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Joint United Nations Programme on HIV/AIDS

Report of the Fourth Meeting of the Programme Coordinating Board of UNAIDS

Geneva, 7-9 April 1997

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Agenda item 1 - Opening

1. The fourth meeting of the UNAIDS Programme Coordinating Board (PCB) took place at WHO headquarters in Geneva from 7 to 9 April 1997. The participants are listed in Annex 1.
2. The outgoing Chairperson, Ms Sally Shelton, welcomed the participants and called for nominations for her successor. Dr Dlamini Zuma (South Africa) was elected as Chairperson and took the Chair. Mr Hans Moerkerk (Netherlands) was elected as Vice-Chairperson. In response to a proposal by one delegation, the PCB decided to amend Article 21 of its *Modus Operandi* to indicate that the Board should also elect a Rapporteur, taking into account fair geographical distribution. Mr Wu Guogao (China) was elected as Rapporteur.
3. In her retiring address, Ms Shelton reminded participants of the critical importance of UNAIDS both as a unified effort in reducing the impact of the epidemic and as a potential model for cooperation in other areas of the United Nations (UN) system. While considerable progress had been made in the short period of the Programme's existence, many challenges remained owing to the continued spread of the epidemic, and sustained commitment and efforts were required by all those engaged in the response. It was essential to involve non-governmental organizations (NGOs) and people living with HIV/AIDS as major players, and to ensure attention to developing and industrialized countries alike. The PCB must fulfil its responsibility to see that the Programme's work progressed with the urgency that the epidemic demanded and to ensure success.
4. The PCB approved the following nominations submitted by the NGO community for representatives of NGOs/people living with HIV/AIDS to participate in the work of the PCB: Ms Marina Mahathir, Malaysian AIDS Council (Malaysia) as the representative for Asia/Pacific; Dr Mabel Bianco, Fundación para Estudio e Investigación de la Mujer (Argentina) as the alternate representative for Latin America/Caribbean; Ms Cheryl Brown, International Community of Women Living with HIV/AIDS (Canada) as the representative for North America; and Mr Jairo Pedraza, Global Network of People Living with HIV/AIDS (United States of America) as the alternate representative for North America.
5. Dr Nafis Sadik (Executive Director of UNFPA and Chairperson of the Committee of Cosponsoring Organizations, CCO) addressed the Board on behalf of the Cosponsors, noting that the World Bank would shortly take on the task of chairing the CCO. She welcomed the significant progress made in establishing UNAIDS and in implementing activities. On the recommendation of the CCO, the UN Secretary-General had reappointed Dr Peter Piot as Executive Director of UNAIDS for a further term of four years.
6. Collaboration between UNAIDS and the Cosponsors had been strengthened and a number of inter-agency working groups had been set up in specific programme areas. In addition, the Programme was participating in new initiatives by the UN Secretary-General to improve country-level coordination of UN activities. In February 1997, the CCO had endorsed the UNAIDS Proposed Programme Budget and Workplan for 1998-1999, stressing the need for clear lines of responsibility and the setting of priorities. It looked forward to the development of a more integrated workplan for UNAIDS and the Cosponsors. The 1996-1997 UNAIDS Coordinated

Appeal had not been as successful as hoped, and guidance was sought from the PCB as to how the Appeal process might be improved.

7. The CCO attached great importance to UNAIDS' activities at country level and to the successful functioning of the UN Theme Groups on HIV/AIDS. The Cosponsors were taking steps to secure administrative support for the latter. Coordinating and mobilizing increased

support for national AIDS programmes was the key activity of the Theme Groups, while technical and policy guidance should stem from UNAIDS. Noting that the range of Cosponsors taking responsibility for chairing the Theme Groups was broadening, the CCO encouraged the appointment of the most competent and appropriate representative in each country rather than automatic rotation.

8. She concluded by observing that all efforts to combat HIV/AIDS must be based on respect for the rights and dignity of all people. UNAIDS and the Cosponsors had a collective responsibility to take into consideration the rights of individuals to control their own reproductive and sexual health and to protect themselves from irresponsible behaviour by their partners; the need to promote responsible behaviour in infected individuals; the conflict between the right to confidentiality for infected persons and the right for those at risk to protect themselves; and the need for adequate information to enable people to make free and informed choices regarding infant feeding. Furthermore, countries needed appropriate guidance on those issues.

9. Mr Luis Gautier (Coordinator, Red de Acción Comunitaria en VIH/SIDA, Chile and the NGO representative for Latin America/Caribbean on the PCB), addressed the meeting on behalf of the representatives of NGOs/people living with HIV/AIDS. He expressed disappointment that current responses were failing to keep pace with the rapidly expanding epidemic; indeed, the gaps were widening. In many countries, denial and violation of human rights persisted, and care and treatment remained unavailable or inaccessible to the majority. Furthermore, the slow progress in developing the functions of Theme Groups from provision of information exchange to implementation of strategic plans of action and the lack of participation of NGOs and people living with HIV/AIDS were causes for continued concern. UNAIDS should seek ways of increasing the involvement of NGOs and people living with HIV/AIDS in Theme Groups, perhaps by designating a UNAIDS staff member to take responsibility for those efforts. The realities of lack of resources, the crisis in public health systems, the high cost of medicines and inadequate dissemination of information on new treatments should not be allowed to frustrate attempts to move forward with the introduction of sound initiatives to improve access to treatment and medication, including new therapies, based on pilot projects involving individuals, NGOs and countries. UNAIDS must make a difference.

10. The provisional agenda (document UNAIDS/PCB(4)/97.1) was adopted (see Annex 2).

Agenda item 2 - Consideration of the report of the third meeting

11. The PCB adopted the report of its third meeting (document UNAIDS/PCB(3)/96.10).

Agenda item 3 - Report of the Executive Director

12. In presenting his report of the Programme's activities during its first full year of operation (document UNAIDS/PCB(4)/97.2), Dr Peter Piot (Executive Director, UNAIDS) provided a brief overview of the current status of the HIV/AIDS epidemic which, despite recent breakthroughs in the area of treatment and the decrease in mortality in some countries, was far from over. The spread of HIV/AIDS was implacable, with more than 3 million new cases of HIV infection and 1.5 million HIV/AIDS-associated deaths in 1996, and increasing consequences for social and human development. The PCB expressed concern at the growing impact of the epidemic and at the continued inequalities in provision of basic health care and access to treatment, especially the newer antiretroviral combination therapy.

13. The PCB commended UNAIDS on its achievements in the short period of its existence and welcomed the progress made in setting up basic administrative and managerial systems, developing activities, and strengthening collaboration with the Cosponsors and other partners. However, further efforts were needed to make the cosponsored approach more effective, particularly at country level. UNAIDS must aim for the establishment of well functioning Theme Groups anchored solidly in the UN resident coordinator system, with a streamlined UNAIDS continuing as a major global source of advocacy, information, policy guidance and technical advice.

14. Collaboration between the Programme and the Cosponsors needed further strengthening both in the context of UN reform and in order to ensure improved support to countries through the Theme Groups, to define more clearly the roles and responsibilities of the various partners at global, regional and national level, and to develop a more integrated workplan. New partnerships in the public, voluntary and private sectors must be forged and strengthened and NGO involvement should continue to be enhanced at both national and international level. Regional initiatives should be encouraged and attention should be paid to arrangements for small countries and countries with little or no UN presence. Priorities for action and allocation of resources must be set. There was also a call for UNAIDS to respond to the Oslo consensus which urged multilateral agencies to report data on their performance with regard to the 20/20 Initiative and to become involved in UN discussions in that area.

15. UNAIDS must maintain a clear vision of its mandate; it was not foreseen as a funding agency. However, the decline in financial support to countries during the transition phase continued to have a negative impact on national HIV/AIDS activities. Long-term, predictable and sustainable funding mechanisms at all levels were clearly essential.

16. In response to queries regarding the prevention and control of other sexually transmitted diseases (STDs), the PCB was informed that UNAIDS was collaborating closely with WHO, which had a comparative advantage in that field and was developing activities through a number of

its headquarters programmes and through teams based at its Regional Offices in the areas of epidemiological research, diagnosis, prevention, treatment, integrated service provision and access to services.

17. The Board's attention was drawn to the involvement of UN system organizations other than the Cosponsors, including FAO, ILO, UNDCP and UNHCR, in various UNAIDS activities, and to their participation in Theme Groups in countries where their competence was relevant.

18. There was a call for UNAIDS and the Cosponsors to take steps to raise the international profile of UNAIDS, particularly in donor countries, making greater use of public relations and media

opportunities. The Board was informed that consultations were underway to increase the role of the UN Secretary-General in that regard. Furthermore, as part of the UN reform process, it was hoped to raise awareness of all UN activities at country level.

Agenda items 4 and 5 - Functioning of UNAIDS at country level including case studies; Criteria for prioritization of UNAIDS support

19. Dr Rob Moodie (Director, Department of Country Support, UNAIDS), introducing the report on UNAIDS at country level (documents UNAIDS/PCB(4)/97.3 and UNAIDS/PCB(4)/97.3 Add. 1), said that during 1996 the number of UN Theme Groups on HIV/AIDS had risen from 36 to 126, covering 150 countries and that 37 Country Programme Advisers and 24 UNAIDS Focal Points were now in place to support Theme Group efforts. Rotation of chairpersons had commenced and distribution of that responsibility among the Cosponsors was therefore broadening. While core financial support to national AIDS programmes was not envisaged in the UNAIDS Proposed Programme Budget and Workplan for 1998-1999, programme development funds would continue to be made available for catalytic activities supported by Theme Groups, and resource mobilization efforts by Theme Groups would develop. It should be noted that the Theme Groups did not constitute entities that could themselves receive funding. A summary of a review of Theme Group functioning in four countries (Botswana, Dominican Republic, Laos and Viet Nam) was annexed to the report. A wider study of UNAIDS in over 90 countries was also being conducted and a preliminary report covering 74 countries was available.

20. During 1996 UNAIDS had developed a framework to guide and assess the development of Theme Group activities and had used it to monitor progress. After becoming operational, Theme Groups would move, although not necessarily in strict sequence, from providing information exchange to developing collaborative activities and then coordinated and joint planning for the national response, and finally to joint programming and implementation of activities. For each phase, a core set of indicative activities had been established. Of the 74 Theme Groups assessed so far, 27% had completed all activities in phase "Theme Group operational". Smaller proportions had satisfied the requirements of the other phases, although many were meeting some of the core elements of those phases.

21. The PCB noted that many of the obstacles encountered in setting up the Theme Groups were being tackled, and that evidence from a number of countries indicated that Theme Groups could operate effectively in support of national activities, given the required commitment from all partners, and the necessary financial and technical support. However, it expressed concern that progress in translating planned Theme Group activities, including resource mobilization, into concrete actions remained slow. The Board looked forward to the full report on the assessment of UNAIDS at country level. It was suggested that the inclusion of a tabulated summary of progress on UNAIDS activities in countries in future reports to the PCB would facilitate the discussion, and that country visits by PCB members might provide an opportunity to review Theme Group operation at first hand.

22. Noting the country support priorities for 1997 set out in the report, the PCB reiterated the need for further efforts to improve collaboration between UNAIDS and the Cosponsors and to clarify the roles and responsibilities of Theme Groups and all the partners involved, in particular, in respect of

administrative and funding mechanisms. The roles of Country Programme Advisers and Focal Points also required greater definition; where possible, experienced national staff with local knowledge should be selected. In that context, the Board was informed that mechanisms for monitoring and evaluating the performance of Country Programme Advisers were being developed. In addition, steps were being taken to encourage the incorporation of appropriate information on HIV/AIDS issues in existing training courses for UN and Cosponsor staff at global and, where available, regional level.

23. There was a plea for greater attention to be given to the situation of areas such as the Caribbean and the South Pacific that consisted of widely scattered small island countries, where current Theme Group mechanisms were not entirely appropriate. Countries showing signs of an impending expansion in the HIV/AIDS epidemic also required special consideration. The Theme Group approach must be adaptable to local situations and sufficiently flexible to respond to changing needs, and countries must be consulted at every stage.

24. Greater efforts were needed to involve governments in Theme Groups; without high-level political commitment, national efforts would falter. UNAIDS must also seek to improve partnerships between governments and NGOs in order to ensure the design and acceptance of appropriate national policies and to reduce fear of discrimination and stigmatization.

25. The PCB expressed the hope that the existing regional and inter-country entities of Cosponsors and other similar mechanisms could become more involved in the Programme's work at regional level. Noting the development of small UNAIDS inter-country teams to support Cosponsors' regional technical teams and offices with the aim of strengthening regional information exchange, technical resources and advisory services, and harmonizing regional and sub-regional initiatives, the Board requested that a report on progress in that regard be prepared for consideration at its next regular annual session.

26. The Board was informed that UNAIDS was developing draft materials and global and regional networks of specialists to assist in providing support for national strategic planning, and that a review of district-level programmes was being conducted. The Programme was also

continuing to provide assistance to countries, either directly or through the Cosponsors, in the areas of advocacy, dissemination of best practice materials and information on the epidemic, and strengthening of technical cooperation. The PCB suggested that UNAIDS should also encourage the introduction of best practice materials into national programmes. Furthermore, since UNAIDS' advocacy would only succeed if it was based on sound scientific evidence, the Programme should support efforts to improve surveillance at all levels to ensure the provision of accurate data on the epidemic and on prevention and control activities.

27. The PCB reviewed the proposed criteria for prioritization relating to the allocation of UNAIDS funds to countries, which were set out in the report. The criteria had been developed on the basis of the opportunities available in countries as well as their needs, and allowed countries to be classified in three categories for allocation. The Board expressed support in principle for the proposals, which were consistent with the Programme's strategic objectives, but considered that further refinement was needed before any decision could be taken. There were calls for efforts to achieve a better balance between needs-based and opportunity-based criteria, and for transparency in applying the criteria. The prioritization exercise should be linked to country support priorities and it was suggested that evaluation of countries' previous use of allocated resources might be taken into consideration. There was general

support for approval of the detailed criteria prior to any categorization of countries. Some doubt was expressed as to the large number of countries proposed in category 1 (countries with the greatest opportunity as well as the greatest need for assistance); for true prioritization, a smaller number might be more appropriate. It was agreed that more detailed proposals should be prepared for consideration by the Board at its next regular annual session.

Agenda item 6 - UNAIDS performance monitoring and evaluation plan

28. Dr Stefano Bertozzi (Coordinator, Department of Policy, Strategy and Research, UNAIDS), introducing the progress report on the UNAIDS performance monitoring and evaluation plan (document UNAIDS/PCB(4)/97.5), outlined the action taken since the June 1996 meeting of the PCB, which included the establishment of a UNAIDS task force to provide oversight and guidance, consultations and workshops with a variety of partners, and the activities of the PCB Working Group on Indicators and Evaluation. A conceptual framework for performance monitoring and evaluation at four levels – outputs (goods and services delivered by the UNAIDS Secretariat), intermediate outcome (changes in the nature of the UN system response), outcomes (changes in the characteristics of national responses) and impact (changes in the epidemic itself and long-term responses to it) – had been elaborated.

29. In reply to queries regarding the accountability of UNAIDS at the four levels of the conceptual framework, the Board was informed that the extent to which UNAIDS exerted direct influence over and was accountable for the results being achieved was greatest at the output level. While it had less influence at the other levels, it was, of course, accountable in respect of activities where UNAIDS resources were involved.

30. The PCB, recognizing the need for sound monitoring and evaluation as an integral part of UNAIDS activities, expressed appreciation for the work undertaken in developing the performance monitoring and evaluation plan. It took note of the report of the PCB Working Group on Indicators and Evaluation (document UNAIDS/PCB(4)/97.5 Add. 1), presented by its Chairperson, Dr Duff Gillespie (United States of America), and agreed that a complete draft plan, along the lines proposed, should be submitted for consideration at its next regular annual session. Given the complexity of the Programme's collaborative approach, the plan should be clearly defined, with due regard for quality. UNAIDS should work closely with the Cosponsors in monitoring and evaluating UN system responses to HIV/AIDS at all levels, taking into account existing monitoring and evaluation procedures in order to avoid duplication. It should also support efforts to encourage the incorporation of harmonized monitoring and evaluation procedures in national HIV/AIDS activities.

31. The performance monitoring and evaluation plan should be linked to the UNAIDS Proposed Programme Budget and Workplan for 1998-1999, which should be revised to include a section providing consolidated information on the funding of monitoring and evaluation activities throughout the Programme and to indicate monitoring and evaluation activities under each programme component where possible. The proposed monitoring and evaluation activities should be realistic in terms of the financial and human resources needed for implementation, and it was important to maintain an appropriate balance between those activities and the other activities of the Programme. The plan should also be flexible, allowing for adjustments on the basis of experience gained.

32. To provide staffing for the monitoring and evaluation function, the PCB endorsed the proposed reassignment of an existing professional post and the creation of two posts, one professional and one general service, additional to the 1997-1997 approved staffing level in Geneva. UNAIDS should also examine other possibilities, including secondment from the Cosponsors and others, and the services of the UN Joint Inspection Unit.

33. The Board was informed that monitoring and evaluation activities were proceeding pending the development of the plan, and that a number of priorities for implementation had been set, including: compilation and analysis of HIV/AIDS surveillance data in collaboration with WHO; development of an Expanded Response Effort Assessment for national HIV/AIDS responses; monitoring of UN responses to HIV/AIDS at country level (through Theme Group assessment, a study of the financing of national programmes and user satisfaction surveys); and development of a UNAIDS management information system to monitor the execution of the 1998-1999 Programme Budget and Workplan. It was hoped to have a report on the Expanded Response Effort Assessment for a specific set of countries by mid-1998.

33. The Board endorsed the recommendation of the PCB Working Group on Indicators and Evaluation that the Working Group should cease to function and that a technical advisory group should be established with broad-based participation, including representation from donors, NGOs, users and those responsible for programme implementation as well as technical experts, to provide technical support for monitoring and evaluation activities and to assess implementation of the performance monitoring and evaluation plan. The terms of reference might also include the development of guidelines for the harmonization of national monitoring and evaluation procedures. The reports of the new group, which would be advisory in nature, should be submitted for consideration by the PCB.

Agenda item 7 - Financial and budgetary update for 1996-1997: interim report

34. The PCB took note of the report on the financial situation of the Programme as at 31 March 1997 (documents UNAIDS/PCB/(4)/97.6 and Addendum), presented by Ms Janet Lim (Programme Administrator, UNAIDS), and welcomed the structure of the document which showed a clear separation of overhead costs, programme delivery costs and the cost of posts, as recommended at its previous meeting.

35. Concern was expressed at the potential 40% shortfall for the biennium, and donors to the Programme were urged to confirm their 1997 contributions as soon as possible so that core activities for the remainder of the year would not be affected. Donors should also make every effort to ensure prompt payment in future years. It was also essential to secure adequate funding for the core budget for the whole biennium and PCB members should meet their responsibilities in that respect. In reply to queries about the low level of contributions by the Cosponsors to the core budget, it was pointed out that the Cosponsors also funded HIV/AIDS activities, many at country level, from their own regular budgets and it was therefore important to look at the whole picture. The Board was informed that in addition to the contributions listed in Annex II, contributions in kind, such as the generous provision of premises by the Government of Côte d'Ivoire for a UNAIDS inter-country team in Abidjan, had also been received. Efforts were being made to find ways of reflecting such contributions in future reports.

36. Expressing appreciation for the work done to attract donations from non-traditional sources, including the private sector, the PCB encouraged further efforts in that regard, since a small number of donors was still contributing a high proportion of the funds raised. The UNAIDS Secretariat was requested to prepare a complete financial and budgetary update, including information on future resource mobilization prospects, for consideration by the PCB at its next annual regular session. In light of the multiplicity of possible funding mechanisms, the Board suggested that the PCB Working Group on Resource Mobilization be requested to consider the development of guidelines for channelling support to and through UNAIDS in order to provide a sound basis for long-term, predictable and sustained funding (see also paragraph 58 of this report).

37. The PCB welcomed the establishment of a Working Capital Fund, to be known as the Operating Reserve Fund, as a mechanism for dealing with short-term cash-flow difficulties. It noted that the reserve had been constituted with an initial amount of US\$ 20 million, while the monies currently available, which included funds carried over from WHO/GPA to date and carryover funds from 1995, totalled US\$ 38 million. The PCB Working Group on Resource Mobilization was requested to consider the basis for establishing an appropriate level for the Operating Reserve Fund and to submit proposals in that regard, together with recommendations on the rules and procedures for the Fund, for consideration by the PCB at its next regular annual session.

39. A report (document UNAIDS/PCB(4)/INF.DOC) was made available to the Board which contained information provided by the Cosponsors on HIV/AIDS-related activities to be funded from their core budgets. It was suggested that provision of such information in relation to each programme component of the UNAIDS 1998-1999 Proposed Programme Budget and Workplan would facilitate the Board's discussion in future.

Agenda item 8 - UNAIDS Proposed Programme Budget and Workplan for 1998-1999

40. Dr Peter Piot (Executive Director, UNAIDS) presented the UNAIDS Proposed Programme Budget and Workplan for 1998-1999, which had been developed together with the Cosponsors to ensure a more integrated approach and which was structured around 21 programme components grouped in five main areas: activities at country level; advocacy and public information; activities related to substantive aspects of the HIV/AIDS epidemic; development of inter-country technical networks; and supportive activities relating to administration, management, governance, coordination and resource mobilization.

41. The PCB expressed appreciation for the efforts made in preparing a well structured and transparent document, which provided a clear breakdown of the various costs and which was referred to as an example of "best practice" within the UN system. The Board approved the proposed budget of US\$ 120 million, which it was pleased to note was at the same level as that for the previous biennium. It also endorsed the proposed allocations to the various programme components.

38. Although significant progress had been made in moving towards an integrated workplan, further efforts were needed to clarify the responsibilities of UNAIDS, the Cosponsors and other partners in order to ensure complementarity of activities, and to coordinate the various categories of funding. There was room in future programme budgets for further prioritization of the activities presented, and the level of narrative detail provided should reflect the priority accorded to each programme component.

39. The Board welcomed the development of objectives and sub-objectives for each programme component but recommended that in future the distinction between them be clear and that they were used in a consistent manner for all programme components.

40. The PCB recommended that, when developing its detailed management workplans, the Secretariat should ensure that the programme components were clearly linked to the four strategic objectives of the UNAIDS Strategic Plan and that due emphasis was given to the four cross-cutting themes: human rights, gender, young people, and the greater involvement of people living with HIV/AIDS. In setting priorities, greater attention should be given to activities aimed at developing: strategies for improving access to care, in particular, access to essential drugs for the treatment of opportunistic infections and to antiretroviral therapy; effective monitoring of the dynamics of the HIV/AIDS epidemic and its impact on socio-economic development; HIV/AIDS prevention technologies – including vaginal microbicides, measures to ensure safe supplies of blood and blood products, enhancement of national capacities for participation in vaccine trials,

and approaches for reducing HIV transmission through injecting drug use; guidance on human rights, legal and ethical issues; and strategies for the effective use of programme development funds, emphasizing their catalytic nature. In addition, efforts should be made to incorporate performance monitoring and evaluation procedures at all levels.

41. For their part, Member States should ensure that the priorities in respect of HIV/AIDS-related activities set by the governing bodies of the Cosponsors were consistent.

Agenda item 9 - Coordinated Appeal for 1998-1999

42. The PCB took note of the progress report on the UNAIDS Coordinated Appeal for Supplemental Funded Activities (document UNAIDS/PCB(4)/97.7), which was introduced by Ms Sally Cowal (Director, Department of External Relations, UNAIDS), and endorsed the development of the 1998-1999 Coordinated Appeal within a US\$ 20 million ceiling at global level, with a planned launch in June 1997.

43. Appreciation was expressed for the candid assessment of the difficulties encountered during the Coordinated Appeal for the biennium 1996-1997, as a result of which only US\$ 4.8 million of the requested US\$ 18 million had been raised (US\$ 1.8 million from three donor agencies and US\$ 3 million from the UNAIDS core budget). The Board noted that there was still time for donations to be received for the current biennium and welcomed the announcement that an additional Member State had pledged a contribution.

44. The Cosponsors and the UNAIDS Secretariat should build on the experience of the 1996-1997 Coordinated Appeal, the first of its kind, in proceeding with the development of the second. The Coordinated Appeal was an important and innovative mechanism for coordinating funding with the aim of increasing responses to the HIV/AIDS epidemic. It was also a valuable forum in which the Cosponsors and the UNAIDS Secretariat could continue to work together to harmonize and integrate HIV/AIDS-related activities. However, further efforts were needed to refine and prioritize the criteria for the selection of proposals for the next Appeal, which should include, on a trial basis, activities at country level. The work of inter-agency reference/working groups would be valuable in the selection process.

Proposals should preferably focus on activities rather than request funding for core costs and staff salaries.

They should also be linked to the programme component objectives of the UNAIDS Workplan, and responsibilities for implementation should be clearly defined. There was a call for the World Bank, whose funding situation and functions differed somewhat from those of the other Cosponsors, to be discouraged from itself submitting proposals.

49. The Board endorsed the proposed changes in the Coordinated Appeal process for 1998-1999 and urged that detailed documentation be prepared to explain the Appeal more clearly in order to encourage donors, who were faced with their own resource constraints and requirements and had to make difficult choices about where to place their contributions. The Secretariat was requested to prepare and distribute quarterly updates on contributions to the Coordinated Appeal and the activities being funded, and to report on overall progress at the next PCB meeting.

Agenda item 10 - Mode of operations of the PCB

50. Recognizing the need for an appropriate balance between formal and informal mechanisms in the UNAIDS governance structure, the PCB endorsed the proposals contained in the report on the mode of operations of the PCB (document UNAIDS/PCB(4)/97.8).

51. The introduction of *ad hoc* thematic and informal information meetings would provide an opportunity for in-depth debate on substantive HIV/AIDS issues which was not often possible at the formal regular annual session of the PCB. However, such meetings should not be restricted to the exchange of information; they should have objectives and produce results that would enhance the work of the Programme.

52. The Board noted that, for 1997, one *ad hoc* thematic meeting of the PCB and four informal information meetings around the themes of UNAIDS at country level, budget and financial issues (including the results of resource mobilization efforts), trends and statistics of the epidemic and new case studies of best practice, and performance monitoring and evaluation had been proposed. While the number of such meetings should remain flexible, it was essential that the cost and human resources needed for their preparation should not become onerous. Furthermore, every effort should be made to ensure a broad participation in informal meetings, with particular attention to the involvement of NGOs.

53. The Board recommended that steps be taken, in consultation with PCB members, to find ways of improving the format and conduct of PCB meetings, including consideration of alternative venues. The introduction of panel discussions at *ad hoc* thematic meetings was suggested. Further informal briefing sessions, such as the one on the development of the UNAIDS Best Practice Collection held during the current PCB meeting, would also be useful.

45. The Secretariat was requested to circulate information about forthcoming meetings widely and well in advance to facilitate participation and allow sufficient time for the preparation of presentations. The calendar of meetings should be drawn up with due regard for other important HIV/AIDS-related meetings.

46. Concern was expressed at the lack of participation of PCB members in the process of selecting candidates for the offices of Chairperson and Vice-Chairperson of the Board. It was therefore suggested that the current Chairperson and Vice-Chairperson should consider the matter further and prepare proposals for consideration by the PCB at its next regular annual session.

Agenda item 11 - Next PCB meeting

47. After some discussion of the needs of the Programme and the time required by the Secretariat to complete various tasks, the Board decided that its next meeting should be an *ad hoc* thematic meeting to be held during the last quarter of 1997, most likely in November. The agenda should focus on a limited number of substantive issues to be determined by the Secretariat in consultation with the elected officers of the PCB.

Agenda item 12 - Other business

PCB Working Group on Resource Mobilization

48. The PCB endorsed the recommendations of the PCB Working Group on Resource Mobilization (document UNAIDS/PCB(4)/97.9), presented by the Working Group's Chairperson, Mr Erik Hammarskjöld (Sweden). The strengthening of resource mobilization along the lines proposed by the Working Group was essential to provide the predictable, long-term funding necessary for the continuity of HIV/AIDS-related activities. While priority should be given to non-earmarked contributions to the core budget, it was important to maintain some flexibility, given the requirements of some donors in that regard.

49. It was agreed that further consideration should be given to the terms of reference of the PCB Working Group on Resource Mobilization in relation to the Board's earlier proposal regarding the development of guidelines on funding mechanisms (see paragraph 37 of this report).

Inter-Agency Advisory Group on AIDS (IAAG)

59. Mr Jacques du Guerny (FAO, Chairperson of the Inter-Agency Advisory Group on AIDS) briefed the PCB on the ongoing reform of the IAAG which was aimed at enhancing its contribution to UNAIDS and the UN system as a whole. The Group's terms of reference had been significantly streamlined to simplify formal procedures and reduce the number of meetings, and modified to update objectives in line with the changes from WHO/GPA to UNAIDS. In future, the Group would continue to advise on, monitor and promote the review of HIV/AIDS issues in relation to UN personnel. It would, furthermore, also advise on issues of a cross-sectoral nature which required coordinated action, with special emphasis on interrelationships with development. For example, a forthcoming meeting would consider HIV/AIDS issues in relation to migration, with broad participation of UN and relevant international organizations. The proposed changes should ensure a more focused approach on the advisory functions and would reduce the costs of the Group.

Communication and public information

60. The PCB welcomed the opportunity provided during the session to view a UNAIDS video on 1996 highlights and a TV spot from South Africa produced by Population Services International (PSI) on condom promotion and use.

Agenda item 13 - Adoption of decisions, recommendations and conclusions

61. The decisions, recommendations and conclusions of the fourth meeting of the PCB, which were discussed and adopted prior to the close of the meeting on 9 April 1997, are set out in Annex 3.

Annex 1

List of Participants

Member States

Algeria

Dr Yamina Chakkar, Director, National Programme for AIDS & STD, Ministry of Health and Population, El-Madania, Alger

Monsieur Mahiddine Messaoui, Ministre Conseiller, Mission permanente de la République algérienne démocratique et populaire auprès de l'office des Nations Unies à Genève

Barbados

Dr Carol Jacobs, Chairperson, National Advisory Committee on AIDS, Christ Church

Bulgaria

Dr Radka Argirova, Deputy Minister of Health, Ministry of Health, Sofia

Canada

Mr Ross L. Noble, Senior Programme Manager, Multilateral Technical Cooperation, Canadian International Development Agency, Hull, Quebec

Dr Don Sutherland, Director, Bureau of HIV/AIDS and STD, Laboratory Centre for Disease Control, Health Protection Branch, Health Canada, Ottawa, Ontario

Ms Jean Perlin, Counsellor, Permanent Mission of Canada to the Office of the United Nations and other, International Organizations at Geneva

China

Professor Li Shichuo, Director General, Department of International Cooperation, Ministry of Health, Beijing

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Annex 2

**Fourth meeting of the
PROGRAMME COORDINATING BOARD
Geneva, 7-9 April 1997**

**UNAIDS/PCB(4)/97.1
13 January 1997**

Place of meeting: Executive Board Room, WHO, Geneva

*Times of meeting: 09h00 - 12h30
14h00 - 17h30*

The meeting will finish at lunchtime on 9 April

**DRAFT
PROVISIONAL AGENDA**

Reference documents

1. Opening
 - 1.1 Opening of the meeting
 - 1.2 Election of officers
 - 1.3 Report by the Chairperson of the Committee of Cosponsoring Organizations
 - 1.4 Report by the NGO representative
 - 1.5 Adoption of provisional agenda
2. Consideration of the report of the third meeting
3. Report of the Executive Director
4. Functioning of UNAIDS at country level including case studies
5. Criteria for prioritization of UNAIDS support
6. UNAIDS Performance Monitoring and Evaluation Plan
7. Financial and budgetary update: interim report
8. UNAIDS Proposed Programme Budget and Workplan for 1998-1999
9. UNAIDS Coordinated Appeal for 1998-1999
10. Mode of Operations of the PCB
UNAIDS/PCB(4)/97.8
11. Next PCB meeting
12. Other business
13. Adoption of Decisions, recommendations and conclusions