



Joint United Nations Programme on HIV/AIDS

**UNAIDS**

UNICEF • UNDP • UNFPA • UNDCP  
UNESCO • WHO • WORLD BANK

UNAIDS/PCB(10)/00.6  
19 April 2001

**Report of the Third *Ad Hoc* Thematic Meeting of the  
Programme Coordinating Board of UNAIDS**

**Rio de Janeiro, 14-15 December 2000**

*Contents*

	<b>Page</b>
<b>Opening .....</b>	<b>2</b>
<b>Debriefing of the field visits .....</b>	<b>10</b>
<b>Global Strategy for HIV/AIDS .....</b>	<b>10</b>
<b>Progress reports .....</b>	<b>12</b>
<b>Next PCB meeting .....</b>	<b>19</b>
<b>Other business .....</b>	<b>20</b>
<b>Adoption of decisions, recommendations and conclusions .....</b>	<b>21</b>
<b>Annex 1 – Agenda .....</b>	<b>22</b>
<b>Annex 2 – Decisions, Recommendations and Conclusions .....</b>	<b>23</b>
<b>Annex 3 – List of Participants .....</b>	<b>28</b>

## **Agenda item 1 – Opening**

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

1. The third *ad hoc* thematic (and tenth) meeting of the UNAIDS Programme Coordinating Board (PCB) took place at the Rio Othon Palace Hotel, Rio de Janeiro, Brazil from 14 to 15 December 2000. The participants are listed in Annex 1.

2. In accordance with the decisions taken at the previous meeting, the meeting was chaired by Mr Osmo Soininvaara (Finland) with Dr C.P. Thakur (India) as Vice-Chairperson. Dr Thakur took the chair for the first part of the afternoon meeting on 14 December.

3. The Chairperson expressed appreciation to the Brazilian Government for its hospitality in hosting the meeting and welcomed the participants. Drawing attention to the continuing expansion of the HIV/AIDS epidemic in many parts of the world, he emphasized the importance of reaching consensus on the proposed Framework for Global Leadership on HIV/AIDS.

4. Dr Paulo Roberto Texeira (National Coordinator on Sexually Communicable Diseases and AIDS, Brazil) welcomed the participants on behalf of the Minister of Health of Brazil and wished the meeting every success.

5. The Vice-Chairperson outlined recent progress in combating the HIV/AIDS epidemic in India and urged UNAIDS to play a proactive role in accelerating the development of an HIV/AIDS vaccine and in improving access to drugs.

6. Dr Jorge Werthein (Chairperson of the United Nations Theme Group on HIV/AIDS and UNESCO Representative in Brazil) drew attention to Brazil's success in developing broad partnerships between all levels of Government, the United Nations organizations represented in the country, nongovernmental organizations (NGOs), the private sector and civil society through the Theme Group. These partnerships are providing an opportunity for valuable exchanges of views and leading to increasing synergy in Brazil's fight against HIV/AIDS.

7. Dr Walter Franco (United Nations Resident Coordinator in Brazil) welcomed the participants on behalf of the United Nations organizations represented in Brazil and gave an assurance that these organizations are determined to strengthen their partnerships with the Government and to continue working through the Theme Group in the fight against HIV/AIDS. In addition to national programmes, Brazil is developing a programme of distance learning and sharing, under the auspices of the United Nations Foundation to promote south-south cooperation.

8. Dr Paulo Texeira (National Coordinator on Sexually Communicable Diseases and AIDS, Ministry of Health, Brazil) outlined the current epidemiological status of the HIV/AIDS epidemic in Brazil and provided an overview of the country's response. Since the 1990s the Ministry of Health has expanded its response, decentralizing activities, involving of a wider range of governmental and nongovernmental sectors,

and encouraging the broad participation of people living with and affected by HIV/AIDS. The comprehensive national programme seeks to balance the needs for prevention and care and to ensure universal and free access to care and treatment, including antiretroviral therapy. A substantial proportion of antiretrovirals is now manufactured locally. There has been a significant improvement in the epidemiological situation in the second half of the 1990s. Moreover, analysis has shown that the policy of offering access to antiretroviral drugs has produced substantial savings owing to the striking reduction in mortality, morbidity and hospitalization rates of HIV-positive individuals since 1996. Dr Jorge Werthein (Chairperson, United Nations Theme Group on HIV/AIDS in Brazil and UNESCO Representative in Brazil) described the functioning of the Theme Group and drew attention to the contributions it is making to efforts to ensure respect of human rights, mobilization of the media and increased awareness in all sectors. National responses have also been enhanced by the formation of the Parliamentary Group against AIDS and the Youth Work Group, and by the increasing participation of the private sector. Senator José Jorge (Partido da Frente Liberal, State of Pernambuco, Brazil) and Federal Deputy Fernando Gabeira (Partido Verde, State of Rio de Janeiro, Brazil) addressed the PCB on the work of the Parliamentary Group against AIDS at the Federal, State and municipal levels, and emphasized the political commitment that has driven the expanded national response. Dr Mabel Bianco (Technical Secretariat, Group for Horizontal Technical Cooperation in HIV/AIDS among countries of Latin America and the Caribbean, Argentina) described the development of the Group, a regional organization that has now expanded to include 21 countries in Latin America and the Caribbean. The Group provides a useful forum for the sharing of experiences and the transfer of technologies, and has contributed to the strengthening of national HIV/AIDS programmes in the region. Ms Monica Barbosa (Grupo pela Vida Niteroi, Brazil) reported on the activities of the NGO community in Brazil; around 400 HIV/AIDS-related NGOs are now actively contributing to the expanded national response.

9. The PCB expressed appreciation for the detailed information provided and commended the Government of Brazil on its considerable achievements in tackling the epidemic, notably its efforts to expand preventive actions in high-risk groups, its comprehensive approach to treatment and care, with free and universal access to antiretrovirals, and its success in involving civil society at all levels. The PCB noted that local manufacture of generic antiretrovirals has substantially reduced the cost of these drugs. Brazil was also commended for its efforts in the area of horizontal technical cooperation.

10. The provisional agenda was adopted.

11. The PCB approved the following nomination submitted by the NGO community for a representative of NGOs/people living with HIV/AIDS to participate in the work of the PCB: Ms Alice Sena Lamptey of the Ghana HIV/AIDS Network as the representative for Africa.

12. The PCB observed a minute's silence in memory of Mr Luis Gauthier, the first NGO representative for Latin America and the Caribbean to serve on the PCB, who

died of AIDS on 21 October 2000. Tribute was paid to the valuable contribution made by Mr Gauthier to the fight against HIV/AIDS in his own region and at the global level and, in particular, to his indefatigable struggle to defend human rights and reduce the marginalization of people living with HIV/AIDS.

## **1.2 Election of Rapporteur**

13. The PCB decided that Barbados, elected Rapporteur at the ninth meeting, should serve as Rapporteur for the meeting. Dr Carol Jacobs (Barbados) was therefore designated as Rapporteur.

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

14. Dr Peter Piot (Executive Director, UNAIDS) introduced his report (document UNAIDS/PCB(10)/00.2), highlighting the major developments since the previous meeting and the key strategic considerations for the immediate period ahead. He pointed out that the region of Latin America and the Caribbean manifests the full complexity of the HIV/AIDS epidemic, with an estimated 150,000 new infections during 2000. The responses are wide-ranging and include extensive horizontal cooperation and a substantial contribution by NGOs. There is, however, an urgent need to scale-up programmes targeting men who have sex with men. While homosexual transmission constitutes 40% of transmission in the region, in most countries less than 1% of HIV/AIDS programme budgets goes to prevention in this population group.

15. Events in the second half of 2000 have shown that the tide is turning worldwide in terms of political commitment, mobilization of new resources and the formation of new alliances to combat the HIV/AIDS epidemic. These hopeful signs must, however, be translated into reality. In the area of resource mobilization, the resource base needs to be broadened still further. Poorer countries are starting to allocate their own resources to national efforts against HIV/AIDS and resources released through debt relief and poverty reduction strategies are also being directed to HIV/AIDS activities. International support appears to be moving towards the levels required, but mechanisms are needed to channel resources effectively.

16. The International Partnership against AIDS in Africa (IPAA) is beginning to show results. The African Development Forum held in Addis Ababa from 3 to 7 December 2000, showed that the IPAA has provided strong guiding principles and a framework for intensified country action, planning the scaled-up response and mobilizing resources. Greater efforts are needed to monitor progress against the framework, to clarify the commitments made by the various stakeholders and to support further the establishment and maintenance of high-level and multisectoral national HIV/AIDS committees. For the first time, the total of 3.8 million new infections in sub-Saharan Africa in 2000 is lower than the previous year's estimate of 4 million. The figures must be interpreted with caution, however. A slow decrease in the number of new infections may be the result of effective prevention programmes in high-prevalence situations, such as Uganda and Zambia, or in the maintenance of low prevalence as in Senegal and other countries in West Africa. It may also reflect natural saturation in the worst affected countries. The question is whether the trend will be maintained.

17. Much of the prevention agenda remains unfinished. Programmes must move beyond pilot projects to full-scale implementation and local responses must be encouraged further. Antiretroviral regimens to prevent mother-to-child transmission have been shown to be effective and safe and should now be made available on a wider scale. Prevention among injecting drug users also requires greater attention. Prevention efforts must be balanced with the development of comprehensive care programmes.

18. Countries are increasingly incorporating comprehensive care programmes in their national HIV/AIDS strategies. While care considerations must go far beyond access to affordable antiretrovirals and other HIV/AIDS-related drugs, more countries are negotiating favourable drug pricing agreements with the pharmaceutical industry, and there is increasing local production of generic drugs. Efforts in this regard need to be intensified along the lines proposed at the second meeting of the Contact Group on Accelerating Access to HIV/AIDS Care held on 13 December 2000.

19. The United Nations response to the epidemic is now expanding beyond the cosponsoring organizations. In addition to extensive engagement by the United Nations Secretary-General, the Deputy Secretary-General and the United Nations Secretariat, organizations such as ILO, FAO, IOM and the Office of the High Commission for Human Rights are also becoming active partners with UNAIDS in their respective areas of competence. UNAIDS is also pursuing a range of activities in the area of humanitarian work related to care and prevention for peacekeeping forces and HIV vulnerability in conflict situations, as directed by the United Nations Security Council in January and July 2000. The United Nations General Assembly Special Session on HIV/AIDS, to be held in June 2001, will provide an important opportunity to bring HIV/AIDS to the top of the political agenda and mobilize multiple partners in the fight against the epidemic.

20. A structural realignment undertaken within the Secretariat should help UNAIDS focus on its core roles of supporting expanded country activity, fulfilling its policy and political functions, and generating strategic information.

21. Dr Piot concluded by considering the many challenges ahead for the world community. These include the need for an all-out effort to combat stigma, which remains a major obstacle to progress in many countries, drawing up effective plans to alleviate the impact of the epidemic on social capital, making greater progress to ensure necessary institutional changes, developing mechanisms for an efficient flow of resources down to the local level, and supporting communities to implement what they know works against HIV/AIDS. UNAIDS and the United Nations system will continue to focus on the priorities set by the PCB, in particular sustaining political momentum and improving support to work at country level and in the United Nations Theme Groups on HIV/AIDS. The most pressing issue is to keep hope alive that the epidemic can be turned back despite its growing impact.

22. The PCB expressed appreciation for the report, which reflects the increase in high-level political commitment and the sustained and increasing drive for resource mobilization among donors. The visibility of the epidemic has clearly increased since the Thirteenth International AIDS Conference held in Durban in July 2000, and this momentum must be sustained. The PCB welcomed the progress made in implementing the IPAA and urged UNAIDS and Member States to continue to work

within the IPAA framework. It noted that donors are being encouraged by the increasing leadership and commitment being shown by the governments of affected countries. It is vital to ensure that funding reaches country level quickly and efficiently in order to sustain and expand multisectoral national HIV/AIDS programmes. UNAIDS should therefore encourage channelling of the proceeds of debt relief/cancellation and poverty reduction strategies to health and HIV/AIDS programmes and should develop improved mechanisms to monitor resource flows.

23. The PCB affirmed the need for comprehensive and integrated prevention and care programmes implemented through health care systems, particularly at the primary health care level. Improvements in treatment should not result in complacency in respect of the prevention agenda. Rather, prevention activities must be strengthened, with particular attention directed towards children and young people, both within and outside formal education systems, and other vulnerable groups, such as men who have sex with men, injecting drug users, prison populations, etc. Prevention among men who have sex with men should be addressed more openly. The strengthening of prevention programmes is particularly important in areas where the epidemic remains at a low level or is beginning to grow. Care for people living with and affected by HIV/AIDS should be addressed in the context of the general development of health systems, and should include voluntary testing and counselling, and programmes to prevent mother-to-child transmission. Access to affordable treatment with antiretrovirals and drugs to combat opportunistic infections remains a problem for many countries. The PCB urged UNAIDS to expand efforts to assist countries in negotiations with the research-based pharmaceutical industry and in examining other options to improve access, such as local manufacture of generic products. Greater priority should be given to the involvement of people living with and affected by HIV/AIDS in all programmes, and to combating denial and stigma, which persist in many countries.

24. The PCB confirmed the importance of scaling up pilot projects that prove effective and developing them into national programmes implemented through health services. However, pilot projects are still needed in areas where country-level activities are only just beginning. It is also important to share successes and to encourage regional initiatives. The PCB emphasized the need to take specific action in areas where the epidemiological situation indicates the potential for a serious explosion of the HIV/AIDS epidemic.

25. The functioning of the United Nations Theme Groups on HIV/AIDS in some countries continues to give rise to concern. The PCB urged UNAIDS to give priority to the improvement of Theme Group performance to ensure a more coordinated country-level response by United Nations system organizations and greater and more meaningful participation of civil society.

26. The PCB welcomed the news that an increasing number of United Nations organizations are joining activities to combat the epidemic.

#### **1.4 Report by the Chairperson of the Committee of Cosponsoring Organizations**

27. Mr Mark Stirling (AIDS Task Force Manager, Programme Division, UNICEF) presented the report of the Committee of Co-sponsoring Organizations on behalf of Carol Bellamy, Executive Director of UNICEF and Chairperson of the Committee. He highlighted the main achievements of the UNAIDS Secretariat and the Cosponsors over the previous year. A Framework for Global Leadership on HIV/AIDS, to be considered by the PCB under agenda item 3, has been prepared on the basis of extensive discussion and consensus-building around the essential principles, vision and leadership essential to an effective response. This Framework provides the foundation for development of the United Nations System Strategic Plan (2001-2005) to be submitted to the PCB at its annual regular meeting in 2001. The development exercise has challenged each of the Cosponsors to consider how it could contribute more and more directly to the fight against HIV/AIDS, to define more explicitly its aims strategies and accountabilities, and to identify and describe better the complementarities and opportunities for collaboration. It has also provided an opportunity to assess more realistically the capacities and resources required for a scaled up United Nations response. Work has started on the UNAIDS Unified Budget and Workplan for 2002-2003. It has been agreed that the next budget should reflect the totality of the activities and resources required by the Cosponsors and the UNAIDS Secretariat at regional and global levels, bearing in mind the priorities of the Framework and the Strategic Plan.

28. At the global level, progress has been made in providing better guidance for improving the quality of care and support to people and families living with HIV/AIDS. A care and support working group has been formed, work is under way to improve information on the availability, costs and supply of drugs for the management of HIV/AIDS, and discussions have been initiated with the private sector to seek mechanisms for improving access to essential drugs and supplies. Experiences in pilot projects to prevent mother-to-child transmission have been shared at a meeting in Botswana and technical consultations have been held to provide clearer guidance on infant feeding issues. Further work has been undertaken by inter-agency task teams to define strategies to increase access to voluntary counselling and testing, to strengthen and expand life-skills training for young people, and to strengthen programmes for orphans and vulnerable children. Action has been initiated to develop a workplan for the protection of children, young people and women in emergency and conflict situations.

29. At country level, the work of UNAIDS has been better integrated in the United Nations resident coordinator system and collaborative programming has improved, in particular through the United Nations Foundation. The United Nations Theme Groups on HIV/AIDS are functioning better and are being expanded to include a wider range of partners. The IPAA is being fully promoted and there has been a significant increase in the number of country-level strategic planning and resource mobilization exercises supported by United Nations organizations. There is a need for strong follow-up of these initiatives to ensure that commitments are fulfilled. Regrettably, reports indicate that a number of programmes are having to be scaled down rather than expanded because funding is inadequate or not sustained.

30. Among the major challenges for the UNAIDS Cosponsors and Secretariat in the coming year is the definition of goals and measurable targets in the fight against

HIV/AIDS. To date there is only one universally accepted target – a 25% reduction in HIV infection among young people – agreed at the United Nations General Assembly Special Session on ICPD+5 in July 1999. The United Nations General Assembly Special Session on HIV/AIDS in June 2001 should be used as an opportunity to gain agreement on a limited number of other medium-term targets, for example, on increasing the access of young people to counselling, information (on HIV and how to prevent infection) and condoms; on care and support for people living with HIV/AIDS and their families and carers; and on the scaling up of services to prevent mother-to-child transmission. A second challenge is to strengthen the monitoring of actions against HIV/AIDS taken by governments, NGOs and international partners, with a franker discussion of what needs doing to bring about change. A third challenge is to ensure that the United Nations System Strategic Plan and the UNAIDS Unified Budget and Workplan are sharp and useful tools for a focused effort to expand the response to HIV/AIDS in a more coordinated manner.

31. The representatives of UNFPA, UNDP, WHO and the World Bank reiterated their commitment to joint collaboration as well as to strengthening individual actions in their respective areas of competence, such as the efforts by WHO to develop a global health sector strategy and to focus on HIV/AIDS in the health workforce.

32. The PCB took note of the report and welcomed the progress made. It urged the UNAIDS Secretariat and the Cosponsors to enhance their efforts to improve the collaborative process, especially at the country level through the Theme Groups, and to increase resource mobilization and access to resources.

### **1.5 Report by the NGO representative**

33. Ms O.C. Lin (Hong Kong AIDS Foundation and NGO representative of Asia and Pacific) presented the main concerns of the NGO community. The greatest challenge facing UNAIDS and the expansion of the response to HIV/AIDS is the impact of political change and instability. In poorer countries this can exacerbate the spread of HIV and STDs and limit programme implementation. In donor countries it can adversely affect the work of and support to UNAIDS. A further major issue is the need to mobilize more resources, for example by channelling the proceeds of debt relief and/or cancellation into sustainable financing mechanisms. Resource mobilization, including the use of debt relief, should be included on the agenda of the 2001 United Nations General Assembly Special Session on HIV/AIDS. Transparent mechanisms are needed to ensure that funding, such as that provided under the World Bank Multi-country HIV/AIDS Programme (MAP), reaches organized civil society efficiently and quickly.

34. Each country must make HIV/AIDS care a priority, with leadership from government. Access to care should be a specific item in the next UNAIDS Unified Budget and Workplan. Moreover people living with HIV/AIDS should participate in quality control in relation to drug acquisition and distribution. Discussions around treatment and care should not focus solely on western medicine and pharmaceuticals; funding must be provided for the evaluation of alternative health systems. The social response to the epidemic should include the approaches by communities, traditional healers spiritual leaders and organized civil society.



35. UNAIDS must maintain its advocacy for increased research and development in relation to HIV vaccines, engaging the private sector as well as the Cosponsors and governments. Trials should be conducted for the benefit of affected populations in developing countries. It is important to consider now innovative ways of ensuring access to such vaccines once they become available.

36. Epidemiological surveillance remains inadequate in many areas and needs to be targeted at specific population groups, such as men who have sex with men, injecting drug users and sex workers. This is particularly relevant for countries and regions with emerging epidemics.

37. In Africa, funding from debt relief should be channelled into HIV/AIDS prevention and care. Improving access to care and treatment is an urgent priority in the region. UNAIDS should increase its efforts to facilitate price reduction negotiations for HIV-related commodities from all possible suppliers.

38. Three priorities have been identified from Central Europe, the Baltic States and Central Asia. (1) There should be a rapid expansion of harm-reduction services to injecting drug users, with a target of reaching 60% of users. UNAIDS and the PCB should make a clear statement in support of comprehensive harm-reduction programming, including the supply of heroin substitutes, needle exchange and other proven techniques. (2) Greater efforts should be made to control other STDs that increase susceptibility to HIV infection. Prevention and other services for young people should be expanded. (3) The Asia-Pacific region includes countries such as Cambodia, Papua New Guinea, Thailand and parts of India where the epidemic is already a major crisis. While some are clearly increasing the attention paid to HIV/AIDS, in others, denial based on religious and cultural taboos continues to inhibit an effective response. Many governments are failing to support responses from communities and groups of people living with HIV/AIDS, and some are actively preventing such responses. Countries in the region must be encouraged to develop a much greater sense of the urgency of the situation, in particular in relation to STD rates, injecting drug use and men who have sex with men.

39. Experiences in Latin America and the Caribbean have been highly successful in some areas, such as access to treatment, in particular its promotion as a fundamental human right. Such experiences should be documented and shared worldwide as best practices. Greater efforts are needed to expand national Theme Groups to include representatives of civil society at all levels of action, from design to implementation and evaluation of programmes. Theme Groups that are not functioning adequately should be investigated as part of the five-year evaluation of UNAIDS. Specific programmes for population groups particularly affected – men who have sex with men, injecting drug users and female and male sex workers – are priorities. UNAIDS current staff and resource commitments to these vulnerable groups should be expanded with a specific budget allocation in the next Unified Budget and Workplan.

40. The NGO community recommends that country delegations to the forthcoming United Nations General Assembly special session on HIV/AIDS include people living with HIV/AIDS who should play a full part in the formal agenda of the session. Recognition that HIV/AIDS is a global catastrophe should underpin the agenda of the special session, which should also include examination of the role of treaties and laws on illicit drugs in relation to HIV/AIDS, in particular harm-reduction strategies for

injecting drug users.

41. UNAIDS and the PCB must continue to demonstrate the implications of the HIV/AIDS epidemic and work for a response that is commensurate with the scale of the global emergency it represents. For the response to be truly effective, people living with HIV/AIDS must be involved to a greater extent at all levels. Approaches such as the Greater Involvement of People Living with HIV/AIDS (GIPA) should be used to ensure greater community participation.

42. The PCB took note of the report. Participants were informed of the efforts being made by the World Bank to ensure that financing through MAP is being properly channelled at the country level. The funds are made available through two mechanisms: to government and the public sector; or through the HIV/AIDS Emergency Fund directly to communities and NGOs. Some countries, such as Kenya and Ethiopia, have agreed that 40–60% of the allocations should be made available under the second mechanism. The PCB took note of the World Bank's request for assistance in monitoring the effectiveness of these mechanisms.

### **Agenda item 2 – Debriefing of the field visits**

43. The PCB expressed appreciation for the excellent field trips arranged for PCB participants by the Brazilian Ministry of Health, which took place in Rio de Janeiro and São Paulo immediately prior to the meeting. In Rio the project sites visited included: Vila Olímpica da Mangueira (prevention youth), Astral - Association of Transvestites, Da Vidda (outreach work with sex workers), PIM - Integrated programme for the Marginalized, Arco Iris – The Rainbow project (prevention youth) and the Centro Municipal Duque de Caxias (care). One project was visited in São Paulo. Participants were impressed by the dedication and enthusiasm of the staff and volunteers working on the projects visited. The good services being provided are achieving successful results, and offer valuable lessons that should be shared.

### **Agenda item 3 – Global Strategy for HIV/AIDS**

44. Dr Peter Piot (Executive Director, UNAIDS) presented the draft Framework for Global Leadership on HIV/AIDS, previously entitled the Global Strategy for HIV/AIDS. The Framework, which is set out in document UNAIDS/PCB (10)/00.3, has been revised along the lines requested by the PCB at its ninth meeting. He recalled that the first global AIDS strategy was prepared by WHO in 1986 and updated in 1991. While many of the principles of that strategy remain valid, the worsening of the epidemic in some places and significant successes in addressing it in others demand a refocused approach which recognizes the critical need for leadership. The aims of the new Framework are to advance a common understanding of the HIV/AIDS epidemic, to promote a set of guiding principles and leadership commitments and to provide a common basis for all partners, at global, national and community levels, on which to formulate and harmonize their own strategies. The Framework has been developed and revised through a broad consultation process which has included regional meetings on priorities (in which governments and NGOs participated), sectoral strategy development, thematic consultations, partner programme reviews and numerous consultations with the CCO working group, including a strategy retreat.

45. The Framework is built upon the lessons learned in addressing the epidemic thus far and is designed to promote an expanded response that acts simultaneously to reduce risk, vulnerability and impact. The Framework is guided by four fundamental principles that provide a foundation of respect, protection and fulfilment of human rights. The application of these guiding principles to the most urgent priorities has given rise to a set of 12 essential leadership commitments for the future which are set out in the framework document. If applied by leaders around the world, these universally applicable commitments will sustain effective action to reverse the epidemic.

46. The Framework provides a fundamental tool for future action and should serve to guide the formulation of specific international goals and targets in the process leading up to the United Nations General Assembly special session on HIV/AIDS, and development of the United Nations System Strategic Plan for HIV/AIDS, the UNAIDS Unified Budget and Workplan, tools for priority-setting, and strategies for action of the many partners involved in the response to the epidemic.

47. The PCB endorsed the Framework, which lays down important principles for leadership and action at all levels and also provides a sound foundation for the future strategies of the Cosponsors and for cooperation with other partners. It commended the extensive consultation undertaken during the preparatory process and stressed the need to ensure that the Framework commitments are translated into concrete programmes of action at the country level. The PCB endorsed the four guiding principles and the 12 leadership commitments but suggested that further consideration should be given to the order in which they were listed. Specific mention should be made of vulnerable groups including injecting drug users, prison populations, bisexual men, street children, migrant labour, illegal immigrants and women and children in emergency and conflict situations. The commitment related to research should include a reference to the development of effective microbicides. Greater emphasis should be given to the role that can be played by opinion leaders in society, in particular religious leaders, in advocacy, raising awareness and setting values. Reference should be made to traditional health systems, which play an important role in some countries. Attention should also be given to capacity-building among leaders, including legislators and young people, and to the development of strategies to cope with the impact of the epidemic.

48. In Section III of the Framework, which deals with the reinforcement of strategies for risk, vulnerability and impact reduction, the PCB suggested that greater emphasis be given to the role of sex education, open discussion of sexuality, and education to develop life skills, particularly for young people. Emphasis was also encouraged in the areas of: diagnosis; harm reduction for injecting drug users with explicit mention of substitution treatment, needle exchange etc.; programmes for orphans and infants born with HIV; and elimination of harmful traditional practices. The Framework should include a strong recommendation on the introduction of antiretroviral regimens for the prevention of mother-to-child transmission and that availability of services and commodities must be sustained and affordable. The need to address the underlying causes of vulnerability – poverty, underdevelopment, lack of choices and inability to determine one's own destiny – should be emphasized.

49. UNAIDS will need to strengthen its coordinating role, particularly at regional, subregional and national levels, and the roles and responsibilities of all partners will

need to be further defined. The Framework should clearly indicate that leadership needs to be exercised first and foremost at national government level, and that country strategic plans tailored to local needs should be carefully costed, preferably on a per capita basis.

50. The PCB emphasized the need to ensure that the development of the United Nations System Strategic Plan, the UNAIDS Unified Budget and Workplan, and the plans of individual Cosponsors are guided by the Framework and that other relevant organizations within and outside the United Nations system are encouraged to develop their plans in accordance with its principles.

51. The PCB requested the UNAIDS Secretariat to take its comments into account in refining the Framework further. It should then be translated and widely disseminated. In order to ensure the Framework's accessibility to the widest possible audience, the language used should be more direct and give a greater sense of urgency regarding the extent of catastrophe. In due course, the Framework should be revised in the light of experience. PCB members were in turn urged to examine how they can take the Framework forward in interactions with leaders in their own spheres of influence.

#### **Agenda item 4 – Progress reports**

##### **4.1 Five-Year Evaluation of UNAIDS**

52. Ms Kristiina Haikio (Finland) reported on the progress made in preparing for the five-year evaluation of UNAIDS. Following review of a draft proposal for the evaluation at its ninth meeting, the PCB requested additional broad consultation on the terms of reference. It also recommended that participation at the September 2000 meeting of the Monitoring and Evaluation Reference Group (MERG) be expanded to include Member States and Cosponsors as well as evaluation experts. The expanded MERG meeting resulted in a draft mandate for the evaluation. This was circulated to PCB members for consideration and subsequently submitted to an extraordinary meeting of the PCB in Geneva on 27 October 2000 at which it was formally endorsed.

53. The purposes of the evaluation are to assess the extent to which UNAIDS has met its objectives and to provide recommendations that will promote improved performance in the future. The evaluation will cover global, regional and country levels and will look at all UNAIDS components, including the Secretariat, the Cosponsors, the CCO and the PCB. It will not, however, cover all the HIV/AIDS activities of the Cosponsors. At the ninth meeting, the PCB also endorsed the criteria for the Evaluation Supervisory Panel (ESP), recommending that it be composed of 5–7 members meeting specific criteria and balanced in terms of sex, geographical representation and diversity of skills. The PCB also agreed on the role and structure of a search committee, chaired by the Chairperson of the MERG, Professor Fred Paccaud, Director, University Institute of Social and Preventive Medicine, Lausanne, Switzerland, the composition of which was communicated to PCB members by letter in November 2000.

54. Selection of the ESP from the 51 valid nominations received by the search committee was undertaken by the Chairperson of the PCB, in close consultation with the previous PCB Chairperson and the current Vice-Chairperson. The composition of

the ESP was communicated to PCB members by letter in December 2000. The Chairperson is Professor Euclides Ayres de Castilho, Professor of Epidemiology, Faculty of Medicine, University of Sao Paulo, Sao Paulo, Brazil.

55. The organizational arrangements for the evaluation are straightforward, with clear lines of authority and accountability. The evaluation has been formally initiated with the nomination of the ESP. The ESP now has responsibility for selecting the evaluation team, which will report to the ESP, and for providing overall guidance and monitoring of the evaluation process. The ESP is also responsible for reviewing the report of the evaluation team, providing an assurance of quality and ensuring that the evaluation has completed its workplan. The ESP will report to the PCB.

56. During January and February 2001, the ESP will convene, familiarize itself with the mandate and review the draft timeline. It will also establish a mechanism for management support to assist in formulating the evaluation tender, reviewing bids and selecting the most appropriate evaluation team. The ESP will also examine available resources and resource needs. Provisional estimates indicate that around USD 849 000 will be required. The Unified Budget and Workplan includes an allocation of USD 400 000 for the evaluation, giving a potential shortfall of USD 449 000. The UNAIDS Secretariat is confident that it will be able to meet the shortfall and welcomes financial or in-kind contributions from interested donors. PCB members were requested to provide inputs to the ESP regarding the implementation of the mandate, in particular as regards drawing upon the evaluation expertise available within Member States and Cosponsor evaluation offices. All stakeholders are requested to provide inputs at set points during the evaluation. An interim progress report will be submitted to the PCB at its regular session in 2001.

57. The PCB welcomed the progress made in developing the evaluation process and expressed full support for the evaluation mandate. It took note of the composition of the ESP and thanked Finland for its valuable contribution to the selection process. It stressed the need for the evaluation to be independent, impartial, transparent and credible. The ESP must ensure opportunities for inputs from key stakeholders, including NGOs and people living with HIV/AIDS, at key stages of the evaluation.

58. The PCB stressed that the evaluation must give a clear mandate for the work of UNAIDS in future years, with clear definitions of the roles and responsibilities of the Secretariat, the Cosponsors and the PCB. The evaluation should take account of the need for mechanisms to ensure transparent transfer of funds to the country level and should examine the performance of the United Nations Theme Groups on HIV/AIDS.

59. The PCB wished the ESP every success in overseeing the evaluation and looked forward to receiving a progress report at its next regular meeting.

#### **4.2 United Nations System Strategic Plan for HIV/AIDS**

60. Dr Jim Sherry (Director, Programme Development and Coordination Group, UNAIDS) presented a progress report on the development of the United Nations System Strategic Plan for HIV/AIDS 2001–2005 (document UNAIDS/PCB(10)/00.5). Based on the recommendations of the PCB at its ninth meeting, work on the Plan has continued during the remainder of 2000. Following consideration by the Board at the present meeting, the Plan will be further refined and considered at a United Nations

system strategic planning retreat in March 2001. The revised Strategic Plan will be submitted for approval at the next regular session of the PCB in 2001.

61. He recalled that the purpose of the Plan is to operationalize the Framework for Global Leadership on HIV/AIDS in the United Nations system, to expand and strengthen the HIV/AIDS-related activities of the system over the next five years and to facilitate a more coordinated and coherent United Nations system response. Including the UNAIDS Cosponsors, some 20 other United Nations system and related organizations are contributing to the Plan. The Plan will ensure increased accountability of these organizations in addressing the epidemic and will provide increased opportunities for them to identify new strategic partnerships within and outside the system. The Plan will also guide the next two UNAIDS Unified Budgets and Workplans. These will set out in greater detail the work of UNAIDS, including expected results and performance indicators. Development of the Unified Budget and Workplan for 2002-2003 will proceed in parallel with the finalization of the Plan.

62. The Plan describes the links with the Framework for Global Leadership and outlines the role of the United Nations system within the global partnership. It sets out the organizational approach of United Nations system organizations, with a view to improving coordination. It also describes how the plan will be monitored. Finally, it will in due course provide summaries of the individual institutional strategies of all the organizations involved. These summaries are organized in 12 distinct areas to facilitate prioritization and harmonization. All the Cosponsors and 12 other United Nations organizations have already prepared summaries of their HIV/AIDS-related work. A controlled-access web-based system has been established to facilitate the harmonization of plans and to enable PCB members to add their comments. Once all the United Nations organizations have finalized their contributions these will be reviewed by other contributors. PCB members are invited to participate in this review. These activities will be complemented by cross-cutting reviews of the various components of the plans to ensure consistency and harmonization.

63. Dr Suman Mehta (UNFPA) reported that the strategic planning process in UNFPA started more than 12 months ago, stimulated by the outcome of the United Nations General Assembly Special Session on ICPD+5, which was a key set of actions to realize the ICPD programme of action, including benchmarks for the combat against HIV/AIDS. Several other significant events also contributed to the planning process, including the development of the Framework for Global Leadership. The planning process was highly participatory, mostly through electronic communications, and the plan was finalized at a planning retreat. The UNAIDS Secretariat provided assistance at all stages. The UNFPA mandate on HIV/AIDS is the prevention of HIV infection as an integral component of reproductive health. It will be fulfilled through support for advocacy, information education and communication activities, training of health care providers, support to improve access to reproductive health commodities, and research on sociodemographic and sexual behaviour patterns. UNFPA has the comparative advantage that reproductive health provides an appropriate entry point for addressing HIV prevention and other sexual health issues. The Fund also has extensive experience in addressing sensitive family planning issues, through a multidisciplinary approach. UNFPA activities are focused at country level and include collaboration through the United Nations Theme Groups on HIV/AIDS and with other international and national partners, including NGOs. The Fund has nine regional teams, which

support country programmes; HIV/AIDS activities are an integral part of most of these programmes. UNFPA directs particular attention to gender concerns, including the empowerment of women, and to children and youth in and outside the school system. UNFPA is fully committed to these activities and is seeking to strengthen its capacity and mobilize additional resources to ensure their implementation.

64. Dr Winnie Mpanju-Shumbusho (WHO) recalled that HIV/AIDS activities have become an important component of many of WHO's programmes in recent years and that a strategy to combat HIV/AIDS and other STDs has guided work over the past two years. The strategic planning process has built on this experience. Through a series of consultations, it has been agreed that WHO should focus its attention on areas where it has a comparative advantage, namely: strengthening of health systems; surveillance; various aspects of prevention, care and support; HIV/AIDS among health care workers; and research pertaining to all these areas. Strategic planning is being undertaken at headquarters and at the regional and country office level, and a prioritization exercise is under way, with emphasis on WHO's normative functions. Technical assistance to countries is also recognized as a major priority. The strategic planning process is proceeding in parallel with the development of WHO's global health-sector strategy, and elaboration of a care strategy for HIV/AIDS, which is being developed with UNAIDS. Lack of resources, inadequate institutional capacity and the magnitude of the epidemic are the major challenges faced.

65. Mr Mark Stirling (UNICEF) said that UNICEF has significantly increased the priority given to HIV/AIDS in recent years and will be scaling up its HIV/AIDS-related activities still further in the future. The foundation of the Fund's work in this area is a situation analysis to determine the impact of HIV/AIDS on children, in particular its effects on their rights of fulfilment. This will lead to the definition of priorities and goals in terms of outcomes for children and building capacities in their families, communities and nations to ensure that the goals are attained. The four main objectives are reduction of HIV infection in children and young people, provision of care for children and their families living with HIV/AIDS, care for orphans, and mitigation of the consequences of infection in society. A set of appropriate interventions that can be supported by UNICEF, in collaboration with other partners, has been developed for each of these outcomes. The strategies are focused at country level and will require the strengthening of UNICEF's capacity to provide support at regional and country level with strong support from headquarters. The strategic planning process has provided a timely opportunity for UNICEF to examine its internal strategies and its relations with other organizations. It has also promoted the integration of HIV/AIDS activities in its other programmes and consolidated a number of important regional initiatives. These priorities will be operationalized through the Fund's medium-term strategic plan for 2002-2005.

66. The PCB was informed that UNESCO, which is also collaborating in the strategic planning process, is currently developing a medium-term plan for 2002-2007 that recognizes the need for the Organization to become fully engaged in the combat against HIV/AIDS. In particular, Ministers of Education will be encouraged to develop programmes for the introduction of preventive education in all schools and also to develop strategies to cope with the impact of the epidemic on the education system. Literacy programmes are a key component in changing behaviours. An intense effort through the formal education sector over the next five years should go a long way to supporting preventive efforts.

67. The PCB was also informed that current internal changes were providing UNDP with the opportunity to reappraise its ways of working. UNDP has already given considerable emphasis to the fight against HIV/AIDS, designating it as one of six priorities and making a six-fold increase in internal allocations for HIV/AIDS activities. These activities are linked with work on governance, human rights, poverty-reduction strategies and the agency's responses at country level. UNDP hopes to finalize its strategic plan early in 2001 and looks forward to future collaboration with its various partners.

68. The PCB took note of the progress report on the development of the United Nations System Strategic Plan, which should ensure a more coherent United Nations system response to the epidemic. The Plan should also serve as a useful tool for operationalizing the Framework for Global Leadership, leading to comprehensive responses at country level. The Strategic Plan needs to be more than a synthesis of the contributions of the UNAIDS Secretariat, Cosponsors and other United Nations organizations concerned. It needs to provide a strategic overview of the expanded response to the epidemic, addressing the core issues and clearly defining the roles and responsibilities of the different organizations, taking into account their comparative advantages. Further work is needed to identify gaps and avoid duplication of effort. Moreover, a greater sense of urgency is needed, especially in respect of countries where the epidemic has not yet taken hold.

69. The PCB commended the transparency in the development of the Strategic Plan, which showed how far collaboration in the United Nations system has reached, and augurs well for the future. It particularly welcomed the opportunity provided for PCB members to access summaries electronically and to comment at a meaningful stage in the planning process. The performance of the United Nations Theme Groups will be crucial in ensuring that action in operationalizing the various strategies is country led. United Nations country staff must be appropriately trained and supported to assist countries in managing resources effectively and the Theme Groups should open new fronts, for example in the areas of education, justice and law enforcement, to secure broader participation. Particular attention should be given to countries where there is little or no United Nations presence. Donor agencies should also be encouraged to increase their presence in countries, especially those in greatest needs.

70. The PCB expressed the hope that the plans of all the different organizations involved will soon be available for comment, and that more detail of regional strategies will be provided. Plans should be sufficiently flexible to permit adaptation in response to changes in the epidemic, and should set priorities to allow for fluctuations in the resources available. They should also be more clearly linked to targets and indicators. The PCB recommended that further refinement of the Strategic Plan include the development of a monitoring and evaluation component and the formulation of a communication strategy to ensure wide dissemination of the Plan and the work of UNAIDS. There is also a need to see clearly how the Strategic Plan relates to the UNAIDS Unified Budget and Workplan. The PCB looked forward to reviewing a revised Strategic Plan at its next regular session in 2001.



### **4.3 Special session of the United Nations General Assembly on HIV/AIDS**

71. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) provided an update on the preparations for the United Nations General Assembly special session on HIV/AIDS, which is declared and explained in General Assembly Resolution A/RES/55/13, adopted in November 2000. The special session is an intergovernmental process in which the UNAIDS Secretariat and the Cosponsors are participating but which is governed by the resolution. The United Nations Secretary-General has been requested to bring the idea of the special session to the attention of governments, the specialized agencies and programmes of the United Nations, international financial and trade institutions, intergovernmental and nongovernmental organizations and other partners, including the corporate and private sector. The General Assembly resolution stresses the need for full and active participation of the least developed countries in the preparatory consultations and calls for voluntary contributions to a trust fund to finance that participation.

72. The General Assembly resolution calls for the convening of the special session from 25 to 27 June 2001 to review and address the problem of HIV/AIDS in all its aspects. The aim is to secure a global commitment to enhancing coordination and intensification of efforts to combat the epidemic in a comprehensive manner. The format will include plenary sessions and thematic round tables. Participation of Member States and Observers, United Nations system organizations and intergovernmental, nongovernmental and civil society organizations is requested, with representation at the highest level.

73. The preparatory process is following that of the Millennium Summit and is advancing on three fronts. The President of the General Assembly is holding open-ended informal consultations of the plenary with the assistance of two facilitators, the Permanent Representative of Australia to the United Nations and the Permanent Representative of Senegal to the United Nations. The aim is to elaborate a draft Declaration of Commitment, to discuss organizational matters and to arrange relevant activities. Preparations at the regional and country level will take place through existing meetings to keep costs down. The aim is to identify 5–10 meetings at which a special effort will be made to include special session HIV/AIDS issues on the agenda. The outcomes will be fed into the special session preparatory process.

74. Preparations are also under way to ensure the participation of NGOs and civil society organizations for which the General Assembly resolutions sets out three categories. Those in the first two categories, namely those which enjoy consultative status in accordance with Economic and Social Council resolution 1991/31, and those which are members of the UNAIDS PCB, including NGOs affiliated with UNAIDS Cosponsors, will be able to participate. The third category includes those which are approved from the list prepared by the Executive Director of UNAIDS, for consideration by Member States, on a non-objection basis during the preparatory process, for final decision by the General Assembly. UNAIDS is making considerable efforts to ensure the participation, in this category, of other relevant civil society partners, in particular PLWA groups and the private sector. An NGO advisory group has been formed to advise on selection of participants and develop appropriate terms of reference. NGO inputs to the special session are being encouraged through relevant meetings and electronic networks. UNAIDS has received some funding from the United Nations Secretariat to permit preparations to go ahead but donors are sought to

provide additional funding to ensure that the special session can be properly organized and that NGO representatives can participate.

75. The single background document specified by the General Assembly resolution will take the form of a comprehensive report by the Secretary-General which will cover the status of the epidemic, the status and level of national, regional and international responses and cooperation, and the developmental impact of the epidemic. It will also report on national achievements to date and best practices in prevention and care, and will try to identify major gaps and challenges.

76. The resolution also specifies that there be a single outcome document in the form of a Declaration of Commitment to be elaborated through the open-ended consultations. This is expected to present HIV/AIDS as a long-term socioeconomic development challenge and to emphasize the need for strengthening government mechanisms, request increased financial resources, and call for expansion of public-private partnerships. It is also expected to call for an end to stigma and discrimination and for intensification of prevention and the care of people living with HIV/AIDS. It will outline follow-up to Security Council Resolution 1208 adopted in July 2000. It is hoped that it will also contain more specific objectives, including financial targets, targets on care and access to treatment, and goals related to the social and economic policies that countries and the international community are expected to attain.

77. UNAIDS is working with the United Nations Department of Public Information to develop a comprehensive public information programme around the special session as specified in the General Assembly resolution. This programme is designed to raise global awareness of HIV/AIDS as a development challenge and to build broad international support for the session and its goals.

78. During the special session, interactive thematic round tables will be held concurrently with plenary meetings. The chairpersons of the round tables will be nominated by regional groupings. The themes will cover four areas as specified in the General Assembly resolution: HIV prevention and care; human rights and HIV/AIDS; the social and economic impact of the epidemic and the strengthening of national capacities; and international funding and cooperation.

79. Open-ended informal consultations of the plenary on the status and process of preparations of the special session are scheduled for 15 December 2000. By the end of February 2001, the plenary of the General Assembly will decide on the organizational arrangements and participation of civil society actors. By 20 February 2001, a draft of the Secretary-General's report and a paper setting out the issues for consideration in the elaboration of the Declaration of Commitment will be circulated. Open-ended consultations of the General Assembly plenary on these two documents will take place from 26 February to 2 March 2001. Similar consultations on the draft Declaration of Commitment will follow from 23 to 27 April. During May 2001, the General Assembly will decide on its recommendation to the special session, which will follow in June.

80. The UNAIDS Secretariat and Cosponsors wish to make optimum use of the opportunity provided by the special session and hope that it will achieve unprecedented levels of political leadership and commitment to the fight against

HIV/AIDS, strengthen coordination and partnerships at all levels, generate an exponential increase in resource mobilization, and achieve consensus on at least a limited number of clear and compelling goals in the areas of prevention and access to care. PCB members are urged to play an active role by participating in the informal consultation, maintaining the focus on overarching issues, to avoid the special session becoming a forum for technical issues and political agendas, and insisting on follow-up activities that ensure intensified regional and national activities and attainment of the agreed goals in every country.

81. The PCB took note of the report on preparations for the special session and welcomed the opportunity provided by the event for the international community to reaffirm and strengthen commitment to the fight against HIV/AIDS. The special session should build on what has already been achieved, in particular the Framework for Global Leadership. PCB members are urged to encourage their respective organizations to participate actively in the special session with the highest level of representation. The PCB welcomed the efforts being made by the UNAIDS Secretariat to assure the participation of NGOs and people living with HIV/AIDS and suggested that governments be urged to include two representatives of NGOs or people living with AIDS in their delegations. Concern was expressed at the short time available for preparation, and the difficulty of organizing and paying for regional meetings to ensure adequate input. The PCB suggested that its next meeting be held prior to the special session.

82. The PCB was informed of a proposal to hold an international meeting on improving access to care which could serve as a useful follow-up to the special session. The purpose and objectives of the meeting have been established and a preparatory committee will meet soon to take the preparatory process forward. While welcoming the proposal in principle, the PCB said that care should be taken to ensure that the number of international meetings did not become excessive.

#### **Agenda item 5 – Next PCB meeting**

83. Dr Kathleen Cravero (Deputy Executive Director, UNAIDS) indicated that the only dates available for the next meeting of the PCB, to be held in Geneva, Switzerland, appeared to be from 29 to 31 May 2001 and from 4 to 6 July 2001. The former would permit the PCB to meet prior to the United Nations General Assembly special session on HIV/AIDS, as requested by the PCB, but would substantially reduce the time available to the UNAIDS Secretariat for the finalization of the United Nations System Strategic Plan and the UNAIDS Unified Budget and Workplan, which are to be submitted to the meeting. The PCB expressed a preference for the May dates but requested the Executive Director to make further enquiries as to possible dates in June 2001, and agreed that the Chairperson, in consultation with the Vice-Chairperson should take a final decision and inform PCB members of the date, in writing, by 31 January 2001.

84. The PCB noted that the UNAIDS Secretariat will continue its efforts to ensure that PCB documents are made available in a timely manner to ensure that all participants have adequate time to prepare their comments. Efforts are also continuing to ensure the translation of best practice materials.

## **Agenda item 6 – Other business**

### **Report on the second meeting of the Contact Group on Accelerating Access to HIV/AIDS-Related Care**

85. Dr Julia Cleves (Office of the Executive Director, UNAIDS) gave a brief report on the second meeting of the Contact Group on Accelerating Access to HIV/AIDS-Related Care, which was held in Rio de Janeiro, Brazil on 13 December 2000. She recalled that the Contact Group was established by the PCB in June 2000 to share information and to advise the UNAIDS Cosponsors and Secretariat on accelerating access to HIV/AIDS care, support and treatment. The Contact Group heard presentations on progress in the acceleration endeavour in four countries, and in four subregions in Africa. Presentations were also made on progress at the international level. The NGO representatives recommended strategies for improving the acceleration process, in particular to ensure the greater participation of people living with AIDS. WHO reported on the results of the public announcement seeking expressions of interest from suppliers of HIV/AIDS-related drugs and diagnostics. Once the 34 responses received have been evaluated, information on suppliers and indicative prices will be made available to procurement agencies. The Contact Group was also given a progress report on resource mobilization and an update by a representative of the pharmaceutical industry. The technical briefing was devoted to palliative care, with presentations by UNAIDS and Brazil.

86. The Contact Group concluded that progress has been made since the accelerating access endeavour commenced, despite the complexity of the challenge it presents: more than 20 countries have expressed formal interest in participating and two have negotiated significantly lower prices for antiretroviral drugs. There is growing convergence of views as to what can be achieved at the national, regional and international levels. Responsibility for planning and implementation of the comprehensive care package clearly rests at the international level. Subregional, regional and global approaches for commodity procurement may assist countries in helping to speed implementation of care and treatment programmes. The Contact Group agreed that there must be greater transparency in the acceleration process, in particular as regards indicative drug prices. It noted that, as countries begin to finalize negotiations with the research-based pharmaceutical industry, prices are beginning to enter the public domain. The challenge in improving access to HIV/AIDS-related care is enormous and it is clear that the only way forward is through genuine collaboration between all sectors. The Contact Group provides an important forum for sharing the lessons learned. In order to improve the process of the Contact Group it was suggested that the PCB should consider the establishment of an ad hoc subcommittee of the Contact Group to advise on how the functions of the Group can be developed further. A full report of the meeting is in preparation.

87. The Chairperson informed the PCB that following informal consultations it had become apparent that it would not be possible to set up a small ad hoc subcommittee of the Contact Group as proposed, owing to the considerable level of interest shown in participating. It would therefore be necessary to find other ways of proceeding. It was suggested that, with UNAIDS support, regional consultations could be held between meetings of the Contact Group in order to move the agenda forward more quickly. In

future, work currently undertaken by the Contact Group might become part of the routine work of the PCB, alongside specific regional processes.

88. The PCB was informed that a meeting entitled Differential Pricing of Essential Drugs: Legal, Institutional and Political Factors will be held from 8 to 11 April 2001 with the participation of WIPO, WTO, WHO and other interested groups. The meeting will consider the implications of the WTO agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) in relation to drugs, and should provide useful technical information. Every effort will be made to provide members of the PCB and the Contact Group with information on the outcome of this meeting.

### **International meetings**

89. The PCB expressed its collective concern that the demands of frequent international meetings, which require considerable preparation and resources, may affect the efficiency of the UNAIDS Cosponsors and Secretariat, whose primary responsibility is at the level where they will make the most difference, namely at the country level. The PCB therefore recommended that, while support for selected international meetings and initiatives should be continued, initiatives for which UNAIDS is expected to be the driving force should be: limited in number; strategic in focus; and designed to support broader, more effective country-level action.

### **Expression of thanks**

90. The PCB expressed its appreciation to the Government of Brazil for the excellent arrangements made for the meeting and to the UNAIDS Secretariat and the various support staff for their valuable contributions.

### **Agenda item 7 - Adoption of decisions, recommendations and conclusions**

91. The decisions, recommendations and conclusions of the third *ad hoc* thematic meeting of the PCB, prepared by a drafting group established at the start of the meeting and discussed and adopted prior to the closure on 15 December 2000, are set out in Annex 3. The Chairperson thanked the drafting group for its work.

## **Annex 1**

### **Agenda**

---

#### Reference documents

1. Opening
  - 1.1 Opening of the meeting and adoption of provisional agenda UNAIDS/PCB(10)/00.1
  - 1.2 Election of Rapporteur
  - 1.3 Report of the Executive Director UNAIDS/PCB(10)/00.2
  - 1.4 Report by the Chairperson of the Committee of Cosponsoring Organizations
  - 1.5 Report by the NGO representative
2. Debriefing of the field visits
3. Global Strategy for HIV/AIDS UNAIDS/PCB(10)/00.3
4. Progress reports:
  - 4.1 Five-year evaluation of UNAIDS UNAIDS/PCB(10)/00.4
  - 4.2 UN System Strategic Plan on HIV/AIDS 2001-2005 UNAIDS/PCB(10)/00.5
  - 4.3 Special Session of the United Nations General Assembly on HIV/AIDS
5. Next PCB meeting
6. Other business
7. Adoption of decisions, recommendations and conclusions

## **Annex 2**

### **DECISIONS, RECOMMENDATIONS AND CONCLUSIONS**

---

1. The PCB expressed its appreciation to the Ministry of Health of the Government of Brazil for hosting the meeting and providing excellent support.

#### **The Brazilian response**

2. The PCB welcomed the presentations on the Brazilian response to fight the HIV/AIDS epidemic, noting the Government's efforts to:

- i. provide free and universal access to care and antiretroviral therapy;
- ii. mainstream HIV/AIDS into all basic health care and other health programmes;
- iii. promote access to male and female condoms and syringes, mainly for low income populations;
- iv. prioritize the expansion of prevention in all high-risk populations, including intravenous drug users, prisoners, street children, men who have sex with men, sex workers; and
- v. increase the level of participation of civil society, emphasizing the broadening of the social involvement in the national response to the epidemic.

The PCB also noted the dynamism of the Horizontal Technical Cooperation Group as well as the strong commitment of the Parliamentary Group for AIDS in Brazil.

#### **Agenda Item 1.1 Adoption of provisional agenda**

3. The PCB adopted the agenda.

#### **Agenda Item 1.2 Election of Rapporteur**

4. The PCB agreed that Barbados, the Rapporteur elected at the ninth meeting, should also serve as Rapporteur for the third *ad hoc* thematic meeting.

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

5. The PCB took note with appreciation of the report of the Executive Director. The following observations and recommendations were made:

- i. The PCB recognized the need to integrate the care and prevention agendas. On prevention it urged UNAIDS<sup>1</sup> and Member States to commit to stronger efforts on the unfinished agenda, maintaining a clear focus on providing for the needs of children and young people. Attention must also be paid to addressing the needs of men who have sex with men, injecting drug users, and other populations at heightened risk. Recognizing the growing importance of the care and treatment agendas, the PCB encouraged UNAIDS to maintain a broad-based approach, including prevention of mother-to-child transmission, access

---

<sup>1</sup> UNAIDS Secretariat and the seven Cosponsors

- to condoms and vaccine development. It further recommended that UNAIDS should not focus only on anti-retrovirals, but should address care within the context of the general development of health systems, and increase the options for access to affordable treatment, including generics, available to governments.
- ii. The PCB took note of increasing resource flows, recognizing the gaps between needs and resources, and recommended that UNAIDS track and report on these commitments. It urged UNAIDS to continue to provide technical support and facilitation to developing countries engaged in poverty reduction strategies, such as production of Poverty Reduction Strategy Papers (PRSP) and the Highly-Indebted Poor Countries (HIPC) initiative, and to assist in mobilizing additional resources, both domestic and international, for tackling HIV/AIDS.
  - iii. The PCB recognized that some progress is being made under the International Partnership Against AIDS in Africa (IPAA), particularly in national leadership, and encouraged Member States to continue to work within the IPAA framework, to ensure coordination and consistency in supporting national processes. It strongly urged UNAIDS to maintain momentum and a sense of urgency in implementing action under the IPAA. It noted that sustained political will and national commitment contributed to success and to the prospects for increased donor support.
  - iv. The PCB noted the urgency of scaling up pilot projects/services that prove to be effective, expanding them into national programmes complemented with regional initiatives. It urged UNAIDS to play its part in facilitating this process.
  - v. The PCB noted the continuing variance in performance of United Nations Theme Groups on HIV/AIDS, and emphasized the importance of a coordinated and consistent response of the UN system at country level, with the meaningful inclusion of the civil society and people living with HIV/AIDS. The sustained improvement of Theme Group performance, in particular in relations to the availability and disbursement of programme acceleration funds requires urgent attention.

#### **Agenda Item 1.4 Report by the Chairperson of the Committee of Cosponsoring Organizations**

6. The PCB noted with appreciation the report made on behalf of the UNAIDS Cosponsors by the current Chair of the Committee of Cosponsoring Organizations and the efforts made by each of the cosponsoring organizations to scale up their contribution to the global response to HIV/AIDS. The PCB recommended that these efforts be further enhanced, emphasizing the need for greater coordination and result-oriented action through the Theme Groups in countries.

#### **Agenda Item 1.5 Report by the NGO representative**

7. The PCB took note of the report of the NGO representative and the concerns expressed therein, such as the impact of political instability and changes. It noted the



NGO recommendation that the role of laws and treaties concerning illicit drugs, and their relationship to the spread of HIV, be examined by UNAIDS and discussed at the UN General Assembly Special Session on HIV/AIDS.

8. The PCB took note of the request of the World Bank for NGOs to monitor the Multi-country AIDS Project (MAP), in particular the emergency HIV/AIDS fund which channels resources specifically to community and NGO-based activities, and to report back to the Bank.

### **Agenda Item 2 – Debriefing of the field visits**

9. The PCB expressed appreciation to the Ministry of Health of the Government of Brazil for the excellent organization of the field visits, which illustrated the achievements and results of the Brazilian National Programme on STD/AIDS.

### **Agenda Item 3 – Framework for Global Leadership on HIV/AIDS**

10. The PCB expressed its appreciation for the thorough and participatory process followed by UNAIDS in preparing the Strategic Framework for Global Leadership on HIV/AIDS.

11. The PCB endorsed the Strategic Framework for Global Leadership on HIV/AIDS, affirming that its guiding principles, expanded response approach and leadership commitments are universally applicable and should be rapidly translated into action at country level.

12. The PCB encouraged Member States to make use of the framework to elaborate common goals and formulate specific commitments at the highest levels, including in their role as Members of the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS and as representatives on the governing bodies of cosponsoring organizations.

13. The PCB recommended that UNAIDS ensure widespread dissemination of the Framework in a number of languages and encourage its use to guide the further development of strategic processes within regions, priority sectors, and thematic areas in support of country efforts.

14. The PCB requested the Secretariat to refine the text of the Framework, incorporating the comments of PCB members and observers, and emphasizing urgency and clarity in language so that it is accessible to the widest possible audience.

### **Agenda Item 4.1 Five-Year Evaluation of UNAIDS**

15. The PCB expressed appreciation to the Chair for its efforts in appointing the Evaluation Supervisory Panel (ESP) and took note of the membership of the ESP.

16. The PCB further urged the ESP to solicit the inputs of stakeholders at key stages during the evaluation, as described in the Mandate, including governments, people living with HIV/AIDS and Theme Group Members.

17. The PCB noted the importance of providing adequate funding for the evaluation and encouraged interested parties to make additional financial and/or in-kind resources available for this purpose. It also requested interested delegations to be in direct contact with the ESP Chair to discuss their in-kind support of the evaluation process.

#### **Agenda Item 4.2 United Nations System Strategic Plan on HIV/AIDS 2001-2005**

18. The PCB expressed its strong appreciation of the progress report on the development of the UN System Strategic Plan on HIV/AIDS for 2001-2005 (UNAIDS/PCB/(10)/00.5) and of the transparency and unprecedented involvement in the process of developing the Strategic Plan, including through access to the web for PCB members.

19. It recommended that the Secretariat, Cosponsors and other organizations of the United Nations system finalize their contributions to the United Nations System Strategic Plan for review at the next regular meeting of the PCB in 2001.

20. The PCB stressed that the Strategic Plan should be more than the sum of the contributions of the Secretariat, Cosponsors and other UN organizations, demonstrating a clear overall strategic vision and the respective roles, responsibilities and comparative advantages of different organizations. The PCB also noted that additional resources and capacities would need to be built within the Cosponsors and the Secretariat to enable the implementation of the Strategic Plan.

21. The PCB encouraged the Secretariat, the Cosponsors and other UN organizations to continue to work together to identify gaps and priority areas in the UN system support to country responses and to jointly define roles and responsibilities to address those gaps as part of the finalization of the Strategic Plan.

22. The PCB recommended that the UN System Strategic Plan include a monitoring and evaluation component to track progress and ensure accountability.

#### **Agenda Item 4.3 United Nations General Assembly Special Session on HIV/AIDS**

23. The PCB noted that the UN General Assembly Session on HIV/AIDS provides a unique opportunity to reaffirm and strengthen global commitment to intensify action against HIV/AIDS. In order to enrich and guide the discussions and outcomes, it called for the active participation at the highest level, of governments, UN system and other international organizations, NGOs and Foundations in the preparatory processes.

24. The PCB recommends that governments consider the request of the NGO representative to include representatives of the NGO community and of persons living with HIV/AIDS on their delegations to the Special Session.

25. The PCB also recommends that the Strategic Framework for Global Leadership on HIV/AIDS be used to guide the preparatory processes of the Special Session.

### **Agenda Item 5 – Next PCB meeting**

26. Two possible dates for the eleventh meeting of the PCB were proposed: 29-31 May 2001 and 4-6 July 2001. The PCB expressed a preference for the dates in May 2001. However, recognizing the pressure this places on the Secretariat, the PCB requested the Executive Director of UNAIDS to identify dates in June 2001, acknowledging that the next meeting of the PCB must be held before the UN General Assembly Special Session on HIV/AIDS. The Chairperson, in consultation with the Vice-Chairperson, will take a decision on the final dates of the PCB and inform all PCB members in writing before 31 January 2001.

### **Agenda Item 6 – Other business**

27. As the governing board of UNAIDS, it is the responsibility of the PCB to help the Secretariat and Cosponsors focus their energies in the areas and at the levels where they will make the most difference. In the view of the PCB, this is clearly at country level.

28. Thus, while the PCB will continue to support selected international meetings and initiatives, it recommended that the report of this meeting reflect its collective concern that the initiatives for which UNAIDS is expected to be the driving force are: limited in number; strategic in focus; and designed to support broader, more effective country level action.

### **Annex 3**

#### **List of Participants/Liste des Participants**

#### **MEMBERS / MEMBRES**

#### **Member States / Etats Membres**

##### **Barbados – Barbade**

Senator The Hon. Phillip Goddard  
Minister of Health  
Ministry of Health and the Environment  
Jemmots Lane  
St. Michael, Bridgetown

Tel: (246) 426 3470  
Fax: (246) 426 5570

Dr Carol Jacobs  
AIDS Programme Coordinator  
AIDS Information Centre  
Ministry of Health and the Environment  
Jemmots Lane, St. Michael, Bridgetown

Tel: (246) 436 3415  
Fax: (246) 436 9047

##### **Brazil – Brésil**

Dr Paulo Roberto Teixeira  
National Coordinator on Sexually  
Communicable Diseases and AIDS  
Ministry of Health  
Esplanada dos Ministérios, Bl.G. Sobreloja, Sala 110  
Brasilia, D.F. 70058-900

Tel: (55 61) 225 7559 direct line  
Fax: (55 61) 315 2643  
email: [pteixeira@aims.gov.br](mailto:pteixeira@aims.gov.br)

Mr Arnaldo Baena Fernandes  
Social Affairs Division,  
Ministry of External Affairs

Ms. Eliane Izolan  
Press Assessor  
Brazilian National Program of STD/AIDS  
Esplanada dos Ministérios, Bl. G, sala 109  
Brasília - DF

Tel: +55 61 315.2544  
Fax: + 55 61 322 2030  
email: [eliane@aods.gov.br](mailto:eliane@aods.gov.br)

Sr. Mauro Figueiredo  
Consultor de Cooperação Externa  
Ministério da Saúde – Coordenação Nacional  
de DST/AIDS  
Esplanada dos Ministérios – Bloco G  
Sobreloja Sala 111  
Brasilia D.F

Tel :+ 55 61 315.2613  
Fax: + 55 61 315.2489  
email: [maurot@aims.gov.br](mailto:maurot@aims.gov.br)

Dr Euclides Ayres de Castilho  
Professor of Epidemiology  
Faculdade de Medicina  
Universidade de Sao Paulo  
Departamento de Medicina Preventiva  
Av. Dr Arnaldo 455  
01246-903 Sao Paulo

Tel: +55 11 3062 6822  
Fax: -ditto-  
castil@usp.br

**Brazil National STD/AIDS Programme**

Mrs Rosemeire Munhoz  
Head of the Prevention Unit

Tel: (55 61) 225 7559  
Fax: (55 61) 225 7559

Mrs Cristina Pimenta  
Advisor to the Brazilian National STD/AIDS Programme

Mr Mauro Teixeira  
External Cooperation Unit

Mrs Conceição Acceturi  
Care Unit - STD/AIDS Programme

Mr Aristides Barbosa Junior  
Epidemiology Unit

Mr Fabio Mesquita  
Human Rights

Mrs Julia Helida Falcao Costa  
International Advisory – AISA/MOH

Mr José Marcos Nogueira Vianna  
Secretary for International Affairs – AISA/MOH

Mrs Silvana dos Santos  
Representative for Grupo Reagir (NGO)

Ms Monica Barbosa  
Representative for Grupo pela Vidua Niteroi (NGO)

Mr Mauricio Antonio Pompilio  
State STD/AIDS Programme – Mato Grosso do Sul

Mrs Bertina Durovni  
Municipal STD/AIDS Programme – Rio de Janeiro

Mrs Valdileia G. Veloso  
State STD/AIDS Programme – Rio de Janeiro

Mrs Maria Goretti David Lopes  
State STD/AIDS Programme - Curitiba

Mr. Jacobo Finkelman  
PAHO/WHO Country Representative, Brazil  
SEN Lote 19  
Brasilia, D.F.

Tel.:+55 61 312.6500  
Fax: +55 61 312.6502

Mr. Silvano Gomes dos Santos  
ALIA/Reagir Londrina - PR  
Rua Fernando Noronha 864 – Centro  
Londrina – PR

Tel: +55 43 328.7432

Mr. Arturo Piscioti Netto  
Conselho Empresarial de Prevenção HIV/AIDS  
Pça Mahatma Gandhi 2, 5º andar  
Grupo Severiano Rbeiro - Cinemas  
Rio de Janeiro – RJ

Tel: +55 21 524.2486  
Fax: + 55 21 240.0509  
Email: [arturo@gsr.com.br](mailto:arturo@gsr.com.br)

**Parliamentary Group for AIDS in Brazil**  
Senator José Jorge, Partido da Frente Liberal (PFL)  
State of Pernambuco

Deputy Fernando Gabeira, Partido Verde (PV)  
State of Rio de Janeiro

Mr. Dilip Sinha  
Minister – Counsellor  
Embassy of India  
Brasília – DF

Tel: + 55 61 248.4006  
Fax: + 55 61 248.7849  
email: [dyem@tba.com.br](mailto:dyem@tba.com.br)

### **China - Chine**

Dr QI Qingdong  
Deputy Director  
Division of Multilateral Relations  
Department of International Cooperation  
Ministry of Health  
1 Nanlu  
Xizhimenwai, Xicheng District  
Beijing 100044

Tel: +86-10 6879 2275  
Fax: +86-10 6879 2279

Mr Sun Xinhua  
HIV/AIDS Division  
Department of Disease Control  
Ministry of Health  
1 Nanlu  
Xizhimenwai, Xicheng District  
Beijing 100044

Tel: +86-10 6879 2360  
Fax: +86-10 6879 2279

### **Finland – Finlande**

Mr Osmo Soininvaara  
Minister of Health and Social Services  
Ministry of Social Affairs and Health  
P.O. Box 33  
FIN-00023 GOVERNMENT  
Finland

Tel: +358 9-160 3779  
Fax: +358 9 160 4482

Dr Tapani Melkas  
Director  
Department for Promotion of Welfare and Health  
Ministry of Social Affairs and Health  
Meritullinhutu 8  
P.O. Box 267  
00171 Helsinki

Tel: +358 9 1603886  
Fax: +358 9 160 4144  
email: pani.melkas@stm.vn.fi

Mr Pekka Holmstrom  
National Public Health Institute  
Mannerheimintie 166  
FIN-00300 Helsinki

Tel: +358 9 47441  
email: ekka.holmstrom@ktl.fi

Ms Gisela Blumenthal  
Health and Population Adviser  
Department for International Development Cooperation  
Ministry for Foreign Affairs  
P.O. Box 176  
00161 Helsinki

Mrs Kristiina Haikio  
Counsellor  
Permanent Mission of Finland to the Office  
United Nations at Geneva  
1 Chemin du Pré-de-la-Bichette  
1211 Genève

Tel: 919 42 42  
Fax: 740 02 87  
email: 20kristiina.haikio@formin.fi

Mr Jouko Leinonen  
2<sup>nd</sup> Secretary  
Embassy of Finland  
SES – Av. das Nações - Quadra 807, Lote 27  
Brasilia – D.F.

Tel: +55 61 443 7151  
Fax: +55 61 443 3315  
email: suomi@tba.com.br

## France

Dr Régine Lefait-Robin  
Médecin Inspecteur de Santé  
Ministère de l'Emploi et de la Solidarité  
Délégation aux Affaires Européennes et Internationales  
8 avenue Ségur, F-75007 Paris

Tel: +33 1 40 56 73 72  
email: regine-lefait.robin@sante.gouv.fr

M. Jean Christophe Taillard-Fleury  
Ministre des Affaires Étrangères  
France

Mme Anne Dux  
Chargée de mission auprès du Ministre délégué  
à la Coopération et à la Francophonie  
Ministère des Affaires étrangères  
8 avenue Ségur, F-75007 Paris

Tel: +33-1 53 69 41 58  
Fax: +33-1 53 69 43 74

## **Gabon**

Mr Faustin Boukoubi  
Ministre de la Santé  
Ministère de la Santé Publique et de la Population  
B.P. 50  
Libreville

Dr Gabriel Malonga-Mouelet  
Directeur du Programme National de Lutte contre  
le SIDA et les MST  
Ministère de la Santé Publique et de la Population  
B.P. 50, Libreville

Tel: (241) 764620  
Fax: (241) 748717

H.E. Mr Marcel Odongui-Bonnard  
Ambassadeur  
Ambassade du Gabon au Brésil  
SHIS QI 09  
Conjunto 11, Casa 24, Lago Sul  
71625-110 Brasilia – DF

Tel: (55) 61 248 3533 / 3536  
Fax: (55) 61 248 2241  
email: [mgabao@nutecnet.com.br](mailto:mgabao@nutecnet.com.br)

Mr Joseph Giraud Effangone-Obaghe  
Conseiller  
Ambassade du Gabon au Brésil  
SHIS QI 09  
Conjunto 11, Casa 24, Lago Sul  
71625-110 Brasilia – DF

## **Greece – Grèce**

Dr Theodore Papadimitriou  
Hellenic Centre for Infectious Disease Control  
Ministry of Health and Welfare  
6-8 Macedonias str.  
GR-10433 Athens

Tel: +30-1 822 9922  
Fax: +30-1 825 4058

## **India – Inde**

Dr C.P. Thakur  
Hon'ble Union Minister of Health & Family Welfare  
Ministry of Health & Family Welfare  
Government of India  
344 "A", Nirman Bhavan  
New Delhi 110011

Dr J.V.R. Prasada Rao  
Additional Secretary and Project Director  
National AIDS Control Organization  
Ministry of Health & Family Welfare  
Government of India  
344 "A", Nirman Bhavan  
New Delhi 110011

Tel: +91 11 301 7706/332 5331  
Fax: +91 11 301 7706/332 5331  
email: [nacodel@vsnl.com](mailto:nacodel@vsnl.com)



Mr. Gunjan Prasad  
Officer on Special Duty to Minister of Health  
And Welfare  
Government of India  
344 "A", Nirman Bhavan  
New Delhi 110011

### **Italy – Italie**

Dr Antonio Aloï  
Health Sector  
Italian Ministry of Foreign Affairs  
General Directorate for Development  
Cooperation  
Via S. Contarini, 25  
I-00194 Rome

Tel: +39-6 3691 6237

Fax: +39 6 324 05 85

email: [aloi@esteri.it](mailto:aloi@esteri.it)

Dr Stefano Vella  
Research Director  
Istituto Superiore di Sanita  
Viale Regina Elena 299  
I-00161 Rome

Tel: +39-6 49 38 72 94

Fax: +39-6 49 90 20 21

email: stefanovella@interbusiness.it

### **Japan – Japon**

Dr Hiroyoshi Endo  
Director, Office of International Cooperation  
International Affairs Division  
Minister's Secretariat  
Ministry of Health and Welfare

Tel: +81 3 3591 8983

Fax: +81 3 3501 2532

email: HE-WDX@mhw.go.jp

### **Kyrgyzstan – Kirghizistan**

Mr Boris Shapiro  
Director General  
National AIDS Coordinator  
National AIDS Centre of the Kyrgyz Republic  
Ul. Logvinenko 8  
720 300 Bishkek  
Kyrgyzstan

Tel: +996 312 22 72 90 / 22 15 38

Fax: +996 312 22 72 90/ 22 15 38

email: std@imfiko.bishkek.su

### **Luxembourg**

Dr Robert Hemmer  
Président du Comité National de Surveillance du SIDA  
Chef du Service National des Maladies Infectieuses  
Centre Hospitalier de Luxembourg  
4 rue Barblé  
L-1210 Luxembourg

Tel: 352 4411 30 91

Fax: 352 4412 79

e-mail: hemmer.robert@chl.lu

Mme Christine Omes  
Direction de la Coopération au Développement  
Ministère des Affaires Etrangères  
6 rue de la Congregation, L-1352 Luxembourg

Tel: +35 2 478 2353

Fax: + 35 2 222 048

email: christine.omes@mae.etat.lu

## **Mexico – Mexique**

Dr Patricia Uribe  
Coordinadora General  
Consejo Nacional de Prevención y Control  
del SIDA (CONASIDA)  
Secretaria de Salud  
Calzada de Rlalpan No.4585, 2° piso  
Col. Torriello Guerra, C.P. 14050, Mexico City

Tel: 52-5 528 4848 / 4856  
Fax: 52-5 528 42 20  
e-mail: puribe@df1.telmex.net.mx

## **Philippines**

Dr David Lozada  
Director IV  
Center for Health Development  
Department of Health  
Osmeña Building  
Cebu City

Tel: +032 254 0109  
Fax: +032 322 1934

## **Poland – Pologne**

Mr Arkadiusz Nowak  
National AIDS Coordinator and  
Adviser to the Minister of Health  
Ministry of Health and Social Welfare  
Miodowa Str, 15  
00246 Warsaw

Tel: 48 22 641 8301-29  
Fax: 4822 641 8301-29  
email: arknowak@poczta.onet.pl

Mrs Katarzyna Iwianska  
Foreign Relations Officer  
National AIDS Centre  
Ministry of Health and Social Welfare  
VI. Samsonowska, 1  
02-829 Warsaw

Tel: 48 22 641 8301 / 8406  
Fax: - same -  
email: kawai@poczta.up.pl

## **Russian Federation - Fédération de Russie**

Dr Alexander T. Goliusov  
Head Specialist  
AIDS Prevention Unit  
Ministry of Health of the Russian Federation  
Rakmanovsky per.3  
101431 Moscow

Tel: (7-095) 973 2767  
Fax: (7-095) 973 1549  
email: GOLIUSOV@drugreg.ru

## **Senegal – Sénégal**

Dr Ibra N'Doye  
Directeur du Programme du SIDA  
Institut d'Hygiène  
BP 3435  
Dakar

Tel: +221 822 90 45  
Fax: (00 221) 822 15 07  
email: ibndoye@telecomplus.sn

## **South Africa - Afrique du Sud**

Dr M.E. Tshabalala-Msimang  
Minister of Health  
Private Bag X399, Pretoria

Ms K. Maistry  
Personal Assistant to the Minister of Health

Mr R. Mabope  
Special Adviser to the Minister of Health  
Pretoria

Dr Desmond Keith Johns  
Counsellor Health Affairs  
Permanent Mission of South Africa to the  
United Nations Office at Geneva  
Rue du Rhône 65  
1204 Geneva

Tel: 849 54 42  
Fax: 849 54 38  
email: desmond.johns@ties.itu.int

Ms N.S. Matsau  
Deputy Director-General, Department of Health

Ms L.S. Mngabi  
Media Liaison

## **Sweden – Suède**

Mr Bengt Gunnar Herrstrom  
Deputy Director  
Ministry for Foreign Affairs  
103 39 Stockholm

Tel: +46 8 405 1000  
Fax: +46 8 723 1176  
email: bengt-gunnar.herrstrom@foreign.ministry.se

Mr Niklas Kebbon  
Counsellor  
Permanent Mission of Sweden to the United  
Nations Office at Geneva  
82 rue de Lausanne  
1202 Genève

Tel: 908 08 00  
Fax: 908 08 10  
email: niklas.kebbon@foreign.ministry.se

Mr Jan-Olov Agrell  
Swedish International Development  
Cooperation Agency (SIDA)  
SE-105 25 Stockholm

Tel: +46 8 698 5000  
email: jan-olov.agrell@sida.se

## **United States of America - Etats-Unis d'Amérique**

Dr Duff Gillespie – Head of delegation  
Deputy Assistant Administrator and Director  
Center for Population, Health and Nutrition  
3.06-041U, 3<sup>rd</sup> Floor, RRB  
U.S. Agency for International Development  
1300 Pennsylvania Avenue, N.W.  
Washington, D.C. 20523-3700

Tel: (202) 712 4120  
Fax: (202) 216 3046

Mr Eugene McCray  
Director, Global AIDS Program  
National Center for HIV, STD and TB Prevention  
Centers for Disease Control and Prevention  
1600 Clifton Road, NE (MS: E9)  
Atlanta, GA 30333

Ms Ann Blackwood  
Director of Health Programs  
Bureau of International Organization Affairs  
US Department of State

Mr Garry Newton  
UNAIDS Coordinator  
HIV/AIDS Division  
Global Bureau  
U.S. Agency for International Development  
1300 Pennsylvania Avenue, N.W.  
Washington, D.C. 20523-3700

Dr. Claudine Mtshali  
Sr. Health Representative to the Americas  
Department of Health South Africa  
Embassy of South Africa  
3051 Massachusetts Avenue, NW  
Washington DC 20008

Tel: 1 202 745.6652  
Fax: 1 (202)265.1607

**Cosponsoring Organizations / Organismes coparrainants**

**United Nations Children's Fund (UNICEF)**

**- Fonds des Nations Unies pour l'enfance (FISE) – Not yet replied**

Mr Mark Stirling  
AIDS Task Force Manager  
UNICEF House  
3, United Nations Plaza, New York, N.Y. 10017

Tel: (212) 326 7000  
Fax: (212) 824 6464  
mstirling@unicef.org

**United Nations Development Programme (UNDP)**

**- Programme des Nations Unies pour le développement (PNUD)**

Dr Monica Sharma  
Team Leader, Special Initiative on HIV/AIDS  
UNDP  
1 United Nations Plaza  
New York, N.Y. 10017

Tel: (212) 906 6680  
Fax: (212) 906 5857  
email: msharma@unicef.org

Mr Hakan Bjorkman  
HIV & Development Programme (HDP)  
UNDP  
304 East 45th Street  
New York, N.Y. 10017

Tel: (212) 906 6080  
Fax: (212) 906 6350  
email: akan.bjorkman@undp.org

Mr. Roland Msiska  
Chief Technical Advisor  
UNDP, P.O. Box 6541  
Pretoria – South Africa

Tel: + 27 12 338.5010

**United Nations Population Fund (UNFPA)**  
**- Fonds des Nations Unies pour la population (FNUAP)**

Dr Mari Simonen  
Director  
Technical Support Division  
UNFPA  
220 East 42<sup>nd</sup> Street, New York, N.Y.10017

Tel: (212) 297 5000  
Fax: (212) 370 0201

Dr Suman Mehta  
Senior Technical Officer  
Technical Branch  
Technical and Policy Division  
UNFPA  
220 East 42<sup>nd</sup> Street  
New York N.Y. 10017

Tel: (212) 297 5256  
Fax: (212) 297 4915  
email: mehta@unfpa.org

**United Nations International Drug Control Programme (UNDCP)/**  
**Programme des Nations Unies pour le Contrôle international des Drogues**  
**(PNUCID)**

Mr José Manuel Martinez Morales  
UNDCP  
Esplanade des Ministerios – Anexo I  
Ministerio da Justica, 2<sup>o</sup> andar  
70064-900 Brasilia - DF

Tel: +55 61 321-1377  
email: [undcp@undcp.org.br](mailto:undcp@undcp.org.br)

Mr. Stefano Berterame  
UNDCP Programme Officer  
UNDCP P.O. Box 500  
A-1400 Vienna

Tel: +43 1 260.605.474  
Fax: +43 1 260.605.866  
Email: tefano.bertramo@undcp.org

**United Nations Educational, Scientific and Cultural Organization /**  
**Organisation des Nations Unies pour l'éducation, la science et la culture**  
**(UNESCO)**

Mr Miguel Angel Enriquez Berciano  
UNESCO Office for Science & Technology  
Montevideo

Ms Marie-Paule Roudil  
AIDS Focal Point  
UNESCO  
1, rue Miollis  
F-75732 Paris Cedex 15

Tel: (33 1) 45 68 37 51  
Fax: (33 1) 42 73 37 45  
email: mp.roudil@unesco.org

Miss Roberta Macedo Martins  
Assistant to Representative  
UNESCO  
SAS, Q.05, Bloco H, Lote 6, 9º andar  
Brasilia – DF  
Brazil

Tel : + 55 61 321.3525  
Fax: + 55 61 322 4261  
email: [roberta@unesco.org.br](mailto:roberta@unesco.org.br)

### **World Health Organization (WHO) / Organisation mondiale de la Santé (OMS)**

Dr Daniel Tarantola  
Senior Policy Adviser to the Director-General  
World Health Organization  
Avenue Appia  
1211 Geneva 27  
Switzerland

Tel: 791 2779

Dr Winnie Mpanju-Shumbusho  
Director  
HIV/AIDS and Sexually-transmitted Diseases (HIS)  
World Health Organization

Tel: 791 46 45

Fax: 791 48 34

### **The World Bank - Banque mondiale**

Mr Chris Lovelace  
Director  
Health, Nutrition & Population  
Human Development Network  
The World Bank  
1818 H Street  
Washington D.C. 20433

Tel: (202) 458 1525/1530  
Fax: (202) 522 3234  
email: [jlovelace@worldbank.org](mailto:jlovelace@worldbank.org)

Dr Debrework Zewdie  
HIV/AIDS Global Coordinator  
The World Bank,  
Washington D.C. 20433

Tel: (202) 473 9414  
Fax: (202) 522 7396  
email: [dzewdie@worldbank.org](mailto:dzewdie@worldbank.org)

### **Representatives of Nongovernmental Organizations/People Living with HIV/AIDS - Représentants des Organisations non gouvernementales/Personnes vivant avec le VIH/SIDA**

#### **Africa**

Ms Alice Lamptey  
The Ghana HIV/AIDS Network (GHANET)  
P.O. Box LG 760  
Legon  
Accra  
Ghana

Tel: 233-21 500851  
Fax: 233-21 500851  
email: [tvolamp@ghana.com](mailto:tvolamp@ghana.com)

## **Asia & Pacific**

Ms O.C. Lin  
Hong Kong AIDS Foundation  
5/F Shaukeiwan Jockey Club Clinic  
8 Chai Wan Road  
Shaukeiwan, Hong Kong

Tel: +852 2560 8528  
Fax: +852 2560 4154  
email: [oclin@asiaonline.net](mailto:oclin@asiaonline.net)

## **Europe**

Mr Pedro Silvério Marques  
Abraco  
Travessa do Noronha, 5 – 3 Dto  
1200 Lisbon, Portugal

Tel: +351 213 974 298  
Fax: +351 213 977 357  
e-mail: [abraco@mail.telepac.pt](mailto:abraco@mail.telepac.pt)

## **Latin America & Caribbean**

Mr Ruben Mayorga  
Organizacion de Apoyo a una Sexualidad  
Integral frente al SIDA – OASIS  
6 Avenida 1-63 Zona 1  
Guatemala City 01001, Guatemala

Tel: +502 220-1332 / 253-3453  
Fax +502 232- 1021  
email [osis@gua.gbm.net](mailto:osis@gua.gbm.net)

## **North America**

Mr Jairo Pedraza  
2 Seaman Avenue 3H  
New York, N.Y. 10034  
USA

Tel: (212) 569 6023  
Fax: (212) 942 8530

email: [babaluAye@aol.com](mailto:babaluAye@aol.com)

Ms Diane Riley  
Deputy Director-General  
International Harm Reduction Association  
23 Hillview Avenue  
Toronto, Ontario, Canada

Tel/Fax: 416 604 1752  
email: [rileydm@aol.com](mailto:rileydm@aol.com)

## **OBSERVERS - OBSERVATEURS**

### **Member States - Etats membres**

#### **Australia – Australie**

Mr Kerry Kutch  
Counsellor (Development)  
Permanent Mission of Australia to the  
United Nations Office at Geneva  
CP 172  
1211 Geneva 19, Switzerland

Tel: 799 9107  
Fax: 799 9109  
email: [kerry\\_kutch@dfat.gov.au](mailto:kerry_kutch@dfat.gov.au)

Mr Paul Lehmann  
Commonwealth Department of Health and Aged Care  
MDP 13, GPO Box 9848  
Canberra  
ACT 2601 Australia

Tel: +61 2 6289 7029

email: [paul.lehmann@health.gov.au](mailto:paul.lehmann@health.gov.au)

## **Belgium – Belgique**

Dr Ludo Van Rossum  
Senior Programme Officer (Public Health)  
Direction générale de la Coopération  
Internationale (DGCI), Brederodestraat 6  
B-1000 Bruxelles

Tel: +32-2 519 0723  
Fax: +32 2 519 0570  
email: vanrossum@badc.fgov.be

Monsieur Michel Ardui  
Consul Général de la Belgique à Rio de Janeiro

## **Bulgaria – Bulgarie**

H.E. Mr Ventzeslav Ivanov  
Ambassador  
Embassy of Bulgaria  
Brasilia

## **Canada**

Ms Janine Hutt  
Senior Programme Manager  
United Nations and Commonwealth Programme  
Canadian International Development Agency  
200, Promenade du Portage  
Hull, Quebec K1A 0G4

Tel: (819) 994 3938  
Fax: (819) 997 6632  
e-mail: janine-hutt@acdi-cida.gc.ca

Mr Martin Method  
Canadian International Development Agency (CIDA)  
200 Promenade du Portage  
Hull, Quebec  
Canada K1A 0G4

email: martin-method@acdi-cida.gc.ca

Ms Valerie Young  
Canadian International Development Agency (CIDA)  
200 Promenade du Portage  
Hull, Quebec  
Canada K1A 0G4

Tel: (819) 994 6137  
email: valerie-young@acdi-cida.gc.ca

Ms Reeta Bhatia  
Senior Adviser on International HIV/AIDS Issues  
Brooke Claxton Building, Room 816A  
Postal Locator 0908B, Tunney's Pasture  
Ottawa (Ontario), Canada K1A 0K9

Tel: (613) 941 47 65  
Fax: (613) 952 74 17  
email: reeta-bhatia@hc-sc.gc.ca

## **Congo**

Mr Leon Alfred Opimbat  
Ministre de la Santé  
Ministère de la Santé  
B.P. 2107, Brazaville  
République du Congo.



Dr André Enzanza  
Conseiller à la Santé  
Ministère de la Santé  
B.P. 2107, Brazaville  
République du Congo

Tel: (242) 81 30 75/ 66 4112

Mr Jean Paul Koumanganga  
Ministère de la Santé  
B.P. 2107, Brazaville  
République du Congo

### **Cuba**

Mr Ricoberto Torres Peña  
Ministry of Public Health  
Direccion Nacional de Epidemiologia  
Calle 23 esq. N. Vedado  
Havana, Cuba

Tel: (537) 55 33 23  
Fax:  
email: rico@hesp.sld.cu

### **Gambia – Gambie**

Mr Abdoulie Sallah  
Minister of Health

### **Germany - Allemagne**

Mr Franz J. Bindert  
Head of Department  
Federal Ministry of Health  
Am PropsthoF 7a  
D-53121 Bonn

Tel: (+49 228) 941 3200  
Fax: (+49 228) 941 4932

Mr Klaus Botzet  
Counsellor  
Permanent Mission of the Federal Republic  
of Germany to the United Nations Office at Geneva

Tel: +41 22 730 1248  
Fax: +41 22 734 3043

Dr Peter Weiss  
c/o Oficina GTZ  
Ministero de Salud y Accio Social  
Avda. 9 de Julio 1925 - Piso 12  
1332 Buenos Aires  
Argentina

Tel:+54-11-4379-9089  
Fax:+54-11-4381-3983  
e-mail:SALUDGTZ@DATAMARKETS.COM.AR

### **Holy See - Saint-Siège**

Mgr Andrés Carrascosa Coso  
Conseiller, Nonciature Apostolique  
Avenida das Nações,  
Avenida das Nações, lote N.1  
C.P. 07-0153, 70359-970 Brasilia DF

Tel: 223.0794  
email: nunapost@solar.com.br

Dr Maria Inés Linhares de Carvalho  
Médecin spécialiste Sida  
Nonciature Apostolique  
Avenida das Nações, lote N.1  
C.P. 07-0153, 70359-970 Brasilia DF

Tel: 223.0794

email: nunapost@solar.com.br

### **Netherlands – Pays-Bas**

Mr Gerton Van Den Akker  
Division UN and Financial Departments  
Ministry of Foreign Affairs  
The Hague

### **Norway – Norvège**

Ms Marianne Loe  
Adviser  
Ministry of Foreign Affairs  
P.O. Box 8114 Dep.  
N-0032 Oslo

Tel: (47 22) 24 39 85

Fax: (47 22) 24 95 80

email: marianne.loe@mfa.no

Mr Ottar T. Christiansen  
Counsellor  
Permanent Mission of Norway to the United  
Nations Office at Geneva  
35 bis. Avenue de Budé, 1211 Genève 19

Tel: 918 04 00

Fax: 918 94 10

email: ottar.christiansen@mfa.no

## **Portugal**

Professeur Fernando Aires Nunes Ventura  
Coordinateur  
Lisbon

Mme Helena Morais Vaz  
Technicienne  
Lisbonne

## **Switzerland – Suisse**

Mr Jean-Jacques Thorens  
Deputy Head  
AIDS Section  
Federal Office of Public Health  
Bern

Tel: +41 31 323 8792

email: Jean-Jacques.Thorens@bag.admin.ch

## **Uganda – Ouganda**

The Hon. Dr C. Kiyonga  
Minister of Health  
Ministry of Health  
P.O. Box 7272  
Kampala

## **United Kingdom of Great Britain and Northern Ireland - Royaume-Uni de Grande-Bretagne et d'Irlande du Nord**

Mr Martin Taylor  
Health and Population Department  
Department for International Development  
94 Victoria Street  
GB-London SW1E 5JL

Tel: +44 020 7917 0960  
Fax: +44 020 917 0174  
email: m-taylor@dfid.gov.uk

Mr Jerry Ash  
Health and Population Department  
Department for International Development  
94 Victoria Street  
GB-London SW1E 5JL

Tel: +44 020 7917 0319  
Fax: +44 020 917 0174  
email: j-ash@dfid.gov.uk

Mr Desmond Whyms  
Health and Population Department  
Department for International Development

Tel: +44 020 917 0245  
Fax: +44 020 917 0174  
email: d-whyms@dfid.gov.uk

94 Victoria Street  
GB-London SW1E 5JL

Mr. David Clarke  
Senior Education Advisor  
DFID UK  
DFID 94 Victoria Street

Tel 44 207 917 200  
email: dj-clarke@dfid.gov.uk

## **Intergovernmental Organizations / Organisations Intergouvernementales**

Mr Roberto Iunes  
Health Specialist  
Social Operations Department 3

Tel.: +202 623 2456  
Fax.: +202 623 3173  
e-mail: robertoi@iadb.org

**Inter-American Development Bank**  
1300 New York Avenue, NW  
Washington, DC 20577  
USA

## **United Nations Offices / Bureaux des Nations Unies**

Dr Walter Franco  
United Nations Resident Coordinator in Brazil  
Quadra 2, Bloco B.,  
Setor Comercial Norte  
Brasilia DF 70259-970

Tel: +55 61 329 2001/00  
Fax: +55 61 329 2099

## **Nongovernmental Organizations - Organisations non gouvernementales**

Mr Joost Hoppenbrouwer  
**AIDS Coordination Bureau**  
c/o The Netherlands Network on  
Sexual / Reproductive Health and AIDS  
P.O. Box 95001  
NL-1090 HA Amsterdam

Tel: +31 20 5688.428  
Fax: +31 20 6654.423  
email: j.hoopenbrouwer@kit.nl

Professor Dennis Altman  
**AIDS Society of Asia and the Pacific**  
Politics Department  
La Trobe University  
Bundoora 3083  
Australia

Tel: +61-3 9479 2699  
Fax: +61-3 947 91 997  
email: d.altman@latrobe.edu.au

Ms Jacqueline Rocha Cortes  
**Global Network of People Living with  
HIV/AIDS (GNP+)**  
Rua Cel Carlos Oliva 113  
03067-010 Sao Paulo – SP Brazil

email: jacque@warp.com.br

Mr Veriano Terto Jr  
**ICASO**  
C/o ABIA  
R. da Candelária, 79 10. Andar  
20091-020 Rio de Janeiro, Brazil

email: verterto@zx.apc.org

Mr Richard Parker (ICASO)

Mr Juan Carlos Raxach (ICASO)  
Assessor de Projeto  
Associação Brasileira Interdisciplinar de AIDS – ABIA  
Rua da Candelária 79 – 10º andar  
20091-020 Rio de Janeiro - RJ

Tel.: 55 21 223.1040  
email: juancarlos@ax.apc.org

Dr José Luis Fernandez Tonda  
Regional Health Delegate  
Buenos Aires Regional Delegation  
**International Federation of Red Cross and  
Red Crescent Societies**  
Laprida 2698 – 2°  
1425 Buenos Aires, Argentina

Tel: +54 114 963 8659  
Fax: +54 114 961 3320  
email: ifrcar@ifrc.org

Mr Jeffrey O'Malley  
Executive Director  
**International HIV/AIDS Alliance**  
2 Pentonville Road, GB-London N1 9HF

Tel: (44 207) 841 3500  
Fax: (44 207) 841 3501  
email: jomalley@aidsalliance.org

Dr Christoph Benn  
German Institute for Medical Mission  
**World Council of Churches**  
P.O. Box 1307  
D-72003 Tubingen

Tel: +49 7071 206 520  
Fax: +49 7071 206 510  
email: [difaem.benn@cityinfonetz.de](mailto:difaem.benn@cityinfonetz.de)

Mr Dirk Bogaert  
Head of Mission  
**Médecins Sans Frontières**  
Rio de Janeiro, Brazil

e-mail: rio@msf.org.br

Dr. Eduardo Nunes  
Program Advisor  
**World Vision International**  
Rua Tupis, 40 – 20° andar  
Belo Horizonte – MG - Brazil

Tel: +55 31 327.3599  
Fax: +55 31327.3949

### **Expanded UN Theme Group on HIV/AIDS in Brazil**

#### **United Nations Educational, Scientific and Cultural Organization (UNESCO)**

Dr. Jorge Werthein  
Chair of the United Nations Theme Group and  
UNESCO Representative  
SAS - qd. 5 - bl. H - lote 6  
ed. cnpq/ibict/unesco – 9o andar  
70.070-914 - Brasília

Tel: (55 61) 321- 35 25  
Fax: (55 61) 322-42 61  
e-mail: [werthein@unesco.org.br](mailto:werthein@unesco.org.br)

Mr Matias Spektor  
Assistant to the Representative

Tel: (55 61) 3213525  
Fax: (55 61) 3224261  
email: matias@unesco.org.br

Mr Luciano Milhomen  
Press Officer

### **United Nations Children's Fund (UNICEF)**

Dr Reiko Niimi  
Representative  
Sepn – qd.510 – bl. A – 1° andar  
70750-530 - Brasilia

Tel: (55 61) 348-1902/1930  
Fax: (55 61) 349-0606  
email: [miimi@unicef.org.br](mailto:miimi@unicef.org.br)

### **United Nations Population Fund (UNFPA)**

Dr. Mirtha Carrera Halim  
Representative  
Scn q 2 – bl a- ed. corporate financial center – 6º andar  
70.712-900 Brasília

Tel: (55 61) 329-2187  
Fax: (55 61) 329 21 99  
email: [unfpafobr@undp.org.br](mailto:unfpafobr@undp.org.br)

### **United Nations International Drug Control Programme (UNDCP)**

Dr. José Manuel Martinez Morales  
Representative  
Ministry of Justice  
Anex 01 - 2º andar  
Esplanada dos Ministerios - Bloco T  
70.064-900 – Brasilia

Tel: 321- 1376 321-1377  
Fax: 323-1381  
email: [undcp@undcp.org.br](mailto:undcp@undcp.org.br)

Mrs Cintia Freitas  
Programme Officer

### **Agencia Brasileira de Cooperacao – ABC**

Ms Cecilia Malaguti de Souza  
Ministerio das Relacoes Exteriores  
Anexo 1 – 8º Andar – CEP 70.170-900  
Brasilia – DF

Tel: (061) 411-6887/81  
Fax: (061) 411-6894

### **United States Agency for International Development (USAID)**

Dr Janice Weber  
Director  
American Embassy - USAID  
Ses -Av. Das Nações – QD. 801 – Lote 03  
70.403-900 – Brasilia

Tel :225-8607  
Fax: 323-6875  
email: [jweber@usaid.gov](mailto:jweber@usaid.gov)

Dr. Lawrence Odle  
Deputy Director

email: [lawrenceodle@usaid.gov](mailto:lawrenceodle@usaid.gov)

### **Family Health International do Brasil (FHI)**

Dr. Paulo Roberto De Souza  
Director  
Srtvs QD.701 - BL.K - Ed. Embassy Tower - Sala 501  
70.340-000 - Brasilia

Tel: 321-3881  
Fax: 321-0797  
email: [pproto@zaz.com.br](mailto:pproto@zaz.com.br)  
email: paulo.proto@uol.com.br

Dr Arletty Pinel  
Associate Director/Representative FHI (Washington)

### **Grupo Pela Vidda/RJ (Civil society Organization)**

Dr. Ezio Tavora Santos-Filho  
Representative  
Av. Rio Branco, 135 - 7º andar - Sala 709  
20.040-006 – Rio de Janeiro

Tel: 21- 518-3993  
Fax: 21- 518-1997  
email: [etfilho@attglobal.net](mailto:etfilho@attglobal.net)

Dr. Teresinha Pinto  
APTA-SP  
Al. Ribeirão Preto, 28 - 21  
01.331-000- São Paulo

Tel/Fax: 11- 3266-3345  
email: [apta@base.com.br](mailto:apta@base.com.br)

Mrs. Monica Toscano  
Chefe de Divisão de Terras Multilaterais  
AISA/GM  
Esplanada dos Ministérios – Bloco G Sala 425  
Brasilia D.F.

Tel. 55 61 224.5797  
Fax: 55 61 224.0014  
email: [monica.mulser@saude.gov.br](mailto:monica.mulser@saude.gov.br)

Mrs. Heline Conceição Nava Pinto  
Ag. Brasileira de Cooperação  
Esplanada dos Ministérios  
Ministério das Relações Exteriores – 8º  
Brasília - DF

Tel : 55 61 411.6851  
Fax: 55 61 411.6978  
email: [heline@abc.gov.br](mailto:heline@abc.gov.br)

### **Other Regional Representation**

Ms Mabel Bianco  
Technical Secretary  
**Horizontal Technical Cooperation Group**  
Ministerio de Salud  
Avenida 9 de Julio 1925, Piso 6  
1332 Buenos Aires  
Argentina

Tel: +54 11 4345 3612  
Fax: +54 11 4379 9143

### **UNAIDS Geneva**

#### **Office of Executive Director**

Peter Piot, Executive Director  
Julia Cleves, Chief Office of the Executive Director  
Frances McCaul, Administrative Assistant

#### **Office of Deputy Executive Director**

Kathleen Cravero, Deputy Executive Director  
Corinne Brenner, Personal Assistant, DXD

#### **Department of External Relations**

Renu Chahil-Graf, Manager, Governance and UN System  
Marie -Odile Emond, External Relation Officer  
Jean Neracher, Administrative Assistant  
Georgiana Braga, Information and Systems Officer  
Ben Plumley, Communications Adviser

#### **Department of Policy, Strategy and Research**

Awa Marie Coll-Seck, Director  
Jean-Louis Lamboray, Senior Adviser to Director  
Jos Perriens, Team Leader, Care and Support Team

#### **Department of Country Planning and Programme Development**

Luiz Loures, Team Leader, Programme Development Officer

**Programme Development and Coordination Group**

Jim Sherry, Director

Joel Rehnstrom, Senior Budget and Planning Officer

**Report Writer**

Sheila Poole

**UNAIDS Country staff**

Ms Telva Barros

Country Programme Adviser, Brazil

Dr Pedro Chequer

Inter-Country Programme Adviser, Argentina

Dr José Enrique Zelaya Bonilla

Inter-Country Programme Adviser for Central America

Guatemala