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Speech to the 16th Meeting of the UNAIDS Programme Coordinating Board

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**by
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Madame Chairman,
Prime Ministers and Ministers
PCB members,
Colleagues and friends,

May I begin by thanking His Excellency, the Honourable John Junor, Minister of Health of Jamaica and indeed the Government and people of Jamaica for inviting, on behalf of the Caribbean region, the UNAIDS Programme Coordinating Board to Jamaica for its 16th meeting.

AIDS in the Caribbean and Jamaica

This is the first time the Programme Coordinating Board has met in the Caribbean – and it is highly appropriate that it does so now. While much of the world's attention has turned to the burgeoning epidemics in India and China, the Caribbean, with an estimated HIV adult prevalence rate of 2.3%, has the second highest prevalence rates of HIV infection behind sub-Saharan Africa, and HIV infections continue to increase. Just two weeks ago, UNAIDS and WHO released the latest figures which indicate that among adults aged 15 to 44, AIDS has become the leading cause of death in the Caribbean. There is also evidence to suggest that these rates of prevalence are worsening in a majority of Caribbean countries.

Yet significant progress has been made by individual countries. While funding gaps remain, significant progress has been made in resource mobilization, including from the World Bank, the Global Fund to Fight AIDS, TB and Malaria, and several other donors. There has been progress too at the regional level, notably through CARICOM – and I would like to pay particular thanks to Assistant Secretary General for Health and Social Development, Dr. Eddie Green. A centrepiece of regional action on AIDS has been the Pan Caribbean Partnership against HIV/AIDS (PANCAP), launched in February 2001 by the Prime Ministers of Barbados, and St Kitts and Nevis, Sir George Alleyne, then Director of the Pan American Health Organisation and myself. PANCAP has greatly accelerated the regional AIDS response and provided a reference point for joint action under the Caribbean Regional Strategic AIDS Framework. I am also delighted to report that PANCAP and its member organisations like the Caribbean Coalition of National AIDS programme Co-ordinators are now helping countries access much needed technical assistance, using primarily, existing capacities in countries. I would also like to recognise the vitally important work of the Caribbean Regional Network of People Living with HIV/AIDS in mobilising the voice of people living with the virus here in the Caribbean.

I would like to pay particular tribute to the United Nations' Special Envoy on AIDS to the Caribbean, Sir George Alleyne. He has advocated tirelessly for the countries of the Caribbean to meet the goals of the United Nations Declaration of Commitment on HIV/AIDS.

A key challenge for the Caribbean – like so many other regions, is to take these examples of leadership to scale: These should be the norm – not the exception. And just like every other region in the world, the Caribbean has to take to heart the need to tackle the stigma and discrimination that allow HIV to spread so perniciously. This means addressing the needs of population groups that are vulnerable to HIV infection, including men who have sex with men, a section of society that has all too often been ignored in AIDS programmes and even persecuted. Just last month, the

Prime Minister of St Kitts and Nevis, the Honourable Denzil Douglas co-hosted with the United Kingdom, a landmark high-level regional conference on Stigma and Discrimination, which particularly emphasised the need for a supportive legislative framework, adapting laws if necessary.

The last six months - into a new era in the response to AIDS

We are meeting at a time of unprecedented opportunities for the response to the AIDS epidemic, with greatly increased resources, political engagement and community level action. This is also a time of accelerated UN reform: From the emphasis on joint country programming by the UN Development Group and Chief Executives Board, to the greater cohesion in the United Nation's response in Southern Africa, and to the report of the High Level Panel on Threats, Challenges and Change which reported to the United Nations Secretary-General in early December – and which clearly recognized AIDS as one of the new species of threat to global security at the start of this millennium. The Panel actually recommends a second debate on AIDS in the UN Security Council to be organized with UNAIDS.

I will provide a full overview of UNAIDS activities during the first year of the current biennium in the Programme Coordinating Board in June next year. However, I would like to take this opportunity to reflect on some of the major developments that have occurred since the Programme Coordinating Board last met in Geneva in June this year, as well as reporting on progress on key priority issues.

Shortly after that meeting, UNAIDS launched the Global Report on AIDS, just prior to the International Conference on AIDS in Bangkok, in which we set out statistics on the state of the epidemic, country by country. Just two weeks ago, we launched the latest update which show the highest number of HIV infections and the highest number of deaths - ever.

These sobering statistics are a reminder that that we must move from tactics to strategies, a point I made in my Bangkok closing speech. We have to combine long term investments with the crisis management of today. A long term investment requires that we

- fully fund the response to AIDS;
- invest seriously in public sector and community capacity to deal with the AIDS epidemic;
- accelerate investments in desperately needed HIV vaccines and microbicides; and that we
- fully accept the exceptionality of AIDS and truly build exceptional responses. While we must deal with the emergency, it is imperative that we plan for a sustained effort.

The role of UNAIDS in this new environment is threefold:

- making the money work for people on the ground;
- providing swift, accessible policy guidance on key emerging issues; and
- advocacy to keep AIDS high on the national and international agendas.

Let me start with our focus on country-level action: This is where “making the money work” has to happen. As requested by the Board, and following the Five Year Evaluation of UNAIDS, we continue to strengthen our country work, including the UNAIDS Country Offices who work as part of the UN Resident Coordinator System. The UNAIDS Secretariat has continued the roll-out of UNAIDS Country Coordinators, supported by

Monitoring and Evaluation, and Social Mobilization Officers. A key priority for us is to help countries coordinate and manage resource flows.

The UNDP Administrator's guidance note of November 2003 to all UN Resident Coordinators and UN Country teams remains the foundation for strengthening UNAIDS country level work, placing AIDS at the heart of the functioning of country teams, and strengthening the authority of the UNAIDS Country Coordinators. Every Coordinator is now a member of the UN Country Team.

To reinforce this reform, two weeks ago, the UN Development Group and UNAIDS Secretariat provided further guidance just two weeks ago on the development of "UN Implementation Support Plans to Country Responses on HIV/AIDS". You may recall that the development of such a plan was a specific decision of the PCB in December 2002, following the recommendation by the external evaluation team. The aim is to ensure that the unique expertise of the UN is firmly incorporated into the national response to AIDS, and aligned with the UN Development Assistance Framework. This is another step to a "UN wide" response to AIDS at the country level.

The UNAIDS Country Offices have stepped up our collaboration with the World Bank's Multi-Country HIV/AIDS Program for Africa (MAP), and we have participated in a review of the MAP itself. In particular, under the leadership of national authorities, UNAIDS Secretariat and Cosponsors are participating in joint country level MAP reviews.

We have also made progress in our support to AIDS programmes funded by the Global Fund to Fight AIDS, TB and Malaria, and in several countries work closely with the US President's Emergency Plan for AIDS Relief.

Nonetheless, in many countries, we are still some way from a well-integrated and coherent UN system programme on AIDS – a subject I shall return to later in my remarks.

We are also further reorienting the support provided by the UNAIDS Secretariat in Geneva to countries, to bring decision-making closer to the country realities. From the start of the second quarter in 2005, we will establish Regional Support Teams in all regions, as we have already begun in Southern Africa. These will replace existing UNAIDS Intercountry Teams and will provide management support to the UNAIDS Country Coordinators and UN Theme Groups on AIDS in that region. The Regional Support Teams will not result in the creation of another layer of bureaucracy. Rather, many of the functions carried out by the Secretariat in Geneva will be transferred to these teams.

Closer alignment of our work to existing and emerging regional agendas on AIDS is increasingly a strategic priority for UNAIDS. While the primary purpose of the Regional Support Teams is to support UNAIDS country offices, they will also facilitate and leverage the work of the regional offices of Cosponsors and other regional institutions.

I have already referred to our excellent collaboration with CARICOM here in the Caribbean – and I look forward to that deepening further, with Pan Caribbean Partnership against HIV/AIDS a centrepiece of our collective action in the region.

There are exciting developments within the UN system response to AIDS in the region – for example the progress made by UNICEF with the support of the UNAIDS

Secretariat, particularly in developing programmes for mitigating impact of HIV and AIDS on children and families, particularly in more vulnerable communities. In June this year, UNESCO initiated a regional education sector HIV response capacity building programme with CARICOM and the Inter-American Development Bank.

The collaboration with the African Union has also intensified. At the political level "AIDS Watch Africa" - a grouping of eight African leaders, provides a forum for the development of continental strategies on key issues, such as children orphaned by AIDS and human capacity strengthening for HIV prevention and treatment.

We are also supporting the Commission of the African with the development of its own roles as a monitor of country performance on AIDS action and an advocate for global initiatives (such as "3 by 5" and the "Three Ones"), capacity strengthening for resource utilization, the harmonization of donor support, and national coordination of a multi-partner response.

In Southern Africa, the most affected sub-region in the world, the Joint Programme has accelerated a regional approach to the triple threat posed by AIDS, food security and governance capacity, that is being spearheaded by the Regional Directors' Group on HIV/AIDS, chaired by the Director of the UNAIDS Eastern and Southern Africa Regional Support Team. We are already beginning to see results: Interagency joint programming will focus on implementation in key priority areas, such as orphans and vulnerable children, "3 by 5" and HIV prevention. Much of the impetus given to this progress has come from the UN Secretary-General's Special Envoy on Humanitarian Needs in Southern Africa and Executive Director of the World Food Programme, Jim Morris.

We are strengthening our collaboration with the Commonwealth of Independent States, who will be devoting time at their next Summit in the first half of 2005 to review and improve regional responses to AIDS.

The Asia Pacific Leadership Forum on HIV/AIDS and Development (APLF) is mobilizing increased regional leadership and commitment on HIV/AIDS through a series of high-level political regional forums, for example, through convening the Asia Pacific Ministerial Meeting in July 2004, and integrating HIV/AIDS on the agenda of the Asia Pacific Economic Cooperation (APEC).

The next annual meeting of the APLF Steering Committee will be held in Papua New Guinea in February 2005 will identify further opportunities for incorporating AIDS into the work of existing regional forums. It will also be an opportunity to highlight the specific challenges faced by the Pacific Region, and Papua New Guinea in particular.

Early next year, I will sign a Memorandum of Understanding with the Asian Development Bank, through which UNAIDS will work with the Bank on a major new regional programme of AIDS grant funding. This comes at a time when the governments of the major Asian countries are increasingly recognizing the threat of AIDS to their nations.

Capacity strengthening and technical support

Another important component of the UN System's support to countries is through our capacity strengthening and technical support. At its last meeting, the Programme Coordinating Board endorsed our initiatives in this area. Since June, the

establishment of four regional technical resource facilities has been well underway, with the first, in Southern African due to become operational in the first quarter of next year. The other three, in Eastern Africa, West and Central Africa and South East Asia will all be operational by the third quarter.

These facilities are going to be managed by existing institutions based in the four regions – let me emphasize this point: we are capitalizing on existing capacity, rather than looking to create new organizational structures.

The Technical Resource Facilities are designed to:

- improve country access to quality technical support;
- strengthen country capacity to managing such assistance; and
- encourage greater harmonization and collaboration across the range of providers of technical assistance in all of the four regions

Our role as UNAIDS Secretariat will be one of quality assurance, start up and facilitating access by a wide range of actors.

In addition, at country level, our goal should be to come to a “one stop shop” for UN system technical support on AIDS, rather than the current fragmented set of UN system activities in this area.

Human capacity

The challenge of tackling the chronic human resource crisis in sub-Saharan Africa has come to the forefront in 2004. Without question this is the key constraint to tackling HIV/AIDS as we now mobilize funds to tackle the epidemic. Following my visit to Malawi with Suma Chakrabarti (Permanent Secretary DFID) earlier this year, the UNAIDS secretariat has been working closely with others, including UNDP, WHO, The World Bank, Bilaterals and National Governments, to mobilize a concrete global and national response to this challenge. At the High Level Forum on Health Millennium Development Goals in Abuja two weeks ago detailed and in depth discussions were held on this subject. I was encouraged to hear that there is movement in countries such as Zambia and Malawi, and that bilaterals are beginning to ‘think out of the box’. The Norwegian government has offered to host a meeting in January, when the outlines of an action plan prepared by WHO and the World Bank will be developed into an ambitious agenda for change. Lets make 2005 the year when we tackle this critical constraint, when governments in both the North and the South commit to tackling the brain drain, when donors support countries to train more staff for both the public sector and civil society, when governments look to train those most suited to the needs of their countries. The need to tackle HIV will continue to drive thinking in this area. The UNAIDS secretariat will remain fully engaged on this agenda. UNDP has also launched the Southern Africa Capacity Initiative (SACI) that looks to strengthen African capacity across all sectors. This initiative, together with UNDP's track record on public administrative reform, has much to offer when addressing cross-cutting constraints to tackling human resource capacity.

The “Three Ones”¹

One of the most important developments in 2004 was the ground-breaking “Three Ones” Agreement, agreed by all donors in Washington DC in April. The Programme Coordinating Board gave strong endorsement for UNAIDS’ leadership on the “Three Ones” in June – and tomorrow we will have the opportunity for a more in depth discussion.

However, given the upmost priority which both the programme and I personally have given the “Three Ones” I would like to take this opportunity to highlight some of the key milestones and indeed challenges in front of us. Since June we have had four key objectives.

1. Map the current status of harmonization efforts at the national level and identify successful models;
2. Strengthen country ownership of the harmonization agenda;
3. Provide concrete support to harmonization coordinating mechanisms; and
4. Strengthen monitoring and reporting mechanisms – the third of the “Three Ones” principles.

I have also started joint visits with the Executive Director of the Global Fund to Fight AIDS, TB and Malaria to help further promote greater harmonization – the first of these was Ethiopia in September, which I believe was very fruitful and reiterated the growing collaboration between the UNAIDS Secretariat, several Cosponsors and the Fund. I will also make joint country visits with Ministers and senior officials of various donors and the World Bank to countries receiving assistance from multiple donors.

UNAIDS is currently conducting in-depth reviews of ten countries, choosing those that not only provide examples of effective AIDS harmonization, but also highlight the obstacles that must be overcome.

A key challenge in front of us is to continue to ensure civil society support and collaboration with the “Three Ones”. Above all, this means ensuring that civil society organizations are actively involved in all three components of the “Three Ones”.

To progress the third “One”, namely the “one national monitoring and evaluation mechanism”, we are establishing a joint monitoring and evaluation facility with the Global Fund, PEPFAR, the World Bank and WHO.

Policy guidance and programmatic initiatives

In addition, the Joint Programme has continued to set the international AIDS policy agenda. Let me report on a few highlights.

In June, we issued new policy guidelines on HIV testing, which emphasizes the importance of the routine offer of testing in clinical settings particularly in high prevalence communities, combined with the appropriate counselling and support, and in addition to “classic” voluntary testing and counselling. With WHO, the

¹ The Three Ones : Principles for the coordination of national AIDS responses

- **One** agreed HIV/AIDS Action Framework that provides the basis for coordinating the work of all partners
- **One** National AIDS Coordinating Authority, with a broad-based multisectoral mandate
- **One** agreed country-level Monitoring and Evaluation System

UNAIDS Secretariat has since been working with countries to agree how the guidelines can be best introduced on the ground.

“3 by 5” and access to HIV treatment

The centrepiece of the UNAIDS family’s activities to expand access to HIV treatment is the WHO-led “3 by 5” Initiative. In the last six months, WHO and its partners, including the UNAIDS Secretariat have continued to assist countries in developing HIV treatment scale up strategies, as well as guidance on such issues as the financing of HIV treatment services, and ensuring equity of access. As well as the WHO pre-qualification process, WHO has adopted a number of strategies to expand the range of HIV medications available to countries, including the prequalification process and the dissemination of guidance to countries on product registration and patent coverage in low and middle income countries. In addition, WHO and UNAIDS commenced negotiations with the pharmaceutical industry on extending reduced-price medications to middle-income countries. Early next year, the WHO, PEPFAR and the Global Fund, with the support of the UNAIDS Secretariat will provide updated data on the number of people globally currently accessing HIV treatment. The prevention of mother-to-child-transmission remains an integral component of expanding access to HIV treatment. In July, WHO and UNAIDS issued new treatment regimen guidelines and, with UNICEF, are now working with countries to facilitate their implementation.

Orphans and vulnerable children

UNICEF, as the lead UNAIDS Cosponsor working on orphans and vulnerable children, launched a framework for action at the Bangkok AIDS Conference, after an extensive consultation with multilateral and bilateral donors, national governments and civil society. It is now used as the basis for country-level action, coordinated by UNICEF, and forms, for example, the basis of UNICEF’s work here in the Caribbean that I referred to earlier.

Resource tracking

UNAIDS established the Global Resource Tracking Consortium for AIDS in 2002 to monitor resource flows for AIDS. In July 2004, two reports were launched at the Bangkok AIDS Conference summarising the most recent available data on spending on AIDS from all sources – including donors and national governments – in low- and middle-income countries. It is projected that annual resources available from all sources will increase from an estimated US\$ 4.8 billion in 2003 to US\$ 10 billion in 2007. More information is contained in a report “Financing the Expanded AIDS Response to AIDS” which is being distributed at this PCB meeting.

In the last six months, through the work of the UNAIDS Global Resource Tracking Consortium, UNAIDS has strengthened its capacity to monitor national level resources going to AIDS. Developing a better understanding of country-level resource flows is integral to promoting greater harmonisation of AIDS funding. AIDS expenditure budget analyses have been done in four African countries and five Latin American countries. National AIDS Accounts for three southern African countries, three Caribbean countries and one country in South East Asia will be completed by the end of the year. The results of national expenditure analyses from 32 countries will be available in February next year.

Scenarios for Africa

"The Scenarios for Africa" project, which was led by the UNAIDS Secretariat, Shell and a number of global and regional organizations is in final stages of completion, with an anticipated launch in the first quarter of 2005. In anticipation of the launch, a programme of briefing key stakeholders and partners about the scenario development process and the scenarios has already started, including the African Development Bank and UNDP. Between now and March, leaders from Africa will also be briefed of the outcomes of the project.

AIDS and Security

Our activities on AIDS and Security have greatly expanded, both among uniformed services in 71 countries, and in all UN peacekeeping operations following Resolution 1308 of the UN Security Council. Thus, the peacekeeping operation in Haiti had an active HIV-prevention component from the start as a result of our work. We are now starting to work with the African Union's growing peacekeeping operations.

The Global Media AIDS Initiative

Launched by the Secretary-General at the beginning of this year, the Global Media AIDS Initiative, involving the UNAIDS family and the Kaiser Family Foundation, has continued to mobilize greater involvement in the response to AIDS by the world's media leaders. For example, in October a Media Summit was held in Moscow to develop regional strategies for including AIDS messaging into television, print and radio media. Most recently, MTV – a long-time partner of UNAIDS – held a creative summit at the United Nations in December to identify innovative approaches of incorporating AIDS into broadcast programming.

Thematic PCB agenda items

The two agenda items for this thematic PCB are two prime examples of UNAIDS policy leadership - women and AIDS and HIV prevention– where the engagement of the PCB is crucial both to help frame UNAIDS' strategic objectives and to mobilize commitment and action. This will be a continuing priority for us in 2005, providing appropriate and timely guidance on key emerging issues, such as governance, orphans and macroeconomic issues.

Women and AIDS

Women continue to bear the disproportionate brunt of the epidemic, and in the last year UNAIDS has established the Global Coalition on Women and AIDS, bringing together key actors from the UN, governments and civil society, to promote greater attention on the specific needs of women. We will update the PCB on the progress made by the Coalition and seek its guidance on future strategies.

In particular,

- a) Putting issues related to women, girls and AIDS at the political and development agendas;
- b) Urging that HIV prevention and treatment strategies be designed with women's needs and realities in mind (- the ABC approach is essential, but may not be enough for many women), and

- c) Promoting that that reducing violence against women, protecting property and inheritance rights and ensuring access to education are essential elements of the response to AIDS.

However, I would like to highlight some examples of the progress made the Coalition and its partners since its inception. The UNAIDS Secretariat and UNFPA, with UNIFEM launched a joint report at the Bangkok AIDS Conference entitled “Women and HIV/AIDS: Confronting the Crisis” which makes an urgent call for action to address the triple threats of gender inequality, poverty and AIDS.

Most recently, the “16 Days of Activism against Gender Violence” which took place between the 25th of November and the 10th of December, took for the first time “women’s health, HIV/AIDS and violence against women” as its theme. The Center for Women’s Global Leadership which spearheads this campaign recently became a convening agency of the Global Coalition, with WHO and Amnesty International on the Coalition’s work to address violence against women.

Prevention

Enormous progress has been made in recent years in focusing global attention on the need to expand access to HIV treatment, care and support. However, it is important that these efforts are part of comprehensive AIDS strategies that balance HIV prevention and treatment.

As I reported in my speech to the PCB here in Geneva in June, UNAIDS is developing an HIV prevention strategy to bring the same passion and focus that HIV treatment has rightly attracted in recent years. We will set out the strategy’s milestones – you will already have received a paper ‘Intensifying *HIV Prevention—Foundations for a Strategy Framework*’, which proposes a three-stage process of consultation to finalize the development of the global HIV-prevention strategy. We are looking forward to the PCB’s guidance on a number of issues, including:

- a) Identifying the specific role UNAIDS can play in revitalizing the HIV -prevention agenda;
- b) Defining key milestones, targets, and roles over the next 12 months for moving the HIV -prevention agenda forward; and
- c) Encouraging countries to exploit the synergy between HIV prevention and treatment when scaling up comprehensive AIDS programmes.

The priority for 2005

2005 must be the year of implementation of AIDS. In the last six months, we have seen, I believe, a growing collective realization that it is no longer enough to call more resources, more leadership and more action. We now have to prove that investing in the response to AIDS brings a sound return: In other words, “making the money work” must mean a focus on results in every strategy, programme and intervention. It will therefore be the upmost priority for the UNAIDS in 2005. Enhancing our support to countries, and bring the harmonization agenda to scale are two essential components of this.

A focus on implementation is essential for two reasons:

Firstly, we have a responsibility now to bring proven, successful services to the people who need them, whether it be HIV treatment, prevention, supporting orphans, or impact alleviation.

Secondly, we cannot assume that the world's attention on AIDS will last: showing results will be a major condition of sustaining and increasing AIDS funding.

However, we know that, despite the increases in resources over recent years, still not enough is being invested in AIDS. In 2005, UNAIDS and its partners will continue to work on building consensus on global and national financing needs for AIDS. This should inform the 2005 Voluntary Replenishment progress for the Global Fund to Fight AIDS, TB and Malaria that is being chaired by the United Nations Secretary-General.

The UNAIDS family will continue to assist countries in implementation through;

- making the "Three Ones" a reality on the ground to help countries better manage their response to AIDS;
- the facilitation and provision of technical support;
- identifying capacity gaps and helping countries identify means for overcoming them;
- monitoring and evaluation;
- financing through grants and loans, primarily by the World Bank; and
- policy guidance.

The Cosponsors of UNAIDS will lead specific areas as part of the implementation agenda: for example, WHO's leadership on "3 by 5", UNICEF on orphans, UNESCO on preventative education, UNDP on governance and human resources capacity, UNCHR on HIV programmes for refugees, UNFPA on the links between reproductive health and HIV, UNODC on drug use, the World Food Programme on nutrition and HIV, the ILO through strengthening HIV workplace responses and the World Bank through strengthening the implementation of the Multi-Country HIV/AIDS Program for Africa and other funding mechanisms for AIDS.

The international political agenda provides us with an unqualified opportunity to maintain the high profile of AIDS, in particular the Millennium Review Summit in New York in September next year. Investing in AIDS must be seen as inextricably linked to meeting other broader development goals. The case for the "exceptionality of AIDS" will need to be made – HIV is not just one of many Millennium Development Goals. It is not a disease like any other. Understanding of the consequences of this, as well as the review of the UN Declaration of Commitment on HIV/AIDS by the UN General Assembly in June, should be central to the debate at this Summit.

If our experience to date is anything to go by, we will indeed be able to report on progress in 2006, but a significant push will be needed in 2005 if we are going to meet the goals set by the Member States themselves.

In addition, the Global Fund's Voluntary Replenishment mechanism, chaired by the Secretary-General, will host two meetings next year in Sweden and the UK, which will in large measure, determine the scale of funding available for the Fund in the medium term.

To help set the financial and harmonization agenda for 2005, UNAIDS will co-host a meeting with the UK in early March in connection with the Second OECD- DAC High-Level Forum on Harmonization and Alignment for Aid Effectiveness in Paris.

Implications for UNAIDS governance

Playing our role in the era of implementation on AIDS will require UNAIDS – and the Secretariat in particular – to continue to evolve.

Earlier this year, UNCHR joined UNAIDS bringing the total number of cosponsoring organisations to ten. This is a positive development, further highlighting the degree to which the United Nations system has internalised the broad challenge to development posed by the AIDS epidemic and its commitment to a joint response.

However, now being a cosponsored Programme of 10 poses new challenges. Our governance structure, particularly the Committee of Cosponsoring Organizations (CCO), was designed with only six cosponsors in mind. We must now start addressing the difficult, but unavoidable question of how internal UN system governance can be improved, be it at the global level (through the Committee of Cosponsoring Organizations) the regional level (through the Regional Directors Forum) and the national level (through the Theme Group on HIV/AIDS).

It also throws into relief the challenges of ensuring effective UN joint programming at the country level. Globally, there is a clear delineation of labour between cosponsors – at least in theory, if not sometimes in practice. Importantly, the UN system overall has made important progress in harmonizing its efforts, particularly through the UN Development Group and the World Bank. However, there is still much more work that needs to be done. Partners all too often complain that there is no “one stop shop” through which they can easily access UN support on AIDS, that individual agencies still run projects without reference to an overall agreed UN system plan, that there is competition for funds, and that separate campaigns and publications are launched under the logo of one cosponsor. The need, therefore, remains to translate the progress at harmonization within the UN at the global level, into one country “UN system programme on AIDS”. The new UN country programming instruments agreed with in the UN Development Group provide new opportunities which have not yet been fully exploited. In addition, we are now increasingly establishing joint technical “virtual” teams on AIDS, and have started pooling staff, such as between the UNAIDS Secretariat and the UNICEF Regional Office for Latin American and the Caribbean.

However, it must be said that financial incentives of donors to individual agencies at country level sometimes go against global harmonization agreements made by the same donor.

This new environment also poses, I believe, challenges for the Programme Coordinating Board itself. The establishment of the PCB Bureau has been a welcome development, and has helped shape the upcoming agenda of the PCB itself. In addition, the PCB is now much more firmly established as the prime global AIDS policy forum. There is enormous potential for this role to grow, I believe: there is a pressing need for a coming together of policy thinking on AIDS, including on existing and emerging issues, such as security, governance and macroeconomic and fiscal policies. Finally, the environment we are operating in is still changing rapidly, with unprecedented opportunities, but also a need to adapt to new challenges.

In order for the PCB to fulfil its role more effectively, there are two areas the Board and Bureau may wish to consider. These suggestions are partly inspired by my experience as a member of the Board of the Global Fund to Fight AIDS, TB and

Malaria, whose Board is characterized by strong ownership of the organization, and a more businesslike method of work.

Firstly, I have been particularly struck how the depth of engagement and representation has been strengthened by functioning through constituencies - whether they be groups of countries or civil society representatives.

Secondly, it seems also appropriate to consider whether the frequency with which the PCB meets can address the needs of the Programme in a fast and changing environment on AIDS.

The Unified Budget and Workplan

The Unified Budget and Workplan remains a central plank of achieving ever more effective collaboration and coherence in the UN response to AIDS, particularly at global and regional levels. Today, I am pleased to report that, on current projections, we are confident that we will have raised the 2004 part of this biennium's budget, and I would like to take this opportunity to thank all our donors for their continuing confidence in us and support for us.

We are now working with our ten cosponsors on preparing the Unified Budget and Workplan for the 2006 to 2007 biennium.

I believe we have reached a turning point in the funding of UNAIDS. Whereas overall levels of the Unified Budget and Workplan have gone up over the years for cosponsor agencies and interagency activities, the level of funding of the Secretariat has remained stable. While the Secretariat will continue to reprioritize and reorient our activities and staffing to meet the requirements set of us by the PCB, the time has come to review whether UNAIDS, and the Secretariat in particular, is adequately resourced to fulfil its core mandate as mentioned earlier, as well as in substantive areas, such as AIDS monitoring and evaluation, harmonization, women and AIDS, HIV prevention and the security implications of AIDS. Therefore, there should, I believe, be serious consideration given to increasing the budget of the Secretariat as well –and I would welcome the views of the PCB in this matter.

Conclusion

In conclusion

As we enter 2005, it is clear that one truism about AIDS remains as valid as ever: this is a rapidly evolving epidemic that demands an equally rapidly evolving response. This new phase in the global response will be marked by the hard work in front of us, to build more effective and genuinely harmonized action that is built on country leadership and needs. The facilitation and brokering role of UNAIDS is crucial to achieving this – and the Programme Coordinating Board is crucial to UNAIDS.

I am looking forward to our deliberations and to your decisions on key issues that will emerge over the next two days.

Thank you.