working with Canada as the new PCB Chair. He also thanked Mr Koichiro Matsuura (Executive Director, UNESCO) for the leadership of UNESCO in chairing the Committee of

Cosponsoring Organizations (CCO) and looked forward to working with UNODC, the in-coming chair.

7. In response to the request of the PCB that reports of the Executive Director be more analytical and output-oriented and focused on the contributions of UNAIDS at different levels, particularly the coordinated response at country level, Dr Piot submitted his report in two parts. The first part (UNAIDS/PCB(15)/04.3) provided a summary of the achievements of UNAIDS during the biennium 2002-2003 and set out the key challenges facing the world and the Programme in its fight against the epidemic. The second part (UNAIDS/PCB(15)/04.2) updated the PCB on the status of the epidemic, summarized the major developments in advancing the global and UN responses, and articulated the programme's strategic approaches to the implementation of the action steps agreed to by the PCB in December 2002.

8. Dr Piot noted that the epidemic had entered a new phase, continuing to expand globally and generating more AIDS deaths and more new HIV infections than in any prior year. There was also a growing feminization of the epidemic, and increased societal impact, only beginning to be truly felt, particularly in southern and eastern Africa. Dr Piot expressed concern that without a radical strengthening of the response, the objectives of the UNGASS on HIV/AIDS Declaration of Commitment and the "3 by 5" Initiative would not be achieved.

9. In spite of these developments, the global response showed progress in three areas: greater momentum in political leadership, a dramatic increase in financial resources, and a growing body of evidence of what works in responding to the epidemic. For example, China, Indonesia and India, the three most populous countries, had demonstrated significant political leadership and ambitious plans in the fight against the epidemic. Furthermore, between 2001 and 2003, the resources available against HIV/AIDS had increased by nearly 180%. Finally, there was evidence on every continent that effective prevention and treatment were possible. Dr Piot said it was everyone's challenge to capitalize on this triple dynamism.

10. Turning to the work of UNAIDS, Dr Piot outlined the achievements of the programme, particularly with regard to its efforts to reinforce its action at country level, as requested by the PCB. He noted the following areas of achievement: (a) HIV/AIDS was more firmly on the agenda of UN country teams; (b) there had been clarification of the functions of the UNAIDS Secretariat (and in particular, the UNAIDS Country Coordinators) within the UN Resident Coordinator System and UN Country Teams; (c) resource allocation by the UNAIDS family to country-level work had increased considerably; (d) UNAIDS' cross-cutting functions had been translated into a set of five strategic objectives and deliverables that now served as the framework for UNAIDS country-level activities; (e) regional directors, regional vice-presidents and their equivalents in all Cosponsors had now been engaged; (f) there had been greater involvement of civil society in the formal national response to AIDS, through Partnership Forums, Global Fund Country Coordinating Mechanisms and through direct funding of grass-roots organisations; (g) UNAIDS had expanded its work in conflict and post-conflict situations and had continued to follow up on Security Council Resolution 1308, through its work with the UN Department for Peace Keeping Operations and with uniformed services in over 70 countries; and (h) UNAIDS had submitted, as requested by the PCB, a detailed report of its country activities.

11. Dr Piot also noted the continuing challenges in the global response to AIDS. These included: (a) fully funding the response to AIDS; (b) meeting the institutional and human capacity challenge to implement AIDS programming; (c) ensuring coherence and harmonization of AIDS funding approaches to support nationally-led AIDS responses; (d) recognition that the exceptional nature of the AIDS epidemic demanded an equally exceptional response; (e) the need for a comprehensive

response encompassing both prevention and treatment; (f) the need for a gender-friendly approach; and (g) the need for a long term view recognizing that the AIDS epidemic would be with the world for generations to come.

12. Dr Piot pointed out that UNAIDS had reached a new level of maturity, with a clear division of responsibilities among its Cosponsors, and a Unified Budget and Workplan that had achieved greater coherence. However, institutional challenges remained with regard to the inclusion of AIDS in broader development, security and trade agendas and in multilateral governance, and in ensuring value-added in the form of “making the money work”, particularly at country level. Using new instruments agreed in the UN Development Group, it was necessary for UNAIDS to move from loose coordination through UN Theme Groups on HIV/AIDS to genuine joint and cosponsored UN programmes on AIDS at country level and management excellence in the UNAIDS Secretariat. Dr Piot closed by recalling the “Future Directions of UNAIDS” endorsed by the PCB in 2002, and his view that UNAIDS was now much better placed to play its vital role in the global AIDS movement.

13. The PCB thanked Dr Piot for the comprehensive report and considered that UNAIDS had been successful in responding to the request of the PCB to present a report that was more strategic and output-oriented. The PCB noted with satisfaction the achievements of UNAIDS during the last biennium. It recognized that UNAIDS had in particular been successful in mobilizing the UN system and bringing in greater attention and prominence to the epidemic. The response to the epidemic represented one area where the international community was working well together. Furthermore, the PCB noted that UNAIDS had been successful in promoting a strong multi-sectoral and inclusive response, including work in support of peacekeeping and national uniformed services.

14. Taking note of the increased challenges for UNAIDS, the PCB urged UNAIDS to continue to focus on performance-based management through hiring for competency and budgeting for results. It further urged that UNAIDS continue to decentralize its management and develop policies on mobility and rotation for its staff.

15. The PCB noted with concern the continued spread of the epidemic, including among women worldwide, and in Central and Eastern Europe and the Caribbean. The PCB took note of the analysis of the epidemic presented in the Executive Director’s Report, including the areas of concern and in need of increased attention, and agreed that the period 2003–2005 was a turning point in the response with new levels of financing, political commitment and multiplicity of actors. It was now essential to bring these resources together to create a truly effective response. The PCB confirmed that the epidemic did indeed require a long-term view. Among other things, such a view would require a reorientation of donors towards the provision of “long-term emergency assistance”.

16. The PCB urged UNAIDS to continue to promote and to strengthen a comprehensive response to HIV/AIDS involving a balanced approach among prevention, treatment and impact alleviation. The PCB welcomed the greatly increased focus on treatment, as exemplified by the “3 by 5” Initiative. However, it stressed that prevention must remain a cornerstone of a comprehensive response, not only to prevent new infections but also to reduce stigma and discrimination and to ensure that the delivery of treatment was viable in the long term. In this regard, the PCB urged that prevention be promoted in combination with treatment through basic health services and those for reproductive and sexual health. Where there are concentrated epidemics, the PCB urged that sufficient support be provided for prevention efforts among vulnerable groups such as women, children, men having sex with men, sex workers, and injecting drug users.

17. The PCB recognized that neither prevention nor treatment would be achieved if the problems of stigma and discrimination were not tackled. It also urged UNAIDS to take more action on human

rights and security issues and to work more collectively in these areas, particularly to transform theoretical approaches into practical action.

18. The PCB stressed that access to technology and the issue of intellectual property rights are priority matters in the context of expanding access to treatment. It urged UNAIDS to become more active in these areas, to promote the implementation of the Doha Declaration on Trade-Related Aspects of Intellectual Property Rights (TRIPS) and Public Health, and to assist countries to utilize, where necessary, the flexibilities permitted by the TRIPS Agreement. One PCB member reported that it was developing a network to increase access to basic technology needed for treatment and welcomed other members to join the network.

19. The PCB noted with concern the feminization of the epidemic and the gender issues at the root of the vulnerability of both women and men. It welcomed the Global Coalition on Women and AIDS and called on UNAIDS to strengthen the response in gender terms, including linking prevention to sexual and reproductive health, promoting the equality of women, including equality of access to treatment, and ensuring that women and women's issues are included in research. It further urged that UNAIDS take the lead in compiling disaggregated data that highlights the special circumstances of women and children.

20. The PCB confirmed that a primary role of UNAIDS was to support the country response. The PCB recognized the increased strength of UNAIDS at country level but also noted a number of issues, including mixed quality of staff, too much focus on internal UN coordination, not enough support from UN Resident Coordinators, and not enough recognition of UNAIDS' efforts. The PCB urged UNAIDS to continue to strengthen its country support through improved selection of staff, integration of staff into the UN Resident Coordinator System and the UN Country Teams, and the recruitment of staff in areas such as resource mobilization, monitoring and evaluation, and partnerships.

21. The PCB recognized the growing multiplicity of actors at country level and the challenges this imposed in terms of an effective response and urged UNAIDS to continue to improve coordination in countries, while streamlining as much as possible. The PCB further urged that more effort be made to integrate AIDS into Poverty Reduction Strategy Papers (PRSPs) and Sector-Wide Approaches to Poverty (SWAPs). There is a need for even closer cooperation between local governments and international funding, and UNAIDS can play an important role in coordinating international assistance with local efforts.

22. The PCB underlined that many of the most affected countries were operating within the context of high poverty, instability and poor health infrastructure, which were factors that both increase vulnerability to infection as well as are impacted by the epidemic. Noting the crucial importance of effective and equitable health systems, the PCB urged UNAIDS to support countries to strengthen their health systems, as well as maintain and develop the human resources necessary to respond to the epidemic.

23. The PCB recognized the significant and successful efforts by UNAIDS to mobilize and track funds, noting with appreciation that UNAIDS' technical assistance to countries had significantly improved their chances of successfully accessing funds from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The next phase—implementing proposals—would also require substantial technical assistance, and the PCB noted that UNAIDS and others would need support for this additional work. The PCB encouraged UNAIDS to continue to promote innovative and exceptional means by which to secure funds, including through debt-relief, medium-term expenditure

frameworks and fiscal ceilings. The PCB cautioned that funding should continue to be additional, so that AIDS and development were not in competition.

24. With regard to monitoring and accountability, the PCB requested that UNAIDS provide a means for the PCB to more easily measure progress made at the aggregate level, including with regard to streamlining, improving efficiency, harmonization, coordination, alignment and country analysis. This might take the form of a set of core baseline aggregate indicators for both the Secretariat and the Cosponsors which could be revisited on a regular basis. The PCB urged UNAIDS to continue to make use of the comparative advantages of the cosponsoring organisations in the fight against the epidemic. It further urged the Cosponsors to play a central role in achieving the goals set out in the UNGASS on HIV/AIDS Declaration of Commitment and the Millennium Declaration, and in implementing the “3 by 5” Initiative.

25. The PCB confirmed that civil society, particularly people living with HIV and AIDS, is a key partner in the fight against HIV/AIDS, carrying out advocacy, promoting accountability of governments and the United Nations system, and implementing prevention, treatment and care programmes. The PCB asked that UNAIDS continue to support the involvement of civil society, document the best practices of civil society, and with civil society partners, develop indicators by which to monitor and evaluate the involvement of civil society.

26. The PCB noted the increased need for technical assistance and recognized the unique role of UNAIDS in the provision of technical assistance. It urged UNAIDS to advocate that those providing technical assistance, e.g., the UN system, public and private sector partners, civil society and NGOs, be sufficiently funded to carry out the necessary work, and supported UNAIDS’ efforts to promote innovative and “exceptional” policy options for AIDS funding. It also encouraged UNAIDS to support technical support facilities, including regional and subregional technical networks that would assist in the horizontal transfer of knowledge and capacity.

27. The PCB congratulated UNAIDS for its dissemination of best practice and evidence-based information. The PCB encouraged UNAIDS to continue to gather evidence, including with regard to the destabilizing effects of HIV/AIDS on global security and lessons learned from the “3 by 5” and other efforts to scale up treatment regarding the expansion of treatment and the synergy between treatment and prevention.

28. Two PCB members noted the joint UNAIDS/UNITAR programme on AIDS—a public/private partnership designed to build capacity and allow for greater experience-sharing and support to communities fighting HIV/AIDS.

29. Dr Piot responded to the PCB comments on his Report by highlighting the following issues. With regard to UN reform and increased coordination, Dr Piot pointed out that UNAIDS is often cited both as a model for, and an example of UN reform. Yet UNAIDS is also restrained by the slow progress of overall UN reform, particularly those aspects of reform that seek to make UN country teams more effective.

30. With regard to technical assistance, Dr Piot was pleased to note the PCB’s consensus on the provision of technical assistance as one of the key functions of UNAIDS. He emphasised that UNAIDS should be a broker of technical assistance, not a “consulting company”, and should work to support and utilize existing capacity to the highest degree possible. He agreed that there should be more diversity among those providing technical support, including actors from civil society, and he pledged to support, as well as expand, horizontal capacity.

31. On monitoring and evaluation, one of key five functions of UNAIDS, Dr Piot stressed that UNAIDS operates on several levels, but overall is monitoring progress towards the goals of the UNGASS on HIV/AIDS Declaration of Commitment. Dr Piot pointed out that, moving towards a more integrated system, partners have reached agreement on a common set of indicators. Based on the suggestions from the PCB, he would support the addition of aggregate indicators on performance, on the “Three Ones” principles, and on the role of civil society. He stressed that one of the weakest components was monitoring and evaluation at country level. In response, UNAIDS was recruiting monitoring and evaluation specialists to build country capacity. On thematic evaluations, Dr Piot agreed that more of these were needed, including one on the role of NGOs in the PCB, as requested by the NGO representatives.

32. With regard to mainstreaming AIDS into development instruments, Dr Piot reported that only one third of poverty reduction strategy papers in Africa fully take into account the epidemic. He hoped that the integration of AIDS issues into these papers could be accelerated. Regarding the Global Fund to Fight AIDS, Tuberculosis and Malaria, Dr Piot said that the goal of UNAIDS was to support countries to benefit from the Global Fund. Dr Piot reported that in Round 3, 50% of countries that received UNAIDS’ support were successful in their applications to the Global Fund versus only 13% of those that did not have UNAIDS’ support. The next challenge was to support countries in implementation, and UNAIDS was already besieged with requests for support.

2: Coordination and harmonization (the “Three Ones”)

33. Dr Peter Piot (Executive Director, UNAIDS) introduced the concept of the “Three Ones” by referring to the meeting on 25 April 2004 in Washington, D.C., cohosted by UNAIDS, the United Kingdom and the United States, at which key donors reaffirmed their commitment to strengthening a national AIDS response led by the affected countries themselves. They endorsed the “Three Ones” principles to achieve the most effective and efficient use of resources and to ensure rapid action and results-based management. These principles were:

- One agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners;
- One national AIDS coordinating authority, with a broad-based multisectoral mandate;
- One agreed country-level monitoring and evaluation system.

34. Dr Piot stressed that the “Three Ones” concept was not another buzzword or slogan but rather a fundamental principle by which to govern the response at national level. Taken singly these principles were not new, but when applied simultaneously and consistently upheld by all stakeholders, they held the key to effective and sustainable national responses. Dr Piot said that the “Three Ones” were based on lessons learnt, and though they required discipline, they left space for plurality. UNAIDS’ role in the application of the principles was broadly spelled out in the agreement that emerged from the April meeting in Washington, as contained in UNAIDS/PCB(15)/04.4.

35. Dr Piot asked that the PCB endorse the “Three Ones” principles and his decision that UNAIDS resources be directed towards: (a) developing tools and consensus on ways of operationalizing the “Three Ones”; (b) developing indicators by which to monitor their application; (c) supporting the implementation of country processes to put the principles into practice; (d) linking these processes with global processes, e.g., the Millennium Development Goals and the OECD/DAC harmonization agenda; and (e) reporting annually on progress made.

36. The PCB thanked Dr Piot for his presentation of the “Three Ones” principles. The PCB agreed that during the past year, the challenges regarding the multiplicity of actors and coordination of

efforts at country level had increased substantially. The PCB acknowledged that with UNAIDS' efforts, UN coordination at country level had improved, but the PCB also felt there was room for further improvement. It stated that better coordination was not the goal *per se*. Rather, the goal was more efficient support to countries through better coordination. The PCB stressed that lack of coordination should not be an excuse for slowing down the response.

37. The PCB welcomed the fact that UNAIDS had reacted promptly to the increased challenges of coordination by defining, with the "Three Ones", a set of core principles for coordinated action by all stakeholders at country level. The PCB gave its full support to the "Three Ones" and confirmed that they represented operational principles critical to making the response to HIV/AIDS more effective and efficient. The challenge was to translate these into concrete action.

38. PCB members representing recipient countries pointed out that, though they were very appreciative of the financial support for their national programmes, they expended a large amount of resources on the many different administrative requirements of donors. Furthermore, they stressed that national plans must be developed by the countries themselves, with all stakeholders involved, and that it was essential to respect this process and not impose plans from outside.

39. The PCB acknowledged that active UN support and UNAIDS country representation had important roles to play in operationalizing the "Three Ones". The PCB also stressed that it would be necessary for governments, donors and other partners to play their part in ensuring that the principles were adhered to. It welcomed the fact that Dr Piot had placed the "Three Ones" in the broader context of the overall OECD/DAC agenda on harmonization and existing coordination and harmonisation mechanisms, such as SWAPs, PRSPs, pooled funding arrangements and budget support, and it urged UNAIDS to build on these experiences. The "Three Ones" should be viewed as an "urgent special case" in light of the exceptionalism of AIDS and the current boost in the number of actors and volume of funding involved.

40. The PCB suggested that the "Three Ones" become a priority for UNAIDS at country level and that UNAIDS increase its capacity to fulfil the role that the "Three Ones" and its implementation would require. The PCB urged UNAIDS to develop pragmatic approaches to translate the "Three Ones" into practice. In particular, it suggested UNAIDS help partners to address issues such as coordination between national HIV authorities and Country Coordinating Mechanisms, linking the National AIDS strategy to PRSPs and other national planning instruments. The PCB expressed interest in knowing more about the support that the UN was providing to national AIDS authorities to help harmonize not just UN support, but other partners' support as well. One PCB member urged that UNAIDS focus on: the "what", a true national action framework versus a collection of partners; the "who", someone who can provide guidance to partners on behalf of the national programme; and the "how", model mechanisms by which to facilitate coordination. The PCB suggested that any agreements should engage the responsibilities and commitments of all those involved through the concepts of rights and duties.

41. The PCB stressed that efforts to implement the "Three Ones" should not create new structures but make existing structures more efficient. The PCB endorsed the idea of one national coordinating committee and expressed its approval for a unified approach. The PCB felt that Country Coordinating Mechanisms should not parallel or duplicate the work of National AIDS Councils. The PCB further suggested that the implementation of the "Three Ones" should result in better coordination of sources of funding, involve civil society and people living with HIV and AIDS, be directed toward support of health systems, and be based on an analysis of existing problems. One PCB member suggested the development of a Code of Conduct in rolling out the "Three Ones" with

due regard to keeping transaction costs for such a Code at a minimum. Another PCB member asked that the “Three Ones” be put into action at the international level as well as at the national level.

42. The PCB suggested that UNAIDS identify a few pilot countries in which to test the workability of the concept of the “Three Ones”, with due regard to the fact that its application must be tailored to country-specific circumstances. The PCB asked to be kept informed in upcoming reports on the status of the “Three Ones”, including their added value, concrete impact, difficulties encountered, lessons learned, and useful modalities.

43. A number of PCB members expressed interest in working with partners to examine the possibility of a fourth “One”—that is, to find mechanisms by which to advance more unified funding at country level, including pooling finances, for HIV/AIDS. Action toward a fourth “One” could include: donors increasing transparency with regard to their contributions at global and national levels, strengthening UNAIDS’ capacity to track funding, exploring ways to harmonize major investments and avoid inconsistencies in funding, and respecting the wishes of governments. One PCB member suggested that lessons should be learned from those who are able to disburse funds quickly at country level since this was the goal.

44. Dr Piot responded by emphasizing that UNAIDS is fully aware of the enormous challenges posed by implementing the “Three Ones”. In some countries, the State and/or the National AIDS Commission were weak and the performance of the UN was uneven. In some places, the UN was still running projects, when it should be building capacity. Dr Piot agreed that it would be important to involve civil society fully and to develop a clear set of indicators and goals for its involvement. He stated that UNAIDS is working on model processes to suit different circumstances. Based on these, UNAIDS would initiate action in selected countries. He felt that the development of a Code of Conduct should be possible, starting with a commitment to efforts such as coordinated joint missions to countries.

45. Regarding the idea of a fourth “One”, Dr Piot noted that such a concept was not part of the present agreement, but he welcomed the involvement of donors who were able, in light of their internal political realities, to contribute to improved coordination of funding at country level.

3: Reports by the Chairperson of the Committee of Cosponsoring Organizations and the NGO Representative

46. Mr Koichiro Matsuura (Director-General, UNESCO) representing UNESCO as Chair of the Committee of Cosponsoring Organizations (CCO) presented the Report by the Chairperson of the Committee of Cosponsoring Organizations (UNAIDS/PCB(15)04.5). Mr Matsuura began his remarks by saying it had been an honour to serve as Chairperson of the CCO during the past year, and he thanked all the Cosponsors, as well Dr Piot and the UNAIDS Secretariat, for their support and cooperation.

47. Mr Matsuura noted the significant developments of the last year which involved increased funding; moves towards enlargement of the family of the UNAIDS Cosponsors; and contributions by the Cosponsors in their respective field of intervention, namely UNICEF towards girls education and prevention of mother-to-child transmission, UNDP in national capacity-building, UNFPA in prevention of sexual transmission of HIV, WHO in the strengthening of treatment programmes, the ILO through HIV/AIDS workplace strategies, UNODC to reduce transmission through injecting drug use, UNESCO through prevention education, the World Bank through the Multi-country AIDS Program, and WFP through the use of food aid as part of the response to the epidemic.

48. Mr Matsuura stated that the most significant development of the past year was the launch of four major programme-wide initiatives: the “3 by 5” Initiative by WHO and UNAIDS; UNICEF’s scaled-up initiative for orphans and vulnerable children; the co-leadership of WFP and UNAIDS of the UN response to the food insecurity crisis in Southern Africa; and the UNESCO Global Initiative to Expand Prevention Education against HIV/AIDS. Collectively, these initiatives indicated that the struggle against the HIV/AIDS epidemic continued to be urgent, dynamic, innovative and adaptive.

49. Mr Matsuura stated that the most important of these initiatives was the “3 by 5” Initiative which was supported by all Cosponsors and provided a valuable framework for the coordination and the synergy of their efforts. It was also the most challenging in terms of resources, organization, logistics, training, and auxiliary services, including treatment education.

50. Mr Matsuura stated that UNESCO, in its capacity as CCO Chair had also organised the 23rd CCO meeting in Southern Africa in Livingstone, Zambia in March 2004, at the invitation of H.E. Brian Chituwo, Zambia’s Minister of Health and then Chair of the PCB. Mr Montador, representing Canada, then the Vice-Chair of the PCB, was also present. Mr Matsuura felt that the meeting helped to draw the world’s attention to the HIV/AIDS crisis of Southern Africa, as well as enhance multilateral cooperation, and address cosponsorship within UNAIDS and coordination at country level. The heads of agencies also attended a meeting which brought together for the first time Ministers of Health, Education and Finance from six Southern African countries to jointly address the HIV/AIDS epidemic in a frank, wide-ranging and constructive way.

51. Mr Matsuura underlined, however, that such efforts were still no match for the HIV/AIDS epidemic. While noting the crucial importance of the “3 by 5 Initiative, he made a special plea for Member States to pay more attention to prevention and reducing the rate of new infections. He stressed the need for a generic programme for prevention education that was at the same time simple, standardized and comprehensive, yet sensitive to the cultural specificities of each country and community. He closed by citing the evolution of UNAIDS, which in addition to coordination and information exchange, was also performing an important catalytic role.

52. Mr Antonio Maria Costa (Executive Director, UNODC) took the opportunity as incoming Chair of the CCO, to provide the PCB with some background on the work of his Office in the field of HIV/AIDS, with emphasis on the activities planned during the year in which UNODC would be the CCO Chair. UNODC’s HIV-related activities focused on injecting drug users, HIV in prisons, and the trafficking of persons for sexual exploitation in conflict and post-conflict situations—all tragic situations of greatly increased vulnerability to HIV which could also result in increased infection among the general population. Mr Costa assured the PCB that addressing HIV/AIDS in these contexts would be an important aspect of the work-programme of the UNODC in the coming years and would complement the foundation already laid down by the CCO.

53. The PCB thanked Mr Matsuura for his overview of CCO and Cosponsor activities and congratulated the Cosponsors for their individual, as well as joint achievements and multisectoral activities. It urged the Cosponsors and the UNAIDS Secretariat to continue to improve the UNAIDS partnership, especially at country level.

54. The PCB noted that there were a number of reports issuing from the Cosponsors, namely the report of the Chair of the CCO to the PCB and the individual reports of the Cosponsors on their HIV/AIDS activities to their own boards. The PCB considered that these multiple reports did not enable it to have a complete and clear picture of all the activities of the Cosponsors in the area of HIV/AIDS. The PCB therefore requested that there be consideration of ways to harmonize the reporting so that the PCB became a forum in which the Cosponsors detailed all their HIV activities.

It was suggested that if this was too lengthy, then the PCB could concentrate on a few countries at each PCB meeting. One member of the PCB also stressed the importance of harm reduction strategies for the reduction of HIV infection among injecting drug users. He urged UNODC to assist countries in these strategies.

55. Dr Piot agreed that the suggestion to harmonize the reports of the Cosponsors to the various boards would reduce the workload but would also depend on PCB member governments to not request different reports in the respective Board meetings. He expressed his willingness to work with PCB members on this issue.

56. Dr Ruben Mayorga (Executive Director, Organizacion de Apoyo a una Sexualidad Integral frente al SIDA, OASIS) representing Latin America and the Caribbean, Nongovernmental Organizations/People Living with HIV/AIDS, presented the Report of the NGO Representative. Dr Mayorga began by saying that, in the spirit of public-private sector partnerships, the PCB NGO delegates wished to highlight the individual and collective shortcomings in action that have exacerbated the HIV/AIDS epidemic. Among other things, he noted that the commitments made at UNGASS on HIV/AIDS for prevention, treatment and the reduction of stigma and discrimination had not been sufficiently realized. He expressed the view that universal access to treatment had been undermined by free trade agreements and the lack of application of the flexibility provided by the Doha Ministerial Declaration on Public Health and the TRIPS Agreement. UN agencies had not allocated sufficient funding to support the human resources needed for technical assistance. Civil society had been neither highly valued nor engaged, even though an effective public-civil society partnership was critical for the response. Nor had the essentials for effective prevention, care and treatment been mobilized or provided.

57. Dr Mayorga made a number of recommendations on behalf of the NGO Representatives. He urged developed countries to meet their OECD commitment of Official Development Assistance to the level of 0.7% of their GNP, and African countries to assign 15% of national budgets to health, as promised in the Abuja Declaration. He further urged all countries to enact legislation to protect privacy and fight discrimination; donor countries to honour the Doha Ministerial Declaration on Public Health and the TRIPS agreement and maintain the right of all to declare HIV/AIDS a health emergency; UNAIDS to promote gender-sensitive programming that would address the needs of women; for UNAIDS Cosponsors and Member States to support evidence-based prevention; for UNAIDS to address marginalized populations; for all stakeholders to strengthen civil society and make it more visible including through the development of a set of indicators to measure civil society's input and to include evaluation and reporting of that input in all relevant documents.

58. One PCB member pointed out that with regard to treatment, the involvement of civil society was critical in four areas: treatment advocacy; treatment literacy; service provision; and treatment adherence. Following a meeting of WHO, the UNAIDS Secretariat and the World Bank, the role of civil society in increasing access to treatment had been more clearly defined, and resources had been committed to fund civil society activities in this area. The need to focus on prevention and marginalized groups was supported.

4: Panel discussions on Capacity and HIV Treatment Issues in Scaling up Responses to HIV/AIDS

Panel 1: Strengthening Capacity on HIV/AIDS

59. Ms Jane Haycock (Health Advisor, Department for International Development,[DFID] United Kingdom) served as Chair and Discussant for Panel 1 on "Strengthening Capacity on HIV and

AIDS". Ms Haycock opened the panel discussion by stressing the need to find ways to build capacity to deliver basic social services as well as mount a response to HIV/AIDS, while dealing with system weaknesses and the impact of the epidemic. She presented as possible priority sectors: health, agriculture, education, uniformed services, and civil services. She urged PCB members to consider from their own perspectives short- and long-term capacity needs, gaps in understanding capacity, and AIDS exceptionalism. The floor was then given to the panellists, as follows.

60. Mr Walter Franco (Deputy Assistant Administrator and Director of the Bureau for Development Policy, UNDP) pointed out that, since funding had increased and the cost of treatment had fallen, the most serious constraint to an effective response was human and institutional capacity. He described aspects of five current challenges relating to capacity: the challenge of time and leadership; the community capacity challenge; the challenge of generating multisectoral responses; the challenge of reinventing government's response; and the challenge to deliver basic social services.

61. Mr Austere Panadero (Vice-Chair of the Philippines National AIDS Council and Assistant Secretary of the Department of Interior and Local Government, Philippines) presented the case study of the Philippines. He described the positive parameters of the response in the Philippines which included: the Philippine National AIDS Council; a broad-based multisectoral AIDS programme that involved communities, schools and workplaces; enabling legislation; and the beginning of a single monitoring and evaluation system. He pointed out, however, that in spite of this context very few local government units had the capacity to implement effective local responses to HIV/AIDS. To help capacitate local governments, the National AIDS Council had begun to put together a starter tool kit which was based on local interventions that had already proven to be effective in the Philippines. Once this tool kit was completed, there would be a need to facilitate its transfer to local governments. Mr Panadero closed by highlighting other challenges involved in better equipping local communities to mount an effective response.

62. Dr Rex Mpayanje (Director of Clinical Services, Ministry of Health, Malawi) and Dr Erik Schouten (HIV/AIDS Coordinator, Ministry of Health, Malawi) focused on the capacity challenges involved in scaling up the response in Malawi. Dr Schouten identified the shortage of human resources in the health sector as the most important factor limiting scaling up, pointing out that Malawi had only 1.6 doctors and 28.6 nurses per 100 000 people. He went on to say, however, that with the help of UNAIDS and the Global Fund there had been a paradigm shift that would allow more resources, including Global Fund monies, to be devoted to the human resource crisis. Dr Schouten said it would be helpful if UNAIDS would provide further assistance in the implementation phase of scaling up and act as a watchdog, broker and conflict manager at country level.

63. Dr Mariangela Batista Galvao Simao (Head, International Cooperation Unit, National AIDS Programme, Ministry of Health, Brazil) spoke on behalf of Dr Alexandre Grangiero (National Coordinator for Sexually Transmitted Diseases and HIV/AIDS, Ministry of Health, Brazil). Dr Galvao Simao stressed the urgent needs in Latin America and the Caribbean to reinforce national AIDS programmes, confront the spread of the epidemic and sustain national public health programmes. In light of these needs, the Horizontal Technical Cooperation Group, together with seven regional NGO networks in the region, proposed the organization of a network to promote technical assistance. This network would not provide technical assistance directly, but would facilitate cooperation by articulating the expertise available in national programmes. Towards the creation of such a network, a self-assessment tool was circulated throughout the region to identify technical assistance needs. The results included: harm reduction, access to diagnosis, interventions for men having sex with men and prisoners, the social marketing of condoms, laboratory support, access to services and social support for treatment, adherence, resource management, development

of human resources, logistics, information systems, monitoring and evaluation, strengthening NGOs, and human rights. It was intended that the network would connect those in need of technical assistance with those who could provide it.

64. Ms Jane Haycock (Health Advisor, DFID, UK) noted the clear call to action on the crisis in capacity as outlined by the panel. She stated that the panel had shown that in many countries HIV/AIDS was weakening the ability to respond faster than these countries can build capacity. She said it was clear that short-term strategies are needed immediately to fill existing capacity gaps, as are strategies for medium- and long-term needs. Within such strategies, there was role for all to play, including the increased involvement of civil society and the hands-on involvement of people living with HIV/AIDS. Areas for priority included human rights, expansion of care, literacy in anti-retroviral therapy, and ongoing prevention efforts. UNAIDS should continue to lead in advocacy but shift to supporting implementation, particularly by stressing equity, support to the poorest, and harmonisation through the application of the “Three Ones” principles. Countries should focus on good governance, inclusion and accountability. Donors and others should avoid practices that lead to “brain drain” and should support country processes and the transfer of knowledge.

65. The PCB confirmed that a crisis in human capacity exists across all sectors, but particularly in health, education and food production. The PCB recognized the “mismatch” between greatly increased funding and insufficient institutional and human resources, leading to situations where countries have funds but lack the capacity to use them, and have plans but lack the capacity to implement them. The PCB noted the critical factors negatively affecting capacity. These included attrition due to the AIDS epidemic; the movement of trained staff to developed countries, NGOs and international agencies; and restrictive international monetary policies. In addition to insufficient numbers of health-care staff, the capacity of health-care workers was lessened where there was fear and stigma associated with caring for people living with HIV and AIDS.

66. The PCB called on governments, international agencies and NGOs to put the issue of human capacity high on their agendas, including doing their own part to prevent “brain drain”. The PCB confirmed that UNAIDS had a leading role to play in identifying short- and long-term capacity needs, as well as in assisting countries to develop and implement plans to address these needs. The PCB urged governments to overcome rigidity in their own public administrative system and become creative and pro-active in engaging more participation of civil society in the response. The PCB stressed that lack of capacity should not be a reason for donors not to give; rather, there was need for investment that would strengthen capacity, including among governmental and nongovernmental entities and through horizontal cooperation. The PCB underlined that the key challenge was to sustain an urgent response to AIDS over the long-term.

Panel 2: Scaling up Access to HIV Treatment

67. Mr J.V.R. Prasado Rao, (Health Secretary, India) acted as Chair and discussant for the second panel on scaling up access to HIV treatment. Mr Rao pointed out that though increased access to treatment would have a profound effect on the lives of those affected as well as on prevention, scaling up access remained very complex, expensive and controversial. Mr Rao urged the session to focus on the constraints to scaling up and ways to overcome them. The floor was then given to the panellists, as follows.

68. Dr Gottfried Hirschall (Director, Partnerships, External Relations and Communications, Department of HIV/AIDS, WHO) provided an overview of the key challenges posed by the “3 by 5” Initiative at country level. He described these as follows: (a) to identify resources; (b) to utilize already committed resources; (c) to identify effective ways of working together; (d) to receive the

technical assistance necessary to build capacity; (e) to move beyond the public sector to build true partnerships with the private sector and civil society; and (f) to ensure a comprehensive response addressing prevention, treatment and care. He described WHO's contributions in these areas and noted that WHO was currently in the process of completing a "3 by 5" Progress Report which would analyze the progress in a number of countries and identify barriers to scale up.

69. Dr Elhadj Sy (Director, Global Fund to Fight AIDS, Tuberculosis and Malaria) pointed out that the vast majority of people living with HIV/AIDS still did not know that they were HIV positive. This was but one of the major constraints to the challenge of expanding treatment, a challenge that would necessarily involve and require multiple entry points for a host of actors. The Global Fund was one of these actors and had increasingly made treatment a priority, due in part to the initiatives of countries. The result was that the Global Fund was now one of the largest funders of AIDS treatment programmes. Dr Sy described a number of challenges, such as procurement and supply management, including delays in distribution and problems with the rational use of drugs. With regard to human capacity, he confirmed that the Global Fund had become more flexible in recognizing the human resource component of expanding access to treatment.

70. Dr Perry Gomez (Director, National AIDS Programme, Bahamas) gave a presentation on scaling up access to AIDS treatment in the Caribbean, the region with the second highest HIV prevalence after sub-Saharan Africa. Dr Gomez pointed out that 70% of people living with HIV/AIDS in Latin America have access to antiretrovirals; whereas only 7% in Caribbean countries have such access even though the region had successfully negotiated drug price reductions. He stated that the challenges in the Caribbean to the expansion of treatment included insufficient political will, insufficient commitment to care by the medical communities, poor coordination among actors on the ground, weak health systems and human resource capacity, and insecure access to affordable generics, especially after January 2005. Dr Gomez noted that the Bahamas was one of the counties in the region where political will had led to a strong national response to HIV/AIDS. In closing, Dr Gomez stated that the way forward for the Caribbean to achieve urgent and universal access to treatment for 76 000 people living with HIV/AIDS in the region must involve enhancing and coordinating technical assistance and cooperation, strengthening health systems, and achieving access to a sustainable drug supply.

71. Ms Dana Otilia Farscanu (Counsellor to the Minister of Health, Romania) described the Romanian programme to provide universal access to antiretroviral therapy which had been judged a success by a joint WHO/UNAIDS assessment in 2003. Ms Farscanu stated that the building blocks of this success included political commitment, the strong involvement of people living with HIV/AIDS, partnership with civil society and the private sector, international support through the UN Theme Group on HIV/AIDS, an effectively coordinated national response, sufficient resource mobilization and supporting national legislation. These factors had allowed the country to steadily and rapidly build the capacity to implement effective interventions in both prevention and care. She pointed out that antiretroviral treatment was covered entirely by government funds.

72. Ms Marie de Canival (Principal Investigator, SIDACTION) reported on research investigating the feasibility of increasing access to treatment through the work of community-based organizations. She pointed out that community-based organizations represented a large potential for medical care in that they were already providing health care services to an estimated 250 000 people. Given their established relationship with affected communities and existing expertise in AIDS care, they comprised a ready-made vehicle for antiretroviral roll out. After presenting evidence of existing activities and achievements of community-based care, she urged the international community and governments to support community-based organizations to scale up by recognizing their legitimacy

and professionalism, funding them to recruit skilled personnel and expand, and utilizing them to implement decentralized and equitable access.

73. PCB members thanked the panel for its interesting discussion of the challenges and opportunities regarding expansion of access to treatment. The PCB urged UNAIDS and countries to promote expanded treatment in the context of national ownership, decentralization and equity. The PCB underscored the critical need to strengthen national health systems as greater access was achieved over the following decades lest access to antiretrovirals meant that other crucial health needs went unmet.

74. The PCB reiterated its concern that expansion in treatment be accomplished within a comprehensive response to the epidemic that also accelerated prevention; otherwise, the situation would not be sustainable. The PCB confirmed that community-based organizations represented an invaluable resource for scaling up; however, they would need training and support in diagnostics, assessment, adherence and social support. One PCB member expressed concern that given restrictions on the acquisition of antiretrovirals, and the possibility of prices rising, there was a great risk that access to treatment in Latin America and the Caribbean would not be sustainable.

75. The PCB thanked those who participated in both panels and thanked UNAIDS for taking the innovative step to organize panel discussions. It welcomed the opportunities the panels gave for more concrete discussion and feedback regarding country-level challenges. It encouraged UNAIDS to continue to explore ways to improve and deepen discussions on crucial policy, strategy and programmatic areas, and to create opportunities for even more interactive and strategic debate.

5: Possible Establishment of a PCB Bureau

76. H.E. Dr Brian Chituwo (Minister of Health, Zambia) introduced this item in his role as former Chair of the PCB. He noted that the 14th PCB meeting had requested the PCB Chair, Vice-Chair, and the UNAIDS Secretariat, to explore the desirability of establishing a PCB Bureau, and propose options regarding its mandate, roles, functions and membership for decision at the next PCB meeting. To respond to this request, the PCB Chair held consultations with the Secretariat as well as with Member States, Cosponsors and NGOs. These consultations resulted in proposals for the PCB to consider and approve, as described in UNAIDS/PCB(15)/04.7.

77. Broad consensus had been reached on: the guiding principles; mandate, role and functions; and on the time frame of the Bureau. Two options were presented for PCB consideration regarding membership. The first option included the PCB Chair, Vice-Chair, Rapporteur, one Cosponsor Representative and one NGO/PLWHA representative. The second option included the PCB Chair, Vice-Chair, representation from each of the remaining regional groups, one Cosponsor Representative and one NGO/PLWHA representative. One PCB member proposed that the second option be adopted, requesting that the terms “flexibility and open communication” be clarified, that “mandate, roles and functions” be merged into the Bureau’s terms of reference, and that an equitable geographic representation in the Bureau be taken into account. An open-ended working group comprising interested members and chaired by the PCB Chair met to discuss these issues. The PCB concluded by approving the first option for Bureau membership.

78. The PCB thanked the former PCB Chair, the UNAIDS Secretariat and others who had been involved in the discussions concerning the possible establishment of a Bureau. The PCB confirmed its desire to have a Bureau with a view that such a Bureau would increase its efficiency, optimize its management at minimum cost, and lead to better communication. The PCB underlined that the Bureau should add value to the management and performance of the PCB and confirmed that it

would function for a two-year trial period following which a review of the Bureau would be undertaken to assess the value added.

6: Cosponsorship

79. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) introduced the item as detailed in UNAIDS/PCB(15)04.8. Dr Cravero pointed out that UNAIDS was created almost ten years ago through Economic and Social Council Resolution (ECOSOC) 1994/24 of 26 July 1994, with six UN-system cosponsoring organizations. The Programme was designed to draw on the experience and strengths of the Cosponsors and to promote a broad-based response in countries involving a wide range of sectors and institutions. ECOSOC Resolution 1994/24 also spoke of the “urgent need to mobilise fully all United Nations system organizations in a coordinated manner and according to the comparative advantage of each organization.”

80. Dr Cravero pointed out that the last ten years had witnessed a rapid spread of the epidemic, which in turn had led to widening UN system interest in combating HIV/AIDS. The original six cosponsors had grown to nine with the addition of UNODC, ILO and WFP. Most recently, in a letter of December 2003 to the UNAIDS Executive Director, UNHCR had requested to join as a Cosponsor.

81. Dr Cravero outlined the process by which new Cosponsors were accepted and stated that, to date, this process had worked well. The process comprised a number of distinct steps, such as demonstration of a clear recognition of the impact of HIV/AIDS in an organization’s work, stepped-up action on HIV/AIDS, fulfilment of existing criteria as outlined by the CCO in Document..., approval by the organization’s governing board for its AIDS-related work, and the submission of an official request to join UNAIDS as a Cosponsor. This request was reviewed by the other Cosponsors individually and through the CCO.

82. Because it was likely that interest in joining UNAIDS would continue, Dr Cravero reported that at its last meeting in March 2004 the CCO considered the implications of increased cosponsorship. These included: (a) the budget (e.g., continued expansion of the UBW); (b) governance (Secretariat transaction costs); and (c) management (complex/time-consuming consultative process). The CCO made several proposals for consideration by the PCB, which are outlined in paragraphs below.

83. With regard to Cosponsor participation in the PCB, it was proposed that six Cosponsors, to be selected by the Cosponsors, would be represented at any given PCB. It was further proposed that a new Cosponsor would be admitted during the six months following UBW approval, giving the new Cosponsor time to get ready for participation in the next UBW.

84. Finally, the CCO proposed additional criteria to the existing criteria for Cosponsorship. These included: a functional HIV/AIDS workplace policy; no less than US\$ 4 million of the organization’s own resources earmarked for HIV/AIDS; the organization’s own resources for HIV activities being greater than what the organization received from the core UBW; HIV/AIDS activities underway at country level in at least 40% of the countries where the organization had a permanent country presence; and a track record of active participation in UN Theme Groups on HIV/AIDS at country level.

85. The PCB welcomed WFP and UNHCR as new Cosponsors of the Programme, acknowledging that the expertise they brought would strengthen the response to the epidemic. The PCB also welcomed the trend of more UN agencies becoming interested in supporting HIV-related activities.

PCB members felt that this was due in part to the growing devastation caused by the epidemic and in part to the good performance of UNAIDS.

86. The PCB appreciated the step-by-step process, the use of well-defined criteria, the involvement of the PCB in the process, and the opportunity for periodic review of compliance. With regard to the proposed additional criteria, the PCB urged that there be: (a) greater focus on the quality of cosponsor performance, particularly with regard to support to countries and the “Three Ones” principle; (b) ongoing efforts to monitor and minimize the transaction costs of increased coordination challenges, particularly at country level and in the UN Theme Groups on HIV/AIDS; (c) ongoing efforts to monitor the impact of increased cosponsorship on the UBW; and (d) maintenance of a variety of mechanisms by which to take part in the expanded response to the epidemic, other than cosponsorship. One PCB member expressed concern that the UBW could increase too rapidly as it strives to keep pace with a growing number of cosponsors. It requested that the UNAIDS Secretariat and Cosponsors explore mechanisms by which to address this concern. Another PCB member asked that there be consideration of inclusion of criteria by which to exclude applicants. The PCB welcomed the proposals of the CCO to strengthen the criteria for cosponsorship of UNAIDS, and requested that the CCO regularly review compliance by the Cosponsors with the established criteria, both existing and new. The PCB further requested that the implications of an increasing number of Cosponsors with regard to the UBW, the UNAIDS Secretariat and UN Theme Groups on HIV/AIDS at country level be monitored on an ongoing basis.

7: Financial Reports

87. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) introduced the financial reports by referring to two documents: “Financial Report and audited financial statement for the financial period 1 January 2002 to 31 December 2003 and Report of the external auditor” (UNAIDS/PCB(15)/04.09), and “Interim financial management information for the 2004-2005 biennium and financial update as at 30 April 2004” (UNAIDS/PCB(15)/04.10). Dr Cravero pointed out that the opinion of the external auditor was a clean opinion, with no observations, as in all previous financial periods.

88. Dr Cravero highlighted the significant financial developments which occurred since the last PCB meeting. She was pleased to state that, in the biennium which ended 31 December 2003, income received for the UBW exceeded PCB targets. Out of a total amount of US\$ 217.9 million received, over 93% was received from 30 donor governments. The remainder was accounted for by funds received from the World Bank (3.6%), interest on income (2.7%), and miscellaneous donations (0.4%). Dr Cravero thanked all the governments and other contributors for their financial support of UNAIDS. She further pointed out that almost 100% of the 2002-2003 UBW was financially implemented as planned by 31 December 2003.

89. With regard to the 2004-2005 UBW, Dr Cravero reminded the PCB that it had approved a total core budget of US\$ 250.5 million to be distributed as follows: US\$ 85.7 million for Cosponsors, US\$ 91.2 million for the Secretariat, and US\$ 73.6 million for interagency activities. Subject to availability of funding during 2004-2005, the PCB also approved an additional interagency core budget of US\$ 20 million beyond the US\$ 250.5 million core budget.

90. Ten per cent of the income required for the 2004-2005 UBW had been received by 30 April 2004, which was lower than the 17% received by the same time in the previous biennium. The programme expenditure as of 30 April 2004 was US\$ 109 million. This was made possible by the carry-over from the previous biennium and the contributions received to date.

91. Additional funds were needed in 2004 as follows: US\$ 2.4 million from the funds carried over as a matching contribution to cover the Secretariat's share of the 10% increase in the construction costs of the new premises; a further US\$ 3 million to cover the cost of installation into the new premises; and US\$ 1.4 million to strengthen security measures at country level in compliance with the revised UN Minimum Operating Security Standards in the field. This financial situation resulted in a shortfall of US\$ 5.1 million as at 30 April which was covered by borrowing from the Operating Reserve. In light of this shortfall, Dr Cravero encouraged donors to make their annual contributions as soon as possible.

92. Dr Cravero reported that, as at 24 June 2004, programme expenditure, including funds transferred to Cosponsors, amounted to US\$ 113.9 million. New contributions in the amount of US\$ 8.6 million were received since 30 April, bringing the total to US\$ 34.4 million. Dr Cravero thanked the PCB members which had announced contributions and underlined the pressing need for timely and increased contributions to continue the momentum of programme implementation and the Programme's need to implement the PCB decisions.

93. One PCB member announced its contribution for 2004 and urged other donors to honour their commitments to the Programme and make their contributions in priority to the core budget.

8: Other matters

8.1 Update on the implementation of the UNGASS Declaration of Commitment

94. Dr Werasinghe Sittitri (Director, Programme Development, Coordination and UN System Relations, UNAIDS Secretariat) introduced the update on the implementation of the UNGASS on HIV/AIDS Declaration of Commitment (UNAIDS/PCB(15)/04.11). Dr Sittitri characterized the Declaration of Commitment as a benchmark for global action which had helped to refine the National Strategic Plans, set time-bound targets and clarified responsibilities of all parties.

95. Ms Nicole Massoud (Monitoring and Evaluation Officer, UNAIDS Secretariat) continued with a presentation of achievements to date under the targets set by the Declaration of Commitment. She cited as overall achievements progress in national leadership, political commitment and policy development which were part of 2003 targets. Unfortunately, there was insufficient progress in policy implementation. In terms of gender, nearly one third of countries lacked policies by which to secure women's equal access to critical prevention and care services. With regard to the 2005 target to achieve a 20% reduction in transmission from mother to child, the number of women offered such services doubled between 2001 and 2003. However, the 2003 coverage amounted to only 8% of those in need, with only 5% covered in Africa. With regard to access to antiretroviral therapy, there was a 56% increase in the numbers receiving such therapy between 2001 and 2003. However, as of 2003, only 410 000 people in need were receiving antiretroviral therapy, well short of the target of 3 million by 2005. With regard to HIV/AIDS education for young people, there was a target of 90% coverage by 2005. As of 2003, 48% were receiving such education. It was judged too early to assess reduction in prevalence among young people by 25% in the countries most affected by 2005, though it could be said that Uganda would achieve this target.

96. Ms Massoud reported that UNAIDS had taken a number of steps to facilitate the achievement of the 2005 targets. These included: intensified advocacy with a focus on sensitive issues, the development of a comprehensive resource-mobilization strategy, the development of extensive guidelines for key interventions, placing additional staff so as to strengthen UN country capacity by 46%, and the promotion of the "Three Ones" principles.

97. The PCB noted the findings of the Progress Report on the Global Response to the HIV/AIDS Epidemic (2003), prepared for General Assembly review of implementation of the Declaration of Commitment towards the 2005 targets. The PCB noted with concern the current gaps between the targets and the response, particularly in light of the fact that only 18 months remained before the deadline of 2005. The PCB pointed out that the Preliminary Report for 2005 was likely to be an important political milestone and encouraged UNAIDS and all stakeholders to make every effort to achieve the targets. The PCB endorsed the proposed key actions and looked forward to receiving detailed guidelines for reporting.

8.2 Review of the Memorandum of Understanding with the Global Fund to Fight AIDS, Tuberculosis and Malaria

98. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) presented an update on progress made in implementing the Memorandum of Understanding (MOU) with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) as detailed in UNAIDS/PCB(15)/04/12. In January 2004, there was held the first formal review of collaboration within the MOU framework. The review included senior staff of UNAIDS, GFATM and Cosponsors, as well as country staff of UNAIDS and portfolio managers of the GFATM. The review confirmed that consultations between staff were taking place on a regular basis, and collaboration was increasing across all four key areas defined in the MOU, namely: strategic analysis and policy advice; technical support through the proposal process; monitoring and evaluation; and resource mobilization and advocacy. One clear sign of the value-added of UNAIDS was the consistently higher rates of approval of funding for country proposals that had received UNAIDS support.

99. The review indicated areas that could benefit from greater attention. These were: (a) the need for further clarification of the roles and responsibilities of the GFATM and related mechanisms (such as Country Coordinating Mechanisms) *vis-à-vis* existing groups (e.g., national AIDS councils and partnership fora); (b) the increasing demands of countries for technical assistance from UN system agencies and other partners (an “unfunded” mandate); and (c) the goal of “additionality”, which appeared threatened as support to the UN stagnated or declined in some sectors and countries by donors trying to meet commitments to new funding mechanisms. Dr Cravero closed by confirming that overall UNAIDS believes the MOU provides a useful framework for collaboration with GFATM.

100. Dr Elhadj Sy (Director, GFATM) reviewed a number of points of collaboration between UNAIDS and the GFATM, including UNAIDS’ provision of technical assistance for proposals to the Fund, its technical backup to the Technical Review Panel (TRP) and its technical assistance to countries as they began to implement proposals. He reported that joint regional consultations in Africa have been useful for effective collaboration in that region, and that similar consultations would be initiated in Eastern Europe, Latin America and the Caribbean. He suggested that UNAIDS and the GFATM meet more regularly, strengthen joint advocacy for resource mobilization, and promote the “Three Ones” together at country level.

101. The PCB thanked UNAIDS and the GFATM for the review of implementation of the MOU and the identification of a number of issues that should be explored further, in particular, the demand for technical assistance, the role of Country Coordinating Mechanisms, the implementation of the “Three Ones”, and the promotion of additionality of funding at both global and national levels. The PCB suggested that there be an opportunity for lengthier discussion on the collaboration between UNAIDS and the GFATM at an upcoming PCB, as well as further discussion of these issues at the GFATM board meeting.

8.3 Update on the Global Coalition on Women and AIDS

102. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) presented an update on the Global Coalition of Women and AIDS as detailed in UNAIDS/PCB(15)/04.13. Dr Cravero stressed that this was considered one of UNAIDS' most important initiatives to date. She explained that the Global Coalition was a UNAIDS-led movement of people, networks and organizations with four key goals: to raise the visibility of issues related to women, girls and AIDS; to catalyse action to address those issues; to facilitate collaboration at all levels; and to scale up action that would lead to concrete, measurable improvements in the lives of women and girls. The Coalition was founded on six principles: (a) women are not victims and their "resilience" should be recognized and supported; (b) adolescent girls are at a particular risk; (c) women experience "the paradox of low risk and high vulnerability"; (d) change is possible, given sufficient attention and resources; (e) positive women are vital to change; and (f) there is a role for men and boys. The Coalition is focusing on the following seven action areas: preventing HIV infection among young girls, including reproductive health care; reducing violence against women; protecting the property and inheritance rights of women and girls, ensuring equal access to care and treatment, supporting improved community-based care, promoting access to new prevention options, including microbicides and female condoms; and promoting universal education for girls. In each of the seven action areas, the Global Coalition—through the UNAIDS Secretariat and its convening agencies—aims, by the end of 2004, to: (i) improve the evidence base; (ii) develop key advocacy messages; and (iii) build broad-based partnerships to catalyse action at global, regional and national levels. A more comprehensive report on the goals and strategy of the Global Coalition would be presented to the PCB in December 2004.

103. Dr Cravero emphasized that the Coalition was promoting women's leadership in the fight against AIDS in terms of what was *said*, what was *done* and what was *measured*. Among the many important messages concerning the experience of women and AIDS, the Global Coalition was promoting messages that are less well accepted but vitally important. These include, for example, the facts that: violence against women is not simply a domestic problem but has significant social and economic consequences for the countries in which it occurs; early/child marriage is a risk factor for HIV; and current prevention strategies do not sufficiently protect women and girls or recognize their special problems. The Global Coalition was seeking to ensure that key issues related to women and girls were built into all national plans and programmes. Further, it was catalysing and supporting initiatives which focused on women and AIDS issues across all regions. Finally, the Global Coalition was ensuring that monitoring tools include indicators that capture whether efforts were making a difference for women and girls. Dr Cravero closed by emphasizing that the Global Coalition on Women and AIDS intended to move the response in a different direction. She informed the PCB that UNAIDS and its partners were using the opportunities of the 2004 World AIDS Campaign to draw attention to the impact of the epidemic on women and AIDS. This would culminate in the celebration of World AIDS Day, which will highlight the achievements of the first 12 months of the Global Coalition. Progress in this area could also be reviewed by the PCB in December 2004.

104. The PCB expressed its strong support for the Global Coalition on Women and AIDS and reaffirmed that equality for women must not only be essential in its own right but is also vital to successful responses to the epidemic. The PCB endorsed the key principles and action areas of the Global Coalition, and looked forward to increased advocacy and outputs to be achieved in 2004 and discussed further at the next thematic PCB meeting. One PCB member urged other members to fund the Coalition, both through core funding and through extra-budgetary support.

105. The PCB expressed its support for strategies that addressed the underlying societal values that result in inequalities between the sexes. The PCB agreed that strategies should involve men, including strategies to transform harmful gender norms and harmful concepts of masculinity. The PCB suggested emphasis in the areas of education, including sex education, the empowerment of women and girls, investment in female-controlled methods of prevention, equality in access to treatment, reform of discriminatory laws and customs, the active participation of women in governance structures, and strong follow-up of progress made under the many Conventions and Declarations that promote a gender-based response to HIV/AIDS. One PCB observer welcomed the long overdue focus on women. She urged that the focus remain on “women” versus “gender” lest women’s concerns and experiences become lost.

8.4 Statement by the representative of the UNAIDS Staff Association Steering Committee

106. Ms Leyla Alyanak (Chief, Advocacy and Campaigns and Chair, UNAIDS Staff Association Steering Committee) welcomed the opportunity to address the PCB. She pointed out that until recently the concerns of the staff of the UNAIDS Secretariat were dealt with by the WHO staff association, but the UNAIDS Secretariat’s staff rules and regulations differed from those of WHO. Ms Alyanak reported that in October 2002, five staff members set up an interim mechanism to represent the interests of UNAIDS Secretariat staff. This interim arrangement would end in November 2004 when staff representatives were to be elected to a permanent UNAIDS staff association.

107. During this interim period, the UNAIDS staff representatives were involved in drafting a policy on staff rotation, strengthening support for colleagues living with HIV, strengthening policies against harassment in the workplace, and limiting the use of successive short-term contracts. Notable achievements included support for the global staff meeting, which improved staff morale, brought staff together and elucidated critical concerns; and an agreement by senior management to consult the staff association before taking decisions that impacted staff employment, interests and welfare. The UNAIDS Secretariat also volunteered, along with four other UN bodies, to pilot a new approach to managing human resources involving “broadbanding” (collapsing several grades together) and “pay for performance” (linking performance to salaries). Ms Alyanak closed by stating that the UNAIDS staff association intended to work for equitable treatment, equal access to benefits, recognition of work well done, fair working conditions, and an organization effective against AIDS.

9: Next PCB meeting

108. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) recalled that the 14th meeting the PCB had decided on the following dates for PCB meetings to be held during the years 2004 to 2006:

- 16th PCB meeting (fifth ad hoc thematic meeting): 14 and 15 December 2004 (Tuesday and Wednesday)
- 17th PCB meeting: 28 and 29 June 2005 (Tuesday and Wednesday)
- 18th PCB meeting: 27 and 28 June 2006 (Tuesday and Wednesday)
- 19th PCB meeting (sixth ad hoc thematic meeting): 12 and 13 December 2006

109. The PCB Chair had sought candidatures to host the thematic meeting to be held on 14 and 15 December 2004 and a number of countries expressed an interest. A decision was taken according to regional, logistical and financial criteria. On this basis, Jamaica was selected. As regards the themes, “Gender and AIDS” and “Prevention” were proposed as the items for discussion at the thematic meeting. Brazil had offered to the Bahamas to serve as Vice-Chair at the thematic meeting.

110. Jamaica accepted with pleasure and thanked the PCB and UNAIDS for being selected to host the fifth thematic meeting of the PCB. It was noted that this would be the first time that the PCB met in the Caribbean. This would offer key opportunities to bring greater focus to the HIV epidemic in the region, to highlight local programmes, and to encourage the strengthening of the response in Jamaica and the region.

111. The PCB took note of the proposed dates for the PCB meetings during 2004 to 2006, agreed to the themes for the next thematic meeting, and looked forward to meeting in Jamaica with the Bahamas as Vice-Chair.

10: Adoption of decisions, recommendations and conclusions

112. The decisions, recommendations and conclusions for each agenda item of the 15th meeting of the PCB were prepared by the Drafting Group and were discussed and adopted in plenary prior to the closure of the meeting. They are set out in Annex 2. The Chair of the Drafting Group and those who participated in the drafting group were thanked for their excellent work.

Annex 1

AGENDA

Fifteenth meeting

Geneva, 23-24 June 2004

Place of meeting: *Ramada Park Hotel, Avenue Louis-Casari 75-77, 1216 Cointrin, Geneva*

Time of meeting: *09h00 - 12h30 and 14h00 - 18h00*

Provisional Agenda

1. Opening:
 - 1.1 Opening of the meeting and adoption of provisional agenda
 - 1.2 Election of Officers
 - 1.3 Consideration of the report of the fourteenth meeting
 - 1.4 Report of the Executive Director
2. Coordination and Harmonization
3. Reports by the CCO Chair and NGO Representative
4. Panel discussions on human capacity and treatment issues in scaling up response to HIV/AIDS
 - Panel 1: The Crisis in Human Capacity
 - Panel 2: Scaling up Access to Treatment
5. Possible establishment of a PCB Bureau
6. Cosponsorship
7. Financial Report
8. Other matters:
 - 8.1 Briefing on Global Coalition on Women and AIDS
 - 8.2 Update on implementation of the UNGASS Declaration of Commitment
 - 8.3 Review of the Memorandum of Understanding with the Global Fund to Fight AIDS, Tuberculosis and Malaria
 - 8.4 Statement by representative of the UNAIDS Staff Association Steering Committee
9. Next PCB meeting
10. Adoption of decisions, recommendations and conclusions

Annex 2

DECISIONS, RECOMMENDATIONS AND CONCLUSIONS

Agenda item 1.1: Opening of the meeting and adoption of the provisional agenda

1. The Programme Coordinating Board adopted the provisional agenda.

Agenda item 1.2: Election of Officers

2. Canada was elected as Chair, Brazil as Vice-Chair and Kenya as Rapporteur of the 15th meeting of the Programme Coordinating Board.

Agenda item 1.3: Consideration of the report of the fourteenth meeting

3. The Programme Coordinating Board adopted the report of the 14th meeting.

Agenda item 1.4: Report of the Executive Director

4. The Programme Coordinating Board notes with satisfaction the achievements of UNAIDS during the last biennium.
5. Noting with concern the many continuing challenges for the response to AIDS and for UNAIDS, the Programme Coordinating Board:
 - 5.1 supports UNAIDS efforts to initiate and strengthen policy work and country analysis generating aggregate indicators and planning to address the urgent problem of the insufficient capacity (i.e., institutional and human resources) of many countries to mount comprehensive and sustained responses to AIDS;
 - 5.2 further supports UNAIDS efforts to promote innovative and “exceptional” policy options for AIDS funding, including debt-relief, a review of the impact of medium-term expenditure frameworks and fiscal ceilings on investments in AIDS programmes, and the capacity of countries to exploit fully the opportunities offered to them within global trade rules;
 - 5.3 encourages UNAIDS leadership to promote the implementation of the Doha Declaration on TRIPS and Public Health as well as supporting countries to utilise the flexibilities permitted by the TRIPS Agreement in their internal regulations;
 - 5.4 endorses the need for a comprehensive gender-balanced response to AIDS, incorporating HIV prevention, treatment and impact alleviation, in particular stigma and discrimination, and, in this regard, supports UNAIDS to lead in the development of a revitalized prevention strategy, with a clear link to sexual and reproductive health and basic health services, that promotes prevention in combination with treatment; and

5.5 recognizing the importance of effective, sustainable and equitable health systems in the multisectoral response to HIV/AIDS, encourages UNAIDS to support countries in strengthening their health systems, and the development of human resource capacity.

6. Noting the more complex environment in which UNAIDS must operate and the need to continue to reinforce its joint and innovative nature, the Programme Coordinating Board:

6.1 supports the strengthened capacity of the UNAIDS Secretariat, particularly at country level, through the placement of qualified staff in key areas (i.e., facilitation, monitoring and evaluation, social mobilization, brokering partnerships and resource tracking and mobilization), a clarification on the Secretariat functions and position within the United Nations Resident Coordinator System, and effective inclusion of the UNAIDS Country Coordinator as a member of the United Nations Country Team to implement joint programming; it is vital that the individual cosponsors in each country focus on their value added contribution and comparative advantage;

6.2 further supports the strengthening of performance-based management by the UNAIDS Secretariat through appropriate procedures, including the focus on results-based budgeting, the introduction of competency-based recruitment and training, implementation of decentralized management, introduction of a mobility and rotation policy and continued progress in improving workplace policies on HIV/AIDS;

6.3 encourages the establishment through UNAIDS of Technical Support Facilities, including regional technical assistance networks to help countries identify key technical assistance providers and access high quality technical assistance;

6.4 further encourages UNAIDS to advocate that technical assistance providers, including the United Nations System, other public and private sector partners, including civil society and NGOs are adequately financed to meet the scale of demand; and

6.5 recognizes the essential role of civil society in the multisectoral response to HIV/AIDS, and requests UNAIDS, in partnership with civil society representatives, to establish indicators to more formally identify, document, and evaluate best practices of civil society. These indicators should relate to the goals of the Declaration of Commitment on HIV/AIDS, the “Three Ones”, the “3 by 5” Initiative and the UN System Strategic Plan for HIV/AIDS for 2001–2005.

Agenda item 2: Coordination and Harmonization (the ‘Three Ones’)

7. Recognizing the need to further promote coherence in actions at country-level and the importance of the “Three Ones” (one agreed HIV/AIDS action framework that provides for the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system); and taking note of the growing support for harmonization at country level, the Programme Coordinating Board:

7.1 endorses the “Commitment to principles for concerted AIDS action at the country level” agreed during the high-level meeting held on 25 April 2004 in Washington, D.C., which built on earlier declarations and consultations on harmonization, and encourages bilateral and multilateral agencies and national leaders to apply these principles at the country level;

7.2 further endorses specific actions (listed under UNAIDS/PCB 15.04.4) by UNAIDS to support the implementation of the “Three Ones” at country level, including selection of a number of countries to identify good practices in country-specific situations, and to plan for these actions in the next biennium’s Unified Budget and Workplan; and

7.3 encourages UNAIDS to build on work by OECD/DAC to develop principles of good practice for effective coordination and harmonization at the national level; to set clear and specific guidelines for the inclusion of civil society and People Living with HIV and AIDS organizations in partnership forums and other national coordination bodies, and to facilitate efforts to better coordinate funding within the national AIDS strategic framework.

Agenda item 3: Reports by the Committee of Cosponsoring Organizations Chair and Nongovernmental Representative

8. Noting with appreciation the Report by the Chairperson of the Committee of Cosponsoring Organizations, the Programme Coordinating Board:

8.1 welcomes the joint programme-wide initiatives undertaken by UNAIDS, led by the Secretariat and/or various Cosponsors, and notes their key achievements and multisectoral activities in the field of HIV/AIDS;

8.2 encourages UNAIDS Secretariat and Cosponsors to consider a process for providing a harmonized, outcome-oriented report on their HIV/AIDS activities to the PCB, as well as to their respective governing bodies;

8.3 urges the Secretariat and Cosponsors to continue to strengthen the UNAIDS partnership, especially at country level, and thereby contribute to a comprehensive response to HIV/AIDS; and

8.4 notes the remarks by the incoming Chair of the Committee of Cosponsoring Organizations.

9. The Programme Coordinating Board:

9.1 welcomes the presentation of the representative of the nongovernmental organizations and ensuing discussion, and encourages the Secretariat to strengthen and evaluate continued participation of nongovernmental organizations in the PCB;

9.2 urges UNAIDS to promote discussions within countries to propose legislation against discrimination and assist countries who may wish to declare HIV and AIDS a health emergency; and

9.3 endorses the recommendation that UNAIDS Secretariat, Cosponsors and Member States promote and support evidence-based HIV-prevention interventions.

Agenda item 4: Panel Discussions on Capacity and HIV Treatment Issues in Scaling up Responses to HIV/AIDS

10. Noting with interest and appreciation the presentations from the panellists on the “Strengthening Capacity on HIV and AIDS” the Programme Coordinating Board:

10.1 encourages UNAIDS to assist countries: to identify and analyse national and international policy impediments and short, medium and long term needs related to human capacity; to address these in an urgent, innovative, and—as much as possible—sustainable way; and to foster south-south cooperation.

11. Noting with interest and appreciation the presentations from the panellists on the “Scaling Up Access to AIDS Treatment” the Programme Coordinating Board:

11.1 notes the numerous challenges and opportunities related to scaling up the required responses for treatment and reaffirms the need to integrate prevention and treatment activities, and encourages UNAIDS to continue with public and private sector partners to enhance their efforts to plan, implement, monitor, and evaluate the sustainable scale up of treatment and prevention activities; and

11.2 encourages UNAIDS to advocate the effective use of resources, to support diverse systems approaches to delivery of HIV prevention, diagnostics and antiretroviral treatment, on a scale which meets demand at country level.

12. The Programme Coordinating Board expresses their appreciation to the Secretariat for organizing the Panel presentations and encourages UNAIDS, in consultation with partners, to explore ways of improving discussions and decisions on strategic, policy, programmatic and other relevant issues (for instance, additional focus on countries with relevance to programmatic issues).

Agenda item 5: Possible Establishment of a Programme Coordinating Board Bureau

13. Welcoming the proposal by the Programme Coordinating Board (PCB) Chair and Vice-Chair to establish a PCB Bureau, as requested at its 14th meeting, the Programme Coordinating Board:

13.1 approves the guiding principles, terms of reference and the membership of the Bureau as follows:

(i) Guiding Principles

Transparency, efficiency of operation and establishment at a minimum cost.

(ii) Terms of Reference

- coordinating the Programme Coordinating Board’s programme of work for the year;
- facilitating smooth and efficient functioning of the Programme Coordinating Board sessions;
- facilitating transparent decision-making at the Programme Coordinating Board;
- preparing the Programme Coordinating Board agenda, and recommending the allocation of time and the order of discussion items;
- providing guidance on Programme Coordinating Board documentation, as needed; and
- additional functions as directed by the Programme Coordinating Board.

(iii) Membership

the Chair, the Vice-Chair, the Rapporteur of the PCB, one Cosponsor representative and one representative of nongovernmental organizations and people living with HIV and AIDS; and

13.2 agrees to review and assess the functioning of the Programme Coordinating Board Bureau after a two-year trial period.

Agenda item 6: Cosponsorship

14. Welcoming the initiative by the Committee of Cosponsoring Organizations to strengthen the criteria for cosponsorship of UNAIDS and taking note of both the existing and the new criteria for cosponsorship, the Programme Coordinating Board:

14.1 decides that future proposals by UN-system organizations to join the Programme as Cosponsors should be reviewed by the Committee of Cosponsoring Organizations and then submitted to the Programme Coordinating Board for its consideration and approval;

14.2 endorses the Committee of Cosponsoring Organizations decision that, in accordance with the Economic and Social Council resolution 1995/2, six Cosponsors will participate in the Programme Coordinating Board as members in any one year, with the selection to be decided upon by the Cosponsors;

14.3 requests that the implications of an increasing number of Cosponsors vis-à-vis the Unified Budget and Workplan, the UNAIDS Secretariat as well as the United Nations Theme Groups on HIV/AIDS at country level, be monitored on an ongoing basis;

14.4 further requests the CCO to regularly review compliance by the Cosponsors with the established criteria, and further encourages UNAIDS Secretariat and Cosponsors to intensify cooperation with all relevant partners; and

14.5 endorses the World Food Programme and the United Nations High Commissioner for Refugees as the ninth and tenth Cosponsors of UNAIDS, respectively.

Agenda item 7: Financial Report

15. Noting with satisfaction the financial report and audited financial statements for the financial period 1 January 2002 to 31 December 2003 and the report of the external auditor, and taking note of the interim financial management information for the 2004-2005 biennium and the financial update as at 30 April 2004, the Programme Coordinating Board:

15.1 notes the opinions of the External Auditors that the financial statements included in the Financial Report for the 2002-2003 biennium accurately reflect UNAIDS accounts and the results of its operations and are consistent with Financial Regulations and Legislative Authority;

15.2 endorses the Executive Director's proposal to utilize part of the 2002-2003 carried-over funds to cover the costs of additional security measures at country level and of payments in conjunction with the construction of new premises in Geneva, including installation costs; and

15.3 encourages donor governments and others to make available their contributions towards the Unified Budget and Workplan for 2004-2005 as soon as possible, if they have not already done so.

Agenda item 8: Other Matters

Agenda item 8.1: Update on the United Nations General Assembly Special Session on HIV/AIDS Declaration of Commitment

16. Taking note of the update in meeting the goals and targets of the United Nations General Assembly Special Session on HIV/AIDS Declaration of Commitment, the Programme Coordinating Board:

16.1 notes the findings of the Progress Report on the Global Response to the HIV/AIDS epidemic (2003), prepared for the General Assembly review of implementation of the Declaration of Commitment, in particular the areas requiring concerted effort to achieve the 2005 targets of the Declaration of Commitment;

16.2 requests governments to increase their efforts together with all partners in order to reach the 2005 targets in the Declaration of the Commitment; and

16.3 endorses the key actions to be taken by UNAIDS to facilitate achievement of targets for 2005, as proposed in the Report UNAIDS/PCB/15/04.11.

Agenda item 8.2: Review of the Memorandum of Understanding with the Global Fund to Fight AIDS, Tuberculosis and Malaria

17. Taking note of the review of the Memorandum of Understanding with the Global Fund, the Programme Coordinating Board:

17.1 requests more substantive discussion at a future PCB meeting; and further recommends that PCB Members and Observers on the Global Fund Board ensure that the main themes of this meeting are reflected in the discussions of the Global Fund Board;

17.2 welcomes the increasing collaboration between UNAIDS and the Global Fund in all four areas of the Memorandum of Understanding, and encourages effective collaboration and complementarity; and

17.3 notes the issues identified as requiring concerted attention in the short term, and urges action by all partners, namely the need to: (i) clarify the roles and responsibilities of Global Fund mechanisms vis-à-vis other existing structures at country level (in line with the “Three Ones” principle); (ii) address in a comprehensive manner the increasing demand of countries for technical assistance from the UN system to support national AIDS responses; and (iii) promote the principle of additionality of Global Fund resources.

Agenda item 8.3: Update on the Global Coalition on Women and AIDS

18. Noting with appreciation the update on the Global Coalition on Women and AIDS, the Programme Coordinating Board:

18.1 expresses support for the Global Coalition on Women and AIDS' key principles and action areas;

18.2 welcomes the expected outputs in 2004, especially those related to intensified global, regional and national advocacy and action in the field of HIV/AIDS focused on women and girls; and

18.3 endorses proposed next steps, including further development of the Global Coalition on Women and AIDS and opportunities through the 2004 World AIDS Campaign to draw attention to the impact of the epidemic on women and girls.

Agenda item 8.4: Statement by the representative of the UNAIDS Secretariat Staff Association

19. The Programme Coordinating Board welcomes the establishment of the UNAIDS Secretariat Staff Association and takes note of the statement by its representative.

Agenda item 9: Next PCB meeting

20. The Programme Coordinating Board reconfirms its decision from the 14th meeting that the 16th Programme Coordinating Board meeting will be held on 14th and 15th December 2004. The Programme Coordinating Board also confirms that the meeting will be held in Jamaica, and that Bahamas will be the Vice-Chair. The themes proposed for discussion are "Gender and AIDS", and "Prevention".

Agenda item 10: Adoption of decisions, recommendations and conclusions

21. The Programme Coordinating Board adopts the decisions, recommendations and conclusions of the 15th Programme Coordinating Board meeting.

24.06.2004

Annex 3

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