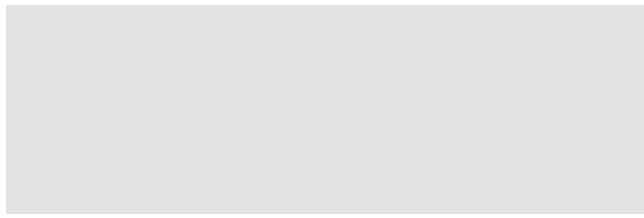
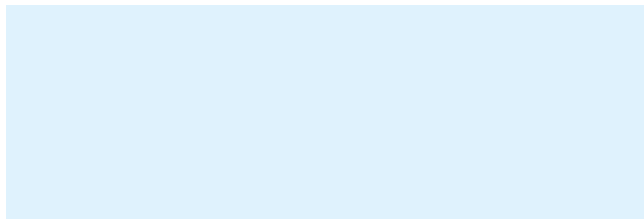


The Governance Handbook



UNAIDS/09.15E / JC1682E (English original, January 2010)

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1. About UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) was established through the Economic and Social Council (ECOSOC) resolution 1994/24 of 26 July 1994 to “undertake a joint and co-sponsored United Nations programme on HIV/AIDS, on the basis of co-ownership, collaborative planning and execution, and an equitable sharing of responsibility” with six UN-system cosponsoring organizations: UNDP, UNICEF, UNFPA, WHO, UNESCO and the World Bank. This group was joined by UNODC in 1999, ILO in 2001, WFP in 2003 and UNHCR in 2003.

Six programme objectives were listed in ECOSOC resolution 1994/24:

- ▶ to provide global leadership in response to the epidemic
- ▶ to achieve and promote global consensus on policy and programme approaches
- ▶ to strengthen the capacity to monitor trends and ensure that appropriate and effective policies and strategies are implemented at country level
- ▶ to strengthen the capacity of national governments to develop comprehensive national strategies and implement effective HIV/AIDS activities
- ▶ to promote broad-based political and social mobilization to prevent and respond to HIV/AIDS
- ▶ to advocate greater political commitment at global and country levels including the mobilization and allocation of adequate resources.

In May 1995, the composition of the Programme Coordinating Board was agreed through ECOSOC (decision 1995/223) and in July 1995, ECOSOC adopted a resolution (1995/2) inviting five nongovernmental organizations to take part in the new Programme Coordinating Board, three of which were to come from middle- and low-income countries and the selection would be carried out by the nongovernmental organizations themselves.

On 1 January 1996, UNAIDS – the Joint United Nations Programme on HIV/AIDS – was formally launched.

2. ECOSOC Resolutions establishing UNAIDS

United Nations

Resolution 1994/24



Economic and Social Council

44th plenary meeting
26 July 1994

1994/24. Joint and co-sponsored United Nations programme on human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)

The Economic and Social Council,

Recalling its resolution 1993/51 on the coordination of United Nations activities related to HIV/AIDS,

Taking note of the decisions of the United Nations Development Programme, the United Nations Children's Fund, the United Nations Population Fund, the World Health Organization the United Nations Educational, Scientific and Cultural Organization and the World Bank to undertake a joint and co-sponsored United Nations programme on HIV/AIDS, on the basis of co-ownership, collaborative planning and execution, and an equitable sharing of responsibility,

Noting that the World Health Organization is to be responsible for the administration in support of the programme, including during the transition period,

Emphasizing that the global HIV/AIDS epidemic affects every country of the world and that its magnitude and impact are greatest in developing countries,

Emphasizing also the urgent need to mobilize fully all United Nations system organizations and other development partners in the global response to HIV/AIDS, in a coordinated manner and according to the comparative advantages of each organization,

1. Endorses the establishment of a joint and co-sponsored United Nations programme on HIV/AIDS, as outlined in the annex to the present resolution, subject to further review by April 1995 of progress made towards its implementation;
2. Calls for the full implementation of the programme by January 1996, and requests that a report confirming its implementation be submitted to the Economic and Social Council at its organizational session for 1996;
3. Notes that further details of the programme are being developed by the Inter-Agency Working Group that has been established by the six co-sponsors;
4. Invites the six co-sponsors to take immediate steps to transform the Inter-Agency Working Group into a formally constituted Committee of Co-sponsoring Organizations, comprising the heads of those organizations or their specifically designated representatives, which would function under a rotational chairmanship, establish a transition team and assume interim responsibility, inter alia, for overseeing the transition process leading to the full implementation of the programme;
5. Also invites the six co-sponsors, through the Committee, to initiate action to fill the position of director of the joint and co-sponsored programme as soon as possible, through an open, wide-ranging search process, including consultation with Governments and other concerned parties, and to submit their nominee to the Secretary-General, who will make the appointment;
6. Urges the six co-sponsors, through the Committee, to initiate, as soon as possible, programme activities at the country level, as well as any other programme elements on which there is already full consensus;
7. Stresses that priority should be given to the programme's activities at the country level, where the response to the urgent needs and problems posed by HIV/AIDS should be focused, and underlines the importance of the programme's country-level operations' functioning within the framework of national plans and priorities and a strengthened resident coordinator system, in accordance with General Assembly resolution 47/199;
8. Also stresses that during the transition process, the ongoing HIV/AIDS activities of each of the six co-sponsors should be maintained and/or enhanced, bearing in mind the need for these activities to fit within national AIDS programmes and the general framework of the joint and co-sponsored programme;

9. Requests the six co-sponsors, through the Committee, to produce the following by January 1995, for the consideration of the Economic and Social Council and other concerned parties: a comprehensive proposal specifying the programme's mission statement and the terms and conditions of co-ownership, and detailing the programme's organizational, programmatic, staffing, administrative and financial elements, including proposed budgetary allocations, and to attach to this proposal an annex containing the proposed legal document that the six co-sponsors will sign to establish the programme formally;
10. Encourages the active involvement of the Task Force on HIV/AIDS Coordination during the programme's detailed development phase, through the direct provision of assistance to the Committee, in accordance with the Committee's requirements;
11. Requests the President of the Economic and Social Council to organize, in cooperation with the Committee of Co-sponsoring Organizations, informal open-ended consultations to be held as soon as possible for the purpose of deciding on the specific composition of the programme coordinating board that will govern the programme, interacting periodically with the Committee during the transition period to facilitate progress towards programme implementation, and reviewing the detailed programme proposal after it is received from the Committee, with a view to making appropriate recommendations on the proposal not later than April 1995.

44th plenary meeting 26 July 1994

Annex

PROGRAMME OUTLINE

1. The co-sponsored United Nations programme on HIV/AIDS represents an internationally coordinated response to the HIV/AIDS pandemic. The programme comprises the following United Nations system organizations: the United Nations Development Programme, the United Nations Children's Fund, the United Nations Population Fund, the World Health Organization, the United Nations Educational, Scientific and Cultural Organization and the World Bank. The programme has been formally endorsed by the Executive Boards of the World Health Organization (resolution EB93.R5) and the United Nations Educational, Scientific and Cultural Organization

(resolution 144EX-5.1.5); the other four co-sponsors have also committed themselves to full participation.

2. The fundamental characteristics that define the programme are set out below.

I. OBJECTIVES

3. The objectives of the programme are to:
 - (a) Provide global leadership in response to the epidemic;
 - (b) Achieve and promote global consensus on policy and programmatic approaches;
 - (c) Strengthen the capacity of the United Nations system to monitor trends and ensure that appropriate and effective policies and strategies are implemented at the country level;
 - (d) Strengthen the capacity of national Governments to develop comprehensive national strategies and implement effective HIV/AIDS activities at the country level;
 - (e) Promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries, ensuring that national responses involve a wide range of sectors and institutions;
 - (f) Advocate greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.
4. In fulfilling these objectives, the programme will collaborate with national Governments, intergovernmental organizations, non-governmental organizations, groups of people living with HIV/AIDS, and United Nations system organizations.

II. CO-SPONSORSHIP

5. The HIV/AIDS epidemic is a global concern. Inter-agency cooperation is vital for ensuring the mobilization of resources and the effective implementation of a coordinated programme of activities throughout the United Nations system.
6. The programme will draw upon the experience and strengths of the six co-sponsors to develop its strategies and policies, which will be incorporated in turn into their programmes and activities. The co-sponsors will share responsibility for the development of the programme, contribute equally to its strategic direction and receive from it policy and technical guidance relating to the implementation of

their HIV/AIDS activities. In this way, the programme will also serve to harmonize the HIV/AIDS activities of the co-sponsors.

7. The programme will be managed by a director, who will focus on the programme's overall strategy, technical guidance, research and development, and the global budget. The co-sponsors will contribute to the resource needs of the programme at levels to be determined. The World Health Organization will be responsible for the administration in support of the programme.
8. Other United Nations system organizations concerned with the HIV/AIDS epidemic may be encouraged to join the programme as co-sponsors in the future.

III. FUNCTIONAL RESPONSIBILITIES

9. The programme will build on the capacities and comparative advantages of the co-sponsors. At the global level, the programme will provide support in policy formulation, strategic planning, technical guidance, research and development, advocacy and external relations. This will include normative activities relating to HIV/AIDS in areas such as social and economic planning, population, culture, education, community development and social mobilization, sexual and reproductive health, and women and adolescents.
10. At the country level, the programme will provide support to the resident coordinator system. Co-sponsors will incorporate the normative work undertaken at the global level on policy, strategy and technical matters into their HIV/AIDS activities, consistent with national plans and priorities. An important function of the programme will be to strengthen national capacities to plan, coordinate, implement and monitor the overall response to HIV/AIDS. The participation in the programme of six organizations of the United Nations system will ensure the provision of technical and financial assistance to national activities in a coordinated multisectoral manner. This will strengthen intersectoral coordination of HIV/AIDS activities and will facilitate further incorporation of these activities in national programme and planning processes.
11. While the programme will not have a uniform regional structure, it will support intercountry or regional activities that may be required in response to the epidemic, utilizing regional mechanisms of the co-sponsors where appropriate.

IV. FLOW OF PROGRAMME FUNDS

12. Funds for programme activities at the global level will be obtained through appropriate common global means. Contributions to the programme will be channelled in accordance with the global budget and work plan.
13. Funding for country-level activities will be obtained primarily through the existing fund-raising mechanisms of the co-sponsors. These funds will be channelled through the disbursement mechanisms and procedures of each organization.

V. FIELD-LEVEL COORDINATION

14. It is recognized that national Governments have the ultimate responsibility for the coordination of HIV/AIDS issues at the country level. To this end, the arrangements of the programme for coordinating HIV/AIDS activities will complement and support national development planning.
15. The coordination of field-level activities will be undertaken through the United Nations resident coordinator system within the framework of General Assembly resolutions 44/211 and 47/199. This will involve a theme group on HIV/AIDS established by the resident coordinator and comprising representatives of the six co-sponsors and other United Nations system organizations. The chairperson of the theme group will be selected by consensus from among the United Nations system representatives. It is intended that the theme group will help the United Nations system integrate more effectively its efforts with national coordination mechanisms. To support the coordination process, in a number of countries the programme will recruit a country staff member, who will assist the chairperson of the theme group in carrying out his or her functions.

VI. ORGANIZATIONAL STRUCTURE

16. A programme director will be appointed by the Secretary-General upon the recommendation of the co-sponsors. This will follow a search process undertaken by the co-sponsors which will include consultation with Governments and other interested parties. The director will report directly to the programme coordinating board, which will serve as the governance structure for the programme. Annual reports prepared by the director will be submitted to the board and will also be made available to the governing body of each of the co-sponsors.

17. The composition of the programme coordinating board will be determined on the basis of open-ended consultations, as outlined in operative paragraph 11 of the present resolution. In exercising its governance role, the board will have ultimate responsibility for all policy and budgetary matters. It will also review and decide upon the planning and execution of the programme. Its detailed responsibilities and meeting schedule will be specified in a document containing its terms of reference, which is currently being prepared.
18. The programme will also have a committee of co-sponsoring organizations, which will serve as a standing committee of the board. It will comprise one representative from each of the co-sponsors. The committee will meet regularly and will facilitate the input of the co-sponsors into the strategy, policies and operations of the programme.
19. Through consultation with interested non-governmental organizations, a mechanism will be established to ensure their meaningful participation in the programme, so that they can provide information, perspectives and advice to the board, based on their experience and involvement with HIV/AIDS issues.



United Nations

Decision 1995/223

Economic and Social Council

1995/223. Joint and co-sponsored Programme on Human Immunodeficiency Virus/
Acquired Immunodeficiency Syndrome (HIV/AIDS)

1. At its 9th plenary meeting, on 5 May 1995, the Economic and Social Council decided that the Programme Coordination Board of the Joint and Co-sponsored Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) should comprise 22 elected members. The distribution of seats would be as follows:

- (a) Five seats for African States;
- (b) Five seats for Asian States;
- (c) Two seats for Eastern European States;
- (d) Three seats for Latin American and Caribbean States;
- (e) Seven seats for Western European and other States.

2. The Council further decided to continue informal consultations on the following questions:

- (a) Representation on the Programme Coordination Board of the six co-sponsoring organizations and non-governmental organizations;
- (b) Which body or bodies would conduct elections subsequent to the first election, which would be conducted by the Economic and Social Council.

3. This decision should be read in conjunction with the report on the consultations coordinated by the Permanent Representative of Australia to the United Nations, His Excellency Mr. Richard Butler AM, 1/ and statements made by other representatives on the same occasion and at the time of the adoption of the present decision.

Note

1/ E/1995/60.



United Nations

Resolution 1995/2

Economic and Social Council

1995/2. Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome

The Economic and Social Council,

Recalling its resolution 1994/24 of 26 July 1994 concerning the Joint and Co-sponsored United Nations Programme on Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) which was established to provide an internationally coordinated response to the HIV/AIDS pandemic, to provide global leadership in response to the epidemic and to achieve and promote global consensus on policy and programmatic approaches to the fight against HIV/AIDS.

Recalling further that the Programme is charged with promoting broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries, ensuring that national responses involve a wide range of sectors and institutions, and advocating greater political commitment in responding to the epidemic at the global and country levels, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.

Emphasizing the urgent need to make the Programme operational as soon as possible, but no later than January 1996,

1. Welcomes the report of the Committee of Co-sponsoring Organizations of the Joint and Co-sponsored United Nations Programme on HIV/AIDS, 1/ which will be of assistance in the further consideration of the operations of the new programme, while recognizing the modifications that have been made to the arrangements set out in the report, as outlined by the Chairperson of the Committee, and the need for the Programme to operate in accordance with the provisions of Council resolution 1994/24;
2. Endorses the arrangements outlined in section VI of the report (Governance and management) and decides to add the following to the

functions of the Programme Coordination Board listed in paragraph 101 of the report:

- (a) To establish broad policies and priorities for the Programme, taking into account the provisions of General Assembly resolution 47/199 of 22 December 1992;
 - (b) To make recommendations to the co-sponsoring organizations regarding their activities in support of the Programme, including those of mainstreaming;
3. Requests the Programme Coordination Board to give detailed consideration to the report of the Committee of Co-sponsoring Organizations and to agree on the modalities for implementation of the arrangements set out in that report, taking into account the changes referred to in paragraphs 1 and 2 above;
 4. Calls upon the co-sponsoring organizations, as soon as possible, to finalize and sign a legal document in the form of a memorandum of understanding outlining the responsibilities and functions of the co-sponsors, consistent with the provisions of Council resolution 1994/24, and to submit that document to the Council, through the Programme Coordination Board at its first substantive session, for consideration at a resumed session;
 5. Requests the Executive Director of the Joint and Co-sponsored United Nations Programme on HIV/AIDS to report on the status of implementation of the new programme, through the Board, to the Council early in 1996;
 6. Decides that each of the six co-sponsors will participate in the work of the Programme Coordination Board and have full rights, except the right to vote;
 7. Decides further that five non-governmental organizations will be invited to take part in the work of the Programme Coordination Board, in accordance with the report on the informal consultations on arrangements with regard to non-governmental organizations, submitted to the Council by the Permanent Representative of Australia and annexed to the present resolution;
 8. Calls upon each of the six co-sponsoring organizations to give their full support to the establishment of, transition to and smooth functioning of the Joint and Co-sponsored Programme;

9. Appeals to all Governments, international institutions, non-governmental organizations and the private sector to support the Programme with adequate contributions to its resources;
3. Decides that the participation, as observers, of Member States and non-member States that are not members of the Board, in the work of the Board, should be consistent with the rules of procedure of the Council.

Annex

ARRANGEMENTS FOR THE PARTICIPATION OF NON-GOVERNMENTAL ORGANIZATIONS IN THE WORK OF THE PROGRAMME COORDINATION BOARD: REPORT ON THE INFORMAL CONSULTATION OF THE ECONOMIC AND SOCIAL COUNCIL

1. The meeting on 9 June 1995 considered the question of the final arrangements for the Programme Coordination Board, particularly the participation of non-governmental organizations, and the report of the Committee of Co-sponsoring Organizations of the Joint and Co-sponsored United Nations Programme on HIV/AIDS. The Board is a governance structure composed of Member States, with the participation of the six co-sponsors and eligible non-governmental organizations.
2. The deliberations of the meeting are summarized in the following terms:
 - (a) Non-governmental organizations would be invited to take part in the work of the Programme Coordination Board. Such invitations would need to be reviewed periodically. Non-governmental organizations invited should be those either in consultative status with the Economic and Social Council or in relationship with one of the six co-sponsoring organizations or on the roster of non-governmental organizations dealing with matters pertaining to HIV/AIDS, in accordance with the rules, procedures and well-established practice of the United Nations system;
 - (b) The process of identification of the non-governmental organizations that sought to participate in the work of the Board would be determined by the non-governmental organizations themselves. The Board would formally approve the nomination of those organizations;
 - (c) There would be five such non-governmental participants, three from developing countries and two from developed countries and countries with economies in transition;

- (d) In making the selection, non-governmental organizations would be encouraged to seek competent and relevant representatives, for example participation by groups concerned with economic and social development and groups representing people affected by HIV/AIDS;
- (e) The need for rotation among non-governmental organizations was recognized; the appointment of an individual organization should not exceed three years;
- (f) Non-governmental organizations would be advised of the terms and conditions of their participation. It would be made clear to them that such participation would include:

A seat at the table with 6 representatives of the Committee of Co-sponsoring Organizations and the 22 Member States;

Non-governmental organizations would be able to speak;

Non-governmental organizations would have no negotiating role;

Non-governmental organizations would not participate in any part of the formal decision-making process, including the right to vote, which is reserved for representatives of Governments;

- (g) These arrangements for the participation of non-governmental organizations are not to be regarded as setting a precedent;
- (h) Funding would be made available for the representatives of developing countries and for each of the three non-governmental organizations from developing countries to cover the costs of one representative each to attend Board meetings. Such funds would cover the cost of daily subsistence allowance and travel only and would be based on existing eligibility criteria.

3. It was also recommended that the Economic and Social Council should review the Programme at its organizational session for 1996.

Notes

- 1/ See E/1995/71.



3. UNAIDS Programme Coordinating Board

Established in 1994 by a resolution of the UN Economic and Social Council and launched in January 1996, UNAIDS is guided by a Programme Coordinating Board (PCB) with representatives of 22 governments from all geographic regions, the UNAIDS Cosponsors, and five representatives of nongovernmental organizations, including associations of people living with HIV.

The Programme Coordinating Board has the following broad functions:

- ▶ To establish broad policies and priorities for the Joint Programme, taking into account the provisions of General Assembly resolution 47/199;
- ▶ To review and decide upon the planning and execution of the Joint Programme. For this purpose it is kept informed of all aspects of the development of the Joint Programme and considers reports and recommendations submitted to it by the Executive Director, and the Committee of Cosponsoring Organizations (CCO)
- ▶ To review and approve the plan of action and budget for each financial period, prepared by the Executive Director and reviewed by the CCO;
- ▶ To review proposals of the Executive Director and approve arrangements for the financing of the Joint Programme;
- ▶ To review longer term plans of action and their financial implications;
- ▶ To review audited financial statements submitted by the Joint Programme;
- ▶ To make recommendations to the Cosponsoring Organizations regarding their activities in support of the Joint Programme, including those of mainstreaming;
- ▶ To review periodic reports that evaluate the progress of the Joint Programme towards the achievement of its goals.



**MODUS OPERANDI
OF THE PROGRAMME COORDINATING BOARD
OF THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS
(UNAIDS)**

(Revised December 2008)

Establishment

1. The worldwide epidemic of AIDS – a syndrome caused by HIV – is one of the major tragedies of our time. HIV continues to spread, invisibly, at a rate of many thousands of new infections every day, and its impact will continue to wreak unprecedented havoc among individuals, families and all sectors of societies well into the twenty-first century. The magnitude and duration of the epidemic, and the complex challenge of leading and sustaining the response to it, call for a special global programme.
2. Resolution 1994/24 adopted by ECOSOC in July 1994 endorsed the establishment of the joint and cosponsored United Nations programme on HIV/AIDS as outlined in the annex to the resolution. That annex described the fundamental characteristics that would comprise such a programme. In Section VI of the annex on Organizational Structure, it is indicated that the Executive Director of the programme, appointed by the UN Secretary-General upon the recommendation of the Cosponsors, will report directly to the Programme Coordinating Board which will serve as the governance structure for the programme. The cosponsors have formed a Committee of Cosponsoring Organizations (CCO) and the terms of reference of the CCO and the UNAIDS Secretariat are found in Annex 1 of this document.
3. Resolution 1994/24 also indicated that the Board's detailed responsibilities and meeting schedule will be specified in a document containing its terms of reference. These details are set out below and take into consideration the subsequent discussions of ECOSOC at its organizational sessions and the resolution adopted at its 1995 substantive session (ECOSOC resolution 1995/2 refers).

Purpose

4. The Programme Coordinating Board (PCB) acts as the governing body on all programmatic issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS.

Functions

5. In order to carry out its functions the PCB shall be kept informed of all aspects of the development of UNAIDS and take into account, in matters of strategy and technical policy, the reports and recommendations of the CCO and the Executive Director, and appropriate reports and recommendations from UNAIDS scientific and technical advisory committees established by the Executive Director. The functions of the PCB are:
 - (i) To establish broad policies and priorities for the Joint Programme, taking into account the provisions of General Assembly resolution 47/199;
 - (ii) To review and decide upon the planning and execution of the Joint Programme. For this purpose, it shall be kept informed of all aspects of the development of the Joint Programme and consider reports and recommendations submitted to it by the CCO and the Executive Director;
 - (iii) To review and approve the plan of action and budget for each financial period, prepared by the Executive Director and reviewed by the CCO;
 - (iv) To review proposals of the Executive Director and approve arrangements for the financing of the Joint Programme;
 - (v) To review longer term plans of action and their financial implications;
 - (vi) To review audited financial reports submitted by the Joint Programme;
 - (vii) To make recommendations to the Cosponsoring Organizations regarding their activities in support of the Joint Programme, including those of mainstreaming; and
 - (viii) To review periodic reports that will evaluate the progress of the Joint Programme towards the achievement of its goals.
6. Annual reports submitted to the PCB on the work of the Joint Programme, together with any comments as the PCB may wish to make, shall be made available to the governing bodies of each of the Cosponsoring Organizations and ECOSOC.

Composition

7. The membership of the PCB comprises 22 Member States, elected from among the Member States of the Cosponsoring Organizations, with the following regional distribution:

Western European and Others Group	7 seats
Africa	5 seats
Asia and Pacific	5 seats
Latin America and the Caribbean	3 seats
Eastern European/Commonwealth of Independent States	2 seats
8. The term of membership of these 22 members shall be three years. The initial terms of members shall vary in order to achieve a staggering of membership. After the initial elections, approximately one third of the membership shall be replaced annually.
9. Each of the Cosponsors shall have full rights of participation in the PCB but without the right to vote (see the terms of reference of the CCO in Annex 1 of this Modus Operandi).
10. Five nongovernmental organizations (NGOs), three from developing countries and two from the developed countries or countries with economies in transition, shall be invited to participate in meetings of the PCB but without the right to take part in the formal decision-making process and without the right to vote (ECOSOC resolution 1995/2 refers).
11. The selection of the five nongovernmental organizations would be determined by the NGOs themselves from among those either in consultative status with ECOSOC or in relationship with one of the cosponsoring organizations or on the roster of NGOs dealing with matters pertaining to HIV/AIDS. The PCB shall formally approve the NGOs nominated. The terms of office of the selected NGOs shall not exceed three years.

Observers

12. Upon written application, which expresses a manifest interest, observer status for PCB meetings may be granted by the Executive Director, in consultation with the chairperson of the PCB, to any Member State of any of the Cosponsoring Organizations, and any intergovernmental or nongovernmental organization. Observers will make their own arrangements to cover expenses incurred in attending meetings of the PCB.

13. Observers may participate, when invited to do so by the chairperson, in the deliberations of the PCB on matters of particular concern to them. Observers may have access to PCB background documents. They may submit memoranda to the Executive Director who shall determine the nature and scope of their circulation.

Meetings

14. PCB meetings shall be held twice a year in principle. However, the second session in the odd years shall be held only when there is a substantive need and if sufficient resources are available. In this regard, the PCB may decide in an even year to cancel the second meeting during the following, odd, year. The sessions will be public unless the PCB decides otherwise. Each session will consist of a decision making segment and a thematic segment.
15. The Executive Director of UNAIDS serves as the Secretary of the PCB.
16. In consultation with the PCB Bureau the Executive Director shall prepare an agenda for each meeting.
17. Announcements of regular meetings, accompanied by the provisional agenda, shall be sent to members, participants and observers, at least sixty days before the first day of the meeting; background documents will be prepared in English and French and sent as soon as possible thereafter.
18. PCB decisions will include clear language on who is responsible for their implementation, and also a time frame and identified reporting mechanisms.
19. Simultaneous interpretation will be provided for all PCB meetings in English and French. Simultaneous interpretation into other UN official languages may be provided on written request submitted by a member to the Secretary no later than six weeks prior to a full meeting of the PCB.
20. Two thirds of the voting members of the PCB, i.e., fifteen, constitute a quorum.
21. Funds will be made available to cover the costs for per diem and travel incurred in connection with the attendance at PCB meetings for one representative from each developing country, from each country with an economy in transition and for one representative from each of the five nongovernmental organizations.

Officers

22. The PCB shall elect from among its members and States elected as members as of 1 January of the following calendar year a chairperson, a vice-chairperson and a rapporteur. For States elected as a member as of 1 January of the following calendar year a written statement of interest shall be required. The terms of office of the three elected officials will be one calendar year starting on 1 January. It is expected that the vice-chairperson will be elected to take the office of chairperson for the subsequent calendar year unless the vice-chairperson has indicated that he/she does not seek election as chairperson, or if the vice-chairperson was unable to complete his/her term of office. Officers will be elected taking into account a fair geographical distribution.
23. Should the chairperson be unable to complete his/her term of office, the vice-chairperson will take over the office of chairperson and the PCB shall elect a new vice-chairperson at its next meeting.
24. The chairperson or, in his or her absence, the vice-chairperson, shall preside over meetings of the PCB. Between meetings, they shall have such additional duties as may be assigned by the PCB.
25. The Chair will play an active role in ensuring balanced representation in the drafting group. A drafting group will not normally be held in parallel with the plenary.

Procedures

26. The PCB may establish subcommittees and ad hoc working groups to assist it in carrying out its functions.
27. The PCB shall endeavour to adopt its decisions and recommendations by consensus. Should decisions by voting or other procedural advice be necessary, the PCB shall use the Rules of Procedures in Annex 2 of this Modus Operandi.
28. Recommendations, decisions and conclusions shall be submitted for adoption by the members prior to the close of PCB meetings and distributed to all participants preferably within one week of the close of the meeting.
29. A report of the PCB meeting shall incorporate the recommendations, decisions and conclusions referred to in paragraph 26 above and be distributed to members and other participants within sixty days of the close of the meeting.
30. The PCB may amend or supplement its modus operandi.

Annex 1

Terms of Reference of the Committee of Cosponsoring Organizations and the UNAIDS Secretariat

I. Committee of Cosponsoring Organizations

Functions

1. A Committee of Cosponsoring Organizations (CCO) serves as the forum for the Cosponsoring Organizations to meet on a regular basis to consider matters concerning UNAIDS, provides input from the cosponsoring organizations into the policies and strategies of UNAIDS, and serves as a standing committee of the PCB. Specifically, the CCO has the following functions:
 - (i) To review work plans and the proposed programme budget for each coming financial period, prepared by the Executive Director and reviewed by such advisory committees as may be established by the Executive Director, in time for presentation each year to the PCB;
 - (ii) To review technical and financial proposals to the PCB for the financing of the Joint Programme for the coming financial period;
 - (iii) To review technical and audited financial reports submitted by the Executive Director (including reports by advisory committees established by the Executive Director), and to transmit these with comments as appropriate to the PCB;
 - (iv) To make recommendations to the PCB;
 - (v) To review the activities of each Cosponsoring Organization for appropriate support of, as well as consistency and coordination with, the activities and strategies of the Joint Programme;
 - (vi) To report to the PCB on the efforts of the Cosponsoring Organizations to bring the Joint Programme's policy as well as strategic and technical guidance into the policies and strategies of their respective organizations and to reflect them in activities specific to their mandates; and
 - (vii) To decide on behalf of the PCB on issues referred to it for this purpose by the PCB.

Composition

2. The CCO is comprised of the Head of each of the Cosponsoring Organizations or their designated representatives. They may be accompanied by advisers.

II. UNAIDS Secretariat

3. The Secretariat comprises the Executive Director and such technical and administrative staff as the Programme may require.
4. The Executive Director shall be appointed by the Secretary-General of the United Nations upon the consensus recommendation of the Cosponsoring Organizations. The Executive Director shall be subject to the authority of the PCB.
5. The Executive Director is, ex-officio, Secretary of the PCB, of the CCO, of all subcommittees of the PCB and of conferences organized by UNAIDS. He/she may delegate the functions.
6. The Executive Director may, by agreement with Member States of the Cosponsoring Organizations, have direct access to their various departments, administrations and organizations, whether governmental or nongovernmental. He/she may also establish direct relations with international organizations whether intergovernmental or nongovernmental.
7. The Executive Director shall, in the exercise of providing leadership and guidance to the programme:
 - (i) Prepare and submit to the PCB, after review by the CCO, the workplan and budget for each biennium;
 - (ii) Mobilize and manage, in accordance with the financial regulations and rules of WHO (the agency providing administration of UNAIDS), programme financial resources on the basis of the budget approved by the PCB;
 - (iii) Select, supervise, promote and terminate all staff of the Secretariat acting within the staff regulations and rules of WHO which shall be adjusted, as necessary, to take into account the special needs of UNAIDS.

- (iv) Establish such policy and technical advisory committees as he/she deems necessary in order to advise him/her on any aspect of UNAIDS. The Executive Director shall make available to the PCB and the CCO, as appropriate, the reports of such technical advisory committees. The members of such committees, to be selected by the Executive Director, shall serve in a personal capacity and represent a broad range of disciplines and experience;
 - (v) Delegate to the staff of the programme the authority necessary for the effective implementation of UNAIDS' activities.
8. In the performance of their duties the Executive Director and the staff shall not seek or receive instructions from any government or from any authority external to the Programme.

Annex 2

Rules of Procedure of the Programme Coordinating Board (PCB) of UNAIDS

Conduct of Business

Rule 1: The PCB may limit the time allowed to each speaker.

Rule 2: During the discussion of any matter, a member may rise to a point of order, and the point of order shall be immediately decided by the Chairperson. A member may appeal against the ruling of the Chairperson, in which case the appeal shall immediately be put to the vote. A member rising to a point of order may not speak on the substance of the matter under discussion but on the point of order only.

Rule 3: During the course of a debate the Chairperson may announce the list of speakers and, with the consent of the PCB, declare the list closed. The Chairperson may, however, accord the right of reply to any member if in his/her opinion a speech delivered after the list was declared closed makes it desirable.

Rule 4: During the discussion of any matter, the Chairperson, with the consent of the PCB, may adjourn the debate on the item under discussion.

Rule 5: The Chairperson may at any time, with the consent of the PCB, close the debate on the item under discussion whether or not any other member has signified the wish to speak.

Voting

Notwithstanding the principle in paragraph 25 of the PCB Modus Operandi, the following rules shall apply should the PCB decide to proceed to a vote:

Rule 6: For the purpose of these rules, the phrase “members present and voting” means those members with the right to vote casting a valid affirmative or negative vote. Members abstaining from voting shall be considered as not voting.

Rule 7: The decisions of the PCB shall be made by a majority of the members present and voting.

Rule 8: If the votes are equally divided the proposal shall be regarded as not adopted.

Rule 9: The PCB shall normally vote by show of hands, except that any member may request a roll-call which, if the majority so agree, shall then be taken in the alphabetical order of the names of the members. The name of the member to vote first shall be determined by lot.

Rule 10: The vote of each member participating in any roll-call shall be inserted in the records.

Rule 11: After the Chairperson has announced the beginning of voting, no member shall interrupt the voting except on a point of order in connection with the actual conduct of voting.

Rule 12: Elections shall normally be held by secret ballot. If there is only one candidate the PCB may decide to proceed to elect the candidate without taking a ballot.

Rule 13: The PCB may vote on any matter by secret ballot if it has previously so decided by a majority of the members present and voting, provided that no secret ballot may be taken on budgetary questions.

A decision under this rule by the PCB whether or not to vote by secret ballot may only be taken by a show of hands; if the PCB has decided to vote on a particular question by secret ballot, no other mode of voting may be requested or decided upon.

Rule 14: Any of these rules may be suspended by the PCB by a two-thirds majority.

Rule 15: The PCB may amend or supplement these rules.

Rule 16: The PCB may at its discretion apply such rules of procedure of equivalent meetings of the World Health Organization, the Agency providing administrative support to UNAIDS, as it may deem appropriate to particular circumstances for which provision does not exist in these rules.

Annex 3

Terms of Reference of the Programme Coordinating Board Bureau

Functions

1. The Programme Coordinating Board (PCB) Bureau is intended to maximize the effectiveness and efficiency of the PCB. Specifically, the PCB Bureau has the responsibility for coordinating the PCB's programme of work for the year, including:
 - i. Facilitating the smooth and efficient functioning of PCB sessions;
 - ii. Facilitating transparent decision-making at the PCB;
 - iii. Preparing the PCB agenda, and recommending the allocation of time to, and the order of, discussion items;
 - iv. Providing guidance on PCB documentation, as needed; and
 - v. Carrying out additional functions as directed by the PCB.

Composition

2. The PCB Bureau is comprised of representatives of the officers of the PCB (chairperson, vice-chairperson and rapporteur), the Chair of the Committee of Cosponsoring Organisations and the PCB NGO Delegation. They may be accompanied by advisers.

Inter-sessional decision making

3. When a decision is required by the PCB that cannot wait until the next scheduled PCB meeting the PCB Bureau may use the following inter-sessional process. This process is only applicable for decisions that are required by the PCB Bureau to complete functions that have been specifically mandated to it by the Board:
 - i. PCB Chair will send an email communication using the list established by the Secretariat which will contain background information and a description of the decision. 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 proposed decision point.
 - ii. If a quorum (15) is reached, in terms of the answers received to the decision point by the established deadline, the responsible body will act in accordance with the majority view.

- iii. If a quorum is not reached, then the responsible body has no basis on which to move forward and will revert to the PCB Bureau for decision on further action, if any.
 - iv. This process will be reviewed periodically at the Programme Coordinating Board with respect to its effectiveness, particularly if any Member States expresses dissatisfaction with the process.
4. The Secretariat will carry out the following steps to ensure that the inter-sessional contact list is kept current:
 - i. The Secretariat shall update the contact list annually for all twenty two members of the Board and on an ad hoc basis when exceptional changes in the PCB membership occur.
 - ii. In January of each year the Executive Director of UNAIDS 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 communication related to the decision that needs to be made. Full contact details will be required for both named individuals.
 - iii. On receipt of all names, the Secretariat will send a test mail to all focal points and alternates.
5. Member States shall notify the Secretariat when changes to the contact list are required.

4. Composition of constituencies

The composition of the UNAIDS Programme Coordinating Board is based on the regional groups that are used by the UN General Assembly, ECOSOC and its subsidiary bodies. The list below is provided for reference only. It should be noted that these constituencies have their own internal procedures and their membership is subject to change.

African States:

Algeria	Libyan Arab
Angola	Jamahiriya
Benin	Madagascar
Botswana	Malawi
Burkina Faso	Mali
Burundi	Mauritania
Cameroon	Mauritius
Cape Verde	Morocco
Central African Republic	Mozambique
Chad	Namibia
Comoros	Niger
Congo	Nigeria
Côte d'Ivoire	Rwanda
Democratic Republic of the Congo	Sao Tome and Principe
Djibouti	Senegal
Egypt	Seychelles
Equatorial Guinea	Sierra Leone
Eritrea	Somalia
Ethiopia	South Africa
Gabon	Sudan
Gambia	Swaziland
Ghana	Togo
Guinea	Tunisia
Guinea-Bissau	Uganda
Kenya	United Republic of Tanzania
Lesotho	Zambia
Liberia	Zimbabwe

Asian States:

Afghanistan	Mongolia
Bahrain	Myanmar
Bangladesh	Nauru
Bhutan	Nepal
Brunei Darussalam	Oman
Cambodia	Pakistan
China	Palau
Cyprus	Papua New Guinea
Democratic People's Republic of Korea	Philippines
Fiji	Qatar
India	Republic of Korea
Indonesia	Samoa
Iran (Islamic Republic of)	Saudi Arabia
Iraq	Singapore
Japan	Solomon Islands
Jordan	Sri Lanka
Kazakhstan	Syrian Arab Republic
Kuwait	Tajikistan
Kyrgyzstan	Thailand
Lao People's Democratic Republic	Timor-Leste
Lebanon	Tonga
Malaysia	Turkmenistan
Maldives	Tuvalu
Marshall Islands	United Arab Emirates
Micronesia (Federated States of)	Uzbekistan
	Vanuatu
	Vietnam
	Yemen

Eastern European States:

Albania
Armenia
Azerbaijan
Belarus
Bosnia and Herzegovina
Bulgaria
Croatia
Czech Republic
Estonia
Georgia
Hungary
Latvia
Lithuania
Montenegro
Poland
Republic of Moldova
Romania
Russian Federation
Serbia
Slovakia
Slovenia
The former Yugoslav Republic of Macedonia
Ukraine

Latin American and Caribbean States:

Antigua and Barbuda
Argentina
Bahamas
Barbados
Belize
Bolivia
Brazil
Chile
Colombia
Costa Rica
Cuba
Dominica
Dominican Republic
Ecuador
El Salvador
Grenada
Guatemala
Guyana
Haiti
Honduras
Jamaica
Mexico
Nicaragua
Panama
Paraguay

Peru
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Suriname
Trinidad and Tobago
Uruguay
Venezuela (Bolivarian Republic of)

Western European and Other States:

Andorra
Australia
Austria
Belgium
Canada
Denmark
Finland
France
Germany
Greece
Iceland
Ireland
Israel
Italy
Liechtenstein
Luxembourg
Malta
Monaco
Netherlands
New Zealand
Norway
Portugal
San Marino
Spain
Sweden
Switzerland
Turkey
United Kingdom
United States

Notes:

- The United States of America is not a member of any regional group, but attends meetings of the Western European and Other States Group (WEOG) as an observer and is considered to be a member of that group for electoral purposes. Turkey participates fully in both the Asian group and WEOG only, but for electoral purposes is considered a member of WEOG only. Israel became a full member of the WEOG on a temporary basis on 28 May 200.
- As at 31 May 2007 Kiribati was not a member of any regional group.
- In addition to member states, the Holy See is non-member state that has an observer status in the UN.
- By GA res.52/250(1998) the General Assembly conferred upon Palestine, in its capacity as observer, additional rights and privileges of participation. These included the right to participation in the general debate of the General Assembly but did not include the rights to vote or put forward candidates.

5. UNAIDS Programme Coordinating Board Bureau

PCB Bureau Guiding Principles and Terms of Reference

The basic guiding principles, terms of reference and the membership of the Bureau were approved by the 15th meeting of the Programme Coordinating Board (PCB) and subsequently incorporated into the Modus Operandi at the 23rd meeting of the Programme Coordinating Board.

Functions

The PCB Bureau is intended to maximize the effectiveness and efficiency of the Board. Specifically, the PCB Bureau has the responsibility for coordinating the PCB's programme of work for the year, including:

- a) Facilitating the smooth and efficient functioning of PCB sessions;
- b) Facilitating transparent decision-making at the PCB;
- c) Preparing the PCB agenda, and recommending the allocation of time to, and the order of, discussion items;
- d) Providing guidance on PCB documentation, as needed; and
- e) Carrying out additional functions as directed by the PCB.

Composition

The PCB Bureau is comprised of representatives of the officers of the PCB (chairperson, vice-chairperson and rapporteur), the Chair of the Committee of Cosponsoring Organisations and the PCB NGOs Delegation. They may be accompanied by advisers.

6. Cosponsors



UNAIDS brings together in the AIDS response the efforts and resources of ten UN system organizations. The ten UNAIDS cosponsoring organizations are:

- Office of the United Nations High Commissioner for Refugees (UNHCR)**
- United Nations Children’s Fund (UNICEF)**
- World Food Programme (WFP)**
- United Nations Development Programme (UNDP)**
- United Nations Population Fund (UNFPA)**
- United Nations Office on Drugs and Crime (UNODC)**
- International Labour Organization (ILO)**
- United Nations Educational, Scientific and Cultural Organization (UNESCO)**
- World Health Organization (WHO)**
- World Bank**

Principles for Cosponsorship

The following guiding principles for Cosponsoring organizations were confirmed and agreed in 2004 by the Committee of Cosponsoring Organizations and endorsed by the 15th Programme Coordinating Board meeting in June 2004.

- ▶ The organization must bring an identifiable comparative advantage to the UNAIDS partnership and have a mandate to carry out activities related to HIV/AIDS.
- ▶ The organization must be a UN-system body.
- ▶ The governing body should approve a specific budget for HIV/AIDS activities and put HIV/AIDS on its agenda for regular consideration under the institutional and policy framework of UNAIDS.
- ▶ The organization should designate its own core resources to backstop HIV/AIDS issues, including a dedicated unit headed by senior staff.
- ▶ There should be a commitment to participate in the Unified Budget and Workplan (UBW) on HIV/AIDS processes at the global and regional levels, including assistance in mobilizing resources for the same.
- ▶ The organization must implement a clear, well-disseminated HIV/AIDS workplace policy.
- ▶ No less than USD 4 million of organization's own resources (at global and regional levels) must be devoted to HIV/AIDS –related activities.
- ▶ For sustained membership, the organization should have its own resources for HIV/AIDS –related activities (at global and regional levels), greater than what is received from the UBW.
- ▶ HIV/AIDS activities underway in at least 40% of countries where organization has a presence
- ▶ The organization must have a track record of active participation in UN Theme Groups on HIV/AIDS at country level.

Committee of Cosponsoring Organizations (CCO)

The UNAIDS Committee of Cosponsoring Organizations (CCO) comprises representatives from the ten UNAIDS Cosponsors and the UNAIDS Secretariat. It meets twice a year and the chair rotates annually between all Cosponsors. The CCO serves as the forum for the Cosponsors to meet on a regular basis as a standing committee of the Programme Coordinating Board (PCB), to consider matters of major importance to UNAIDS, and to provide input from the Cosponsoring organizations into the policies and strategies of UNAIDS.

The functions of the CCO are:

- ▶ To review work plans and the proposed programme budget for each coming financial period, prepared by the Executive Director and reviewed by such advisory committees as may be established by the Executive Director, in time for presentation to the annual meeting of the PCB;
- ▶ To review technical and financial proposals to the PCB for the financing of the Joint Programme for the coming financial period;
- ▶ To review technical and audited financial reports submitted by the Executive Director (including reports by advisory committees established by the Executive Director), and to transmit these with comments as appropriate to the PCB;
- ▶ To make recommendations for approval on particular aspects of the Joint Programme specifically referred to it by the PCB;
- ▶ To review the activities of each Cosponsoring organization for appropriate support and consistency and coordination with the activities and strategies of the Joint Programme;
- ▶ To report to the PCB on the efforts of the Cosponsoring organizations to bring the Joint Programme's policy, strategic and technical guidance into the policy and strategy mainstream of their respective organizations; reflect them in activities specific to their mandates; take decisions, on behalf of the PCB, on issues referred to it for this purpose by the PCB; and
- ▶ To prepare an annual report on its activities for the PCB

Division of labour

UNAIDS and its ten Cosponsors work to provide technical support to countries to assist them in the implementation of their national AIDS plans. To ensure countries receive the best technical support in specialized areas, and to avoid duplication, a ‘division of labour’ between the Cosponsor organizations guides the technical support offered. Based on the comparative advantages of each of the UNAIDS organizations, the division of labour enables UNAIDS to deliver a unified and consolidated UNAIDS-sourced technical support plan throughout the programme.

Memorandum of Understanding (MOU)

In 1995, ECOSOC called on Cosponsoring organizations to finalize and sign a Memorandum of Understanding (MOU) outlining the responsibilities and functions of the Cosponsors. The original six Cosponsors (UNICEF, UNDP, UNFPA, UNESCO, WHO and the World Bank) were later joined by UNODC (1999), ILO (2001), WFP (2003) and UNHCR (2004).

MEMORANDUM OF UNDERSTANDING ON A JOINT AND COSPONSORED UNITED NATIONS PROGRAMME ON HIV/AIDS

WHEREAS, the worldwide epidemic of acquired immunodeficiency syndrome (AIDS) – a syndrome caused by the human immunodeficiency virus (HIV) – is one of the major tragedies of our time which poses a threat of great magnitude to mankind, and requires a multidimensional response at global and country level;

WHEREAS the United Nations Children’s Fund (“UNICEF”), the United Nations Development Programme (“UNDP”), the United Nations Population Fund (“UNFPA”), acting within their respective mandates from the General Assembly and the Economic and Social Council (“ECOSOC”) of the United Nations; the United Nations Educational, Scientific and Cultural Organization (“UNESCO”); the World Health Organization (“WHO”); and the International Bank for Reconstruction and Development (“the Bank”), wish to undertake a joint and cosponsored United Nations programme on HIV/AIDS (“the Joint Programme”), to replace all prior arrangements, bilateral or otherwise, between them concerning HIV infection and AIDS (“HIV/AIDS”);

WHEREAS the governing bodies of each of the organizations and ECOSOC, through its resolutions 1994/24 and E/1995/L.24/Rev.1⁽¹⁾, have endorsed the establishment of the Joint Programme;

NOW THEREFORE, UNICEF, UNDP, UNFPA, UNESCO, WHO and the Bank, collectively referred to as the “Cosponsoring Organizations” have agreed on the structure and operation of the Joint Programme as set forth below:

I. ESTABLISHMENT OF THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (“UNAIDS”)

- 1.1 There is hereby established a joint and cosponsored United Nations programme on HIV/AIDS, to be known as the Joint United Nations Programme on HIV/AIDS (“UNAIDS”), to further mobilize the global response to the epidemic and provide means of coordinated action.
- 1.2 UNAIDS is part of a much broader United Nations system response to HIV/AIDS which also includes:
 - The Cosponsoring Organizations’ mainstreaming/integration activities;
 - The resident coordinator⁽²⁾ system with its UN Theme Groups on HIV/AIDS, or any alternate arrangements, established at country level;
 - The Cosponsoring Organizations’ respective activities at country level in support to national programmes;
 - The Cosponsoring Organizations’ respective intercountry/regional activities, within the context of the global workplan of UNAIDS;

- The HIV/AIDS activities undertaken by other United Nations system organizations in such areas as humanitarian aid, assistance to refugees, peace-keeping and human rights; and
- Activities undertaken by other United Nations system organizations in cooperation with bilateral aid agencies.

II. OBJECTIVES

The objectives of UNAIDS are to:

- (a) Provide global leadership in response to the epidemic;
- (b) Achieve and promote global consensus on policy and programmatic approaches;
- (c) Strengthen the capacity of the United Nations system to monitor trends and ensure that appropriate as well as effective policies and strategies are implemented at country level;
- (d) Strengthen the capacity of national Governments to develop comprehensive national strategies, and implement effective HIV/AIDS activities at country level;
- (e) Promote broad-based political and social mobilization to prevent and respond to HIV/AIDS within countries, ensuring that national responses involve a wide range of sectors and institutions, including nongovernmental organizations; and
- (f) Advocate greater political commitment in responding to the epidemic at global and country level, including the mobilization and allocation of adequate resources for HIV/AIDS-related activities.

III. COSPONSORSHIP

- 3.1 The Cosponsoring Organizations are committed to working together and contributing to UNAIDS. UNAIDS will draw upon the experience and strengths of the Cosponsoring Organizations to develop its HIV/AIDS-related policies, strategies and technical guidelines, which will be incorporated by each of them into their policy and strategy mainstream, subject to their governance processes, and reflected in the activities specific to their own mandates.
- 3.2 The activities of the Cosponsoring Organizations relating primarily to HIV/AIDS at global level shall be within the context of the global workplan of UNAIDS, developed in collaboration with the Cosponsoring Organizations. HIV/AIDS activities of the Cosponsoring Organizations at country level shall function within the framework of national plans and priorities and the resident coordinator system, where it exists.

IV. STRUCTURE AND ORGANIZATION OF UNAIDS

- 4.1 At global level, UNAIDS consists of the Programme Coordinating Board (PCB), the Committee of Cosponsoring Organizations (CCO) and the Secretariat.
- 4.2 At country level, UNAIDS will operate through a “UN Theme Group on HIV/AIDS” and will have Secretariat staff in selected countries.

V. PROGRAMME COORDINATING BOARD

The Programme Coordinating Board (PCB) shall act as the governing body on all programmatic issues concerning policy, strategy, finance, monitoring and evaluation of UNAIDS. Its composition and functions shall be determined by ECOSOC as well as the appropriate governing bodies of the Cosponsoring Organizations.

VI. COMMITTEE OF COSPONSORING ORGANIZATIONS

- 6.1 The Committee of Cosponsoring Organizations (CCO) shall serve as the forum for the Cosponsoring Organizations to meet on a regular basis to consider matters concerning UNAIDS, and shall provide the input of the Cosponsoring organizations into the policies and strategies of UNAIDS.
- 6.2 The CCO shall be comprised of the executive head, or his/her designated representative, of each of the Cosponsoring Organizations. Members of the CCO may be accompanied by a limited number of advisers.
- 6.3 The CCO shall have the following functions:
 - (i) To review workplans and the proposed programme budget for each coming financial period, prepared by the Executive Director and reviewed by any appropriate committee established for the purpose, in time for presentation to the PCB;
 - (ii) To review proposals to the PCB for the financing of UNAIDS for the coming financial period;
 - (iii) To review technical reports, as well as financial statements of UNAIDS and audited financial reports, submitted by the Executive Director, and to transmit these with comments as appropriate to the PCB;
 - (iv) To make recommendations to the PCB on matters relating to UNAIDS;
 - (v) To review the activities of each Cosponsoring Organization for consistency and coordination with, as well as appropriate support to, the activities and strategies of UNAIDS;
 - (vi) To report to the PCB on the efforts of the Cosponsoring Organizations to bring UNAIDS’s policy as well as strategic and technical guidance into the policies and strategies of their respective organizations and to reflect them in activities specific to their mandates; and
 - (vii) To decide, on behalf of the PCB, on issues referred to it for this purpose by the PCB.
- 6.4 The CCO may establish such advisory committees as it deems necessary for the accomplishment of its work.

VII. UNAIDS SECRETARIAT

- 7.1 An Executive Director shall head the UNAIDS Secretariat. The Executive Director shall be appointed by the Secretary-General of the United Nations, upon the consensus recommendation of the Cosponsoring Organizations. The appointment shall be implemented by the agency providing administration of UNAIDS. The Executive Director shall be responsible for the overall management of UNAIDS. The Executive Director may establish such policy and technical advisory committees as may be required.
- 7.2 The Executive Director shall prepare a biennial workplan and budget for UNAIDS, which shall be submitted to the PCB for approval, following review by the CCO.
- 7.3 The Executive Director shall report to the PCB, after consultation with the CCO, on all major programme, budget and operational issues of UNAIDS.
- 7.4 The Executive Director shall be Secretary of the PCB and of the CCO.

VIII. GLOBAL LEVEL

At global level, UNAIDS will provide support in policy formulation, strategic planning, technical guidance, research and development, advocacy and external relations. Working closely with the appropriate organizations, UNAIDS will also support normative activities relating to HIV/AIDS in areas such as social and economic planning, population, culture, education, health, community development and social mobilization, sexual and reproductive health, and women and adolescents.

IX. COUNTRY LEVEL

- 9.1 It is recognized that national Governments have the ultimate responsibility for the coordination of HIV/AIDS issues at country level. To this end, the arrangements of UNAIDS for coordinating HIV/AIDS activities will complement and support Government efforts for national development planning. The Cosponsoring Organizations shall incorporate the normative work undertaken by UNAIDS at global level on policy, strategy and technical matters into their HIV/AIDS activities and related activities undertaken at country level, consistent with national plans and priorities of the countries concerned. An important function of UNAIDS will be to strengthen national capacities to plan, coordinate, implement and monitor the overall response to HIV/AIDS. The participation in UNAIDS of six organizations of the United Nations system will ensure the provision of technical and financial assistance to national activities in a coordinated multisectoral manner. This will strengthen intersectoral coordination of HIV/AIDS activities and will facilitate further incorporation of these activities in national programme and planning processes.
- 9.2 Within the framework of General Assembly resolutions 44/211 and 47/199, the resident coordinator shall establish a UN Theme Group on HIV/AIDS in countries for carrying out HIV/AIDS and related activities, and designate a chairperson from among the members of the Theme Group, bearing in mind the desirability of making a selection reflecting the consensus views of the Cosponsoring Organizations

present in the country concerned. In countries where the resident coordinator system does not exist or where only one of the Cosponsoring Organizations is present, alternate arrangements shall be made, in agreement with the national authorities, to facilitate the support to the national response to HIV/AIDS.

- 9.3 UNAIDS will facilitate coordination among the Cosponsoring Organizations at country level and may decide to station staff of the Secretariat in selected countries to support the chairperson of the UN Theme Group on HIV/AIDS.

X. FLOW OF UNAIDS FUNDS

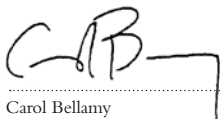
- 10.1 Funds for UNAIDS activities at global level will be obtained through appropriate common global means, including a Global Appeal.
- 10.2 Funding for country-level HIV/AIDS-related activities will be obtained primarily through existing fund-raising mechanisms of the Cosponsoring Organizations.

XI. ADMINISTRATION OF UNAIDS

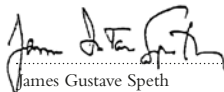
- 11.1 WHO shall provide administration of UNAIDS. It shall establish a separate trust fund (entitled “UNAIDS Trust Fund”), under its Financial Regulations and Rules, for the receipt and disbursement of financial contributions to UNAIDS
- 11.2 Financial contributions to the UNAIDS Trust Fund may consist of voluntary cash contributions received from Cosponsoring Organizations, from Governments of Member States of any of the Cosponsoring Organizations, from intergovernmental and nongovernmental organizations, as well as from commercial enterprises and individuals. In addition, WHO may also receive, in trust for UNAIDS, contributions in kind, e.g., staff, equipment, facilities or services. The resources of UNAIDS shall consist of the aforesaid cash and in-kind contributions.
- 11.3 All expenditures under UNAIDS shall be authorized by the Executive Director against funds received or committed, in accordance with the WHO’s Financial Regulations and Rules.
- 11.4 The Executive Director shall be responsible for the selection, supervision, promotion and termination of all Secretariat staff, acting within the staff regulations and rules of WHO which will be adjusted, as necessary, to take into account special needs of UNAIDS. The appointment, promotion and termination of the Secretariat staff shall be implemented by WHO.
- 11.5 All Secretariat staff shall be recruited for service with UNAIDS only. WHO shall be responsible for administrative matters of their employment.
- 11.6 Subject to the possible need to make special arrangements to take into account the particular operational needs of UNAIDS, the operation of UNAIDS shall be carried out in accordance with the administrative and financial regulations, rules and procedures of WHO. WHO shall, in agreement with the Executive Director, elaborate such further details of the administration of UNAIDS as are necessary for its proper functioning.
- 11.7 WHO shall be entitled to apply a charge covering its costs in providing administration of UNAIDS.

XII. FINAL PROVISIONS

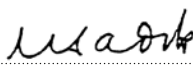
- 12.1 This Memorandum of Understanding shall enter into force upon signature of the executive heads of all six Cosponsoring Organizations listed in the Preamble to this Memorandum of Understanding.
- 12.2 After the first anniversary of the entry into force of this Memorandum of Understanding and with the unanimous agreement of the existing Cosponsoring Organizations, other United Nations system organizations may become Cosponsoring Organizations by signature of the Memorandum of Understanding.
- 12.3 At the time of the second anniversary of the entry into force of this Memorandum of Understanding, the Cosponsoring Organizations agree to review the Memorandum of Understanding in order to determine whether it should be amended to further improve the operation of UNAIDS. Amendments to the Memorandum of Understanding shall be made by agreement among the Cosponsoring Organizations.
- 12.4 The Cosponsoring Organizations assume no liability for the acts or omissions of the Executive Director or his/her staff.



Carol Bellamy
Executive Director
United Nations



James Gustave Speth
Administrator
United Nations
Development Programme



Nafis Sadik
Executive Director
United Nations
Population Fund



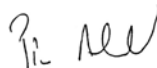
Federico Meyer
Director-General
United Nations Educational,
Scientific and Cultural
Organization



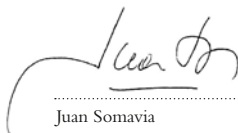
Hiroshi Nakajima
Director-General
World Health Organization



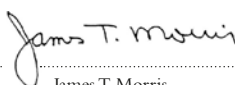
James D. Wolfensohn
President
The World Bank



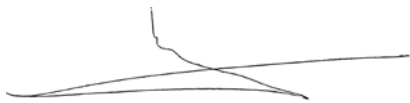
Pino Arlacchi
Executive Director
United Nations Drug
Control Programme



Juan Somavia
Director-General
International Labour
Organization



James T. Morris
Executive Director
World Food Programme



Ruud Lubbers
High Commissioner for Refugees
United Nations
High Commissioner for Refugees

7. NGO/civil society participation in Programme Coordinating Board

The position of NGOs on the UNAIDS Programme Coordinating Board is very important for the effective inclusion of community voices in the key global policy forum for HIV and AIDS. PCB NGOs represent the perspectives of civil society, including people living with HIV within UNAIDS policies and programming.

10. Five nongovernmental organizations (NGOs), three from developing countries and two from the developed countries or countries with economies in transition, shall be invited to participate in meetings of the PCB but without the right to take part in the formal decision-making process and without the right to vote (ECOSOC resolution 1995/2 refers).
11. The selection of the five nongovernmental organizations would be determined by the NGOs themselves from among those either in consultative status with ECOSOC or in relationship with one of the cosponsoring organizations or on the roster of NGOs dealing with matters pertaining to HIV/AIDS. The PCB shall formally approve the NGOs nominated. The terms of office of the selected NGOs shall not exceed three years.

The Modus Operandi of the UNAIDS Programme Coordinating Board stipulates that:

PCB NGOs hold one seat on the Programme Coordinating Board for each of the following five regions:

- ▶ Africa
- ▶ Asia/Pacific
- ▶ Europe
- ▶ Latin America/Caribbean
- ▶ North America

For each seat, there is one other alternate who is nominated by PCB NGOs and formally approved by the Programme Coordinating Board.

Communication and Consultation Facility

Following a recommendation from the Programme Coordinating Board at its 20th meeting in June 2007, the Communication and Consultation Facility (CF) was established in April 2008 to support the work of the PCB NGOs. The objective of the Communication and Consultation Facility is, under the leadership of PCB NGOs, to ensure that the voices of the broad and diverse civil society communities are heard and reflected in the development of international policies that will meet their needs.



8. UNAIDS Secretariat

With its headquarters in Geneva, the UNAIDS Secretariat works on the ground in more than 80 countries.

UNAIDS has five focus areas for a more effective global response to AIDS:

- ▶ Mobilizing leadership and advocacy for effective action on the epidemic
- ▶ Providing strategic information and policies to guide efforts in the AIDS response worldwide
- ▶ Tracking, monitoring and evaluation of the epidemic – the world’s leading resource for AIDS-related epidemiological data and analysis
- ▶ Engaging civil society and developing partnerships
- ▶ Mobilizing financial, human and technical resources to support an effective response



9. Goals, United Nations Declarations and Resolutions on AIDS

Through a series of goals, resolutions and declarations adopted by Member Nations of the United Nations, the world has a set of commitments, actions and goals to stop and reverse the spread of HIV and scale up towards universal access to HIV prevention, treatment, care and support services.

Political Declaration on HIV/AIDS (2006)

In 2006 a Political Declaration on HIV/AIDS was adopted unanimously by UN Member States at the close of the United Nations General Assembly 2006 High Level Meeting on AIDS. It provides a strong mandate to help move the AIDS response forward, with scaling up towards universal access to HIV prevention, treatment, care and support. It also reaffirms the 2001 Declaration of Commitment and the Millennium Development Goals, in particular the goal to halt and begin to reverse the spread of AIDS by 2015. (Page 45)

Declaration of Commitment on HIV/AIDS (2001)

In 2001 Heads of State and Government Representatives of 189 nations gathered at the first-ever Special Session of the United Nations General Assembly on HIV/AIDS. They unanimously adopted the Declaration of Commitment on HIV/AIDS, acknowledging that the AIDS epidemic constitutes a “global emergency and one of the most formidable challenges to human life and dignity.” The Declaration of Commitment covers ten priorities, from prevention to treatment to funding.

UN Security Council Resolution 1308 (2000)

In January 2000 the UN Security Council made history when for the first time it debated a health issue—AIDS. By subsequently adopting Resolution 1308, it highlighted the possible growing impact of AIDS on social instability and emergency situations and potential damaging impact of HIV on the health of international peacekeeping personnel.

(Page 74)

Millennium Development Goals (2000)

The eight Millennium Development Goals (MDGs) – which range from halving extreme poverty to halting the spread of HIV and providing universal primary education, all by the target date of 2015 – form a blueprint agreed to by all the world's countries and all of the world's leading development institutions.

- ▶ Goal 1: Eradicate extreme poverty and hunger
- ▶ Goal 2: Achieve universal primary education
- ▶ Goal 3: Promote gender equality and empower women
- ▶ Goal 4: Reduce child mortality
- ▶ Goal 5: Improve maternal health
- ▶ **Goal 6: Combat HIV/AIDS, malaria and other diseases**
 - Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS
 - Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it
 - Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
- ▶ Goal 7: Ensure environmental sustainability
- ▶ Goal 8: Develop a Global Partnership for Development

United Nations

A/RES/60/262



General Assembly

Distr.: General 15 June 2006

Sixtieth session

Agenda item 45

05-50332

Resolution adopted by the General Assembly

[Without reference to a Main Committee (A/60/L.57)]

60/262. Political Declaration on HIV/AIDS

The General Assembly Adopts

the Political Declaration on HIV/AIDS annexed to the present resolution.

87th plenary meeting

2 June 2006

Annex

Political Declaration on HIV/AIDS

1. We, Heads of State and Government and representatives of States and Governments participating in the comprehensive review of the progress achieved in realizing the targets set out in the Declaration of Commitment on HIV/AIDS,¹ held on 31 May and 1 June 2006, and the High-Level Meeting, held on 2 June 2006;
2. Note with alarm that we are facing an unprecedented human catastrophe; that a quarter of a century into the pandemic, AIDS has inflicted immense suffering on countries and communities throughout the world; and that more than 65 million people have been infected with HIV, more than 25 million people have died of AIDS, 15 million children have been orphaned by AIDS and millions more made vulnerable, and 40 million people are currently living with HIV, more than 95 per cent of whom live in developing countries;

¹ Resolution S-26/2, annex

3. Recognize that HIV/AIDS constitutes a global emergency and poses one of the most formidable challenges to the development, progress and stability of our respective societies and the world at large, and requires an exceptional and comprehensive global response;
4. Acknowledge that national and international efforts have resulted in important progress since 2001 in the areas of funding, expanding access to HIV prevention, treatment, care and support and in mitigating the impact of AIDS, and in reducing HIV prevalence in a small but growing number of countries, and also acknowledge that many targets contained in the Declaration of Commitment on HIV/AIDS have not yet been met; HIV prevalence in a small but growing number of countries, and also acknowledge that many targets contained in the Declaration of Commitment on HIV/AIDS have not yet been met;
5. Commend the Secretariat and the Co-sponsors of the Joint United Nations Programme on HIV/AIDS for their leadership role on HIV/AIDS policy and coordination, and for the support they provide to countries through the Joint Programme;
6. Recognize the contribution of, and the role played by, various donors in combating HIV/AIDS, as well as the fact that one third of resources spent on HIV/AIDS responses in 2005 came from the domestic sources of low- and middle-income countries, and therefore emphasize the importance of enhanced international cooperation and partnership in our responses to HIV/AIDS worldwide;
7. Remain deeply concerned, however, by the overall expansion and feminization of the pandemic and the fact that women now represent 50 per cent of people living with HIV worldwide and nearly 60 per cent of people living with HIV in Africa, and in this regard recognize that gender inequalities and all forms of violence against women and girls increase their vulnerability to HIV/AIDS ;
8. Express grave concern that half of all new HIV infections occur among children and young people under the age of 25, and that there is a lack of information, skills and knowledge regarding HIV/AIDS among young people;
9. Remain gravely concerned that 2.3 million children are living with HIV/AIDS today, and recognize that the lack of paediatric drugs in many countries significantly hinders efforts to protect the health of children;
10. Reiterate with profound concern that the pandemic affects every region, that Africa, in particular sub-Saharan Africa, remains the worst-affected region, and that urgent and exceptional action is required at all levels to

curb the devastating effects of this pandemic, and recognize the renewed commitment by African Governments and regional institutions to scale up their own HIV/AIDS responses;

11. Reaffirm that the full realization of all human rights and fundamental freedoms for all is an essential element in the global response to the HIV/AIDS pandemic, including in the areas of prevention, treatment, care and support, and recognize that addressing stigma and discrimination is also a critical element in combating the global HIV/AIDS pandemic;
12. Reaffirm also that access to medication in the context of pandemics, such as HIV/AIDS, is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;
13. Recognize that in many parts of the world, the spread of HIV/AIDS is a cause and consequence of poverty, and that effectively combating HIV/AIDS is essential to the achievement of internationally agreed development goals and objectives, including the Millennium Development Goals;
14. Recognize also that we now have the means to reverse the global pandemic and to avert millions of needless deaths, and that to be effective, we must deliver an intensified, much more urgent and comprehensive response, in partnership with the United Nations system, intergovernmental organizations, people living with HIV and vulnerable groups, medical, scientific and educational institutions, non-governmental organizations, the business sector, including generic and research-based pharmaceutical companies, trade unions, the media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders;
15. Recognize further that to mount a comprehensive response, we must overcome any legal, regulatory, trade and other barriers that block access to prevention, treatment, care and support; commit adequate resources; promote and protect all human rights and fundamental freedoms for all; promote gender equality and empowerment of women; promote and protect the rights of the girl child in order to reduce the vulnerability of the girl child to HIV/AIDS; strengthen health systems and support health workers; support greater involvement of people living with HIV; scale up the use of known effective and comprehensive prevention interventions; do everything necessary to ensure access to life-saving drugs and prevention tools; and develop with equal urgency better tools – drugs, diagnostics and prevention technologies, including vaccines and microbicides – for the future;

16. Convinced that without renewed political will, strong leadership and sustained commitment and concerted efforts on the part of all stakeholders at all levels, including people living with HIV, civil society and vulnerable groups, and without increased resources, the world will not succeed in bringing about the end of the pandemic;
17. Solemnly declare our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Therefore, we:

18. Reaffirm our commitment to implement fully the Declaration of Commitment on HIV/AIDS, entitled “Global Crisis – Global Action”, adopted by the General Assembly at its twenty-sixth special session, in 2001; and to achieve the internationally agreed development goals and objectives, including the Millennium Development Goals, in particular the goal to halt and begin to reverse the spread of HIV/AIDS, malaria and other major diseases, the agreements dealing with HIV/AIDS reached at all major United Nations conferences and summits, including the 2005 World Summit and its statement on treatment, and the goal of achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development;
19. Recognize the importance, and encourage the implementation, of the recommendations of the inclusive, country-driven processes and regional consultations facilitated by the Secretariat and the Co-sponsors of the Joint United Nations Programme on HIV/AIDS for scaling up HIV prevention, treatment, care and support, and strongly recommend that this approach be continued;
20. Commit ourselves to pursuing all necessary efforts to scale up nationally driven, sustainable and comprehensive responses to achieve broad multisectoral coverage for prevention, treatment, care and support, with full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010;
21. Emphasize the need to strengthen policy and programme linkages and coordination between HIV/AIDS, sexual and reproductive health, national development plans and strategies, including poverty eradication strategies, and to address, where appropriate, the impact of HIV/AIDS on national development plans and strategies;
22. Reaffirm that the prevention of HIV infection must be the mainstay of national, regional and international responses to the pandemic, and there-

fore commit ourselves to intensifying efforts to ensure that a wide range of prevention programmes that take account of local circumstances, ethics and cultural values is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviours and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm-reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmitted infections;

23. Reaffirm also that prevention, treatment, care and support for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the pandemic;
24. Commit ourselves to overcoming legal, regulatory or other barriers that block access to effective HIV prevention, treatment, care and support, medicines, commodities and services;
25. Pledge to promote, at the international, regional, national and local levels, access to HIV/AIDS education, information, voluntary counselling and testing and related services, with full protection of confidentiality and informed consent, and to promote a social and legal environment that is supportive of and safe for voluntary disclosure of HIV status;
26. Commit ourselves to addressing the rising rates of HIV infection among young people to ensure an HIV-free future generation through the implementation of comprehensive, evidence-based prevention strategies, responsible sexual behaviour, including the use of condoms, evidence- and skills-based, youth-specific HIV education, mass media interventions and the provision of youth-friendly health services;
27. Commit ourselves also to ensuring that pregnant women have access to antenatal care, information, counselling and other HIV services and to increasing the availability of and access to effective treatment to women living with HIV and infants in order to reduce mother-to-child transmission of HIV, as well as to ensuring effective interventions for women living with HIV, including voluntary and confidential counselling and testing, with informed consent, access to treatment, especially life-long antiretroviral therapy and, where appropriate, breast-milk substitutes and the provision of a continuum of care;

28. Resolve to integrate food and nutritional support, with the goal that all people at all times will have access to sufficient, safe and nutritious food to meet their dietary needs and food preferences, for an active and healthy life, as part of a comprehensive response to HIV/AIDS ;
29. Commit ourselves to intensifying efforts to enact, strengthen or enforce, as appropriate, legislation, regulations and other measures to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV and members of vulnerable groups, in particular to ensure their access to, inter alia, education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality; and developing strategies to combat stigma and social exclusion connected with the epidemic;
30. Pledge to eliminate gender inequalities, gender-based abuse and violence; increase the capacity of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and services, including, inter alia, sexual and reproductive health, and the provision of full access to comprehensive information and education; ensure that women can exercise their right to have control over, and decide freely and responsibly on, matters related to their sexuality in order to increase their ability to protect themselves from HIV infection, including their sexual and reproductive health, free of coercion, discrimination and violence; and take all necessary measures to create an enabling environment for the empowerment of women and strengthen their economic independence; and in this context, reiterate the importance of the role of men and boys in achieving gender equality;
31. Commit ourselves to strengthening legal, policy, administrative and other measures for the promotion and protection of women's full enjoyment of all human rights and the reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all types of sexual exploitation of women, girls and boys, including for commercial reasons, and all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;
32. Commit ourselves also to addressing as a priority the vulnerabilities faced by children affected by and living with HIV; providing support and rehabilitation to these children and their families, women and the elderly, particularly in their role as caregivers; promoting child-oriented HIV/AIDS policies and programmes and increased protection for children orphaned and affected by

- HIV/AIDS ; ensuring access to treatment and intensifying efforts to develop new treatments for children; and building, where needed, and supporting the social security systems that protect them;
33. Emphasize the need for accelerated scale-up of collaborative activities on tuberculosis and HIV, in line with the Global Plan to Stop TB 2006–2015, and for investment in new drugs, diagnostics and vaccines that are appropriate for people with TB-HIV co-infection;
 34. Commit ourselves to expanding to the greatest extent possible, supported by international cooperation and partnership, our capacity to deliver comprehensive HIV/AIDS programmes in ways that strengthen existing national health and social systems, including by integrating HIV/AIDS intervention into programmes for primary health care, mother and child health, sexual and reproductive health, tuberculosis, hepatitis C, sexually transmitted infections, nutrition, children affected, orphaned or made vulnerable by HIV/AIDS , as well as formal and informal education;
 35. Undertake to reinforce, adopt and implement, where needed, national plans and strategies, supported by international cooperation and partnership, to increase the capacity of human resources for health to meet the urgent need for the training and retention of a broad range of health workers, including community-based health workers; improve training and management and working conditions, including treatment for health workers; and effectively govern the recruitment, retention and deployment of new and existing health workers to mount a more effective HIV/AIDS response;
 36. Commit ourselves, invite international financial institutions and the Global Fund to Fight AIDS, Tuberculosis and Malaria, according to its policy framework, and encourage other donors, to provide additional resources to low- and middle- income countries for the strengthening of HIV/AIDS programmes and health systems and for addressing human resources gaps, including the development of alternative and simplified service delivery models and the expansion of the community-level provision of HIV/AIDS prevention, treatment, care and support, as well as other health and social services;
 37. Reiterate the need for Governments, United Nations agencies, regional and international organizations and non-governmental organizations involved with the provision and delivery of assistance to countries and regions affected by conflicts, humanitarian emergencies or natural disasters to incorporate HIV/AIDS prevention, care and treatment elements into their plans and programmes;

38. Pledge to provide the highest level of commitment to ensuring that costed, inclusive, sustainable, credible and evidence-based national HIV/AIDS plans are funded and implemented with transparency, accountability and effectiveness, in line with national priorities;
39. Commit ourselves to reducing the global HIV/AIDS resource gap through greater domestic and international funding to enable countries to have access to predictable and sustainable financial resources and ensuring that international funding is aligned with national HIV/AIDS plans and strategies; and in this regard welcome the increased resources that are being made available through bilateral and multilateral initiatives, as well as those that will become available as a result of the establishment of timetables by many developed countries to achieve the targets of 0.7 per cent of gross national product for official development assistance by 2015 and to reach at least 0.5 per cent of gross national product for official development assistance by 2010 as well as, pursuant to the Brussels Programme of Action for the Least Developed Countries for the Decade 2001–2010,² 0.15 per cent to 0.20 per cent for the least developed countries no later than 2010, and urge those developed countries that have not yet done so to make concrete efforts in this regard in accordance with their commitments;
40. Recognize that the Joint United Nations Programme on HIV/AIDS has estimated that 20 to 23 billion United States dollars per annum is needed by 2010 to support rapidly scaled-up AIDS responses in low- and middle-income countries, and therefore commit ourselves to taking measures to ensure that new and additional resources are made available from donor countries and also from national budgets and other national sources;
41. Commit ourselves to supporting and strengthening existing financial mechanisms, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as relevant United Nations organizations, through the provision of funds in a sustained manner, while continuing to develop innovative sources of financing, as well as pursuing other efforts, aimed at generating additional funds;
42. Commit ourselves also to finding appropriate solutions to overcome barriers in pricing, tariffs and trade agreements, and to making improvements to legislation, regulatory policy, procurement and supply chain management in order to accelerate and intensify access to affordable and quality HIV/AIDS prevention products, diagnostics, medicines and treatment commodities;

² A/CONF.191/13, chap. II.

43. Reaffirm that the World Trade Organization's Agreement on Trade-Related Aspects of Intellectual Property Rights³ does not and should not prevent members from taking measures now and in the future to protect public health. Accordingly, while reiterating our commitment to the TRIPS Agreement, reaffirm that the Agreement can and should be interpreted and implemented in a manner supportive of the right to protect public health and, in particular, to promote access to medicines for all including the production of generic antiretroviral drugs and other essential drugs for AIDS-related infections. In this connection, we reaffirm the right to use, to the full, the provisions in the TRIPS Agreement, the Doha Declaration on the TRIPS Agreement and Public Health⁴ and the World Trade Organization's General Council Decision of 2003⁵ and amendments to Article 31, which provide flexibilities for this purpose;
44. Resolve to assist developing countries to enable them to employ the flexibilities outlined in the TRIPS Agreement, and to strengthen their capacities for this purpose;
45. Commit ourselves to intensifying investment in and efforts towards the research and development of new, safe and affordable HIV/AIDS -related medicines, products and technologies, such as vaccines, female-controlled methods and microbicides, paediatric antiretroviral formulations, including through such mechanisms as Advance Market Commitments, and to encouraging increased investment in HIV/AIDS -related research and development in traditional medicine;
46. Encourage pharmaceutical companies, donors, multilateral organizations and other partners to develop public-private partnerships in support of research and development and technology transfer, and in the comprehensive response to HIV/AIDS;
47. Encourage bilateral, regional and international efforts to promote bulk procurement, price negotiations and licensing to lower prices for HIV prevention products, diagnostics, medicines and treatment commodities, while recognizing that intellectual property protection is important for the development of new medicines and recognizing the concerns about its effects on prices;
48. Recognize the initiative by a group of countries, such as the International Drug Purchase Facility, based on innovative financing mechanisms that aim to

³ See Legal Instruments Embodying the Results of the Uruguay Round of Multilateral Trade Negotiations, done at Marrakesh on 15 April 1994 (GATT secretariat publication, Sales No. GATT/1994-7).

⁴ See World Trade Organization, document WT/MIN(01)/DEC/2. Available from <http://docsonline.wto.org>.

⁵ See World Trade Organization, document WT/L/540 and Corr.1. Available from <http://docsonline.wto.org>

provide further drug access at affordable prices to developing countries on a sustainable and predictable basis;

49. Commit ourselves to setting, in 2006, through inclusive, transparent processes, ambitious national targets, including interim targets for 2008 in accordance with the core indicators recommended by the Joint United Nations Programme on HIV/AIDS, that reflect the commitment of the present Declaration and the urgent need to scale up significantly towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010, and to setting up and maintaining sound and rigorous monitoring and evaluation frameworks within their HIV/AIDS strategies;
50. Call upon the Joint United Nations Programme on HIV/AIDS, including its Co-sponsors, to assist national efforts to coordinate the AIDS response, as elaborated in the “Three Ones” principles and in line with the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors; assist national and regional efforts to monitor and report on efforts to achieve the targets set out above; and strengthen global coordination on HIV/AIDS, including through the thematic sessions of the Programme Coordinating Board;
51. Call upon Governments, national parliaments, donors, regional and subregional organizations, organizations of the United Nations system, the Global Fund to Fight AIDS, Tuberculosis and Malaria, civil society, people living with HIV, vulnerable groups, the private sector, communities most affected by HIV/AIDS and other stakeholders to work closely together to achieve the targets set out above, and to ensure accountability and transparency at all levels through participatory reviews of responses to HIV/AIDS;
52. Request the Secretary-General of the United Nations, with the support of the Joint United Nations Programme on HIV/AIDS, to include in his annual report to the General Assembly on the status of implementation of the Declaration of Commitment on HIV/AIDS, in accordance with General Assembly resolution S-26/2 of 27 June 2001, the progress achieved in realizing the commitments set out in the present Declaration;
53. Decide to undertake comprehensive reviews in 2008 and 2011, within the annual reviews of the General Assembly, of the progress achieved in realizing the Declaration of Commitment on HIV/AIDS, entitled “Global Crisis – Global Action”, adopted by the General Assembly at its twenty-sixth special session, and the present Declaration.



General Assembly

Distr.: General
2 August 2001

Twenty-sixth special session

Agenda item 8

Resolution adopted by the General Assembly

[without reference to a Main Committee (A/S-26L.2)]

S-26/2 Declaration of Commitment on HIV/AIDS

The General Assembly

Adopts the Declaration of Commitment on the human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) annexed to the present resolution

*8th plenary meeting
27 June 2001*

Annex

Declaration of Commitment on HIV/AIDS

“Global Crisis — Global Action”

1. We, Heads of State and Government and Representatives of States and Governments, assembled at the United Nations, from 25 to 27 June 2001, for the twenty-sixth special session of the General Assembly convened in accordance with resolution 55/13, as a matter of urgency, to review and address the problem of HIV/AIDS in all its aspects as well as to secure a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat it in a comprehensive manner;
2. Deeply concerned that the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable challenges to human life and dignity, as well as to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society — national, community, family and individual;
3. Noting with profound concern, that by the end of the year 2000, 36.1 million people worldwide were living with HIV/AIDS, 90 per cent in developing countries and 75 per cent in sub-Saharan Africa;

4. Noting with grave concern that all people, rich and poor, without distinction of age, gender or race are affected by the HIV/AIDS epidemic, further noting that people in developing countries are the most affected and that women, young adults and children, in particular girls, are the most vulnerable;
5. Concerned also that the continuing spread of HIV/AIDS will constitute a serious obstacle to the realization of the global development goals we adopted at the Millennium Summit;
6. Recalling and reaffirming our previous commitments on HIV/AIDS made through:
 - The United Nations Millennium Declaration of 8 September 2000¹;
 - The Political Declaration and Further Actions and Initiatives to Implement the Commitments made at the World Summit for Social Development of 1 July 2000²;
 - The Political Declaration and Further Action and Initiatives to Implement the Beijing Declaration and Platform for Action of 10 June 2000³;
 - Key Actions for the Further Implementation of the Programme of Action of the International Conference on Population and Development of 2 July 1999;
 - The regional call for action to fight HIV/AIDS in Asia and the Pacific of 25 April 2001;
 - The Abuja Declaration and Framework for Action for the Fight Against HIV/ AIDS, Tuberculosis and other Related Infectious Diseases in Africa, 27 April 2001;
 - The Declaration of the Ibero-America Summit of Heads of State of November 2000 in Panama;
 - The Caribbean Partnership Against HIV/AIDS, 14 February, 2001;
 - The European Union Programme for Action: Accelerated Action on HIV/ AIDS, Malaria and Tuberculosis in the Context of Poverty Reduction of 14 May 2001;
 - The Baltic Sea Declaration on HIV/AIDS Prevention of 4 May 2000;
 - The Central Asian Declaration on HIV/AIDS of 18 May 2001;
7. Convinced of the need to have an urgent, coordinated and sustained response to the HIV/AIDS epidemic, which will build on the experience and lessons learned over the past 20 years;
8. Noting with grave concern that Africa, in particular sub-Saharan Africa, is currently the worst affected region where HIV/AIDS is considered as a state of emergency, which threatens development, social cohesion, political stability, food security and life expectancy and imposes a devastating economic burden and that the dramatic situation on the continent needs urgent and exceptional national, regional and international action;

9. Welcoming the commitments of African Heads of State or Government, at the Abuja Special Summit in April 2001, particularly their pledge to set a target of allocating at least 15 per cent of their annual national budgets for the improvement of the health sector to help address the HIV/AIDS epidemic; and recognizing that action to reach this target, by those countries whose resources are limited, will need to be complemented by increased international assistance;
10. Recognizing also that other regions are seriously affected and confront similar threats, particularly the Caribbean region, with the second highest rate of HIV infection after sub-Saharan Africa, the Asia-Pacific region where 7.5 million people are already living with HIV/AIDS, the Latin America region with 1.5 million people living with HIV/AIDS, and the Central and Eastern European region with very rapidly rising infection rates; and that the potential exists for a rapid escalation of the epidemic and its impact throughout the world if no specific measures are taken;
11. Recognizing that poverty, underdevelopment and illiteracy are among the principal contributing factors to the spread of HIV/AIDS and noting with grave concern that HIV/AIDS is compounding poverty and is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner;
12. Noting that armed conflicts and natural disasters also exacerbate the spread of the epidemic;
13. Noting further that stigma, silence, discrimination, and denial, as well as lack of confidentiality, undermine prevention, care and treatment efforts and increase the impact of the epidemic on individuals, families, communities and nations and must also be addressed;
14. Stressing that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS;
15. Recognizing that access to medication in the context of pandemics such as HIV/AIDS is one of the fundamental elements to achieve progressively the full realization of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;
16. Recognizing that the full realization of human rights and fundamental freedoms for all is an essential element in a global response to the HIV/AIDS pandemic, including in the areas of prevention, care, support and treatment, and that it reduces vulnerability to HIV/AIDS and prevents stigma and related discrimination against people living with or at risk of HIV/AIDS;

17. Acknowledging that prevention of HIV infection must be the mainstay of the national, regional and international response to the epidemic; and that prevention, care, support and treatment for those infected and affected by HIV/AIDS are mutually reinforcing elements of an effective response and must be integrated in a comprehensive approach to combat the epidemic;
18. Recognizing the need to achieve the prevention goals set out in this Declaration in order to stop the spread of the epidemic and acknowledging that all countries must continue to emphasize widespread and effective prevention, including awareness-raising campaigns through education, nutrition, information and health-care services;
19. Recognizing that care, support and treatment can contribute to effective prevention through increased acceptance of voluntary and confidential counselling and testing, and by keeping people living with HIV/AIDS and vulnerable groups in close contact with health-care systems and facilitating their access to information, counselling and preventive supplies;
20. Emphasizing the important role of cultural, family, ethical and religious factors in the prevention of the epidemic, and in treatment, care and support, taking into account the particularities of each country as well as the importance of respecting all human rights and fundamental freedoms;
21. Noting with concern that some negative economic, social, cultural, political, financial and legal factors are hampering awareness, education, prevention, care, treatment and support efforts;
22. Noting the importance of establishing and strengthening human resources and national health and social infrastructures as imperatives for the effective delivery of prevention, treatment, care and support services;
23. Recognizing that effective prevention, care and treatment strategies will require behavioural changes and increased availability of and non-discriminatory access to, inter alia, vaccines, condoms, microbicides, lubricants, sterile injecting equipment, drugs including anti-retroviral therapy, diagnostics and related technologies as well as increased research and development;
24. Recognizing also that the cost availability and affordability of drugs and related technology are significant factors to be reviewed and addressed in all aspects and that there is a need to reduce the cost of these drugs and technologies in close collaboration with the private sector and pharmaceutical companies;
25. Acknowledging that the lack of affordable pharmaceuticals and of feasible supply structures and health systems continue to hinder an effective response to HIV/AIDS in many countries, especially for the

- poorest people and recalling efforts to make drugs available at low prices for those in need;
26. Welcoming the efforts of countries to promote innovation and the development of domestic industries consistent with international law in order to increase access to medicines to protect the health of their populations; and noting that the impact of international trade agreements on access to or local manufacturing of, essential drugs and on the development of new drugs needs to be further evaluated;
 27. Welcoming the progress made in some countries to contain the epidemic, particularly through: strong political commitment and leadership at the highest levels, including community leadership; effective use of available resources and traditional medicines; successful prevention, care, support and treatment strategies; education and information initiatives; working in partnership with communities, civil society, people living with HIV/AIDS and vulnerable groups; and the active promotion and protection of human rights; and recognizing the importance of sharing and building on our collective and diverse experiences, through regional and international cooperation including North/South, South/South cooperation and triangular cooperation;
 28. Acknowledging that resources devoted to combating the epidemic both at the national and international levels are not commensurate with the magnitude of the problem;
 29. Recognizing the fundamental importance of strengthening national, regional and subregional capacities to address and effectively combat HIV/AIDS and that this will require increased and sustained human, financial and technical resources through strengthened national action and cooperation and increased regional, subregional and international cooperation;
 30. Recognizing that external debt and debt-servicing problems have substantially constrained the capacity of many developing countries, as well as countries with economies in transition, to finance the fight against HIV/AIDS;
 31. Affirming the key role played by the family in prevention, care, support and treatment of persons affected and infected by HIV/AIDS, bearing in mind that in different cultural, social and political systems various forms of the family exist;
 32. Affirming that beyond the key role played by communities, strong partnerships among Governments, the United Nations system, intergovernmental organizations, people living with HIV/AIDS and vulnerable groups, medical, scientific and educational institutions,

non-governmental organizations, the business sector including generic and research-based pharmaceutical companies, trade unions, media, parliamentarians, foundations, community organizations, faith-based organizations and traditional leaders are important;

33. Acknowledging the particular role and significant contribution of people living with HIV/AIDS, young people and civil society actors in addressing the problem of HIV/AIDS in all its aspects and recognizing that their full involvement and participation in design, planning, implementation and evaluation of programmes is crucial to the development of effective responses to the HIV/AIDS epidemic;
34. Further acknowledging the efforts of international humanitarian organizations combating the epidemic, including among others the volunteers of the International Federation of Red Cross and Red Crescent Societies in the most affected areas all over the world;
35. Commending the leadership role on HIV/AIDS policy and coordination in the United Nations system of the UNAIDS Programme Coordinating Board; noting its endorsement in December 2000 of the Global Strategy Framework for HIV/AIDS, which could assist, as appropriate, Member States and relevant civil society actors in the development of HIV/AIDS strategies, taking into account the particular context of the epidemic in different parts of the world;
36. Solemnly declare our commitment to address the HIV/AIDS crisis by taking action as follows, taking into account the diverse situations and circumstances in different regions and countries throughout the world;

Leadership

Strong leadership at all levels of society is essential for an effective response to the epidemic

Leadership by Governments in combating HIV/AIDS is essential and their efforts should be complemented by the full and active participation of civil society, the business community and the private sector

Leadership involves personal commitment and concrete actions

At the national level

37. By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS that: address the epidemic in forthright terms; confront stigma, silence and denial; address gender and age-based dimensions of the epidemic; eliminate discrimination and marginalization; involve partnerships

with civil society and the business sector and the full participation of people living with HIV/AIDS, those in vulnerable groups and people mostly at risk, particularly women and young people; are resourced to the extent possible from national budgets without excluding other sources, inter alia international cooperation; fully promote and protect all human rights and fundamental freedoms, including the right to the highest attainable standard of physical and mental health; integrate a gender perspective; and address risk, vulnerability, prevention, care, treatment and support and reduction of the impact of the epidemic; and strengthen health, education and legal system capacity;

38. By 2003, integrate HIV/AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of development planning, including in poverty eradication strategies, national budget allocations and sectoral development plans;

1. At the regional and subregional level

39. Urge and support regional organizations and partners to: be actively involved in addressing the crisis; intensify regional, subregional and interregional cooperation and coordination; and develop regional strategies and responses in support of expanded country level efforts;
40. Support all regional and subregional initiatives on HIV/AIDS including: the International Partnership against AIDS in Africa (IPAA) and the ECA-African Development Forum Consensus and Plan of Action: Leadership to Overcome HIV/ AIDS; the Abuja Declaration and Framework for Action for the Fight Against HIV/AIDS, Tuberculosis and Other Diseases; the CARICOM Pan-Caribbean Partnership Against HIV/AIDS; the ESCAP Regional Call for Action to Fight HIV/ AIDS in Asia and the Pacific; the Baltic Sea Initiative and Action Plan; the Horizontal Technical Cooperation Group on HIV/AIDS in Latin America and the Caribbean; the European Union Programme for Action: Accelerated Action on HIV/AIDS, Malaria and Tuberculosis in the context of poverty reduction;
41. Encourage the development of regional approaches and plans to address HIV/AIDS;
42. Encourage and support local and national organizations to expand and strengthen regional partnerships, coalitions and networks;
43. Encourage the United Nations Economic and Social Council to request the regional commissions within their respective mandates and resources to support national efforts in their respective regions in combating HIV/AIDS;

2. At the global level

44. Support greater action and coordination by all relevant United Nations system organizations, including their full participation in the development and implementation of a regularly updated United Nations strategic plan for HIV/AIDS, guided by the principles contained in this Declaration;
45. Support greater cooperation between relevant United Nations system organizations and international organizations combating HIV/AIDS;
46. Foster stronger collaboration and the development of innovative partnerships between the public and private sectors and by 2003, establish and strengthen mechanisms that involve the private sector and civil society partners and people living with HIV/AIDS and vulnerable groups in the fight against HIV/AIDS;

Prevention

Prevention must be the mainstay of our response

47. By 2003, establish time-bound national targets to achieve the internationally agreed global prevention goal to reduce by 2005 HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25 per cent and by 25 per cent globally by 2010, and to intensify efforts to achieve these targets as well as to challenge gender stereotypes and attitudes, and gender inequalities in relation to HIV/AIDS, encouraging the active involvement of men and boys;
48. By 2003, establish national prevention targets, recognizing and addressing factors leading to the spread of the epidemic and increasing people's vulnerability, to reduce HIV incidence for those identifiable groups, within particular local contexts, which currently have high or increasing rates of HIV infection, or which available public health information indicates are at the highest risk for new infection;
49. By 2005, strengthen the response to HIV/AIDS in the world of work by establishing and implementing prevention and care programmes in public, private and informal work sectors and take measures to provide a supportive workplace environment for people living with HIV/AIDS;
50. By 2005, develop and begin to implement national, regional and international strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers, including the provision of information on health and social services;
51. By 2003, implement universal precautions in health-care settings to prevent transmission of HIV infection;

52. By 2005, ensure: that a wide range of prevention programmes which take account of local circumstances, ethics and cultural values, is available in all countries, particularly the most affected countries, including information, education and communication, in languages most understood by communities and respectful of cultures, aimed at reducing risk-taking behaviour and encouraging responsible sexual behaviour, including abstinence and fidelity; expanded access to essential commodities, including male and female condoms and sterile injecting equipment; harm reduction efforts related to drug use; expanded access to voluntary and confidential counselling and testing; safe blood supplies; and early and effective treatment of sexually transmittable infections;
53. By 2005, ensure that at least 90 per cent, and by 2010 at least 95 per cent of young men and women aged 15 to 24 have access to the information, education, including peer education and youth-specific HIV education, and services necessary to develop the life skills required to reduce their vulnerability to HIV infection; in full partnership with youth, parents, families, educators and health-care providers;
54. By 2005, reduce the proportion of infants infected with HIV by 20 per cent, and by 50 per cent by 2010, by: ensuring that 80 per cent of pregnant women accessing antenatal care have information, counselling and other HIV prevention services available to them, increasing the availability of and by providing access for HIV-infected women and babies to effective treatment to reduce mother-to-child transmission of HIV, as well as through effective interventions for HIV-infected women, including voluntary and confidential counselling and testing, access to treatment, especially anti-retroviral therapy and, where appropriate, breast milk substitutes and the provision of a continuum of care;

Care, support and treatment

Care, support and treatment are fundamental elements of an effective response

55. By 2003, ensure that national strategies, supported by regional and international strategies, are developed in close collaboration with the international community, including Governments and relevant intergovernmental organizations as well as with civil society and the business sector, to strengthen health care systems and address factors affecting the provision of HIV-related drugs, including anti-retroviral drugs, inter alia affordability and pricing, including differential pricing, and technical and health care systems capacity. Also, in an urgent manner make every effort to: provide progressively and in a sustainable

manner, the highest attainable standard of treatment for HIV/AIDS, including the prevention and treatment of opportunistic infections, and effective use of quality-controlled anti-retroviral therapy in a careful and monitored manner to improve adherence and effectiveness and reduce the risk of developing resistance; to cooperate constructively in strengthening pharmaceutical policies and practices, including those applicable to generic drugs and intellectual property regimes, in order further to promote innovation and the development of domestic industries consistent with international law;

56. By 2005, develop and make significant progress in implementing comprehensive care strategies to: strengthen family and community-based care including that provided by the informal sector, and health care systems to provide and monitor treatment to people living with HIV/AIDS, including infected children, and to support individuals, households, families and communities affected by HIV/ AIDS; improve the capacity and working conditions of health care personnel, and the effectiveness of supply systems, financing plans and referral mechanisms required to provide access to affordable medicines, including anti-retroviral drugs, diagnostics and related technologies, as well as quality medical, palliative and psycho-social care;
57. By 2003, ensure that national strategies are developed in order to provide psycho-social care for individuals, families, and communities affected by HIV/AIDS;

HIV/AIDS and human rights

Realization of human rights and fundamental freedoms for all is essential to reduce vulnerability to HIV/AIDS

Respect for the rights of people living with HIV/AIDS drives an effective response

58. By 2003, enact, strengthen or enforce as appropriate legislation, regulations and other measures to eliminate all forms of discrimination against, and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV/AIDS and members of vulnerable groups; in particular to ensure their access to, inter alia education, inheritance, employment, health care, social and health services, prevention, support, treatment, information and legal protection, while respecting their privacy and confidentiality; and develop strategies to combat stigma and social exclusion connected with the epidemic;
59. By 2005, bearing in mind the context and character of the epidemic and that globally women and girls are disproportionately affected by

- HIV/AIDS, develop and accelerate the implementation of national strategies that: promote the advancement of women and women's full enjoyment of all human rights; promote shared responsibility of men and women to ensure safe sex; empower women to have control over and decide freely and responsibly on matters related to their sexuality to increase their ability to protect themselves from HIV infection;
60. By 2005, implement measures to increase capacities of women and adolescent girls to protect themselves from the risk of HIV infection, principally through the provision of health care and health services, including sexual and reproductive health, and through prevention education that promotes gender equality within a culturally and gender sensitive framework;
 61. By 2005, ensure development and accelerated implementation of national strategies for women's empowerment, promotion and protection of women's full enjoyment of all human rights and reduction of their vulnerability to HIV/AIDS through the elimination of all forms of discrimination, as well as all forms of violence against women and girls, including harmful traditional and customary practices, abuse, rape and other forms of sexual violence, battering and trafficking in women and girls;

Reducing vulnerability

The vulnerable must be given priority in the response

Empowering women is essential for reducing vulnerability

62. By 2003, in order to complement prevention programmes that address activities which place individuals at risk of HIV infection, such as risky and unsafe sexual behaviour and injecting drug use, have in place in all countries strategies, policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection, including underdevelopment, economic insecurity, poverty, lack of empowerment of women, lack of education, social exclusion, illiteracy, discrimination, lack of information and/or commodities for self-protection, all types of sexual exploitation of women, girls and boys, including for commercial reasons; such strategies, policies and programmes should address the gender dimension of the epidemic, specify the action that will be taken to address vulnerability and set targets for achievement;
63. By 2003, develop and/or strengthen strategies, policies and programmes, which recognize the importance of the family in reducing vulnerability, inter alia, in educating and guiding children and take account of

cultural, religious and ethical factors, to reduce the vulnerability of children and young people by: ensuring access of both girls and boys to primary and secondary education, including on HIV/AIDS in curricula for adolescents; ensuring safe and secure environments, especially for young girls; expanding good quality youth-friendly information and sexual health education and counselling service; strengthening reproductive and sexual health programmes; and involving families and young people in planning, implementing and evaluating HIV/AIDS prevention and care programmes, to the extent possible;

64. By 2003, develop and/or strengthen national strategies, policies and programmes, supported by regional and international initiatives, as appropriate, through a participatory approach, to promote and protect the health of those identifiable groups which currently have high or increasing rates of HIV infection or which public health information indicates are at greatest risk of and most vulnerable to new infection as indicated by such factors as the local history of the epidemic, poverty, sexual practices, drug using behaviour, livelihood, institutional location, disrupted social structures and population movements forced or otherwise;

Children orphaned and made vulnerable by HIV/AIDS

Children orphaned and affected by HIV/AIDS need special assistance

65. By 2003, develop and by 2005 implement national policies and strategies to: build and strengthen governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS including by providing appropriate counselling and psycho-social support; ensuring their enrolment in school and access to shelter, good nutrition, health and social services on an equal basis with other children; to protect orphans and vulnerable children from all forms of abuse, violence, exploitation, discrimination, trafficking and loss of inheritance;
66. Ensure non-discrimination and full and equal enjoyment of all human rights through the promotion of an active and visible policy of de-stigmatization of children orphaned and made vulnerable by HIV/AIDS;
67. Urge the international community, particularly donor countries, civil society, as well as the private sector to complement effectively national programmes to support programmes for children orphaned or made vulnerable by HIV/AIDS in affected regions, in countries at high risk and to direct special assistance to sub-Saharan Africa;

Alleviating social and economic impact

To address HIV/AIDS is to invest in sustainable development

68. By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to: address the impact at the individual, family, community and national levels; develop and accelerate the implementation of national poverty eradication strategies to address the impact of HIV/AIDS on household income, livelihoods, and access to basic social services, with special focus on individuals, families and communities severely affected by the epidemic; review the social and economic impact of HIV/AIDS at all levels of society especially on women and the elderly, particularly in their role as caregivers and in families affected by HIV/AIDS and address their special needs; adjust and adapt economic and social development policies, including social protection policies, to address the impact of HIV/AIDS on economic growth, provision of essential economic services, labour productivity, government revenues, and deficit-creating pressures on public resources;
69. By 2003, develop a national legal and policy framework that protects in the workplace the rights and dignity of persons living with and affected by HIV/AIDS and those at the greatest risk of HIV/AIDS in consultation with representatives of employers and workers, taking account of established international guidelines on HIV/AIDS in the workplace;

Research and development

With no cure for HIV/AIDS yet found, further research and development is crucial

70. Increase investment and accelerate research on the development of HIV vaccines, while building national research capacity especially in developing countries, and especially for viral strains prevalent in highly affected regions; in addition, support and encourage increased national and international investment in HIV/AIDS-related research and development including biomedical, operations, social, cultural and behavioural research and in traditional medicine to: improve prevention and therapeutic approaches; accelerate access to prevention, care and treatment and care technologies for HIV/AIDS (and its associated opportunistic infections and malignancies and sexually transmitted diseases), including female controlled methods and microbicides, and in particular, appropriate, safe and affordable HIV vaccines and their

delivery, and to diagnostics, tests, methods to prevent mother-to-child transmission; and improve our understanding of factors which influence the epidemic and actions which address it, inter alia, through increased funding and public/private partnerships; create a conducive environment for research and ensure that it is based on highest ethical standards;

71. Support and encourage the development of national and international research infrastructure, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and training of basic and clinical researchers, social scientists, health-care providers and technicians, with a focus on the countries most affected by HIV/AIDS, particularly developing countries and those countries experiencing or at risk of rapid expansion of the epidemic;
72. Develop and evaluate suitable approaches for monitoring treatment efficacy, toxicity, side effects, drug interactions, and drug resistance, develop methodologies to monitor the impact of treatment on HIV transmission and risk behaviours;
73. Strengthen international and regional cooperation in particular North/South, South/South and triangular cooperation, related to transfer of relevant technologies, suitable to the environment in prevention and care of HIV/AIDS, the exchange of experiences and best practices, researchers and research findings and strengthen the role of UNAIDS in this process. In this context, encourage that the end results of these cooperative research findings and technologies be owned by all parties to the research, reflecting their relevant contribution and dependent upon their providing legal protection to such findings; and affirm that all such research should be free from bias;
74. By 2003, ensure that all research protocols for the investigation of HIV-related treatment including anti-retroviral therapies and vaccines based on international guidelines and best practices are evaluated by independent committees of ethics, in which persons living with HIV/AIDS and caregivers for anti-retroviral therapy participate;

HIV/AIDS in conflict and disaster affected regions

Conflicts and disasters contribute to the spread of HIV/AIDS

75. By 2003, develop and begin to implement national strategies that incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes or actions that respond to emergency situations, recognizing that populations destabilized by armed conflict, humanitarian emergencies and natural disasters, including refugees,

- internally displaced persons and in particular, women and children, are at increased risk of exposure to HIV infection; and, where appropriate, factor HIV/AIDS components into international assistance programmes;
76. Call on all United Nations agencies, regional and international organizations, as well as non-governmental organizations involved with the provision and delivery of international assistance to countries and regions affected by conflicts, humanitarian crises or natural disasters, to incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans and programmes and provide HIV/AIDS awareness and training to their personnel;
 77. By 2003, have in place national strategies to address the spread of HIV among national uniformed services, where this is required, including armed forces and civil defence force and consider ways of using personnel from these services who are educated and trained in HIV/AIDS awareness and prevention to assist with HIV/AIDS awareness and prevention activities including participation in emergency, humanitarian, disaster relief and rehabilitation assistance;
 78. By 2003, ensure the inclusion of HIV/AIDS awareness and training, including a gender component, into guidelines designed for use by defence personnel and other personnel involved in international peacekeeping operations while also continuing with ongoing education and prevention efforts, including pre-deployment orientation, for these personnel;

Resources

The HIV/AIDS challenge cannot be met without new, additional and sustained resources

79. Ensure that the resources provided for the global response to address HIV/AIDS are substantial, sustained and geared towards achieving results;
80. By 2005, through a series of incremental steps, reach an overall target of annual expenditure on the epidemic of between US\$ 7 billion and US\$ 10 billion in low and middle-income countries and those countries experiencing or at risk of experiencing rapid expansion for prevention, care, treatment, support and mitigation of the impact of HIV/AIDS, and take measures to ensure that needed resources are made available, particularly from donor countries and also from national budgets, bearing in mind that resources of the most affected countries are seriously limited;
81. Call on the international community, where possible, to provide assistance for HIV/AIDS prevention, care and treatment in developing countries on a grant basis;

82. Increase and prioritize national budgetary allocations for HIV/AIDS programmes as required and ensure that adequate allocations are made by all ministries and other relevant stakeholders;
83. Urge the developed countries that have not done so to strive to meet the targets of 0.7 per cent of their gross national product for overall official development assistance and the targets of earmarking of 0.15 per cent to 0.20 per cent of gross national product as official development assistance for least developed countries as agreed, as soon as possible, taking into account the urgency and gravity of the HIV/ AIDS epidemic;
84. Urge the international community to complement and supplement efforts of developing countries that commit increased national funds to fight the HIV/AIDS epidemic through increased international development assistance, particularly those countries most affected by HIV/AIDS, particularly in Africa, especially in sub-Saharan Africa, the Caribbean, countries at high risk of expansion of the HIV/AIDS epidemic and other affected regions whose resources to deal with the epidemic are seriously limited;
85. Integrate HIV/AIDS actions in development assistance programmes and poverty eradication strategies as appropriate and encourage the most effective and transparent use of all resources allocated;
86. Call on the international community and invite civil society and the private sector to take appropriate measures to help alleviate the social and economic impact of HIV/AIDS in the most affected developing countries;
87. Without further delay implement the enhanced Heavily Indebted Poor Country (HIPC) Initiative and agree to cancel all bilateral official debts of HIPC countries as soon as possible, especially those most affected by HIV/AIDS, in return for their making demonstrable commitments to poverty eradication and urge the use of debt service savings to finance poverty eradication programmes, particularly for HIV/AIDS prevention, treatment, care and support and other infections;
88. Call for speedy and concerted action to address effectively the debt problems of least developed countries, low-income developing countries, and middle-income developing countries, particularly those affected by HIV/AIDS, in a comprehensive, equitable, development-oriented and durable way through various national and international measures designed to make their debt sustainable in the long term and thereby to improve their capacity to deal with the HIV/AIDS epidemic, including, as appropriate, existing orderly mechanisms for

- debt reduction, such as debt swaps for projects aimed at the prevention, care and treatment of HIV/AIDS;
89. Encourage increased investment in HIV/AIDS-related research, nationally, regionally and internationally, in particular for the development of sustainable and affordable prevention technologies, such as vaccines and microbicides, and encourage the proactive preparation of financial and logistic plans to facilitate rapid access to vaccines when they become available;
 90. Support the establishment, on an urgent basis, of a global HIV/AIDS and health fund to finance an urgent and expanded response to the epidemic based on an integrated approach to prevention, care, support and treatment and to assist Governments inter alia in their efforts to combat HIV/AIDS with due priority to the most affected countries, notably in sub-Saharan Africa and the Caribbean and to those countries at high risk, mobilize contributions to the fund from public and private sources with a special appeal to donor countries, foundations, the business community including pharmaceutical companies, the private sector, philanthropists and wealthy individuals;
 91. By 2002, launch a worldwide fund-raising campaign aimed at the general public as well as the private sector, conducted by UNAIDS with the support and collaboration of interested partners at all levels, to contribute to the global HIV/ AIDS and health fund;
 92. Direct increased funding to national, regional and subregional commissions and organizations to enable them to assist Governments at the national, subregional and regional level in their efforts to respond to the crisis;
 93. Provide the UNAIDS co-sponsoring agencies and the UNAIDS secretariat with the resources needed to work with countries in support of the goals of this Declaration;

Follow-up

Maintaining the momentum and monitoring progress are essential

1. At the national level

94. Conduct national periodic reviews involving the participation of civil society, particularly people living with HIV/AIDS, vulnerable groups and caregivers, of progress achieved in realizing these commitments and identify problems and obstacles to achieving progress and ensure wide dissemination of the results of these reviews;

95. Develop appropriate monitoring and evaluation mechanisms to assist with follow-up in measuring and assessing progress, develop appropriate monitoring and evaluation instruments, with adequate epidemiological data;
96. By 2003, establish or strengthen effective monitoring systems, where appropriate, for the promotion and protection of human rights of people living with HIV/AIDS;

2. At the regional level

97. Include HIV/AIDS and related public health concerns as appropriate on the agenda of regional meetings at the ministerial and Head of State and Government level;
98. Support data collection and processing to facilitate periodic reviews by regional commissions and/or regional organizations of progress in implementing regional strategies and addressing regional priorities and ensure wide dissemination of the results of these reviews;
99. Encourage the exchange between countries of information and experiences in implementing the measures and commitments contained in this Declaration, and in particular facilitate intensified South-South and triangular cooperation;

3. At the global level

100. Devote sufficient time and at least one full day of the annual General Assembly session to review and debate a report of the Secretary-General on progress achieved in realizing the commitments set out in this Declaration, with a view to identifying problems and constraints and making recommendations on action needed to make further progress;
101. Ensure that HIV/AIDS issues are included on the agenda of all appropriate United Nations conferences and meetings;
102. Support initiatives to convene conferences, seminars, workshops, training programmes and courses to follow up issues raised in this Declaration and in this regard encourage participation in and wide dissemination of the outcomes of: the forthcoming Dakar Conference on Access to Care for HIV Infection; the Sixth International Congress on AIDS in Asia and the Pacific; the XII International Conference on AIDS and Sexually Transmitted Infections in Africa; the XIV International Conference on AIDS, Barcelona; the Xth International Conference on People Living with HIV/AIDS, Port of Spain; the II Forum and III Conference of the Latin American and the Caribbean

Horizontal Technical Cooperation on HIV/AIDS and Sexually Transmitted Infections, La Habana; the Vth International Conference on Home and Community Care for Persons Living with HIV/AIDS, Changmai, Thailand;

103. Explore, with a view to improving equity in access to essential drugs, the feasibility of developing and implementing, in collaboration with non-governmental organizations and other concerned partners, systems for voluntary monitoring and reporting of global drug prices;
104. *We recognize and express our appreciation to those who have led the effort to raise awareness of the HIV/AIDS epidemic and to deal with its complex challenges;*
105. *We look forward to strong leadership by Governments, and concerted efforts with full and active participation of the United Nations, the entire multilateral system, civil society, the business community and private sector;*
106. *And finally, we call on all countries to take the necessary steps to implement this Declaration, in strengthened partnership and cooperation with other multilateral and bilateral partners and with civil society.*

Endnotes:

1 See resolution 55/2.

2 Resolution S-24/2, annex, sects. I and III.

3 Resolution S-23/2, annex.

4 Resolution S-23/3, annex.

5 Resolution S-21/2, annex.



Security Council

Distr.: General
17 July 2000

Resolution 1308 (2000)

Adopted by the Security Council at its 4172nd meeting on 17 July 2000

The Security Council,

Deeply concerned by the extent of the HIV/AIDS pandemic worldwide, and by the severity of the crisis in Africa in particular,

Recalling its meeting of 10 January 2000, on “The situation in Africa: the impact of AIDS on peace and security in Africa”, taking note of the 5 July 2000 report from UNAIDS (S/2000/657) which summarizes follow-up actions taken to date; and recalling further the letter of its President dated 31 January 2000 addressed to the President of the General Assembly (S/2000/75),

Emphasizing the important roles of the General Assembly and the Economic and Social Council in addressing HIV/AIDS,

Stressing the need for coordinated efforts of all relevant United Nations organizations to address the HIV/AIDS pandemic in line with their respective mandates and to assist, wherever possible, in global efforts against the pandemic,

Commending the efforts by UNAIDS to coordinate and intensify efforts to address HIV/AIDS in all appropriate forums,

Recalling also the 28 February 2000 special meeting of the Economic and Social Council, held in partnership with the President of the Security Council, on the development aspects of the HIV/AIDS pandemic,

Welcoming the decision by the General Assembly to include in the agenda of its fifty-fourth session an additional item of an urgent and important

character entitled “Review of the problem of HIV/AIDS in all its aspects”, and encouraging further action to address the problem of HIV/AIDS,

Recognizing that the spread of HIV/AIDS can have a uniquely devastating impact on all sectors and levels of society,

Reaffirming the importance of a coordinated international response to the HIV/AIDS pandemic, given its possible growing impact on social instability and emergency situations,

Further recognizing that the HIV/AIDS pandemic is also exacerbated by conditions of violence and instability, which increase the risk of exposure to the disease through large movements of people, widespread uncertainty over conditions, and reduced access to medical care,

Stressing that the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security,

Recognizing the need to incorporate HIV/AIDS prevention awareness skills and advice in aspects of the United Nations Department of Peacekeeping Operations’ training for peacekeeping personnel, and welcoming the 20 March 2000 report of the United Nations Special Committee on Peacekeeping Operations (A/54/839) which affirmed this need and the efforts already made by the United Nations Secretariat in this regard,

Taking note of the call of the Secretary-General in his report to the Millennium Assembly (A/54/2000) for coordinated and intensified international action to reduce the HIV infection rates in persons 15 to 24 years of age by 25 per cent by the year 2010,

Noting with satisfaction the 13th International AIDS Conference, held from 9 to 14 July 2000 in Durban, South Africa, which was the first conference of this type to be held in a developing country and which drew significant attention to the magnitude of the HIV/AIDS pandemic in sub-Saharan Africa, and further noting that this Conference was an important opportunity for leaders and scientists to discuss the epidemiology of HIV/AIDS and estimates of resources needed to address HIV/AIDS, as well as issues related to access to care, mother to child transmission, prevention, and development of vaccines,

Bearing in mind the Council’s primary responsibility for the maintenance of international peace and security,

1. Expresses concern at the potential damaging impact of HIV/AIDS on the health of international peacekeeping personnel, including support personnel;

2. Recognizes the efforts of those Member States which have acknowledged the problem of HIV/AIDS and, where applicable, have developed national programmes, and encourages all interested Member States which have not already done so to consider developing, in cooperation with the international community and UNAIDS, where appropriate, effective long-term strategies for HIV/AIDS education, prevention, voluntary and confidential testing and counselling, and treatment of their personnel, as an important part of their preparation for their participation in peacekeeping operations;
3. Requests the Secretary-General to take further steps towards the provision of training for peacekeeping personnel on issues related to preventing the spread of HIV/AIDS and to continue the further development of pre-deployment orientation and ongoing training for all peacekeeping personnel on these issues;
4. Encourages interested Member States to increase international cooperation among their relevant national bodies to assist with the creation and execution of policies for HIV/AIDS prevention, voluntary and confidential testing and counselling, and treatment for personnel to be deployed in international peacekeeping operations;
5. Encourages, in this context, UNAIDS to continue to strengthen its cooperation with interested Member States to further develop its country profiles in order to reflect best practices and countries' policies on HIV/AIDS prevention education, testing, counselling and treatment;
6. Expresses keen interest in additional discussion among relevant United Nations bodies, Member States, industry and other relevant organizations to make progress, inter alia, on the question of access to treatment and care, and on prevention.

10. Frequently Asked Questions:

What is the composition of the Programme Coordinating Board (PCB)?

- ▶ The membership of the PCB comprises 22 Member States, elected from among the Member States of the Cosponsoring Organizations, with the following regional distribution (Modus Operandi item 7):
 - ▷ Western European and Others Group 7 seats
 - ▷ Africa 5 seats
 - ▷ Asia and Pacific 5 seats
 - ▷ Latin America and the Caribbean 3 seats
 - ▷ Eastern European/Commonwealth of Independent States 2 seats
- ▶ Each of the Cosponsors has full rights of participation in the PCB but without the right to vote (Modus Operandi item 9).
- ▶ Five nongovernmental organizations (NGOs), three from developing countries and two from the developed countries or countries with economies in transition, are invited to participate in meetings of the PCB but without the right to take part in the formal decision-making process and without the right to vote (ECOSOC resolution 1995/2, Modus Operandi item 10). The selection of the five nongovernmental organizations is determined by the NGOs themselves and subsequently approved by the Board (Modus Operandi item 11).
- ▶ For the historical and current composition of the PCB, please refer to the annex inserted in this handbook.

How does one become a PCB Board member?

- ▶ The 22 Member States are elected by ECOSOC at the organizational sessions. (Please refer to the Rule of Procedure of The Economic and Social Council, United Nations) (<http://www.un.org/ecosoc/about/pdf/rules.pdf>)

What is the term of a PCB membership?

- ▶ The term of membership is three years and approximately one third of the Board membership is replaced annually. (Modus Operandi item 8.) However, Member States can relinquish their seat before completion of term if they so wish. The election of another Member State to any vacant seat is also subject to the process governed by ECOSOC.

How often does the PCB meet?

- ▶ PCB meetings are held twice a year in principle. However, the second session in the odd years is held only when there is a substantive need and if sufficient resources are available. In this regard, the PCB may decide in an even year to cancel the second meeting during the following, odd, year.

How can one participate in the PCB as an observer?

- ▶ Upon written application, which expresses a manifest interest, observer status for PCB meetings may be granted by the Executive Director, in consultation with the Chair of the PCB, to any Member State of any of the Cosponsoring Organizations, and any intergovernmental or non-governmental organization. Observers will make their own arrangements to cover expenses incurred in attending meetings of the PCB. (Modus Operandi item 12)
- ▶ Observers may participate, when invited to do so by the Chair, in the deliberations of the PCB on matters of particular concern to them. Observers may have access to PCB background documents. They may submit memoranda to the Executive Director who shall determine the nature and scope of their circulation. (Modus Operandi item 13)

How is Board participation funded?

- ▶ Funds are made available to cover the costs for per diem and travel incurred in connection with the attendance at PCB meetings for one representative from each developing country, from each country with an economy in transition and for one representative from each of the five nongovernmental organizations. (Modus Operandi item. 21)

What language(s) does the Board operate in?

- ▶ Simultaneous interpretation is provided for all PCB meetings in English and French. Simultaneous interpretation into other UN official languages may be provided on written request submitted by a member to the Secretary no later than six weeks prior to a full meeting of the PCB. (Modus operandi item 19)
- ▶ Background documents are prepared in English and French. (Modus Operandi item 17) except for Conference Room Papers which are only made available in English.
- ▶ Documents for the PCB are prepared in English and French and are made available eight weeks before a meeting when possible, and as soon as possible thereafter.

How does the PCB take its decisions?

- ▶ The PCB endeavours to adopt its decisions and recommendations by consensus. Should decisions by voting or other procedural advice be necessary, the PCB uses the Rules of Procedures in Annex 2 of the Modus Operandi (Modus Operandi item 27).
- ▶ Two thirds of the voting members of the PCB, i.e., fifteen member states, constitute a quorum. (Modus Operandi item. 20)

How are the Chair and Vice-Chair selected?

- ▶ The PCB elects from among its members and States elected as members as of 1 January of the following calendar year a Chair, a Vice-Chair and a Rapporteur. For States elected as a member as of 1 January of the following calendar year a written statement of interest is required. The terms of office of the three elected officials is one calendar year starting on 1 January. It is expected that the Vice-Chair will be elected to take the office of Chair for the subsequent calendar year unless the Vice-Chair has indicated that he/she does not seek election as Chair, or if the Vice-Chair was unable to complete his/her term of office. Officers will be elected taking into account a fair geographical distribution. (Modus Operandi item. 22)

What is the function of the PCB Bureau?

- ▶ The PCB Bureau is intended to maximize the effectiveness and efficiency of the PCB. Specifically, the PCB Bureau has the responsibility for coordinating the PCB's programme of work for the year, as explained further in Annex 3 of the Modus Operandi.
- ▶ The PCB Bureau is comprised of representatives of the officers of the PCB (Chair, Vice-Chair and Rapporteur), the Chair of the Committee of Cosponsoring Organizations and the PCB NGO Delegation. They may be accompanied by advisers. (Modus Operandi Annex 3, item 2).
- ▶ For the current composition of the PCB Bureau, please refer to the annex inserted in this handbook.

What is the inter-sessional decision making process by the PCB?

- ▶ When a decision is required by the PCB that cannot wait until the next scheduled PCB meeting, the PCB Bureau may use the inter-sessional process. This process is only applicable for decisions that are required by the PCB Bureau to complete functions that have been specifically mandated to it by the Board. (Modus Operandi Annex 3, item 3, 4, 5).

How are themes for the thematic segments of the PCB decided?

- ▶ In accordance with decisions by the PCB at its 20th and 21st meetings, every PCB meeting has a thematic segment in addition to the decision making segment and it is the responsibility of the PCB Bureau to send out a call for proposals to all PCB constituencies and to recommend themes for the Board to decide on.
- ▶ The four criteria to guide the selection of themes that were agreed by the Board are: Broad relevance, responsiveness, focus and scope for action.

UNAIDS, the Joint United Nations Programme on HIV/AIDS, brings together the efforts and resources of ten UN system organizations to the global AIDS response. Cosponsors include UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, ILO, UNESCO, WHO and the World Bank. Based in Geneva, the UNAIDS secretariat works on the ground in more than 80 countries worldwide.

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