



UNAIDS/PCB(21)/07.21  
17 January 2008

**Report of the Twenty-first Meeting of the UNAIDS  
Programme Coordinating Board  
Geneva, Switzerland  
17-18 December 2007**

## **1. Opening**

### **1.1 Opening of the meeting and adoption of the provisional agenda**

The twenty-first meeting of the UNAIDS Programme Coordinating Board (PCB) took place at the Geneva International Conference Centre (CICG) in Geneva, Switzerland, on 17-18 December 2007. The agenda for the meeting is attached as Annex 1.

The Chair, His Excellency Dr Mongkol Na Sonkhla (Minister of Public Health of Thailand) welcomed all participants and guests to the meeting. He expressed with concern that the epidemic remains of the highest urgency and that complacency is to be warned against, exemplified by the statistic that for every next person on treatment, six new infections occur.

The provisional agenda (UNAIDS/PCB(21)/07.1) was adopted without amendments and the Chair opened the meeting.

### **1.2 Consideration of the report of the twentieth meeting**

The report of the twentieth meeting had been circulated and made available in accordance with PCB requirements. As no comments and amendments were received, the PCB approved the report of the twentieth meeting.

With regard to the twenty-first meeting, the Chair proposed that as most reports had been prepared and circulated in advance, a drafting group would not be required and discussions would take place in plenary.

### **1.3 Report of the Executive Director**

Dr Piot, Executive Director of UNAIDS, commenced his address with a request for one minute of silence in commemoration of the UN colleagues, including a UNAIDS staff member, and Algerian civilians who lost their lives in a terrorist attack in Algeria.

He expressed appreciation to Thailand for its active support of the PCB, to UNHCR as dynamic chair of the Committee of Cosponsoring Organizations (CCO), and anticipated a close working relationship with the current vice-chair, the USA. He also expressed thanks to donors for a fully funded Unified Budget and Workplan 2006-2007.

In his report, the Executive Director first presented a review of the epidemic and the response over the past six months. He then provided an update on institutional matters, key events and issues for 2008.

Dr Piot explained that HIV prevalence figures were lower, largely due to improved data collection and methodologies, the latter approved by an independent reference group. Encouraged by the growing evidence that investments in AIDS are delivering results, most markedly in Southern and East Africa and certain other regions, he mentioned Botswana as a country where universal access to services to prevent mother to child transmission has been realised. He reminded the meeting that AIDS remains the main cause of death in sub-Saharan Africa, while each day more than 6,000 people are newly

infected. With a 150% increase in HIV prevalence in Eastern Europe, the epidemic remains a huge challenge, and progress towards universal access is slow and uneven.

Dr Piot stated that prevention remains the biggest challenge, in part because it requires frank discussion about sensitive issues such as sex, injecting drug use and stigma. In order for prevention efforts to be effective, countries need to know their epidemic; interventions should address emerging challenges and be grounded in people's needs and realities. UNAIDS must therefore work to promote the demand for prevention rights.

In this context, Dr Piot stressed the link between prevention and human rights, stating all prevention efforts should follow human rights principles. He made reference to the work of the CCO Chair, UNHCR, on reducing refugees' vulnerability to HIV. On women and HIV, Dr Piot mentioned the guidance package soon to be released and the collaboration with the Global Fund on making the money work better for women.

Dr Piot stressed the continued importance of political leadership and noted in this regard the first global meeting of Parliamentarians in Manila, Philippines, and the EU/Africa Summit in Lisbon, Portugal, where AIDS was discussed by all parties as part of core business.

On funding, Dr Piot expressed hope that the US Congress would endorse renewed funding through reauthorisation of President's Emergency Plan for AIDS Relief (PEPFAR), yet warned that a major funding gap remains. He made special mention of middle income countries without access to favourable conditions with institutions such as the International Monetary Fund (IMF) and the World Bank.

On the relationship with the Global Fund, the new Memorandum of Understanding is to be finalised in early 2008, in time for consideration by both Boards. Illustrating their strong relationship, Dr Piot highlighted that in some UNAIDS country offices, up to 50% of staff time is devoted to country programmes supported by the Fund.

Linking the AIDS response with broader health and development initiatives would be key to the long term sustainable response. Dr Piot reported that 25 countries are mainstreaming AIDS through Poverty Reduction Strategy Programmes. Closer collaboration had been initiated with Tuberculosis and reproductive health programmes, while linking with maternal and child health is key in light of prevention of mother to child transmission and to address stigma.

AIDS has often exposed serious gaps in developing countries health systems, yet in much current AIDS programming, for instance by PEPFAR and the Global Fund, efforts are made to strengthen systems. Investments in AIDS can equally be an investment in health systems, creating a win-win situation, as in the case of Rwanda. Yet synergies are not always possible and these situations need to be addressed. Health systems alone are not enough to respond to the epidemic, as prevention, care and support are much wider. The AIDS response must address social, economic and justice issues. The broad horizontal response to AIDS can provide a new paradigm for health and development.

On institutional issues, Dr Piot welcomed this PCB Meeting as the forum to discuss the Second Independent Evaluation of UNAIDS. He proposed that it should; assess the effectiveness of the Joint Programme in all its facets; analyse its strengths and

weaknesses; and review the role of UNAIDS in the global context. He also stressed the need for the process to be independent, transparent and swift.

Dr Piot expressed appreciation for the development of the Performance Monitoring and Evaluation Framework 2008-2009 and confirmed the PCB's request to develop a four-year Unified Budget and Workplan, a proposal for which would be presented at the next PCB.

Dr Piot reiterated the full participation of UNAIDS in United Nations Development Group (UNDG) and One UN pilot country processes on UN reform, and stated that the CCO had approved the management response to the Global Task Team (GTT) assessment. He expressed commitment to the continuous implementation of the GTT recommendations but reminded the PCB that this is a collective effort, also requiring the collaboration of bilateral partners.

Stating that 2007 had been a year of consolidation, Dr Piot anticipated a busy year ahead with a number of important regional and international meetings on AIDS, such as the International AIDS Conference in Mexico and the High Level Meeting on AIDS at the General Assembly in New York. He expressed the wish that 2008 would be the year of intensification and specified five areas for achieving concrete results:

- scaling up effective support to countries, especially on management and governance;
- finalise and implement certain topical and practical country level guidelines;
- refine the process for epidemic data collection and analysis;
- increase the contribution to wider development efforts and relationships; and
- sharpen the focus on long term secure and sustainable response, including finance and leadership.

The PCB expressed appreciation for the comprehensive report by the Executive Director and concurred with many of the challenges raised. In particular, the PCB welcomed Dr Piot's remarks regarding the new global HIV prevalence estimates, the focus on prevention, the linkage between HIV and human rights as well as with the broader development agenda, and the potential synergies between the AIDS response and health systems strengthening. The PCB endorsed the five focus areas presented by the Executive Director.

The PCB remarked that UNAIDS should actively share its experiences in terms of UN reform, the Three Ones principle, and with regard to coordination, aid effectiveness and the Global Task Team recommendations. Delivering as One in the context of One UN was highlighted as an opportunity for greater UN coherence on HIV.

The PCB endorsed the Executive Director's remarks regarding prevention, gender and HIV, yet cautioned that guidelines alone would not be enough. The meeting called for strong leadership and synergy of initiatives.

The PCB acknowledged the important regional and international meetings to take place in 2008 and recommended they be used for continued linkage of issues and agendas, and sharing of experiences. With regard to the High Level Meeting on AIDS in June 2008, the meeting requested that concrete issues be identified beforehand to drive the

preparation process and to ensure a purposeful meeting. The Secretariat was requested to provide guidance on the preparations. On the International AIDS Conference in Mexico, it was suggested this forum should see an emphasis on children and HIV.

PCB delegates requested the meeting to take a strong stance on countries with travel restrictions for people living with HIV, similar to a Global Fund Board decision on this issue. Also, a request was made for every PCB meeting to open with one minute of silence for all those who had died of AIDS-related causes since the last meeting.

In relation to the issue of health systems strengthening, the PCB supported the view that AIDS response and health systems strengthening are not in competition. The PCB also made note of the issue of human resources development, and the importance of investments in education and training of health workers, especially in light of brain-drain to developed countries.

The PCB acknowledged the importance of technical assistance mechanisms such as the Global Implementation Support Team (GIST) and the Technical Support Facilities (TSFs) but cautioned against overlap of mandates, for instance with UNAIDS, and recommended that clarity of roles was imperative. The importance of UNITAID as a mechanism facilitating access to treatment was acknowledged by the PCB.

Lastly, the PCB noted with regret that the term for the Executive Director would end in 2009, and requested to be informed about the selection process to be followed for appointment of a successor and the role of the PCB in this process.

The PCB decisions and recommendations for this agenda item are included in Annex II.

## **2. Independent Evaluation of UNAIDS**

As requested by the 20<sup>th</sup> PCB of June 2007, the meeting was presented with a proposal for the Second Independent Evaluation of UNAIDS (UNAIDS/PCB(21)/07.2).

For the PCB Bureau, Ms Prangtip Kanchanahattakij (First Secretary, Permanent Mission of Thailand, Geneva) presented the PCB with the background to the evaluation, the draft Terms of Reference, the suggested timeline and budget. She explained that in preparation for the proposal, a process had been followed that included reviewing other evaluations such as the first 5-year UNAIDS evaluation and the recent PEPFAR and Global Fund evaluations; consulting PCB constituencies; interviews with key stakeholders; a questionnaire; and the analysis of these various inputs. Written contributions and comments had also been received and taken into account.

She elaborated on the proposed purpose, scope and content elements of the evaluation and emphasized the underlying principles of impartiality and independence. Next to Terms of Reference and responsibilities for the evaluation team the proposal also included two possible arrangements and related Terms of Reference for an Oversight Committee. The first arrangement suggested an Oversight Committee drawn up from external technical experts, guaranteeing complete independence but possibly lacking insight into the UN system and particularly the mandate and functioning of UNAIDS. The second arrangement suggested members drawn from the PCB with some selected experts. The evaluation would include a number of country visits. Three options with different cost implications were provided for the PCB to decide upon.

The PCB expressed its appreciation to the Bureau and the Secretariat for the presentation and process of consultation, and engaged in active response and detailed discussions regarding the proposal. The PCB agreed that the proposal was well developed, but various constituencies and delegates suggested amendments, additions and issues for consideration.

The meeting agreed that there was a need for a clear purpose and prioritised objectives and research questions, particularly given the limited timeframe and budgetary considerations. There was consent that the changing context of the global AIDS response and UNAIDS role in this context was to be an important aspect of the evaluation. In this regard, there was some debate as to whether the ECOSOC resolution that had created UNAIDS and had defined its mandate should be revisited.

The PCB agreed that UNAIDS' role in, and contribution to, UN reform, the Paris Declaration on Harmonisation and Alignment, and the Global Task Team recommendations should be considered in the evaluation.

The PCB agreed that the evaluation should be both programmatic and institutional in nature, assessing the efficiency, effectiveness and functioning of the Joint Programme at all levels, including the Secretariat, the Cosponsors, and the regional and country levels. This would also include the governance structure of the Joint Programme, meaning the PCB itself, and the Unified Budget and Workplan as a mechanism for oversight and accountability, and as an instrument for the division of labour within the Joint Programme. In particular, the added value of UNAIDS representation at regional level was to be assessed, as well as the interactions at country level, the obstacles to joint programming and the perceptions of national governments. The PCB agreed the evaluation should report and analyse both challenges and achievements.

There was also consensus that the previous evaluation and outcomes from other relevant assessments should be considered in the evaluation so as to avoid duplication but rather build on existing knowledge and experiences. In this regard, it was felt that there should be a degree of comparability between the first and the second independent evaluation. The PCB agreed that the evaluation should include actionable recommendations, to be considered and decided on by the PCB, to allow for concrete follow up.

Other issues brought forward for consideration or inclusion in the evaluation were an assessment of the provision of technical support in the response to AIDS and the mechanisms facilitating and delivering such support; the adequate involvement and consultation of civil society and how their participation can be improved; measures for quality assurance of the evaluation and for addressing time slippage; and how different operational procedures (within the UN) affect harmonisation at country level.

There was also agreement that beside gender, other structural drivers of the epidemic such as stigma and poverty would be incorporated, as well as prevention, human rights and the greater involvement of people living with HIV.

The PCB deliberated extensively on the two possible arrangements for the Oversight Committee, on the number of country visits to be included in the evaluation, and on the timeframe for the entire process. In the end, it was decided option 2 would be taken for

the Oversight Committee, with the membership being a mixture of delegates to the PCB and external experts, to be selected according to agreed criteria. The timeframe was reduced to 18 months. A guideline was given for the number of countries to be visited, based on geographical representation, type and severity of the epidemic, and levels of economic development. The proposed budget was approved. On many of the operational issues regarding the evaluation, the PCB delegated decision making to the Oversight Committee.

Lastly, the PCB recommended that close communication be maintained throughout the process between the Evaluation Team and the Oversight Committee, with no substantive role or involvement by the Secretariat.

All PCB decisions and recommendations for this agenda item are contained in Annex II.

### **3. Programme Performance Monitoring Framework**

Having approved the Unified Budget and Workplan 2008-2009 at the 20<sup>th</sup> PCB in June, the PCB had requested more attention for results-based management and accountability, and the ability to track linkages between investments and results. Taking these concerns into account, the Secretariat refined and finalised the Performance Monitoring and Evaluation Framework (PMEF). Dr Paul De Lay (Director of Evidence, Monitoring and Policy, UNAIDS) presented this latest version to the PCB (UNAIDS/PCB(21)/07.3). He informed the meeting that the structure of the Framework had been simplified and the number of indicators reduced. As an integral part of the UBW 2008-2009, the Framework mirrors the structure of the UBW.

Dr De Lay explained that the Framework had a stronger focus on results at country level and a demonstrated linkage with One UN pilot countries. The Framework would also allow for better linkage between investments and achievements, and it had aligned its terminology with the OECD-DAC language and terms. He further informed the meeting that a mid-term review of the UBW had been included as per the PCB's request. The mid-term review would serve as the key mechanism to ensure the release of funds against results. Also, the Framework would allow for joint and individual accountability of the Joint Programme and the Secretariat and the Cosponsors respectively, making use of Cosponsors' own systems and mechanisms.

The PCB congratulated Dr De Lay and the Secretariat on the refined and finalised version of the Performance Monitoring Evaluation Framework. The PCB agreed the Framework was simplified yet more robust and welcomed the results based and country level focus of the Framework. The meeting especially appreciated the inclusion of the mid-term review and its potential to align financial allocations with performance. Overall, the PCB agreed the Framework offered the prospect of increased transparency and accountability.

The PCB acknowledged the reduction in number of indicators and the rationalisation of outcomes. One member wondered whether the reductions and simplifications would not hamper comparison with the previous UBW. The PCB endorsed the use of indicators for which data collection already exists. One constituency advocated for the use and inclusion of alternative and non-traditional data sources, as well as qualitative data, to collect information on less monitored areas.

For future refinement, the PCB recommended further work on aligning the Framework to other monitoring mechanisms, e.g. the Millennium Development Goals. The PCB was satisfied with the overall representation of gender and prevention in the Framework, but requested more attention for health systems strengthening, as in line with earlier discussions during the meeting.

One constituency expressed appreciation for the clarity on how Cosponsors would work with civil society, while another constituency asked how the activities of Cosponsors would be monitored. The hope was expressed that in light of this strengthened Framework, harmonisation at country level would increase through Joint Teams on AIDS, and the goal of 'making the money work' brought one step closer.

The PCB noted that not all roles of UNAIDS, especially as convener, coordinator and as partner in policy dialogue, could be readily measured and asked how in future this could be addressed.

To ensure good use of the Framework a request was made for establishment of a Monitoring and Evaluation Reference group within the PCB for governance purposes. This led to some concerns as to whether duplication of structures would ensue, given the existence of the Monitoring and Evaluation Reference Group (MERG). Dr De Lay clarified that the MERG is an independent technical body that provides broad guidance to UNAIDS - including on the Framework - but would not be suited to function as an internal PCB committee.

In response to a proposal by Norway Dr Piot suggested that in order to allow the PCB to function more strategically and with a greater level of engagement on specific topics, the possibility of creation of standing committee(s) could be formed within the PCB, as is the case in many other Boards. He cited the Oversight Committee for the second Independent Evaluation as an example.

The PCB responded positively to this suggestion and decided that the PCB Bureau, together with the Secretariat, would consider the establishment of certain standing committees within the PCB, their respective Terms of Reference and membership, and that proposals to this effect would be presented to the 22<sup>nd</sup> PCB.

Two decisions were made by the PCB on this agenda item, included in Annex II.

#### **4. UNAIDS Collaboration with the Global Fund to fight AIDS, Tuberculosis and Malaria**

In response to a recommendation of the 20th PCB meeting, a progress report (UNAIDS/PCB(21)/07.4) was presented to the PCB on collaboration with the Global Fund, especially in relation to the revised Memorandum of Understanding (MoU). Mr As Sy (Director, Partnerships and External Relations, UNAIDS) updated the meeting on the participatory and inclusive consultation process between the Joint Programme and the Global Fund, and advised that a finalised draft of the MoU would be presented at the 22<sup>nd</sup> PCB meeting. He stated that collaboration between the two organizations was ongoing on a daily basis, for instance in the area of governance and the grants evaluation process.



Mr Sy explained that the MoU would be on HIV only between the Global Fund and UNAIDS, while separate MoUs on Malaria and TB would be agreed bilaterally between the Global Fund and WHO. He also stated that a separate two-year plan of work, describing the specific support that each Cosponsor and the Secretariat will provide to the Global Fund, will be developed, as well as an accountability framework and mechanism for periodic review of implementation of both the MoU and the work plan. The Global Fund and UNAIDS would also collaborate on a joint communication and advocacy strategy, on women, girls and HIV, and on strategic information related to the epidemic update. Lastly, he commended the Global Fund for moving from project to programme funding.

The PCB received the report by Mr Sy with appreciation for the excellent collaboration between the two organizations, which was regarded both as strategic and mutually beneficial. The appointment of focal points in both organizations to facilitate this collaboration was welcomed. The PCB expected the revised MoU to further define roles and levels of expectation, and supported the idea of a work plan. It was requested that this work plan should be sufficiently detailed and costed, considering that the support provided by UNAIDS to the Global Fund would carry its own cost, which would need to be incorporated into the UBW. This was noted especially in light of the fact that in some country offices, up to 50% of UNAIDS staff time is devoted to Global Fund supported programmes, preparation of country proposals and related technical support. The PCB expressed the hope that the revised MoU would translate into improved collaboration at country level.

Regarding the accountability framework, the PCB noted that the Global Fund was also accountable in terms of moving towards Universal Access, and that the UN system and UNAIDS were to provide a normative basis and oversight.

The meeting felt some proliferation existed in the area of technical support, with potential duplication and overlap of roles and mandates. The PCB noted that a previous decision had stated that UNAIDS should be the clearinghouse for technical support. The PCB further requested UNAIDS to support countries that are currently not accessing Global Fund grants due to reasons such as human rights issues, poor proposal quality, or denial by national governments.

The PCB welcomed the collaboration on gender and HIV, and requested that UNAIDS continue to provide technical support to countries to develop costed annual work plans, and encouraged the Global Fund to fund those plans and not separate projects. Lastly, the PCB requested to be regularly informed on collaboration with the Global Fund, also from a substantive perspective.

A number of other concerns specific to the mandate and work of the Global Fund were raised. Mr Sy recommended these be taken forward by delegates to the next Board meeting of the Global Fund.

The PCB noted the progress to date regarding collaboration with the Global Fund.

## **5. Progress report on the Global Implementation Support Team (GIST)**

The 20<sup>th</sup> PCB of June 2007 requested a review of the Global Implementation Support Team (GIST). A presentation was delivered by Dr Steve Kraus (Global Coordinator on HIV/AIDS, UNFPA).

Dr Kraus informed the meeting of the process of the review, performed by members of the GIST, which had involved many interviews with key informants and a focus on six countries. The main findings revealed the GIST was most effective when addressing systemic problems affecting country level implementation, but that direct intervention at country level had mixed results. GIST was most strongly perceived as a forum for interagency dialogue and coordination of technical support. The findings lead to the decision to revise the Terms of Reference, as overlap was observed regarding the role of the UNAIDS Secretariat in relation to the changed global environment on AIDS, which now included other structures and mechanisms for technical assistance.

The revised Terms of Reference are expected to remain consistent with the Global Task Team recommendations and focus on supporting countries with effective implementation. The purpose of the GIST will remain to harmonise and coordinate technical support to address implementation bottlenecks and disseminate lessons learnt from identified good practices. The GIST remains committed to making the money work and considers its broad membership as a strength in this regard. In future, GIST will move away from direct implementation, utilise the data systems of GIST members for analysis of implementation problems, have fewer meetings and reduce its budget. After one year, the GIST will assess its revised functioning and decide whether the 'value added' justifies its continued existence.

The PCB expressed appreciation for the frank presentation and the collaborative spirit of the review. The meeting engaged in a lively discussion on the role and value added of the GIST. Some members expressed the view that too many mechanisms to coordinate and provide technical assistance exist, and the function and terms of reference of the GIST were not sufficiently clear and convincing in the increasingly complex AIDS architecture. Examples were given of the GIST role at global versus country level, or in terms of coordination versus implementation. To allow for a proper assessment of its functioning, a review of costs against outputs was requested. Also, more clarity on oversight and accountability was asked for.

Other members and delegates expressed satisfaction with the work of GIST, stating that the mechanism played an important role in global coordination and provision of technical assistance in a rapidly evolving environment, allowing for flexible, timely and un-bureaucratic responses to address implementation issues at country level. GIST was seen as an important mechanism for inter-agency dialogue and a potential vehicle for South-South collaboration. In addition, GIST was commended for having introduced the Civil Society Action Team tool for providing technical assistance to civil society, and for making useful web based tools available. Suggestions were made that GIST should broaden its membership to be more representative and be able to share country experiences.

The World Bank representative explained how the AIDS Strategy and Action Plan (ASAP) mechanism had undergone an evaluation and shared some of the outcomes and recommendations, including a targeted business plan for 2008-2009. The PCB agreed that this could be a useful exercise.

The Global Fund representative (observer) expressed the Global Fund's commitment to the GIST and stated the role of GIST as global coordinator was crucial, considering the increasing demand for technical assistance in a complex environment where coordination was essential to the success of programmes funded.

The PCB suggested that the GIST should collaborate with the Second Independent Evaluation team to share its experiences, and decided that the revised Terms of Reference would be approved by electronic vote on a no objection basis.

The PCB agreed with the recommendations of the review and endorsed a revised GIST, with a review at the 23<sup>rd</sup> PCB to assess its value added. The PCB approved the two decisions related to the agenda item with amended wording. The decisions and recommendations are included in Annex II.

## **6. Issues related to future Programme Coordinating Board meetings**

In response to a request by the 20<sup>th</sup> PCB, Mr As Sy presented to the PCB a paper prepared by the Secretariat (UNAIDS/PCB(21)07.5) on modalities for thematic segments and a cost-benefit analysis of holding meetings in and outside of Geneva.

The purpose of having thematic segments during PCB meetings would be to link the PCB decision-making process to the broader policy debate on AIDS. Mr Sy proposed the idea of thematic segments with three specific objectives and explained the suggested process for identifying themes and criteria for theme selections, including relevance, responsiveness to concerns, focus and scope for action. In addition, he presented principles that would guide the participation in these thematic sessions, including suspension of normal PCB procedure to allow for broad based participation, for instance by external stakeholders, depending on nature and content of theme selected. It was suggested the format of sessions would be interactive, substantive, and broadly owned.

Regarding the analysis of holding meetings in and outside of Geneva, Mr Sy elaborated on the financial implications and the non-financial benefits. A cost analysis had shown that meetings outside of Geneva would incur higher financial costs, depending to some extent on cost sharing arrangements with the host country. The non-financial benefits included sensitization of local political leadership; encouragement of national and regional mobilisation around the AIDS response, and to foster a better understanding of reality on the ground. Selection criteria were suggested for regional rotation, cost sharing, local expertise and availability of sufficient facilities. Lastly, field visits were presented as a separate option.

The PCB expressed its appreciation for the clear and informative presentation. The PCB supported the inclusion of thematic segments in PCB meetings, as part of the role of UNAIDS as convener for global policy dialogue, and approved of the clear process and criteria for selection of themes. The PCB also requested there must be a strategic and effective link between the thematic discussions and the governing role of the PCB.

Not all members felt meetings outside Geneva would add enough value to justify the increased cost of such meetings. It was also felt 'outside' meetings should not mean more PCB meetings. Another argument was that cost for the Secretariat would also increase, as many staff involved in PCB meetings would have to travel. Other members

and delegates, though appreciative of the cost element, argued that many beneficial effects of outside Geneva meetings, such as improved leadership, mobilisation and dialogue at country or regional level, cannot be expressed in terms of money. It was acknowledged 'outside' meetings would not have to be held every year, but that a balance should be found.

The PCB agreed that criteria for country selection should include factors such as geographical representation, HIV prevalence and type of epidemic. A strong case was made that no PCB meetings should be held in countries maintaining travel restrictions for people living with HIV.

The PCB acknowledged field visits could be beneficial but cautioned they should be well planned and prepared, and be relatively small in size to maximise participation benefit.

Some concern was expressed with regard to follow up of PCB decisions and recommendations. The PCB noted there was no formal system in place, for instance for reporting on PCB decisions to the Boards of Cosponsors. In this regard, a progress report was requested on the 2005 thematic PCB in Zambia.

The PCB reiterated that meetings should be focused and well prepared, and that it was preferable to extend a meeting rather than calling a second annual meeting.

The PCB approved the decisions related to the agenda item with amended wording. The decisions and recommendations are included in Annex II.

## **7. PCB Meetings in 2008**

On behalf of the Secretariat, Ms Debbie Landey (Deputy Executive Director, Management and External Relations, UNAIDS) presented the proposal for dates, venue and themes of the 2008 PCB meetings (UNAIDS/PCB(21)07.6).

It was suggested the 22<sup>nd</sup> PCB would be held in April 2008 so as to avoid conflict with other meetings. The 23<sup>rd</sup> meeting was proposed to be held in December 2008.

The PCB Bureau had sent out a note to ask member states whether they were interested in hosting a PCB outside of Geneva. An offer from Thailand was received in writing while a verbal invitation was received from Ukraine. After its discussion, the PCB Bureau agreed to propose to the 21<sup>st</sup> PCB meeting that the 22<sup>nd</sup> PCB meeting will be held in Thailand. Subsequent to this decision, an offer was also received from Kenya. All three countries reaffirmed their offers during the meeting. After some deliberation, the PCB decided the 22<sup>nd</sup> PCB would be held in Thailand. Thailand will cover all local costs for the meeting. The venue for the 23<sup>rd</sup> PCB meeting will be in Geneva.

The PCB noted for the record that, for future reference and decision making, the process for selection of host countries agreed on during the 21<sup>st</sup> PCB will be adhered to, and all information against criteria, including cost, should be available in advance.

On themes, the PCB agreed that the theme of the 22<sup>nd</sup> PCB will be "Diagnosis and treatment of tuberculosis (TB) among people living with HIV and how UNAIDS can work with TB communities". The PCB recommended that the agreed selection process for

themes be adhered to, and that it appears premature to select a theme a year in advance.

The PCB reiterated the suggestion that in as far as possible, PCB meetings could be held back to back with other international meetings so as to reduce travel cost and time, and to improve synergies with other events.

## **8. Any other business**

On follow up regarding the staff survey and the statement by the staff association at the previous PCB, Ms Landey informed the PCB that every department and unit had an action plan that had recently been reviewed and updated. The next staff survey will be held in the first quarter of 2008. Work on the work-life policy continues and an environmental policy is being implemented at UNAIDS. A staff development programme is ongoing and a second generation rotation policy is being developed.

On the change in management structure at the Secretariat, Dr Piot explained this had followed on an organizational review by Accenture. The new structure, effective since July 2007, includes two Deputy Executive Directors, appointed by the Secretary-General, and a rationalised departmental formation. Dr Piot acknowledged that restructuring can be a difficult period but explained that no jobs were lost, that post descriptions of all staff were reassessed, and that the current configuration is more aligned with the UBW.

The PCB decided that every next meeting will commence with one minute of silence to honour those who have died of AIDS related causes since the last meeting.

## **9. Adoption of decisions, recommendations and conclusions**

The Chair closed the meeting and thanked all participants for their constructive work, and extended a welcome to all for the next PCB meeting in Thailand in April 2008.

## ANNEX 1

16 October 2007

UNAIDS/PCB(21)/07.1



# PROGRAMME COORDINATING BOARD

## Twenty-first meeting

Date: 17-18 December 2007

Venue: International Conference Centre, Geneva, Switzerland

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

## Draft Annotated Provisional Agenda

Monday 17 December

### 1. Opening

**1.1 Opening of the meeting and adoption of the provisional agenda**

*The Chair will provide the opening remarks to the 21<sup>st</sup> Programme Coordinating Board meeting.*

**1.2 Consideration of the report of the twentieth meeting**

*The report of the twentieth PCB meeting will be presented to the Board for adoption. (UNAIDS/PCB(20)/07.20)*

**1.3 Report of the Executive Director**

*The UNAIDS Executive Director will give an oral update on UNAIDS' activities since the last PCB meeting.*

### 2. Independent Evaluation of UNAIDS

*As requested at the 20<sup>th</sup> PCB meeting in June 2007 the Board will receive for approval, information on the process, mechanisms and terms of reference for an independent evaluation of UNAIDS. (UNAIDS/PCB(21)/07.2)*

Tuesday 18 December

### 3. Programme Performance Monitoring Framework

*The Board will receive the finalized Programme Performance Monitoring Framework for the 2008-2009 biennium for approval. (UNAIDS/PCB(21)/07.3)*

**4. UNAIDS Collaboration with the Global Fund to fight AIDS, Tuberculosis and Malaria**

*The Board will receive a progress report on a revised and updated Memorandum of Understanding between UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria.  
(UNAIDS/PCB/(21)/07.4)*

**5. Progress report on the Global Implementation Support Team (GIST)**

*The Board will receive an oral progress report on the work of the GIST.*

**6. Issues related to future Programme Coordinating Board meetings**

*As requested at the 20<sup>th</sup> PCB meeting in June 2007 the Board will receive a paper, prepared by the UNAIDS Secretariat: on the format and potential resources needs of thematic elements of PCB meeting, including the possibility of enabling the segment to become an effective venue for policy debate, engaging all relevant key players, including, occasionally, high level participation in a way that avoids duplication with existing high level events; and, an analysis of holding meetings in and outside Geneva.  
(UNAIDS/PCB/(21)/07.5)*

**7. PCB meetings in 2008**

*The Board will receive proposals for the dates, venues and themes for the 22<sup>nd</sup> and 23<sup>rd</sup> PCB meetings, to be held in 2008.  
(UNAIDS/PCB(21)/07.6)*

**8. Any other business**

**9. Adoption of decisions, recommendations and conclusions**

*The draft decisions, recommendations and conclusions will be presented for adoption by the meeting plenary.*

## **ANNEX 2**

18 December 2007

### **Decisions, Recommendations and Conclusions**

The UNAIDS Programme Coordinating Board,

*Recalling* that all aspects of UNAIDS work are directed by the following guiding principles:

- Aligned to national stakeholders' priorities;
- Based on the meaningful and measurable involvement of civil society especially people living with HIV and populations most at risk of HIV infection;
- Based on human rights and gender equality;
- Based on the best available scientific evidence and technical knowledge; and
- Promoting comprehensive responses to AIDS that integrate prevention, treatment, care and support;

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

1. *Adopts* the provisional agenda;

#### **Agenda item 1.2: Consideration of the report of the twentieth meeting**

2. *Adopts* the report of the 20<sup>th</sup> meeting of the UNAIDS Programme Coordinating Board;

#### **Agenda item 1.3: Report of the Executive Director**

3. *Takes note with appreciation* of the Report of the Executive Director and the comments from the floor;

#### **Agenda item 2: Independent Evaluation of UNAIDS**

- 4.1 *Agrees* that the purpose of the evaluation is to assess the efficacy, effectiveness and outcomes of UNAIDS (including UNAIDS Secretariat, the PCB and Cosponsors) at the global, regional and country levels;
- 4.2 *Agrees* that, with respect to the questions to be addressed by the Second Independent Evaluation the following questions will be included, and *further agrees* that the comments received in plenary (see Annex 1) on this agenda item will be submitted to the Oversight Committee for consideration and incorporation, as appropriate, in the Tender for the Evaluation Team:

##### **a) The evolving role of UNAIDS within a changing environment**



Given the changing global, regional and country environments, the evolving role and priorities of the Joint Programme needs to be clearly defined, especially concerning working relationships with institutions like the Global Fund, PEPFAR, UNITAID, bilateral donors, private sector, civil society, regional organizations and others, all of which have grown in importance since the Five Year Evaluation. To what extent does UNAIDS generate and take advantage of synergies with its partners including HIV vaccine and other appropriate technologies advocacy and development partners and organizations of vulnerable populations and people living with HIV?

#### **b) Governance of UNAIDS**

This evaluation should involve a review of the governance and accountability structures of UNAIDS (Program Coordinating Board, Committee of Cosponsoring Organizations and the Unified Budget and Workplan), and its relationships with the Cosponsors and other UN bodies on a wide range of issues, especially given the organization's expansion, the entry of new partners into the field, and the growing range of activities being undertaken. The evaluation should consider the progress on recommendations of the GTT review and the Review of NGO/Civil Society Participation in the Programme Coordinating Board.

#### **c) The response to the Five Year Evaluation of UNAIDS**

Assessing the extent to which UNAIDS has been able to respond to the recommendations and proposed activities that emerged from the Five Year Evaluation based on the PCB decisions is important. It is also necessary to identify any factors, which may have facilitated or limited UNAIDS' implementation of these recommendations such as national capacities, availability of resources and resource gaps. Implementation will also have to be evaluated at headquarters, regional and country levels to determine the overall effectiveness, efficiency, equity and acceptability of the Programme.

#### **d) The interaction between Secretariat, Cosponsors, Agencies and Countries**

The components of UNAIDS, and the operational relationships between Secretariat, Cosponsors and other institutions, like the Global Fund, at headquarters, regional and country levels need to be reviewed. This should also involve evaluating the efficiency of UNAIDS in terms of coordination, consistency and compatibility of activities and programmatic strategies and, how the 'Division of Labour' has affected working relationships in country and taking into account the perspective of national governments. Does UNAIDS fulfill its global coordination role on AIDS. The Evaluation should include an assessment of UNAIDS' role in strengthening health systems and determine what improvements could be made to strengthen health systems in ways that support UNAIDS objectives.

#### **e) The administration of the Joint Programme**

This involves evaluating how the administration and business practice of the UNAIDS Secretariat has evolved since its creation, including its institutional relationships with WHO and UNDP, and whether it has been flexible and creative enough to keep up with the changing pace and types of demands that have emerged over time, including transfer of resources to countries. Patterns and processes of staff deployment and management will need to be addressed.

**f) Delivering as One**

The impact of UN Reform, GTT and the Paris Declaration on Aid Effectiveness on delivering the mandate of UNAIDS especially in countries, how it is viewed by countries, Cosponsors, donors and staff, and how this should influence the future should all be assessed. Also the impact which UNAIDS has had on UN reform and greater coherence at country, regional and global levels.

**g) Involving and working with civil society**

The extent to which UNAIDS has been able to, support, include, engage and incorporate in a meaningful and measurable way the concerns and capacities of civil society, and what types of functional relationships and partnerships have evolved at different operational levels should be reviewed and should be an integral part of all questions to be addressed by this Independent Evaluation.

**h) Gender dimensions of the epidemic**

The extent to which gender equality has been incorporated as an integral part of the work of UNAIDS at the global and national levels and the extent to which these issues have been incorporated in national strategies and actions. This must include the degree to which UNAIDS has supported countries in their efforts to address the gender dimensions of the epidemic. The measurement of impact on the gender equality must include; an analysis of the development of policy guidance; monitoring of gender-differentiated impact of programmes; systematic disaggregation of data by sex and integration of gender and equality indicators in monitoring and evaluation frameworks; as well as having the necessary internal capacity for gender analysis and policy guidance. Work on gender norms, work with sexual minorities, including men who have sex with men and transgender communities should also be examined.

**i) Technical support to national AIDS responses**

The impact of the technical support rendered by UNAIDS through an examination of activities in, and the needs and priorities of affected countries, and the quantity and quality of support rendered, including transaction costs, accessibility of funding, coordination mechanisms such as Joint UN Teams and others designed to enhance service delivery. To what extent does UNAIDS allow for flexible procedures that are adaptable to different national or regional situations?

**j) Human Rights**

How UNAIDS programmes and policies have contributed to strengthening the rights of vulnerable populations and have addressed issues of gender inequality, stigma and discrimination, the empowerment of vulnerable populations among its priorities and ensures that programme objectives reflect the priorities expressed by vulnerable populations themselves. This should include mechanisms to enable meaningful participation of vulnerable populations in policy and programme development.

**k) The Greater and meaningful involvement of People living with HIV**

The extent to which UNAIDS has enabled the active and meaningful engagement of people living with HIV through inclusive, transparent and democratic selection processes and of the choice, design, implementation, monitoring and evaluation of UNAIDS programmes from their inception;

- 4.3 *Agrees* that the Second Independent Evaluation should focus on UNAIDS and its performance as a whole. This includes the Secretariat and the HIV-related work of all 10 Cosponsors. In particular it should focus on:
- a. UNAIDS as an organizational and administrative entity in terms of its ability to deliver its agreed upon workplan (Unified Budget and Workplan);
  - b. the Secretariat's roles within UNAIDS; and
  - c. a selection of key areas (e.g. civil society engagement, GIPA, gender, and human rights), and activities of the Secretariat and Cosponsors at headquarters, regional and in particular, country levels;

4.4 *Agrees* that:

- a. the Second Independent Evaluation should be contracted by a team or a consortium of teams that demonstrate competence, experience and sensitivity to the complexity of the process, its geographic scope and its many underlying components such as administration, financing, international relations, public health, civil society engagement, gender and human rights;
- b. the Second Independent Evaluation should be contracted to private or public sector teams, or a mix of both provided they are external to the UN system, have the capacity to work together and share responsibilities according to capacity and expertise. To the extent possible the team should have gender and geographical balance; and
- c. those involved in the Evaluation should represent organizations from different regions and constituencies, to ensure that all relevant regions and stakeholder groups, including persons living with HIV, are part of the Evaluation;

4.5 *Agrees* the Terms of Reference for the Evaluation Team as follows:

- a. The Evaluation Team should be headed by a Team Leader, employed full-time for 18 months who is independent of the UNAIDS Secretariat and Cosponsors. The remainder of the Evaluation Team would comprise support staff for the Team Leader and a minimum of 10 short-term consultants for 5-7 months each. This choice is dependent upon the agreed scope of the evaluation and the number of country visits undertaken;
- b. Key responsibilities:

*Team Leader:* Design the overall evaluation methodology and manage a team of between 10-12 short-term consultants working on various aspects of the Evaluation. Produce quarterly reports for the Oversight Committee, a mid-year progress report for the Programme Coordinating Board and the final report according to timelines established. Direct and manage all interactions with the Oversight Committee and other administrative mechanisms. Liaise with country and regional offices to organize field visit as needed. The Team Leader will be supported by an administrative assistant as well as other part-time support staff;

*Short-term Consultants:* Under the supervision of the Evaluation Team Leader, undertake various aspects of the Evaluation. This will include reviewing all relevant documents received from the Secretariat, Cosponsors or other organizations; designing the methodology for specific country visits including rationale for choice of country; preparing and carrying out country visits according to agreed methodology; and writing up country reports. Assist in the preparation of any reports and summaries;

- c. Areas of Expertise: one part of the Evaluation relates to assessing the various aspects of UNAIDS, and therefore requires social science and public health expertise. The disciplines considered appropriate for membership in the Evaluation Team include public health, such as epidemiology, behavioral sciences, demography and operations research, specialists in evaluation, program management, management information systems and subject matter specialists in HIV (such as, women, youth, children, Injecting Drug Users, men who have sex with men), and related public health issues. The Team is also expected to have knowledge of existing AIDS programming globally and of the international health and aid architecture in which this programming occurs. Another aspect of the Evaluation may include an administrative evaluation of UNAIDS/WHO and UNDP procedures in support of UNAIDS. The latter would include a summary of yearly audits, a social audit and an information audit and may require the involvement of accounting firms, which have developed expertise in managerial and administrative audits;

4.6 *Agrees that:*

- a. the Second Independent Evaluation comprise a careful mix of site visits and observations, interviews and discussion groups, desk based research and review of existing reports, such as the Unified Budget and Workplan Performance Monitoring and Evaluation Framework. The Evaluation should be performed using proven methods in standardized formats and carried out in such a way that no single methodology eclipses others;
- b. the timing of these different methods be staggered so as to benefit from those activities that can be implemented immediately and promote efficiency regardless of location, i.e. headquarters, regions or countries;
- c. the Second Independent Evaluation should draw on the expertise and experience of partners, member states and civil society and other evaluations like WHO's "3 by 5" Evaluation, Global Fund Evaluation and the Institute of Medicine's Evaluation of PEPFAR;
- d. the results of the Evaluation should be presented as global, regional, and country analyses, including specific country case studies that highlight best practice and lessons learned. The quality of information obtained as part of these exercises also needs to be assessed and commented on; and
- e. While the specific input from UNAIDS will be identified, based on the experience of other evaluations e.g. the Global Fund and PEPFAR, the difficulty of attributing specific changes within countries to the work of an individual organization is recognized;

4.7 *Decides* that an Oversight Committee be created to oversee the Evaluation. This would consist of a balanced cross section of representatives of governments, Cosponsors and civil society, ensuring appropriate participation of persons living with HIV and other stakeholders. In order to ensure independence, the Committee Chair should not be a member of the Programme Coordinating Board;

4.8 *Agrees* the Terms of Reference for the Oversight Committee as follows:

a. Membership of the Oversight Committee

*Decides* the Membership of the Oversight Committee should include representatives of donor and recipient countries, UNAIDS stakeholders, including Cosponsors, Member States, civil society, while ensuring appropriate representation of people living with HIV, and relevant independent experts, including representation from the TERG/MERG.

*Further decides* that the Oversight Committee should be constituted according to the following criteria:

- At least one person from each region and two from Africa
- At least two participants who are HIV+
- No more than three members of the Programme Coordinating Board
- Not less than 40 percent of either gender
- Not more than ten members

b. Accountability

The Oversight Committee will report directly to the Programme Coordinating Board via the Oversight Committee Chair. It will inform the Board of any changes in scope, activities, or budget that may be required due to a change in the agreed evaluation procedures.

c. Required Expertise

The members of the Oversight Committee should be characterized by high levels of credibility and relevant experience in the areas of monitoring and evaluation and data collection at the field level. In addition, they must have extensive knowledge of AIDS, including issues related to prevention, treatment, care and support interventions, as well as good knowledge of issues surrounding UNAIDS and the United Nations in general. The disciplines considered appropriate for membership in the Oversight Committee include: quantitative and qualitative disciplines from public health such as epidemiology, biostatistics, behavioral sciences, demography and operations research, specialists in program management, management information systems, management under harsh circumstances and subject matter specialists in AIDS and related public health issues, gender, human rights and civil society engagement.

d. Membership Selection

Based on nominations received, and taking account of the above criteria, the Programme Coordinating Board Bureau will agree the Chair and composition of

the Oversight Committee. The Bureau will send out to the PCB the proposed membership of the Oversight Committee for review and approval on a non-objection basis. A vice chair shall be elected by members of the Committee from among its membership. Individual members should not have any conflict of interest and there should be appropriate gender and geographical representation. Committee members should have the time and commitment to participate in all meetings.

e. Tenure of Membership

The members of the Oversight Committee shall serve for the period of the Evaluation.

f. Logistic Support

The Chair of the Oversight Committee will be supported by dedicated members of the Secretariat. In addition, support will be available from the Secretariat to organize meetings and arrange travel and accommodation for Committee members;

4.9 *Agrees* the process for the establishment of the Oversight Committee presented below:

<b>DATE</b>	<b>ACTION</b>
17-18 December 2007	21 <sup>st</sup> PCB meeting approves TOR for the Evaluation
21 December 2007	Email sent from Chair of the PCB to all PCB members, observers, five NGO representatives and ten cosponsoring agencies in the 21 <sup>st</sup> PCB meeting inviting nominations to the Oversight Committee. Nominations must include full CV and names of two referees demonstrating eligibility against the criteria established in the TOR
18 January 2008	Deadline for submission of nominations
18-25 January 2008	Secretariat to collate and verify nominations and establish consolidated matrix of nominations, against criteria, for consideration by PCB Bureau. This will be a purely logistical exercise and will not rank nominations in any way.
28 January 2008	PCB Bureau meeting to agree Chair and composition of the Oversight Committee
1 February 2008	PCB Chair to inform PCB by electronic means of composition of Committee and to invite responses, if any, by 8 February 2008.
8 February 2008	Deadline for comments and silent approval of composition of Oversight Committee
9 February 2008	Oversight Committee is established

4.10 *Agrees* the timeline presented below:

DATE	MILESTONE/DELIVERABLE	RESPONSIBLE PARTY
<b>PREPARATION OF THE TENDER</b>		
<b>PCB 21<sup>st</sup> meeting: 17-18 December 2007</b>	Draft Terms of Reference for Second Independent Evaluation is presented for approval by the PCB	PCB Bureau
21 December 2007	Call for nominations, through the PCB Chair, for membership of the Oversight Committee	PCB Chair
18 January 2008	Deadline for submission of nominations for membership of Oversight Committee	PCB Chair
15 January 2008	Draft tender is produced including criteria and methods for evaluating the bids	PCB Bureau with logistics support from the Secretariat
28 January 2008	Chair and members of the Oversight Committee are identified and appointed	PCB Bureau
15 February 2008	Tender for the Evaluation Team presented to the PCB, through the PCB Chair, for finalization by electronic means	Oversight Committee

DATE	MILESTONE/DELIVERABLE	RESPONSIBLE PARTY
<b>TENDER PROCESS</b>		
7 March 2008	Tender disseminated: deadline for receipt of bids on 4 April 2008	Oversight Committee
11 April 2008	Summaries of the bids provided to PCB Chair and PCB Bureau for review	Oversight Committee
<b>PCB 22nd meeting: 23-25 April 2008</b>	Recommendation on the bids presented with a view to a decision on the winning bid by the PCB	PCB Chair in conjunction with Oversight Committee

DATE	MILESTONE/DELIVERABLE	RESPONSIBLE PARTY
<b>EVALUATION PROCESS</b>		
8 June 2008	Detailed plan of work for the Evaluation delivered to the Oversight Committee	Winning bidder (Evaluation Team)
24 June 2008	Core parts of the evaluation (selection, compilation and content analysis of selected documents) begins	Evaluation Team
23 August 2008	All methodological and logistical aspects of the Evaluation completed and reported to the Oversight Committee	Evaluation Team
From 1 October 2008	Regular bi-weekly reporting to the Oversight Committee on progress, delays and any problems encountered	Evaluation Team
<b>PCB 23<sup>rd</sup> meeting: 15-17 December 2008</b>	Progress report on the Evaluation presented	Evaluation Team
10 April 2009	Draft Evaluation report submitted to the Chair of the Oversight Committee for review and submission to the PCB	Evaluation Team
April 2009	Briefings on draft Evaluation report	Oversight Committee and Evaluation Team
<b>PCB 24<sup>th</sup> meeting: June 2009</b>	Final Report of the Second Independent Evaluation presented to the PCB and presentation of the UNAIDS response to the Evaluation to the PCB with recommendations for decision by the Board	Evaluation Team and Executive Director



4.11 *Agrees* a maximum budget for the Oversight Committee of:

<b>OVERSIGHT COMMITTEE:</b>	<b>Estimated Cost (USD)</b>
Meeting costs – room rental, interpretation, report writing, technical support e.g. microphones	100,000
Travel (10 people for 4 meetings – flights only @ \$3,000 flight per person)	120,000
Per diem (10 people, 4 meetings of 2 days each (plus 2 days travel time) @ \$300 per day)	48,000
Support costs – short term consultant to provide technical assistance	80,000
Unforeseen	40,000
Publication, translation and dissemination costs	100,000
<b>TOTAL:</b>	<b>488,000</b>

4.12 *Agrees* that the budget for the Evaluation team would be within the limit of USD 650,000 including staff travel costs. (see Annex 1 for indicative budget breakdown);

4.13 *Decides* that 12 to 16 country visits should be undertaken according to the following criteria and *agrees* the budget in the range of USD 1,069,200 – 1,425,600:

- Balanced regional representation
- Representatives of generalized and concentrated epidemics
- High and low prevalence countries
- Humanitarian and emergency settings
- Differing economic status;

### **Agenda item 3: Programme Performance Monitoring Framework**

5.1 *Endorses* the Performance Monitoring and Evaluation Framework for the 2008-2009 Unified Budget and Workplan;

5.2 *Requests* the PCB Bureau to work with the Secretariat in considering the possible establishment, terms of reference and membership of standing sub-committees of the PCB, including one on monitoring and evaluation, and make proposals to the 22<sup>nd</sup> PCB meeting;

**Agenda item 4: UNAIDS collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria**

6. *Takes note* of the progress to date in the UNAIDS collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria;

**Agenda item 5: Progress report on the Global Implementation Support Team**

- 7.1 *Agrees* to consider and approve the revised mandate and terms of reference, including the membership to support south-south cooperation and geographical representation, of the GIST via electronic means during January 2008;
- 7.2 *Requests* that a review of the GIST be presented to the 23<sup>rd</sup> meeting of the Programme Coordinating Board, including an evaluation of its efficacy and value added;

**Agenda item 6: Issues related to future Programme Coordinating Board meetings**

- 8.1 *Takes note* of the paper on issues related to future Programme Coordinating Board meetings presented by UNAIDS [UNAIDS/PCB (21) /07.5];
- 8.2 *Reaffirms* that future PCB meetings may be held from time to time outside of Geneva drawing on the following criteria:
- Regional rotation
  - Overall cost and cost-sharing
  - Local expertise
  - Local facilities
  - No travel restrictions
  - Relevance to the theme
  - Added value
- 8.3 *Agrees* on the following criteria to guide the selection of themes:
- Broad relevance
  - Responsiveness
  - Focus
  - Scope for action

**Agenda item 7: PCB meeting in 2008**

- 9.1 With respect to the 22<sup>nd</sup> meeting of the UNAIDS Programme Coordinating Board, *decides* that it be held in Thailand on April 23-25, 2008 with the theme of "Diagnosis and treatment of tuberculosis (TB) among people living with HIV and how UNAIDS can work with TB communities";
- 9.2 With respect to the 23<sup>rd</sup> meeting of the UNAIDS Programme Coordinating Board, *decides* that it be held in Geneva on December 15-17, 2008 with the format to be decided at the 22<sup>nd</sup> Programme Coordinating Board meeting.

**Agenda item 8: Any other business**

10. *Agrees* that Programme Coordinating Board meetings will start with one minute of silence to remember those who have passed away from AIDS since the last meeting.

[Annex 1 follows]

## ANNEX 1

### **COMMENTS AND POTENTIAL INCLUSIONS BY ISSUE:**

#### **4.2 Questions to be addressed**

##### **b) Governance**

- this should include; an assessment of the efficacy of the UBW as a planning tool; the ability of the PCB to monitor follow-up of its decisions; the extent to which stakeholders are accountable for, and hold ownership over, such decisions; prioritization of issues by the Board; and geographical distribution on the PCB. (AFRO)

##### **c) Response to the 5 Year evaluation of UNAIDS**

- Particular focus should be placed on Organizational efforts to secure sustainable funding for UNAIDS and to what extent the Organization has achieved this in the context of global resource requirements (AFRO)

##### **d) Interaction between Secretariat, Cosponsors, Agencies and countries**

- Does it provide an effective leadership role in global policy discussions - What must be done to strengthen the UNAIDS Secretariat and the PCB to increase their status in the United Nations System so as to increase their efficiency and effectiveness to coordinate the war against HIV/AIDS(AFRO)?

##### **e) Administration of the Joint Programme**

- as well as an assessment of the planning, monitoring and evaluation of the financial and administrative systems within the UNAIDS Secretariat..

#### **4.3 Scope**

*Potential additional text to add to the decision*

- its strengths and weaknesses and, in particular an assessment of the comparative advantages of UNAIDS (AFRO)

#### **4.8 Oversight Committee**

All participants in the Oversight Committee should have the following characteristics:

- A demonstrated practical knowledge and experience in national, regional or global HIV programming;
- A strong grounding and understanding of gender, Human Rights, and the role of civil society in the response to HIV.

#### 4.12 Indicative budget for the Evaluation Team

<b>EVALUATION TEAM:</b>	<b>Estimated Cost (USD)</b>
Evaluation Team Leader full time 18 months	180,000 – 250,000
Support staff for Team Leader and Team	200,000 - 300,000
Travel <sup>1</sup> (8 missions – flights only @ \$3,000 flight per person)	24,000
Per diem (8 missions of 2 days each @ \$300 per day)	96,000
<b>TOTAL:</b>	<b>500,000 – 650,000</b>

#### General comments

- Comment that the evaluation will be restricted to the review of the role of UNAIDS in achieving UA by 2010 when Prevention is a priority.
- The evaluation should be a constructive exercise.
- Questions to be addressed – it is important not only to look at management and procedural issues – but also more substantive issues – such as prevention, gender equality and the role of UNAIDS at the country level to support their efforts to fight AIDS – role of UNAIDS in forming strategies and capacity building.
- The importance of independence of the oversight committee was highlighted. And the need for seasoned competent people was emphasized.
- Hope the evaluation sees the role of UNAIDS in a systematic way – system wide.
- Wonder how UNAIDS is really able to address the real drivers of the epidemic – beyond the health system – including gender and others.
- On the budget, there were several comments that the cost of oversight committee should be in better balance with the cost of the actual evaluation.
- It was requested that the TOR should be more concise with clear research questions.
- Question of performance management of the evaluation team.
- Question whether the ECOSOC resolution will be reviewed to see whether still relevant.
- Would like to review the value added of the regional approach of UNAIDS implemented since the last Evaluation.
- Modus operandi of PCB needs to be urgently reviewed and need follow up on PCB decisions and recommendations.
- Recommend looking at structural drivers such as stigma and discrimination in the evaluation.
- Suggest to prioritize the questions to be addressed in view of limited time and funds.
- The same metrics of the previous evaluation should be used to ensure comparability over time.
- Need to look at the obstacles to establishing and implementing joint programmes at the country level – ensure participation of civil society and PLHIV – also need to look at the coordination of programmes to see whether improvement can be made in PCB composition, efficiency of decision making and effectiveness of outcomes ( secretariat to PCB need to be evaluated).
- The overriding issue that needs to be addressed, is the ability of UNAIDS and the secretariat to deliver as one – performance at country level needs to be assessed.
- Assessment should be balanced and constructive and highlight successes and challenges – countries concerned need to be engaged.

<sup>1</sup> Travel is foreseen for stakeholder interviews, attendance at meetings e.g. the Programme Coordinating Board, and others, as necessary.

- Evaluation should also review the contribution of UNAIDS to health system strengthening and provision of sexual and reproductive health services.
- Evaluation needs to include examples of UNAIDS impact at country level – draw on experience from GFATM.
- Lists of populations and themes in the evaluation document may be limiting - need to be open to surprises.
- Issues of human rights and PLHIV needs to be strengthened and integrated throughout the document.
- Regional levels of UNAIDS needs to be evaluated – need to look at the Impact evaluations in 8 countries that are being evaluated by the Global Fund.
- Concerned about the timing – could also gather information from countries via virtual mechanisms.
- Much concern about the timing – want the evaluation to be completed as quickly as possible – by mid- 2009.
- Support for both 12 and 16 country visits- but concern about the timing.
- Feeling that there is a rush in the front end of the evaluation process that needs to be reviewed – perhaps add an extra month in the preparation time.
- Representation at Secretariat level needs to take into account.
- General comment for oversight committee- need to ensure that we don't have a conflict of interest.
- Need to really look at how to better engage civil society – need to assess how to have more and significant inputs of civil society participation and the evaluation should address this as well.

#### **THESE AND OTHER COMMENTS BY DELEGATION:**

##### **Belgium**

- importance of independence of the oversight committee
- need to try to complete the evaluation as soon as possible ideally by mid 2009

##### **Brazil**

- important to address role and mandate of WHO and UNDP in AIDS
- need for emphasis on human rights strengthening
- need for more emphasis on PLHIV

##### **Djibouti**

- evaluation should give better understanding of what has and has not worked at country level

##### **DR Congo**

- country level focus important, including focus on obstacles to successful implementation
- need for civil society participation
- need for a review of PCB
- need for an evaluation of Secretariat

##### **Germany**

- two years time frame is too long – prefer to have it completed by mid 2009
- the budget of the oversight committee should be reviewed

##### **India**

- need for several country visits to cover diversity of AIDS epidemics worldwide
- need to keep countries' role in perspective

##### **Italy**

- recommended shorter TOR and clearly defined research questions
- it is important to build on 5-year evaluation

- there is need for a process to ensure the quality of the evaluation team's work
- Italy looks forward to the rationalization of the budget
- there is need to ask whether the goals of the ECOSOC resolution establishing UNAIDS are still relevant today
- there is need to consider the context on UN reform and AID effectiveness
- UNAIDS' size, levels of work (country, regional, global), role in advocacy, resource mobilization, partnership building, strategic information, M&E, regional approach through Technical Support Facilities are all elements to be evaluated
- structures and relationships within Joint Programme to be examined to recommend how governance, accountability and budgetary mechanisms could be strengthened
- need to review PCB responsibilities and modus operandi, including more systematic follow up or reporting to PCB and Cosponsor Boards on PCB decisions
- need to assess UNAIDS institutional effectiveness
- Italy supports focus on gender dimension and recommends attention to other structural drivers e.g. stigma and discrimination and poverty

### **Japan**

- need to clarify what are the general and what the specific objectives of evaluation
- all questions should be addressed seriously but there is also a need to prioritize them

### **Kenya**

- all levels of UNAIDS' operations (country, regional, global) should be covered by this exercise
- proposal for a new decision on technical support
- support to inclusive, transparent process involving key stakeholders
- need to ensure sustainable financing

### **Myanmar**

- country level to be reflected in evaluation questions taking into account governments' perspective
- need to assess impact of operational harmonization within the UN system
- need to assess whether active dialogue and consultation with national government has occurred
- support to including professional from both private and public sectors in the evaluation team based on capacity and expertise
- administrative assessment should include also cosponsors

### **New Zealand**

- need for more emphasis on Health Systems Strengthening
- no need for formal impact evaluation, but important to highlight country stories
- country visits should reflect the diversity of AIDS epidemics worldwide

### **Switzerland**

- need for prioritization of evaluation questions
- important to conduct a system wide review including all key drivers of epidemic
- no preference re: oversight committee, but need for clear ToR and independence. Budget too high
- budget of oversight committee appears to be not in balance with the rest of the evaluation costs

### **Thailand**

- overriding question of evaluation should be performance of UNAIDS
- approach should be constructive and empowering (highlighting successes and challenges)
- need to engage concerned countries
- importance of prevention should be highlighted
- the evaluation analysis should be linked to development goals
- preference for option b) re: oversight committee. Oversight Committee to interact closely with Evaluation Team
- there is need to shorten time frame

## **USA**

- as much as possible this evaluation should use the same methodology as the 5-year evaluation to ensure comparability of results
- three key issues are to be addressed: i) how well UNAIDS is fulfilling its mandate; 2) UNAIDS' strengths and weaknesses; 3) UNAIDS' value added
- recently revised structures and mandates should not be a focus for the evaluation – e.g. GTT assessment
- evaluation should consider technical support provision, including progress and challenges
- evaluation should consider benefit to be derived by UNAIDS from participation in broad aid effectiveness agenda (e.g. Paris Declaration)
- the gender-related question should be broadened through reference to the phrase “know your epidemic”
- the evaluation should provide not only analysis but actionable recommendations to be considered and endorsed by PCB
- regarding the oversight committee the USA supports the concept of an “evaluation task force”
- while there needs to be an appropriate separation, there should be a supportive role for the Secretariat in the management of this exercise
- timelines for the evaluation should be shortened
- costs appear to be rather high, the USA welcomes a discussion on budget but could live with the current proposal in the spirit of consensus

## **NGO delegation**

- need to strengthen the question gender  
need for better reflection of human rights and GIPA.