

UNAIDS/PCB(22)/08.22
20 October 2008

**Report of the Twenty-second Meeting of the UNAIDS
Programme Coordinating Board**
Chiang Mai, Thailand
23-25 April 2008

1. Opening

1.1 Opening of the meeting and adoption of the agenda

The twenty-second meeting of the UNAIDS Programme Coordinating Board took place at the Holiday Inn Hotel in Chiang Mai, Thailand, on 23-25 April 2008. The agenda for the meeting is attached as Annex 1.

The Chair, represented by H.E. Mr Chavarat Charnvirakul (Deputy Minister, Ministry of Public Health of Thailand), welcomed all participants to Chiang Mai and the meeting. He then asked for one minute of silence to remember those who had passed away from AIDS since the last Programme Coordinating Board meeting.

The provisional agenda (UNAIDS/PCB(22)/08.1) was adopted without amendment and the Chair opened the meeting.

1.2 Election of Officers

The Programme Coordinating Board unanimously elected the United States of America to serve as Chair, in accordance with standard Programme Coordinating Board practice. H.E. Mr Chavarat Charnvirakul, on behalf of his colleagues from Thailand's Ministries of Public Health and Foreign Affairs, thanked the Programme Coordinating Board and the UNAIDS Secretariat for the honour and experience of serving as Chair and for their support during Thailand's tenure, noting that the global role of UNAIDS had been strengthened by holding Programme Coordinating Board meetings in places like Chiang Mai, a city with one of the highest rates of HIV prevalence in all of Asia.

Speaking on behalf of the United States of America, Dr Mark Dybul (Ambassador, U.S. Global AIDS Coordinator) dedicated the U.S. term as Programme Coordinating Board Chair to the 20 million people who have died of AIDS and to supporting the millions of others in need by supporting efforts to scale up towards universal access to HIV prevention, care and treatment. Building on the UN General Assembly's Declaration of Commitment on HIV/AIDS in 2001, the United States has worked diligently to bring together governments, NGOs, faith-based and community-based organizations, and the private sector in the response to HIV. Dr Dybul noted that AIDS remains a global emergency and that UNAIDS must focus on sustaining these important partnerships in the response to the epidemic.

Dr Dybul said that it is essential to counter the notion that putting money into HIV has negative impacts on other areas of health spending and that data show just the opposite. Recent country studies show that HIV resources are building health systems, and the addition of HIV care into primary health care increases the uptake of prenatal, paediatric and general health services. UNAIDS has an essential voice in putting the false vertical/horizontal debate aside and focussing on what matters: using the massive investment in AIDS to support global health and development. The Programme Coordinating Board should keep in mind the leadership role UNAIDS has played in achieving aligned, harmonized, and coordinated development and a more effective division of labour among the partners in the global response to AIDS as it considers the Second Independent Evaluation of UNAIDS and the Memorandum of Understanding between UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria (the Global Fund).

Dr Dybul cited key challenges facing the Board, including addressing: the critical issue of Tuberculosis (TB), the number one killer of people living with HIV in sub-Saharan Africa, in a pragmatic and timely manner; gender dynamics that affect sexual decision-making and the incidence of sexual coercion, violence and rape; and fostering respect for the human rights

of people living with HIV and of the members of communities most at risk of infection. He noted that one of the U.S. priorities during its tenure as Chair will be to improve collaboration between UNAIDS and the Global Fund, as this partnership can make a real difference in saving lives. Finally, Dr Dybul recognised the imperative for UNAIDS stakeholders to act on commitments to value the dignity and worth of every human life, and to make good on the pledge that *where* you live should not determine *whether* you live or die from AIDS.

The Programme Coordinating Board unanimously elected Ethiopia as Vice Chair and Guatemala as Rapporteur.

1.3 Outcome of the Thematic Segment

The thematic segment (“Diagnosis and treatment of tuberculosis among people living with HIV and how UNAIDS can work with TB communities”) included an interactive marketplace session and lively debates on the role of community- and faith- based organizations in a joint HIV/TB response; the importance of health system strengthening and developing sustainable financing for HIV and TB; and ensuring universal access to TB prevention, diagnosis and treatment services for people living with HIV.

The Programme Coordinating Board recognized the threat that TB, and especially drug-resistant TB, poses to people living with HIV and the global AIDS response and adopted by consensus several recommendations for the Secretariat, cosponsors and member states that aim to reduce the burden of TB among people living with HIV. (All decisions are provided in Annex 2.)

1.4 Consideration of the report of the twenty-first meeting

The report of the twenty-first meeting of the Programme Coordinating Board (UNAIDS/PCB(21)/07.21) was circulated and made available in accordance with Programme Coordinating Board requirements and was approved by the Board with no changes.

1.5 Report of the Executive Director

Dr Peter Piot, Executive Director of UNAIDS, welcomed the new officers of the Programme Coordinating Board and began his statement with a report on the status of the epidemic with particular reference to the situation in Asia. He noted that significant increases in HIV among men who have sex with men (MSM) in all major Asian cities confirm the need for UNAIDS to redouble its work with these at-risk populations.

On 30 April 2008, the UN Secretary General will issue his “*Report to the General Assembly on Progress in Implementing the Declaration of Commitment on HIV/AIDS*”, based on reports from 147 of the UN’s 192 Member States. The Report contains the most comprehensive data on the AIDS response ever compiled, due in part to UNAIDS’ investment in building countries’ monitoring and evaluation capacities. UNAIDS is further analyzing data from these reports in preparing the 2008 Report on the global AIDS epidemic, for release just before the XVII International AIDS Conference in Mexico City, 3-8 August 2008.

Dr Piot stated that HIV prevention will be a key issue at the 2008 High Level Meeting on AIDS in New York in June 2008 and that UNAIDS’ aim will be to revitalize commitment and accountability among all partners and galvanize them to sustain and accelerate progress towards universal access. The special high-level meeting on the Millennium Development Goals on 25 September 2008 is also an opportunity to further this work. Dr Piot noted that scaling up towards universal access will require strengthening health services and human resources for health, citing two important events on this topic that took place in March 2008,

the International Conference on Task Shifting in Addis Ababa, Ethiopia and the Global Health Workforce Alliance meeting in Kampala, Uganda.

Dr Piot further stressed UNAIDS' engagement with the International Health Partnership (IHP), the Global Campaign for the Health MDGs and other initiatives on efforts to bring together those working to strengthen health systems and to strengthen the response to AIDS.

The international Task Team on Travel Restrictions (TTTR) that was convened after the November 2007 Global Fund Board meeting in Kunming, China, will present its report and recommendations at the 18th Global Fund Board meeting in November 2008 as well as to the twenty-third Programme Coordinating Board meeting.

On institutional issues pertaining to UNAIDS, Dr Piot reported on the stocktaking exercise on *Delivering as One* which found that the Joint UN Teams on AIDS had proved to be a useful model in pilot countries. However, the development and implementation of joint programmes often lagged behind. The exercise highlighted the need for greater adherence by the UN system to the Paris Declaration on Aid Effectiveness.

UNAIDS has recently begun to collaborate with key partners such as the IHP on defining a common approach for the validation of national AIDS strategies and programmes. UNAIDS hopes that this collaboration will strengthen country ownership and facilitate joint ownership and external financing, including Global Fund financing: making the money work is all about efficiency, effectiveness and accountability.

With respect to UNAIDS financial accountability, Dr Piot reported a clean audit from the external auditors for the 2006-2007 biennium, citing further efforts under way to simplify and streamline operations and the new management development programme. The new Enterprise Resource Planning (ERP) system being introduced by WHO should produce significant long term benefits after an initial slow-down in operations during the move to the new system. The Programme Coordinating Board's approval was requested for a special allocation to implement the recommendations of the independent review of safety and security of UN personnel and premises that will be held in June 2008.

Dr. Piot noted that the Second Independent Evaluation of UNAIDS provides an opportunity to ask: "What does the world need from UNAIDS over the next five to ten years and are we set up to meet those needs?". Dr Piot highlighted seven issues in this regard: the importance of maintaining the commitment to AIDS and nurturing a new generation of leaders; the danger of the ongoing trend to "normalize" AIDS as just another disease; the increasingly complex institutional landscape for development and in particular for health; the need to make financing more predictable and to make the money go further, which would require finding new sources of financing, improving efficiency and accountability and reducing unit costs; the need to reinvigorate - if not rethink - HIV prevention; the need for greater attention on implementation, and the importance of connecting AIDS programmes and other health and development programmes since sustainable HIV treatment and care requires well-functioning health care systems embedded in social protection that strengthens community movements and connects multiple sectors; and the importance of a continued search for a vaccine, microbicides, new drugs and any technology that can help reduce transmission and eliminate death and disease. It was time to embrace a long-term agenda while continuing with the much needed emergency response to curb the number of people becoming infected and dying every day.

Dr Piot concluded his report by announcing that the issues he had just outlined would be taken forward under new leadership, under the Programme Coordinating Board's guidance, as his term would come to an end on 31 December 2008.

Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 5.1-5.5 of the “Decisions, Recommendations and Conclusions” in Annex 2.

1.6 Report of the Chairperson of the Committee of Cosponsoring Organizations

Dr Paul Spiegel (Chief, Public Health and HIV Section, Department of Operational Services, UNHCR) spoke on behalf of Mr António Guterres (UN High Commissioner for Refugees), the Chair of the Committee of Cosponsoring Organizations (CCO). He noted the UNAIDS family continues to address the epidemic in an environment where there is increasing complexity and a rapidly changing global aid architecture and response to AIDS. However, the inclusion of more stakeholders in a manageable and effective manner is to UNAIDS’ advantage, since it recognizes the multisectoral nature of the response and provides more opportunities to scale up access to improved HIV prevention, care, treatment and support, including for those co-infected with TB and other infections.

The Second Independent Evaluation is a complex but essential exercise that will help the UNAIDS family understand how well it has fulfilled its mandate, what has been successful, what has fallen short of expectations and how UNAIDS can play a more effective role in strengthening coordination of the global response to AIDS in the future. Dr Spiegel noted the CCO stood ready to play the role assigned it by ECOSOC Resolution 1994/24 in the process for selecting the next Executive Director of UNAIDS and had asked the Executive Heads of the Cosponsors for their early and active engagement in the selection process. He affirmed that the CCO recognizes the Programme Coordinating Board needs to be fully involved in the selection process, as it is the only forum gathering together all relevant stakeholders.

Dr Spiegel reported that the Cosponsors have worked with each other and other stakeholders to increase attention to gender and AIDS and develop new policy guidance. Over the past year, the UNAIDS family has provided technical support to countries in providing prioritized, evidence-informed, results-focused and costed AIDS strategies and action plans. Efforts are under way to focus resources and actions to address HIV among most-at-risk and vulnerable populations.

Dr Spiegel commented on the progress the Cosponsors and UNAIDS were making in a number of areas, including work at the national level to assist governments in the prevention of mother to child transmission of HIV (PMTCT). He described continued efforts to strengthen support for the scaling up of effective national responses to AIDS while bringing to bear the comparative advantage of each partner, citing concrete examples such as EDUCAID, the Inter-Agency Standing Committee (IASC) task force on HIV in emergencies and the DFID-funded and UN system-wide programmes for scaling up services for populations of humanitarian concern. Currently, the Cosponsors and Secretariat are in the process of developing an international labour standard on HIV (to be considered by the International Labour Conference) with the aim of accelerating and strengthening the workplace contribution to scaling up towards universal access.

He noted the renewed emphasis on *Delivering as One* and said that examples include: the spearheading by UNAIDS of a Ministerial Summit on Health and Education for Latin America and the Caribbean; the five regional Technical Support Facilities; and the AIDS Strategy and Action Plan service (ASAP). Dr. Spiegel stressed the importance for the UNAIDS family to continue to be engaged in key initiatives such as the IHP, and Harmonization for Health in Africa in order to ensure that AIDS remains a fundamental component of their work.

Dr Spiegel noted a growing consensus that inadequate attention has been paid to HIV among most-at-risk groups including injecting drug users, men who have sex with men, sex workers, and prisoners. On behalf of the CCO, he called on governments and national leaders to honour the commitments stated in the Declaration of Commitment on HIV/AIDS in 2001 and the Political Declaration on HIV/AIDS in 2006, urging governments to follow an approach to HIV that is based on a broad human rights framework, with the full participation of those affected.

In conclusion, Dr Spiegel said that the CCO recognizes there should be further harmonization and coordination of monitoring and evaluation approaches and tools. The response to AIDS must be integrated into the overall development framework to ensure long-term financial sustainability and to improve programme efficiency and effectiveness in order to expand access to services.

In the ensuing discussion of the two reports presented by Drs Piot and Spiegel, a number of comments were made about the findings of the independent Commission on AIDS in Asia, which are summarized as follows:

- NGOs commended the Commission's work and, in particular, the fact that it included consultations with civil society. They praised the report for making specific recommendations about what needs to be done to address vulnerable populations including MSM, sex workers, women and young people, and people who use drugs. They questioned, however, why there was no mention of migration when Asia has 53 million migrant workers.
- Thailand asked that its statement on the Commission's report be recorded verbatim as follows:

“Thailand expressed its serious concerns on the transparency of the processes and the inaccuracy of some conclusions in the report, at least on three points:

1. *The report, on page 91, puts ‘health systems strengthening’ as a ‘high cost low impact’ intervention, does not based on evidence and may create misunderstanding as well as hinder the constructive collective effort between the supporters of health systems strengthening and disease-specific intervention.*
2. *Two of the main contributors have confirmed that they have never seen the report or draft of the report. Some of the contributors confirmed that they were invited to the meetings, but none of their concrete and constructive recommendations have been taken into account.*
3. *The classification of the countries on their level of political commitment, on page 126, are not based on scientifically sound evidences. It has put a country with strong political commitment and serious implementation on universal access to AIDS prevention, treatment and care as well as active involvement of NGOs as a country with ‘lower political commitment’ than other countries which do not have such political commitment.*

Thailand requested the Programme Coordinating Board not to endorse the report and the UNAIDS Executive Director to establish an independent, transparent and participatory mechanism to reassess the report with recommendations to the next meeting of the Programme Coordinating Board.”

- Other Programme Coordinating Board members and NGOs thanked Thailand for making its concerns known, and noted that the diversity of views should be reflected in the minutes.
- Dr Piot recognized Thailand's achievements in its response to HIV, including its provision of universal access to both first and second line antiretroviral treatment and promised to convey in writing Thailand's concerns to the Chair of the Commission.

- Dr Piot stressed that the independent Commission on AIDS in Asia was an independent commission; countries and stakeholders can do whatever they wish with its findings. Dr Piot asked only that the Programme Coordinating Board take note of the Commission's report. He also noted that a similar independent commission's report on AIDS and governance in Africa is due to be handed over to UN Secretary General on June 9, just before the 2008 High Level Meeting on AIDS, and that an independent commission on AIDS in the Pacific has started its work. He welcomed proposals for other independent commissions and noted that their findings would not be binding.

On other issues, the NGO delegation noted that the 2008 High Level Meeting on AIDS, on June 10-11, will be an important opportunity for civil society by providing a forum for open dialogue between civil society and governments about the real challenges and opportunities in scaling up towards universal access, and as a true reflection of the concerns raised by most-at-risk and vulnerable populations since the outcome will be a summary of the discussion and not a negotiated document.

The Programme Coordinating Board agreed there should be better communication and coordination between the Programme Coordinating Board and the governing bodies of the Cosponsors.

The Programme Coordinating Board asked that the 2008 UNAIDS Annual Report and future financial reports show the links between financial flows and programmatic results, measured against the indicators in the UBW's Performance Monitoring and Evaluation Framework. Dr Piot stated that the 2008 Report on the global AIDS epidemic will report on progress country-by-country and will also highlight observations made by independent parties and that future Annual Reports and financial reports will report against UBW indicators.

Programme Coordinating Board members from Africa reiterated their support for the decentralization of the Programme Coordinating Board's work and mentioned the 15th International Conference on AIDS and STIs in Africa (ICASO), to be held in Dakar in December 2008, as an opportunity to move in this direction. They also stressed the need for collaboration in dealing with the feminization of the epidemic and mobilizing Parliamentary representatives.

With respect to strengthening the response to AIDS, comments from Programme Coordinating Board members included: concerns related to the need for further investment in paediatric prevention; requests for further assistance from UNAIDS in the face of a second wave of increased infection among injecting drug users in Central Asia; the need for better prevention, particularly in countries with concentrated epidemics, based upon respect for cultures and traditions, including sensitivities surrounding public discussion of issues related to the spread of HIV; and the need for positive relationships between governments and NGOs, which are crucial for scaling up services and universal access.

Some Programme Coordinating Board members stressed the importance of leadership through non-health sectors, including the judicial system, and that religion, nationality, ethnicity, individual behaviours, and politics should not affect the rights of those living with HIV in any country. Members encouraged UNAIDS to step up its support for epidemiological and other studies that provide the evidence on which to base effective responses to AIDS, especially in post-war countries.

In response to a question about concrete measures being taken to address issues surrounding the sex industry, Dr Piot recognized that this was an under-resourced and under-addressed area and often absent from discussions on AIDS. With respect to the reform of laws pertaining to the sex industry, UNAIDS is working with sex workers at country level but agrees that there needs to be more dialogue with others, which is a challenge.

On speeding up progress towards universal access, Dr Piot noted that a number of countries have already achieved this for treatment, including Thailand, Russia, the Bahamas, Botswana, and Namibia. Those countries have also achieved universal or nearly universal access to PMTCT. He further highlighted prevention and shortage of health care workers as key issues that need to be addressed.

Other issues raised by Programme Coordinating Board participants included: concern about the impact of food security on AIDS; concerns from civil society about the N'Djamena "model law" and the national laws that have followed it, with a request that HIV laws in Africa must guarantee human rights protection, including the human rights of women; and encouragement for the Task Team on Travel Restrictions to keep working towards elimination of both short- and long-term travel restrictions.

Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 5.1-5.5 of the "Decisions, Recommendations and Conclusions" in Annex 2.

1.7 Report of the NGO representative

Ms Sandra Batista (Executive Director, Latin American Harm Reduction Network) and Ms Gulnara Kurmanova (Chair of the Board, AntiAIDS Association, Kyrgyzstan) presented the report from the NGO delegation, which was the product of broad consultations with civil society organizations and people living with HIV from all regions of the world. They noted that 10% of all new infections worldwide (30% outside of Africa) are associated with injecting drug use (IDU); in Asia and the Pacific, one million people living with HIV were infected by injecting drug use and transmission among injecting drug users accounts for up to 70% of all new infections in some countries; and in Eastern Europe and Central Asia, nearly two-thirds of all new infections are attributed to injecting drug use. They noted that drug use also drives hepatitis C (HCV) infection and some 3% of the world's population is infected with HCV. HCV is extremely difficult and expensive to treat, treatment is inaccessible to most people, and HCV reduces the effectiveness of antiretroviral treatment. The NGO delegation asked that the Programme Coordinating Board request the UNAIDS Secretariat and the Cosponsors to look at ways in which it can initiate work on HIV/HCV co-infection and report their findings to the twenty-third meeting of the Programme Coordinating Board.

The NGO delegation noted that combined risks of injecting drug use and unprotected sex are significant contributing factors to HIV infection and yet effective prevention measures are available to less than 5% of IDUs. The NGO delegation further asserted that, on this matter, there is lack of coherence within the UN system and harm reduction measures are often perceived as undermining the core message of drug control. In this regard the Programme Coordinating Board NGO delegation asked the Programme Coordinating Board to request the UNAIDS Secretariat and Cosponsors to report back on decision 11.9 of the twentieth PC meeting: *"Further requests UNAIDS Secretariat and Cosponsors, as a matter of priority, to work at the national level to assist governments to scale up HIV prevention among injecting drug users, in line with the decisions of the Programme Coordinating Board on the UNAIDS Policy Position Paper on Intensifying HIV Prevention."*

The NGO delegation commented that stigmatization of and discrimination against marginalized and vulnerable populations are among the biggest barriers in fighting HIV and these barriers are reinforced by legal systems that deny human rights. Community based organizations, particularly those working with the most vulnerable populations, often face police violence and arbitrary arrests.

The NGO delegation expressed its appreciation that the report of the independent Commission on AIDS in Asia recognized both the vulnerability and the rights of sex workers, while calling for the decriminalization of sex work. The NGO delegation called on governments to avoid anti-sex-work campaigns that contribute to stigmatization of people of living with HIV and noted that such campaigns often include crack-downs on sex work.

The NGO delegation noted that it looks forward to a redraft of the UNAIDS Guidance Note on HIV and Sex Work and asked UNAIDS to provide a report on the process of redrafting as well as information on when the revised Guidance Note will be available, in order to render the process participatory and transparent. The NGO delegation urged UNAIDS to work with civil society on the redrafting and to post drafts on the UNAIDS website. The NGO delegation also urged UNAIDS to facilitate, monitor, and evaluate consultations with networks of sex workers support their empowerment, and work to ensure they are given resources equivalent to those given to other vulnerable groups.

During the discussion, Programme Coordinating Board members agreed that, while the issues raised in the NGO delegation's report were important, they should be addressed in an orderly manner. To this end, Programme Coordinating Board members urged the NGO delegation to work through the Bureau to place key issues on the agenda for future Programme Coordinating Board meetings to allow UNAIDS time to prepare appropriate background documents for consideration by the Programme Coordinating Board. Such a process would be without prejudice to the inclusion of urgent matters civil society wished to bring to the immediate attention of the Programme Coordinating Board.

With respect to the written report of the Programme Coordinating Board NGO delegation, some Programme Coordinating Board members believed there should be a comprehensive approach to reaching prevention targets, including the strengthening of health care systems and systems for pharmaceutical regulation and procurement. The representative from WHO said that HIV and hepatitis B and C co-infection and treatment is a very important subject and WHO has already had consultations and developed clear clinical protocols for co-management of HIV and HCV that could provide a starting point for further action.

Finally, several Programme Coordinating Board members expressed support for criminalization of certain behaviours e.g., in situations where drug users are also dealers. Similarly, it was expressed that in many African countries, sex work is illegal and strongly disapproved by the general public. This discussion underscored the need to pay close attention to cultural sensitivities when providing HIV prevention and care services to these at-risk populations, including any UNAIDS guidelines on these issues.

Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 6.1-6.3 of the "Decisions, Recommendations and Conclusions" in Annex 2.

2. Gender-sensitivity of AIDS responses

The Programme Coordinating Board received two documents on this item: Gender-sensitivity of AIDS Responses (UNAIDS.PCB(22)/08.3), which contained the Draft Gender Guidance for National AIDS Responses, and a Conference Room Paper on UNAIDS Cosponsor and Secretariat Gender Responsibilities. Mr Jeffery O'Malley (Director, HIV/AIDS Group Practice, UNDP) provided background to the issue: from the outset of the epidemic, many people had emphasized that gender norms and gender inequality are intimately connected to the spread of HIV and its impacts. In the 1980s, the WHO's Global Programme on AIDS, UNDP, UNFPA and others issued a variety of tools and policy guidance on gender and AIDS. The first independent evaluation of UNAIDS singled out the inter-agency toolkit on gender and AIDS for praise. In 2006, the Programme Coordinating

Board requested UNAIDS to start work on the Draft Gender Guidance being considered today, and the same year the Programme Coordinating Board had also welcomed a document called "Keeping the Promise" from the Global Coalition on Women and AIDS. This document had emphasized three clear objectives: securing women's rights, investing more money in AIDS programmes that work for women, and allocating more seats at the table for women.

Mr O'Malley cited some concrete, positive results of such work, and stressed that there were better linkages between problems and opportunities associated with sexual and reproductive health and HIV at the policy, programme, and intervention levels. He noted that Gender Guidance is needed because what has been achieved to date is not enough, especially as it relates to gender sensitivity in national strategies, and there is a lack of clear policy consensus and direction. He said we are only beginning to grapple with the long-term transformative issues, which are essential to a sustainable response to women and HIV and broader issues concerning women's rights and health.

In June 2006, the Programme Coordinating Board requested a gender assessment of three to five national AIDS plans, followed by development of technical and policy guidelines for use by governments, national AIDS programmes, donors, international agencies, the UN system and NGOs. This work was done mostly through a contract to the International Center for Research on Women (ICRW), which had worked with a virtual advisory group comprised of international experts in gender and/or AIDS.

The ICRW presented its results at the twentieth Programme Coordinating Board meeting in June 2007. The Board asked for further work, which went forward and included an extensive consultation process emphasizing input from countries. This resulted in the development of some core concepts around which there was considerable consensus, if not unanimity, that include: knowing your epidemic; responding with both focused and integrated work on gender; and reciprocal capacity building between actors on gender and actors on AIDS. There was broad recognition that different countries have different epidemics, different cultures and different structures to respond to AIDS and that interventions have to be tailored to fit all of these.

Mr O'Malley explained there had been much debate around sexual minorities that was linked to whether this Guidance is supposed to be about gender inequality or also about gender norms. He mentioned that an earlier draft that had contained more information on sexual minorities was revised to the current version. He stated that all ten UNAIDS Cosponsors endorsed the current draft in the interests of moving to action.

Key messages of the Draft Guidance included the following: action on gender is needed everywhere; the right mix of actions is key; broad stakeholder participation is crucial; and the impact of UNAIDS work on HIV and the impact of its allies' work on gender inequality can be mutually reinforced and magnified through reciprocal capacity-building and mobilization.

Mr O'Malley noted most of the action will take place at country level and depends on other actors, including the Global Fund and other entities that provide financing. The action plan for UNAIDS and the Cosponsors will focus on promoting the use of the Guidance and testing it in-depth by rolling it out in five countries with a variety of epidemics, so that the Guidance can continue to be developed and refined.

Several Programme Coordinating Board participants expressed disappointment with the manner in which the draft Guidance was produced and the inadequacies they found in this draft. They noted the term gender relates to the full range of social, political and economic relations among men, women, girls and boys and how those relations impact on equality and recognition of people's sexual and reproductive health rights. Gender norms (i.e., ideas

about masculinity and femininity and consequent sexual behaviour) contribute to the inequality not just of women and girls but of MSM and other sexual minorities and that inequality impacts, in turn, on their vulnerability to HIV and their access to HIV-related services. Some Programme Coordinating Board participants believed there had been a general softening of the internationally agreed, UN-mandated language on gender equality and a lack of attention to sexual and reproductive health, violence against women, the special vulnerability of girls, trafficked and migrant women, and the need to empower women and girls and reduce gender inequality.

The NGO delegation commented that civil society was particularly disappointed by the fact that references to some population groups (e.g., transgendered people) were removed from the current draft without full consultation. The NGO delegation also expressed regret that the draft Guidance lacked specific reference to boys and their vulnerability to sexual violence.

It was agreed that further consultation, debate, and delay until a more satisfactory Guideline was produced would not be constructive. Instead, the Programme Coordinating Board agreed to note the current draft and move on to developing two separate sets of tools for implementation, one pertaining to women, girls and boys and the other pertaining to MSM and other sexual minorities.

Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 7.1-7.5 of the "Decisions, Recommendations and Conclusions" in Annex 2.

3. Second Independent Evaluation of UNAIDS

Ms Prangtip Kanchanahattakij (First Secretary, Permanent Mission of Thailand to the United Nations Office and Other International Organizations in Geneva) led the Programme Coordinating Board through the key points in the Programme Coordinating Board Bureau's report on the Second Independent Evaluation of UNAIDS (UNAIDS/PCB(22)/08.5). At its twentieth meeting in June 2007, the Programme Coordinating Board asked for a Second Independent Evaluation covering the years 2002-2008 "to reassess priorities, determine how to build on achievements and understand how UNAIDS can play a more effective role in the future in strengthening the global coordination on HIV/AIDS." In December 2007, when the Programme Coordinating Board discussed and refined the proposed content, structure and scope of the Evaluation, the Programme Coordinating Board decided to establish an Oversight Committee with a balanced cross-section of representation from governments, Cosponsors and civil society, including two people living with HIV.

Subsequently, questions were raised about the role of the Cosponsors on the Oversight Committee. The Executive Director of UNAIDS had argued (in a letter attached as Annex I of the report) that their participation would put them in a position of apparent conflict of interest, as they would be both evaluators and subjects of the evaluation. It had also proven difficult to meet the Programme Coordinating Board requirement to include two people living with HIV on the Committee. Only one of the nominees had voluntarily disclosed their status, and asking the other nominees to disclose their HIV status would have violated UNAIDS' policy on non-disclosure.

In early 2008, after consulting with Programme Coordinating Board members electronically, and on the basis of legal advice, the Programme Coordinating Board Bureau suspended the process for establishing the Oversight Committee and moving forward with the evaluation, pending further direction from the Programme Coordinating Board. The report before the 22nd Programme Coordinating Board requested Board decisions on the size, composition, and terms of reference of the Oversight Committee, as well as a revised timeline and process for making decisions between Programme Coordinating Board meetings.

In response to a question on the technical qualifications of the proposed list of 10 members for the Oversight Committee, the Secretariat said they had all been screened for their experience and sensitivity in the areas of community and social concerns (i.e., not just medical qualifications) and there would be similar screening in the search for potential consultants for the evaluation. The Secretariat agreed to circulate a list of all the nominations received, in the interest of transparency.

Concerns were raised regarding the legality, reliability, and transparency of the proposed intersessional decision-making process, which might involve electronic or email-based consensus building. The Secretariat said legal counsel had confirmed that this type of decision-making is acceptable, and the Programme Coordinating Board Chair noted that a similar process at the Global Fund worked well. The Programme Coordinating Board Bureau agreed to send the NGO delegation and the Cosponsors copies of all communications sent to Programme Coordinating Board members and provide them the opportunity to comment.

Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 8.1-8.8 of the "Decisions, Recommendations and Conclusions" in Annex 2.

4. Process for Nomination of the Executive Director

Mr Elhadj Amadou (As) Sy (Director of Partnerships and External Relations, UNAIDS Secretariat) introduced the Secretariat's report on the Process for Nomination of the Executive Director (UNAIDS/PCB(22)/08.8). He highlighted the history of the process undertaken in 1994 for the appointment of the first Executive Director of UNAIDS and changes to the architecture of the response that would affect the new process: the increase from six to ten cosponsors; the establishment of the Programme Coordinating Board; and the changing response to AIDS, which is bringing in new actors.

The process adopted in 1994 had taken around five months and was generally considered to have been highly successful. Its strengths included: clear definition of the constituencies; equal participation by all constituencies; a pre-agreed code of conduct for the Task Force to oversee the nomination process; full transparency; confinement of the Task Force to overseeing the process but not making its own judgements about candidates; and adherence to the ECOSOC resolution establishing UNAIDS. The process proposed in the Programme Coordinating Board paper drew on these strengths. It also proposed: definitions of the competencies required of the Executive Director based on the existing terms of reference; the composition of a Search Committee with a code of conduct; and a timeline and budget for the process. The Search Committee would have twelve members: six Member States (two WEOG states and one state from each of the remaining four geographical regions as defined by ECOSOC), two NGOs and four Cosponsors. The proposed composition provided space for meaningful participation by key stakeholders while also recognizing the key role of the Cosponsors.

The report also proposed the use of an executive search firm to support the Search Committee, so that the Committee would not have to depend on the UNAIDS Secretariat's support, which would be strictly limited to avoid any appearance of conflict of interest.

During the discussion, there was ultimately consensus that an executive search firm would bring little added value to the process and would add unnecessary costs; Programme Coordinating Board participants believed the Secretariat could bring the necessary neutrality to the process. There was also general agreement on the importance of ensuring that the process was clearly defined and transparent from the beginning. The Programme

Coordinating Board agreed that the precise role of the Programme Coordinating Board must be clear, given that the CCO has a central role in the selection process and the UN Secretary General will make the final decision.

There was discussion regarding the desirability of having an Executive Director from a certain region or who was living with HIV but there was general agreement that while constituencies could nominate such candidates, the selection process would have to be guided by candidates' over-all competencies for the job and acceptability to the constituencies of UN Member States and that, in any case, the Programme Coordinating Board cannot presume to infringe on the rights and duties of the CCO to put forward the names of the best candidates and the Secretary General to make the final choice. Other concerns raised during the discussion are reflected in the decisions reached by consensus of the Programme Coordinating Board.

Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 9.1-9.8 of the "Decisions, Recommendations and Conclusions" in Annex 2.

5. Memorandum of Understanding with the Global Fund to fight AIDS, Tuberculosis and Malaria

Mr Sy provided a brief overview of the proposed Memorandum of Understanding (MoU) with the Global Fund (UNAIDS/PCB(22)/08). The revised MoU would replace the existing one, which is now outdated in light of the changing AIDS landscape. In particular, the Global Fund is growing and there is an increasing need for technical support from UNAIDS to countries so they can take advantage of opportunities offered by the Global Fund.

The Global Fund and UNAIDS are working together in on the new MoU. The draft MoU has already been endorsed by the Global Fund's Policy and Strategy Committee and the Global Fund's Executive Director, but needs to be similarly reviewed and endorsed by the UNAIDS Programme Coordinating Board and Executive Director. Mr. Sy noted the MoU reflects four overarching objectives: moving towards universal access by 2010; empowering inclusive national leadership and ownership; strengthening alignment and harmonization; and improving advocacy and partnerships. It articulates three core activity areas, strategic analysis and policy advice, technical support, and monitoring and evaluation, and will provide a strategic framework for UNAIDS and the Global Fund as they develop operational agreements for implementation. These operational agreements will be more precise in terms of deliverables, timelines and monitoring and evaluation.

Ms Madeleine Leloup (Senior Advisor to the Executive Director, The Global Fund to Fight AIDS, Tuberculosis and Malaria) spoke on behalf of the Global Fund. She said that partnership is a priority for the Global Fund, since the Global Fund depends on working together with multilateral, civil society and other players to mobilize resources and achieve results. This requires common work toward common objectives within national programmes to fight AIDS, tuberculosis, and malaria. She noted the Global Fund's partnership with UNAIDS is particularly vital and this proposed MoU is testimony to that fact.

Ms Leloup reported that the Global Fund's Board has set guidelines for the Global Fund that call for strengthening health systems and increasing the sustainability of their financing, as per the principles outlined in the Paris Declaration on Aid Effectiveness. This will require synergy with bilateral partners and multilateral partners, as all aim toward achieving the Millennium Development Goals. The Secretariat of the Global Fund is currently amending its procedures and examining the architecture of its programmes to simplify them and increase their transparency, e.g., by simplifying their grant application forms. Ms Leloup stressed the success of this effort will depend on advice of UNAIDS and the Fund's other partners.

Ms Leloup affirmed the Global Fund's approach is multisectoral and places priority on respecting human rights, reaching the most vulnerable people and involving the private sector, civil society and people living with HIV in decision-making and implementation. This is reflected in the composition of the Country Coordinating Mechanisms and the role they play in formulating proposals and monitoring results. She noted there is a new possibility of double channels, where countries can have a principal recipient in government and another in civil society. UNAIDS has brought together all of the actors involved in the response to AIDS and has demonstrated that joint mobilization can go beyond specific programmes and lead to broader support for human rights and against discrimination.

The Global Fund's partnership with UNAIDS and its Cosponsors must achieve tangible results. It must help those countries asking for help to improve their national strategies in fighting AIDS and TB with ambitious but attainable objectives and with requests for funding of high quality. Ms Leloup concluded by expressing her personal recognition of the efforts by Dr Piot, the UNAIDS team and, especially, the regional coordinators of UNAIDS. In the past few months, they have all contributed to a tremendous change in the spirit in which the two organizations work together. She called for the two organizations to work even harder toward ensuring that this MoU is respected and implemented.

During discussion, there was strong general approval for the MoU, but a number of suggestions for changes and additions to its wording. These included spelling out that "alignment and harmonization" would involve adherence to all five principles outlined in the Paris Declaration on Aid Effectiveness and making mention of the need for a strong alliance between the Fund and UNAIDS to address key issues such as the gender dimensions of the epidemic, the alarming number of new infections among young people and especially young women, the urgent need to scale up harm reduction among IDUs, co-infection with HIV and TB, and the need for continuing action to reduce the costs of antiretroviral medicines and make them more accessible.

Beyond the MoU, it was observed that the success rate of applications to the Global Fund has never been more than 40% and that this points to the urgent need to move forward with joint Global Fund/UNAIDS/Cosponsor operational agreements, implementation at country level and improved monitoring and evaluation to ensure evidence-informed and results-driven action. The NGO delegation suggested that, as one way of measuring progress, there be a target of 70% of all applications to the Fund being successful within three years.

Some Programme Coordinating Board members expressed concerns about the cost-implications of the MoU, particularly the costs of carry-through into joint operational agreements and their implementation of those. Latin American members said the Global Fund had opened doors to them but they needed more support from UNAIDS to ensure the success of their applications and to address some of the major challenges, such as the lack of political will to enforce human rights legislation and to implement plans for prevention and other HIV-related services among marginalized populations.

There was general agreement that the MoU would be a living document subject to ongoing review and revision. As for incorporating some of the changes and additions discussed, it was generally agreed that some of these were more appropriately dealt with at the operational rather than policy level and that, as operational matters, they should be dealt with by the Secretariats of the two organizations and not their Boards. It was also generally noted that some proposed additions to the MoU, such as addressing the feminization of the epidemic, did not belong in an MoU of this nature, which is intended to set the framework for collaboration between the two organizations and is not meant to set or otherwise address their ultimate goals. The Programme Coordinating Board agreed that other proposed changes were of an editorial nature and the most practical course of action would be to note

them and take them into consideration as the MoU is refined until it is satisfactory to all concerned.

Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraph 10 of the “Decisions, Recommendations and Conclusions” in Annex 2.

6. Proposal for a Standing Subcommittee of the Programme Coordinating Board

Ms Prangtip Kanchanahattakij introduced the Programme Coordinating Board Bureau's Proposal for a Standing Subcommittee of the Programme Coordinating Board (UNAIDS/PCB(22)/08.6). She reminded the Programme Coordinating Board that the proposal responded to the decision of the Board in December 2007 to ask the Bureau to work with the Secretariat and report back to this meeting on the possible establishment, terms of reference and membership of Programme Coordinating Board standing subcommittees, including one on monitoring and evaluation.

After reviewing existing oversight, accountability and coordinating mechanisms, the Bureau had concluded there was no mechanism representing the Programme Coordinating Board that gives careful consideration to the financial planning and performance monitoring work that is done in advance of Board meetings. Neither is there a mechanism for follow up, or monitoring implementation of Programme Coordinating Board decisions related to the UBW. The Bureau was, therefore, recommending the establishment of a single standing subcommittee on monitoring and evaluation, while leaving the door open to the establishment of other standing committees in the future.

During the ensuing discussion, some Programme Coordinating Board members said it was premature to establish this subcommittee before the conclusion of the Second Independent Evaluation of UNAIDS. Others said that establishing it now would allow its performance to be evaluated within the context of the overall evaluation, but it would be important to ensure that members of the subcommittee were well-qualified to do monitoring and evaluation and that there were clear terms of reference. In conclusion the Programme Coordinating Board decided to defer agreement on the creation of a standing subcommittee to a future meeting when further detailed information would be presented.

Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 11.1 and 11.2 of the “Decisions, Recommendations and Conclusions” in Annex 2.

7. Cycle of the UNAIDS Unified Budget and Workplan

Mr Joel Rehnstrom (Chief, Budget, Finance and Administration, UNAIDS) outlined the case for, and the implications of, moving to a four-year Unified Budget and Workplan as presented in the report before the Programme Coordinating Board (UNAIDS/PCB(22)/08.7). He noted this proposal had been prepared in response to a request from the twentieth Programme Coordinating Board meeting.

Mr Rehnstrom noted that moving from a two-year to a four-year cycle had several advantages, such as facilitating longer-term planning, multi-year funding commitments, reduced transaction costs, and greater focus on results at country level with more time spent on implementation and less on planning. Moving to a four-year cycle has some risks as well, such as reduced flexibility in responding to shifts in the dynamics of the epidemic and the difficulty of estimating budget requirements over four years.

Mr Rehnstrom suggested that the best fit with the budget cycles of the Cosponsors would be a two-year period or multiples of that, with 2008-11 being a good four-year fit. He also noted that currently six of the top ten donors to UNAIDS commit funds on an annual basis and only four commit them for four years or more. A four-year planning cycle would give donors a longer-term planning perspective. However, progress to four-year commitments would be a big step for some donors and might not be feasible due to constraints in the budgetary processes of their own governments. He noted the 2008 High Level Meeting in June 2008 is expected provide some guidance on strategic direction, and the current 2007-10 strategic framework is due for review and revision in August, at which time it could be extended to 2011 to provide a solid foundation for the development of the 2010-11 UBW. In addition, both the strategic framework and UBW could be adjusted to reflect findings of the Second Independent Evaluation.

During the discussion, some Programme Coordinating Board members pointed to the need for UNAIDS to continue showing leadership in the movement toward UN-system-wide coherence. Some members believed the adoption of a four-year planning framework would be consistent with this system-wide effort and could lead to future adoption of a four-year budget cycle with a mid-term review to provide flexibility and the ability to respond to emerging issues, which they believed could enhance predictable, long-term and non-earmarked financing for UNAIDS.

Members also urged greater alignment among the Secretariat and the Cosponsors' planning and budgeting processes, to support more joint programming and implementation. Some members referred back to the earlier discussion, under items 1.5 and 1.6, with respect to the need to make sure that future Unified Budget and Workplans and financial reports link expenditures to results expected and achieved, making reference to indicators under the Performance and Monitoring Evaluation Framework.

Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraph 12 of the "Decisions, Recommendations and Conclusions" in Annex 2.

8. Information Items

8.1 Follow-up to the Global Task Team Independent Assessment

Ms Prangtip Kanchanahattakij spoke on behalf of the GTT Oversight Reference Group and introduced its report (UNAIDS/PCB(22)/08.9). She recalled the Global Task Team (GTT) was established in 2005 and the independent assessment of the GTT was presented to the Programme Coordinating Board at its twentieth meeting in June 2007, at which time the Board decided to establish the GTT Oversight Reference Group to monitor progress on implementing the recommendations arising from the independent assessment. In October 2007, the CCO approved the UNAIDS response and follow-up plan on implementing the recommendations, which has served as a guide for the Oversight Reference Group.

The Group's work is clearly focused on measuring progress on implementation of the Three Ones. Progress on the work is not as advanced as it had been hoped: to date, the Group has defined its terms of reference, developed a workplan, developed a template for donor reporting, requested bilateral donor reports to the Programme Coordinating Board, and also requested the Cosponsors' to provide their relevant reports and other information. The Group will seek to complete its work as originally mandated in time to report to the twenty-third meeting of the Programme Coordinating Board.

Programme Coordinating Board members expressed disappointment at the rate of progress and stressed the need for the Group not just to monitor progress but also to push for action in implementation of the Three Ones. Some members said the UNAIDS response and

follow-up plan, as presented to the twenty-first Programme Coordinating Board meeting in December 2007, had lacked indicators and did not show the lines of responsibility and accountability for their achievement. The response should specify clear outcomes, targets and benchmarks in three key areas: annual country reviews to measure joint programme performance; tackling barriers to joint work; and UN reform and accelerating progress on the *Delivering as One* UN pilots. The independent assessment of the GTT has also highlighted the need for action by donors to provide incentives to ensure the Cosponsors work jointly and coherently. Programme Coordinating Board members noted that some Cosponsors are making efforts to do this and others should follow suit. As part of the GTT reference group follow-up, all bilateral donors were requested to submit their progress reports to the Oversight Reference Group by May 15th, as requested by the Group.

Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraph 13 of the "Decisions, Recommendations and Conclusions" in Annex 2.

8.2 Financial Reports

Mr Rehnstrom introduced the financial reports for the 2006-2007 biennium and for the first two months of the 2008-2009 biennium (UNAIDS/PCB(22)/08.10). Overall, the UNAIDS financial situation is healthy due to prudent management and controls; excellent relations with donors and Cosponsors; and collaboration and trust of national authorities and partners.

In 2006-2007, income was US\$457.1 million, while the budget was US\$406.7 million and actual expenditure had been US\$374.5 million (92.1% of the budget). Ninety-four percent of the income had come from donor governments and the remaining 6% from other sources. At the end of the period, the fund balance was US\$189 million. Carrying this over into 2008 had allowed a seamless transition. Mr Rehnstrom noted that while this carry-over appears high, within the first two months of 2008, UNAIDS had already committed US\$157 million. He further noted this level of carryover was in line with past practice and ensuring a good balance of funds early in the biennium is necessary to avoid any disruption or slowdown in UNAIDS' work. He reported there had been a clean audit opinion by the external auditors, indicating that transactions had been transparent and in accordance with financial regulations.

He reminded the Programme Coordinating Board that the budget for the 2008-2009 biennium was set at US\$468.8 million. Of this, US\$157.3 million (34% of the budget) has already been committed and donations have been received in the amount of US\$30 million (6% of the budget).

At its twentieth meeting in June 2007, the Programme Coordinating Board approved discretionary authority for the Executive Director and requested a report on the use of that authority to this meeting. Mr Rehnstrom noted that, as this issue relates to money raised over and above the UBW, it was too early in the biennium to consider expenditures beyond the budget of US\$468.8 million. However, he informed the Programme Coordinating Board of additional needs and priorities that have emerged since that budget was set and reiterated the Executive Director's request for a special allocation of US\$16 million to cover these needs, specifically requesting US\$8 million to fund Programme Coordinating Board decisions and US\$8 million to cover increased security costs.

During the discussion, some members said they often find these financial reports complex and confusing. They requested information on the difference between UBW and non-UBW items and between transferred funds and expended funds, on the balance between income and expenditure, and on the carry-over of large balances from one year to the next.

Programme Coordinating Board members noted with appreciation there had been no fraud in the 2006-07 biennium and asked for an explanation of measures taken to prevent corruption. Mr Rehnstrom explained that UNAIDS follows WHO's fraud prevention policy and fraud awareness guidelines. The Secretariat carries out financial management reviews of its country offices and regional support teams and follows these up with training for staff on putting any necessary internal controls into place.

In response to a question about the impact on UNAIDS of the falling exchange rate of the US dollar, Mr Rehnstrom explained that approximately 80% of UNAIDS' income is in currencies other than the US dollar, which means that on the income side the falling dollar tends to have a positive effect but on the expenditure side their funds do not extend as far as they would like. UNAIDS also has a hedging policy to protect the value of its funds.

Some members and the NGO delegation requested breakdowns of expenditures at the regional and country levels. The Secretariat responded that it could provide regional and country breakdowns in future financial reports, but expenditure at country level was a difficult and complicated matter. The distribution of resources at country level has been the subject of much discussion in the past that resulted in a complex formula that takes into account countries' population sizes, income levels and unique epidemics and includes weightings so large countries, such as India, do not absorb all the available resources. Some participants requested a review of this process should be taken into consideration by the Second Independent Evaluation.

Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 14.1-14.6 of the "Decisions, Recommendations and Conclusions" in Annex 2.

8.3 Statement by representative of the UNAIDS Staff Association

Mr Patrick Brenny (UNAIDS Country Coordinator for Thailand) introduced the statement by the UNAIDS Secretariat Staff Association (USSA) (UNAIDS/PCB(22)/08.02). He highlighted five recent developments that reflect some of the Staff Association's main priorities for 2008: the introduction of a work life balance policy for UNAIDS; establishment of a policy on workplace diversity; the transition to the new Enterprise Resource Planning system; administration-supported and active participation of the USSA in all UNAIDS Regional Management Meetings; and a reiteration of the importance of security for all UNAIDS staff, whilst remembering the tragic loss of a UNAIDS staff member in the Algiers bombing in 2007.

Programme Coordinating Board members recognized that staff are the best asset of UNAIDS, thanked them for their report and said they were in general agreement with the initiatives it outlined, in particular the creation of a Geneva Environment Working Group, which had resulted in the UNAIDS environmental policy.

Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraph 15 of the "Decisions, Recommendations and Conclusions" in Annex 2.

9. Next Programme Coordinating Board Meetings

Ms Prangtip Kanchanahattakij introduced the report on the next Programme Coordinating Board meetings (UNAIDS/PCB(22)/08.13) by reminding the Programme Coordinating Board that, at their twentieth meeting in June 2007, they had decided future meetings would have both a decision making and a thematic segment. The Programme Coordinating Board Bureau had been instructed to initiate a call for proposals for thematic segments from all Programme Coordinating Board constituencies and to submit recommendations to the

Board. It had also been agreed that proposed themes should meet four criteria: broad relevance, responsiveness, focus and scope for action.

Accordingly, the Bureau had sent out a call for proposals for the twenty-third and twenty-fourth Programme Coordinating Board meetings. The Bureau was able to consolidate the 15 proposals it received into 10. The Bureau decided to submit two of those to the Board for consideration and approval: "The Relationship between UNAIDS and the Global Fund" and "People on the move – migrants and mobile populations," for the 23rd and 24th Programme Coordinating Board meetings respectively.

Ms Kanchanahattakij noted the Programme Coordinating Board had previously agreed that themes should be chosen one year in advance and, given that the twenty-fifth meeting is scheduled for December 2009, the Programme Coordinating Board should now ask the Bureau to send out another call for proposals in time for these to be considered at the next (twenty-third) meeting of the Programme Coordinating Board. In addition, the Programme Coordinating Board should decide on dates and venues for the twenty-fourth to the twenty-ninth meetings.

The Programme Coordinating Board NGO delegation commended the Programme Coordinating Board for adding thematic segments, but asked for more transparency in selecting themes and for organizing the segments so as to allow for greater participation of the NGO observers and the constituencies they represent.

Programme Coordinating Board members were in general agreement that the processes should be more transparent and inclusive. It was suggested that care be taken in future to ensure that thematic segments do not duplicate topics being covered in other forums at around the same time but, instead, focus on neglected themes that call for urgent attention. It was also suggested that there be provision for feedback on thematic segments at subsequent Programme Coordinating Board meetings.

It was noted that the Programme Coordinating Board was now holding four meetings instead of three every two years. With this in mind, Programme Coordinating Board members requested there be a review of the added costs and added value of having thematic segments at all of these meetings, and having the meetings outside of Geneva. There was general agreement that there should also be flexibility, so that not all Programme Coordinating Board meetings need to have a thematic segment. For example, the Programme Coordinating Board may choose to forgo a thematic segment during the second Programme Coordinating Board meeting in 2009, opting instead to have this Programme Coordinating Board meeting focus entirely on the report arising from the Second Independent Evaluation of UNAIDS.

Decisions taken by the Programme Coordinating Board with respect to this item can be found in paragraphs 16.1-16.4 of the "Decisions, Recommendations and Conclusions" in Annex 2.

10. Any other business

None.

11. Adoption of decisions, recommendations and conclusions

The meeting closed with expressions of warm thanks to Thailand for being such a gracious host and also thanks to the Chair, Vice Chair, interpreters and UNAIDS Secretariat staff based in Thailand and Geneva, as well as to all participants for their constructive contributions to a successful meeting.

ANNEX 1

1 April 2008



UNAIDS/PCB(22)/08.1/Rev.1

PROGRAMME COORDINATING BOARD

Twenty-second meeting

Date: 23-25 April 2008

Venue: Holiday Inn Hotel, Chiang Mai, Thailand

**Time of meeting: 23 April - 08h30 - 12h30 and 14h00 - 18h00
24-25 April - 09h00 - 12h30 and 14h00 - 18h00**

Annotated Provisional Agenda

Wednesday 23 April

1. Opening

1.1 Opening of the meeting and adoption of the agenda

The outgoing Chair will provide the opening remarks to the 22nd Programme Coordinating Board meeting.

1.2 Election of Officers

In accordance with the PCB procedures, the Board shall elect among its representatives a new PCB Chair, Vice-Chair, Rapporteur and NGO delegates.

Thematic Segment

“Diagnosis and treatment of tuberculosis (TB) among people living with HIV and how UNAIDS can work with TB communities”

Thursday 24 April

Regular Segment

1. Opening (continued)

1.3 Outcome of the Thematic Segment

The Chair will provide a brief summary of the outcomes of the Thematic Segment.

1.4 Consideration of the report of the twenty-first meeting

The report of the twenty-first PCB meeting will be presented to the Board for adoption.

Document: UNAIDS/PCB(21)/07.21 and UNAIDS/PCB(22)/08.CRP.1

1.5 Report of the Executive Director

The Executive Director will present an oral statement under this item. The UNAIDS Annual Report, providing an overview of UNAIDS' activities in 2007, will also be submitted to the PCB as a background document.

1.6 Report by the Chairperson of the Committee of Cosponsoring Organizations

The CCO Chair will present an oral statement under this item. Highlights of the joint and specific Cosponsors' activities will be reflected in the UNAIDS Annual Report.

1.7 Report by the NGO representative

The report of the NGO representative will highlight civil society perspectives on the global response to AIDS.

Document: UNAIDS/PCB(22)/08.2

(Lunch: 12.30-14.00)

2. Gender-sensitivity of AIDS responses

As requested by the 20th PCB meeting finalized gender guidelines together with a costed action plan for their dissemination and implementation at the country level (ref. PCB 20/ rec. 12.3) will be presented to the Board for adoption. The Board will also receive information further clarifying the specific sectoral gender responsibilities of each UNAIDS Cosponsor (ref. PCB 20/ rec. 12.6).

Documents: UNAIDS/PCB(22)/08.3 and UNAIDS/PCB(22)/08.CRP.2

3. Second Independent Evaluation of UNAIDS

The Board will receive a paper on the process followed by the PCB Bureau in establishing the Oversight Committee and will be invited to reconsider the criteria for

the composition of the Committee as well as to endorse, to the greatest extent possible, the list of nominees as proposed by the PCB Bureau. A revised timeline for the Evaluation will also be presented to the Board for approval.
Document: UNAIDS/PCB(22)/08.5

Friday 25 April

4. Process for nomination of the Executive Director

The Board will receive a paper outlining the process for the nomination of the Executive Director of UNAIDS.

Document: UNAIDS/PCB(22)/08.8

5. Memorandum of Understanding with the Global Fund to Fight AIDS, Tuberculosis and Malaria

A revised Memorandum of Understanding with the Global Fund to Fight AIDS, Tuberculosis and Malaria will be presented to the Board for approval.

Documents: UNAIDS/PCB(22)/08.4 and UNAIDS/PCB(22)/08.CRP.3

6. Proposal for a Standing Subcommittee of the Programme Coordinating Board

As requested at the 21st PCB meeting (ref.PCB 21/rec.5.2) the Board will receive a proposal for decision on the possible establishment, terms of reference and membership of a standing subcommittee of the PCB, on planning and performance monitoring.

Document: UNAIDS/PCB(22)/08.6

(Lunch: 12.30-14.00)

7. Cycle of the UNAIDS Unified Budget and Workplan

As requested at the 20th PCB meeting (ref. PCB 20/ rec.7.15), the Board will receive an analysis of the case for, and be invited to make decisions on, moving to a four-year Unified Budget and Workplan.

Document: UNAIDS/PCB(22)/08.7

8. Information Items

8.1 Follow-up to the Global Task Team Independent Assessment

The Board will receive an update on progress in the implementation of the Global Task Team Independent Assessment recommendations adopted by the 20th PCB meeting, and the request to the PCB Bureau to establish a reference group for oversight of the implementation of the recommendations (ref. PCB 20/rec. 13.3)

Document: UNAIDS/PCB(22)/08.9

8.2 Financial Reports

The Board will receive a financial report and audited financial statement as well as the report of the external auditor for the financial period 1 January 2006 – 31 December 2007 and a financial update for the period 1 January

to 29 February 2008. As requested by the 20th PCB meeting (ref. PCB 20/rec.7.9), the Board will also receive a report on the use of funds under the Executive Director's discretionary authority approved at the 20th PCB meeting.

Documents: UNAIDS/PCB(22)/08.10 and UNAIDS/PCB(22)/08.11

8.3 Statement by the representative of the UNAIDS Staff Association

Document: UNAIDS/PCB(22)/08.12

9. Next Programme Coordinating Board meetings

The Board will be asked to agree the themes of the 23rd and 24th Programme Coordinating Board meetings and dates for the 25th, 26th and 27th meetings.

Document: UNAIDS/PCB(22)/08.13

10. Any other business

11. Adoption of decisions, recommendations and conclusions

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

ANNEX 2

25 April 2008



22nd Meeting of the UNAIDS Programme Coordinating Board Chiang Mai, Thailand 23-25 April 2008

Decisions, Recommendations and Conclusions

The UNAIDS Programme Coordinating Board,

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

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

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

1. *Adopts* the agenda;

Agenda item 1.2: Election of Officers

2. *Elects* the United States of America as Chair, Ethiopia as Vice-Chair, and Guatemala as Rapporteur;

Agenda item 1.3: Outcome of the Thematic Segment

- 3.1 *Recognizes* the commitment to the goal of scale-up to Universal Access at the 2006 High Level Meeting on AIDS as a determination to address the urgent threat that Tuberculosis (TB), particularly drug-resistant TB, poses to people living with HIV;

- 3.2 *Calls* upon member states to mobilize community involvement, including faith based organizations and affected communities, in addressing the prevention and treatment of TB in people living with HIV, including issues of stigma, human rights, migrants and other marginalized populations and adherence support;
- 3.3 *Requests* the UNAIDS Secretariat and WHO to establish mechanisms for accountability of HIV programmes to prevent, diagnose and treat TB in people living with HIV, through the incorporation of relevant indicators in national AIDS action frameworks, which include the goal of reducing TB mortality in people living with HIV;
- 3.4 *Requests* the UNAIDS Secretariat to work with WHO and other cosponsoring organizations, as well as governments, to extensively expand the coverage of voluntary counseling and testing to achieve the early diagnosis and treatment of HIV so that opportunistic infection, including TB, can be prevented;
- 3.5 *Recognizes* the need for a person-centered approach, that is “one life - two diseases” and *calls* on member states to deliver integrated TB and HIV services that provide adequate TB infection control in HIV care settings;
- 3.6 *Requests* UNAIDS and WHO to advocate for the inclusion of TB prevention and treatment for people living with HIV in national AIDS action frameworks, as part of the multi-sectoral approach to HIV, and in building the capacity of affected communities to respond to the dual epidemics of TB and HIV;
- 3.7 *Calls* upon the international community, including governments, to address the resource gap for the prevention and treatment of TB in people living with HIV through its inclusion in the broader development agenda;
- 3.8 *Requests* UNAIDS and WHO to work with relevant partners to accelerate research and development of better tools for the prevention, diagnosis and treatment of TB in people living with HIV;
- 3.9 *Calls* on UNAIDS to use the decisions of the 22nd Programme Coordinating Board in its work at the global level on TB and HIV through high-level events such as the HIV-TB Global Leaders Forum to be held in New York on 9 June 2008;

Agenda item 1.4: Consideration of the report of the twenty-first meeting

4. *Adopts* the report of the 21st meeting of the UNAIDS Programme Coordinating Board;

Agenda items 1.5 and 1.6: Report of the Executive Director and the Report of the Chairperson of the Committee of Cosponsoring Organizations

- 5.1 *Takes note with appreciation* of the Reports of the Executive Director and the Chairperson of the Committee of Cosponsoring Organizations;
- 5.2 *Requests* the UNAIDS Secretariat to report on progress on implementation of human rights-related Programme Coordinating Board decisions at a future Programme Coordinating Board meeting;

- 5.3 *Takes note* of the Report of the Independent Commission on AIDS in Asia;
- 5.4 *Further takes note* of the diversity of views, both support and concerns, on the Report expressed in the meeting, which are elaborated in the Programme Coordinating Board meeting report;
- 5.5 *Requests* the UNAIDS Secretariat to support similar commissions in other regions, on a priority basis beginning with the Caribbean region, with the meaningful involvement of all concerned parties;

Agenda item 1.7: Report by the NGO representative

- 6.1 *Takes note* of the Report by the NGO representatives;
- 6.2 *Requests* WHO and the UNAIDS Secretariat to look at ways in which they can initiate work among the Cosponsors on HIV & Hepatitis C Virus co-infection and report back at a future Programme Coordinating Board meeting;
- 6.3 *Requests* the UNAIDS Secretariat and Cosponsors to report back at the 23rd PCB meeting on decision 11.9 of the 20th PCB meeting: “*further requests UNAIDS Secretariat and Cosponsors, as a matter of priority, to work at the national level to assist governments to scale up HIV prevention among injecting drug users, in line with the decisions of the PCB on the UNAIDS Policy Position Paper on Intensifying HIV Prevention*”

Agenda item 2: Gender-sensitivity of AIDS responses

- 7.1 *Takes note* of the draft gender guidance for national AIDS responses and *acknowledges* the urgency of addressing gender inequalities and the feminization of the epidemic, and the need to focus on scaling up work at country level;
- 7.2 *Requests* UNAIDS to take immediate action to develop specific tools to assist countries in planning, programming and implementing interventions in the context of HIV that address (1) women, girls and gender inequality, and (2) men who have sex with men, transgender, bisexual and lesbian populations;
- 7.3 Drawing on existing mandates and guidance, *requests* UNAIDS to intensify action to address gender inequalities and harmful gender-based practices in the context of interventions to address HIV and AIDS by, inter alia, initiating and evaluating country pilots; these pilots may also inform the development of the above-mentioned tools. In selecting the country pilots, UNAIDS should consider the findings of, and lessons learned, from previous gender assessments and take into account regional, epidemiological, cultural and religious diversity;
- 7.4 *Requests* UNAIDS to use expert group(s) that have relevant expertise in addressing issues related to (1) women, girls and gender inequality, and (2) men who have sex with men, transgender, bisexual and lesbian populations to provide advice on the development of the tools and the selection, implementation and evaluation of the pilots;

7.5 *Requests* UNAIDS to report back on progress on these actions at the 23rd meeting of the Programme Coordinating Board;

Agenda item 3: Second Independent Evaluation of UNAIDS

8.1 *Agrees* that the Cosponsors should have a Liaison official who would work with, but not be a member of, the Oversight Committee;

8.2 *Agrees* to invite new nominations for membership of the Oversight Committee from persons who are openly living with HIV;

8.3 *Decides* that the Oversight Committee should have not more than 11 members;

8.4 *Agrees* to the following list of Oversight Committee members as proposed by the Programme Coordinating Board Bureau: Morris Llewelyn Edwards, Johan Giesecke, Catherine Hodgkin (Chair), Patricia Ngozi Iwere, Adeeba Kamarulzaman, Henri-Nicolas Nson, Pradnya Paithankar, Wiput Phoolcharoen, Gracia Violeta Ross Quiroga, and Hristo Taskov;

8.5 *Agrees* to the following revised timeline for the Evaluation:

DATE	MILESTONE/DELIVERABLE	RESPONSIBLE PARTY
PCB 22 nd meeting: 23-25 April 2008	PCB meeting to agree on the criteria for membership of Oversight Committee and Oversight Committee established	PCB
26 May 2008	Oversight Committee Chair to arrive for initial briefing	Oversight Committee Chair
27–28 May 2008	Oversight Committee meets; tender for Evaluation Team is finalized, including criteria and methods for evaluating the bids	Oversight Committee
2 June 2008	Tender disseminated: deadline for receipt of bids on 30 June 2008	UNOPS
30 June 2008	Deadline to receive bids	UNOPS/Oversight Committee
30 June – 14 July 2008	UNOPS reviews bids, summarizes and ranks them	UNOPS
14 July 2008	Briefing for Oversight Committee Chair	Oversight Committee Chair
15–16 July 2008	Oversight Committee meets, reviews bids and makes summary and recommendations for PCB	Oversight Committee
17 July 2008	Recommendation for the successful tender for the Evaluation Team	PCB Chair

	presented to the PCB by the Oversight Committee through the PCB Chair for approval, through electronic means, by the PCB.	
25 July 2008	Deadline for responses on recommendation for selection of the Evaluation Team	PCB members
28 July 2008	Notification of winning bid provided to PCB	UNOPS and PCB
18 August 2008	Inception Report with detailed plan of work for the Evaluation Team delivered to the Oversight Committee	Evaluation Team
26 – 27 August 2008	Meeting Oversight Committee and Evaluation Team to review and approve Inception Report	Oversight Committee & Evaluation Team
1 September 2008	Regular bi-weekly reporting to the Oversight Committee on progress, delays and any problems encountered	Oversight Committee & Evaluation Team
PCB 23 rd meeting: 15-17 December 2008	Progress report on the Evaluation presented to PCB	PCB and Oversight Committee Chair
1 May 2009	Draft Progress Report on the Evaluation to the Oversight Committee	Evaluation Team
15 May 2009	Feedback on Progress Report from Oversight Committee to Evaluation Team	Oversight Committee
PCB 24 th meeting: June 2009	Draft Report of the Second Independent Evaluation presented to the PCB	PCB, Oversight Committee & Evaluation Team
3 August 2009	Draft Final Report presented to Oversight Committee	Evaluation Team
10 August 2009	Feedback from Oversight Committee to Evaluation Team	Oversight Committee
4 September 2009	Final Report presented to Oversight Committee and PCB	Oversight Committee & Evaluation Team
7 September 2009	Final Report forwarded to UNAIDS Secretariat/ Executive Director	PCB
2 October 2009	UNAIDS response to the Evaluation to the PCB with recommendations for decision by the Board	UNAIDS Secretariat/ Executive Director
PCB 25 th meeting: December 2009	Report of the Second Independent Evaluation presented and UNAIDS response to the Evaluation discussed at PCB with recommendations for decision by the Board	PCB

8.6 Agrees, without prejudice to any future decision-making process that the Board may decide to adopt, the following process in between meetings of the Programme

Coordinating Board with respect to certain decisions related to the Evaluation and shown below:

- Immediately after the 22nd Programme Coordinating Board meeting the Executive Director will send a letter to the Heads of the member delegations of the Board asking them to nominate a named individual plus an alternate who will both receive all communications related to the below decisions. Full contact details including email address and telephone numbers will be required for both named individuals.
- On receipt of all names the Secretariat will send a test email to all 44 individuals (two per member country).
- When a decision point is required, the Chair of the Programme Coordinating Board will send an email communication using the list established by the Secretariat. A notice of receipt of the email will be required and a deadline set for the receipt by the Chair of the replies to the Chair's proposed decision point.
- If a quorum (15) is reached, in terms of the answers received to the decision point by the established deadline, the responsible body (see table below) will act in accordance with the majority view.
- If a quorum is not reached, then the responsible body has no basis on which to move forward and will revert to the Programme Coordinating Board Chair for decision on further action, if any.
- This process will be reviewed at the 23rd Programme Coordinating Board meeting in December 2008 with respect to its effectiveness and its application to further decision points not listed below.

8.7 *Agrees* that communications related to the above process will be sent for information to Cosponsors and the PCB NGO delegation;

8.8 *Agrees* that the following two decision points should be subject to the inter-sessional decision process:

Agreement of the Evaluation Team:

DATE	MILESTONE/DELIVERABLE	RESPONSIBLE PARTY
17 July 2008	Recommendation for the successful tender for the Evaluation Team presented to the PCB by the Oversight Committee through the PCB Chair for approval, through electronic means, by the PCB.	PCB Chair

Nomination of additional person openly living with HIV to the Oversight Committee:

DATE	MILESTONE/DELIVERABLE	RESPONSIBLE PARTY
28 April 2008	Email sent from PCB Chair to all PCB members, observers, five NGO representatives and ten cosponsoring agencies in the 21 st PCB meeting inviting nominations to the Oversight Committee. Nominations must include full CV and names of two referees demonstrating eligibility against the criteria established in the TOR	PCB Chair
12 May 2008	Deadline for submission of nominations	PCB participants
14 May 2008	Secretariat to collate and verify nominations and establish consolidated matrix of nominations, against criteria, for consideration by PCB Bureau. This will be a purely logistical exercise and will not rank nominations in any way.	Secretariat
16 May 2008	PCB Bureau meeting to agree Chair and composition of the Oversight Committee	PCB Bureau
16 May 2008	PCB Chair to inform PCB by electronic means of composition of Committee and to invite responses, if any, by 23 May 2008.	PCB Chair
23 May 2008	Deadline for comments and silent approval of composition of Oversight Committee	PCB members
24 May 2008	Oversight Committee is established	PCB Chair

Agenda item 4: Process for nomination of the Executive Director

- 9.1 *Agrees* the creation of a Search Committee to oversee the process of nomination of the new Executive Director for UNAIDS;
- 9.2 *Agrees* the following elements for inclusion in the Terms of Reference for the Search Committee, namely that the Committee:
- will ensure that the process for submitting nominations and individual applications is duly adhered to;
 - will encourage and welcome candidates from regions from which an Executive Director of UNAIDS has not yet been appointed;
 - will be responsible for submitting to the Chair of the CCO the outcomes of the nomination process in its entirety, including the short list of candidates, a detailed report of the process that had been undertaken, and a full list of all candidates that had been considered;
 - the Chair of the Search Committee will participate as an observer in the CCO interviews and nomination process and report back to the 23rd Programme Coordinating Board meeting. The CCO may also meet in closed session;
 - will develop a scoring tool to evaluate candidates;
 - will conduct initial interviews to screen candidates and evaluate them against the core competencies and submit qualified candidates in order of preference to the CCO;
- 9.3 *Agrees* the following desired competencies and experience for the position of Executive Director;

Leadership and Strategic Management:

- Extensive experience – ideally more than ten years – of successful management and leadership in complex public, private or international organization(s);
- Proven leadership, vision and strategic thinking, with clear results in development at international or national level;
- Clear vision on the current and future response to AIDS;
- Political and cultural sensitivity, communication and external representation skills, with the proven ability to relate and work effectively and strategically with partners at all levels;
- Strategic thinking on ownership and engagement of partners and stakeholders on development issues;
- Understanding of governance processes at the international or national level;
- Competence in the management of staff, teams, finances and processes within international organizations, public or private sectors, NGOs or private foundations;
- Commitment to implementing the core principles of the Joint Programme as articulated most recently through the 2006 UN General Assembly Political Declaration on HIV/AIDS, the 2007-2010 Strategic Framework for UNAIDS Support to countries' efforts to move towards universal access, and the 2008-2009 Unified Budget and Workplan;
- Vision, understanding and strategic thinking on the challenges and opportunities that face UNAIDS;
- Commitment to promote involvement of people living with, or affected by, HIV;

- Proven ability to identify and nurture talent, to encourage diversity and foster team building;
- Excellent inter-personal skills, cultural and gender sensitivity and respect; and
- Ability to manage change and innovation;

International Experience with Health and Development:

- Experience in working on global issues;
- Excellent understanding of working in developing countries, including implementation challenges;
- Experience and knowledge related to public health and HIV/AIDS at the international and national level;
- Experience and knowledge of international development and public policy processes;
- Experience working with a multisectoral response, such as international organizations, governments, NGOs, civil society and the private sector;
- Knowledge and appreciation of vulnerable groups and those affected by the epidemic;
- Proven experience of embracing a multisectoral response to AIDS;
- Proven track record and commitment to the core values of UNAIDS including promoting human rights, gender equality and GIPA principles;

Preference for fluency in one working language and another working or official language of the United Nations, and, ideally, knowledge of at least one other official United Nations language;

- 9.4 *Agrees* the composition of the Search Committee as being 6 member states (2 WEOG states and 1 from each of the other four geographical regions as defined by ECOSOC), 2 NGOs and 4 Cosponsors;
- 9.5 *Agrees* the process for establishment of the Search Committee as follows;
- Within 2 weeks of the closing of the 22nd Board meeting the Chair of the Programme Coordinating Board to invite proposals for membership from each (member state) region and constituency (NGOs and CCO); each group should present a consensus nominee if possible;
 - Each constituency will be requested to submit the exact number of nominations to fill the number of places on the Committee for that particular constituency;
 - If the number of nominations exceeds or is less than the number of places on the Committee for a particular constituency, the Chair of the Programme Coordinating Board will contact all members of that constituency represented on the Board for further discussion and agreement;
 - Once the Committee is established the Chair of the Programme Coordinating Board will communicate the names of the members to all member states, PCB NGOs and Cosponsors; and
 - The Search Committee shall elect a Chair from within its membership.
- 9.6 *Requests* the Chair of the Programme Coordinating Board to prepare a code of conduct for the members of the Search Committee which should include the following elements and *requires* all members of the Search Committee to sign the code;

- No Committee member shall advocate for, or manipulate the nomination process, in favour of a particular candidate;
- No member can be substituted;
- All aspects of the Committee's work will be transparent and communicated to Board members and participants as shown in the timeline below as well using other communication channels, such as, publishing the minutes of Committee meetings on the UNAIDS website; and
- That any issue affecting the work of the Committee that cannot be resolved by it is referred to the Programme Coordinating Board Chair who will, in consultation with the Programme Coordinating Board Bureau, facilitate a resolution and inform the Board accordingly.

9.7 Agrees the following steps for the nomination process;

Week 1	Chair of PCB invites proposals for membership of the Search Committee.	PCB Chair
Week 7	Deadline for submission of names for Search Committee	PCB Chair
Week 10	Conclusion of consultations as necessary with constituency groups. Composition of Search Committee is announced and transmitted by electronic means to PCB constituencies	PCB Chair
Week 12	First meeting of Search Committee	PCB Chair
Week 13	Call for nominations and applications; to include advertisements in international media	Search Committee Chair
Week 17	Deadline for submission of nominations and applications	All constituency groups
Week 21	Second meeting of Search Committee to review and establish a short list	Search Committee Chair
Week 22	Short list of candidates sent to the PCB for consideration at an extraordinary meeting (one day) of the Board. The Search Committee will then send the list to the CCO Chair together with any comments and recommendations of the PCB	Search Committee Chair
	CCO to consider the list of nominations and to interview short-listed candidates. The Chair of the Search Committee to participate as an observer in the CCO interview and formal nomination process and to report back to the 23 rd Programme Coordinating Board meeting on the process followed. The CCO may also meet in closed session.	CCO Chair

Week 24	CCO to send formal nomination to UN Secretary General	CCO Chair
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- 9.8 *Agrees* a budget for the nomination process of USD 359,800, including the holding of the extraordinary meeting of the Programme Coordinating Board;

Agenda item 5: Memorandum of Understanding with the Global Fund to Fight AIDS, Tuberculosis and Malaria

- 10 *Approves* the new Memorandum of Understanding between UNAIDS and The Global Fund to Fight AIDS, Tuberculosis and Malaria, taking into account the comments from the floor;

Agenda item 6: Proposal for a Standing Subcommittee of the Programme Coordinating Board

- 11.1 *Agrees to defer* a decision on the establishment of a standing subcommittee of the Programme Coordinating Board on planning and performance monitoring and requests the UNAIDS Secretariat to prepare a more detailed proposal for consideration at the 23rd meeting of the Programme Coordinating Board, that takes into account comments from the floor;

- 11.2 *Further agrees* that the Second Independent Evaluation should include consideration of this issue;

Agenda item 7: Cycle of the UNAIDS Unified Budget and Workplan

- 12 *Endorses* the development of the next Unified Budget and Workplan based on a review and extension of the UNAIDS 2007–2010 Strategic Framework to 2011, and *confirms* a 4-year planning framework and a 2-year budget cycle and for the Unified Budget and Workplan;

Agenda item 8.1: Follow-up to the Global Task Team Independent Assessment

- 13 *Takes note* of the establishment and progress of the UNAIDS Programme Coordinating Board Reference group on oversight of the implementation of the recommendations of the Global Task Team Independent Assessment in support of national AIDS Responses (“GTT Oversight Reference Group”), as presented by its chair and *requests* that the Group report back on progress to the 23rd Programme Coordinating Board meeting;

Agenda item 8.2: Financial Reports

- 14.1 *Takes note* of the financial report and audited financial statements for the financial period 1 January 2006 to 31 December 2007, the report of the external auditor and the interim financial management update;
- 14.2 *Further notes* the opinion of the external auditor that the financial statements included in the financial report for the 2006-2007 biennium accurately reflect UNAIDS accounts and the results of its operations and are consistent with Financial Regulations and Legislative Authority;

- 14.3 *Endorses* the Executive Director's proposal for the utilization of 16 million USD of the available fund balance to cover priorities and investments that are not included in the 2008-2009 Unified Budget and Workplan, and requests that these expenditures be included in the Unified Budget and Workplan;
- 14.4 *Encourages* donor governments and others to release their contributions to the 2008-2009 Unified Budget and Workplan as soon as possible;
- 14.5 *Recommends* that future UNAIDS financial reports include an extract of WHO's balance sheet relevant to the expenditures, assets and liabilities of UNAIDS;
- 14.6 *Recommends* that future financial statements indicate the breakdown of expenditure by country and region;

Agenda item 8.3: Statement by the representative of the UNAIDS Staff Association

15. *Takes note* of the statement by the UNAIDS Secretariat Staff Association;

Agenda item 9. Next Programme Coordinating Board meetings

- 16.1 *Approves* the proposed themes for the 23rd and 24th meetings of the Programme Coordinating Board as; "The Relationship between UNAIDS and the Global Fund to fight AIDS, Tuberculosis and Malaria: issues of relationships with the international technical support architecture and public private partnerships" (23rd meeting); and "People on the move – forced displacement and migrant populations" (24th meeting);
- 16.2 *Requests* the Programme Coordinating Board Bureau to initiate a process for the identification of theme for the 26th Programme Coordinating Board meetings;
- 16.3 *Requests* the Programme Coordinating Board Bureau to initiate a process that seeks wider contributions to the development of the agenda and participation in the thematic segments of Programme Coordinating Board meetings;
- 16.4 *Agrees* the dates for the next Programme Coordinating Board meetings as follows:
 - 24th meeting – 22-24 June 2009;
 - 25th meeting – 8-10 December 2009;
 - 26th meeting – 7-9 June 2010;
 - 27th meeting – 6-8 December 2010.