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**Second regular session 2004**

20 to 24 September 2004, New York

Item 14 of the provisional agenda

**Follow-up to UNAIDS Programme Coordinating Board Meeting**

**UNITED NATIONS POPULATION FUND**

UNFPA Response: Implementing the UNAIDS PCB Recommendations

*Summary*

This report has been prepared in response to Executive Board decision 2004/5. The report outlines the strategies and actions under way in support of the UNFPA response to implementing the decisions, recommendations and conclusions of the Fifteenth meeting of the UNAIDS Programme Coordinating Board (PCB), which took place 23 to 24 June 2004.

For ease of reference, annex I contains an excerpt from the Report of the Executive Director for 2003 (DP/FPA/2004/9, Part I). This excerpt provides detailed information submitted to the Executive Board at the annual session 2004 on the Fund's response to the Fourteenth meeting of the PCB, as requested in decision 2004/5.

Furthermore, as requested in decision 2004/5, annex II contains the decisions, recommendations and conclusions of the Fifteenth meeting of the PCB.

## Background

1. In June 2003, at the joint meeting of the Executive Boards of UNDP/UNFPA and UNICEF, with the participation of the WFP Executive Board, several delegations recommended that there should be a standing agenda item for the Executive Boards on recommendations and decisions of the UNAIDS Programme Coordinating Board (PCB). Thus, this item will normally be tabled during the second regular session of the UNDP/UNFPA Executive Board, and on an exceptional basis was included at the Board's first regular session 2004.

2. At the annual session 2004, in response to decision 2004/5, UNFPA provided detailed information in the Executive Director's annual report (DP/FPA/2004/9, Part I) on how UNFPA, working in cooperation with relevant stakeholders – in particular the other co-sponsors of UNAIDS – is acting on the recommendations made by the PCB. This information, which appeared in a section focused on HIV/AIDS in the annual report (paragraphs 41 to 58 in DP/FPA/2004/9, Part I), is provided in annex I of the present report for ease of reference. The present report focuses on the strategy that UNFPA will use to implement the decisions, recommendations and conclusions of the Fifteenth meeting of the PCB. A fuller analysis of the implementation of the recommendations will be provided in the Fund's 2005 report to the Executive Board's Second regular session 2005. This will enable the Fund to sequence its reporting in a more efficient and comprehensive way, given the short time frame between the PCB meeting in June and the requirement to report to the Board in September. Thus, the present report focuses primarily on the strategies and action under way in response to PCB recommendations (contained in annex II) endorsed in June 2004 at the Fifteenth PCB meeting.

## Decisions of the Fifteenth PCB meeting: Key elements impacting UNFPA

3. The Fifteenth meeting of the UNAIDS PCB was held from 23 to 24 June 2004, in Geneva, Switzerland. The PCB recommendations cut across a broad array of issues (see annex II). As a co-sponsor of UNAIDS, UNFPA is fully committed to systematic follow-up to the PCB recommendations and to working effectively with all United Nations system agencies and organizations and other relevant partners. This report outlines those recommendations that are most relevant to UNFPA programming, categorized under the following themes:

- Coordination, harmonization and performance monitoring
- Capacity development and meeting the demand for technical assistance to support countries mount comprehensive and sustained responses to HIV/AIDS
- Addressing the needs of women and girls through a comprehensive gender-balanced response
- Partnerships with and inclusion of civil society, people living with HIV and AIDS, and south-south cooperation.

## Coordination, harmonization and performance monitoring

4. In line with United Nations reform efforts, as well as ensuring better coordination among all international development partners, the PCB endorsed the *Commitment to principles for concerted AIDS action at the country level* agreed during the high-level meeting held on 25 April 2004 in Washington D.C. and endorsed UNAIDS action to support the implementation of the "Three Ones" (i.e., one agreed HIV/AIDS action framework that provides the basis for coordinating the work of all partners; one national coordinating authority, with broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system) including planning for this support within the next biennium's Unified Budget and Workplan (UBW).

5. As part of the coordination and harmonization process, the PCB also encouraged UNAIDS to build on work by the Organisation for Economic Co-operation and Development (OECD)/Development Assistance Committee (DAC) to develop principles of good practice for effective coordination and harmonization at the national level; to set clear and specific guidelines for the inclusion of civil society and People Living with HIV and AIDS organizations in partnership forums and other national coordination bodies, and to facilitate efforts to better coordinate funding within the national AIDS strategic framework.

6. In respect to performance monitoring, the PCB encouraged results-based budgeting, improving workplace policies on HIV/AIDS, harmonized outcome-oriented reporting on HIV/AIDS activities and regular reviews of compliance with established criteria for co-sponsorship.

7. UNFPA agrees with these recommendations and is working with its partners to provide technical assistance to support implementation of the “Three Ones”. All UNFPA staff have been made aware of the “Three Ones” and the Fund’s commitment to support their implementation. At country level, this means working within the existing national AIDS strategy and national population strategies. Increasingly, UNFPA country offices programme support through the United Nations Implementation Support Plan, in which United Nations country teams work together to develop a common plan of joint support to the national response. Further detail on ensuring country-level capacity to do so is outlined in this report under the section on capacity development. In furthering coordination at regional level in support of country action, the regional consultations held to date (Latin America and Caribbean, Eastern Europe and Central Asia, and Middle East and North Africa) supporting the preparation of the UBW 2006-2007 have yielded agreement on priority areas for joint programming to be included in the inter-agency portion of the UBW, as well as targeted work for completion over the next eighteen months. Similar results are expected from the remaining consultations for Africa and Asia and the Pacific.

8. As the Executive Board is aware, UNFPA has been working to strengthen its results-based management as is evident in the multi-year funding framework (MYFF), 2004-2007 (see DP/FPA/2004/4) and the complementary intercountry programme, 2004-2007 (see DP/FPA/2004/3), which were approved at the Board’s first regular session in January 2004. At the country level, UNFPA support is directed to strengthening linkages between sexual and reproductive health and HIV/AIDS. The Fund’s primary area of HIV/AIDS work remains in prevention, focusing on young people, women and girls, and comprehensive condom programming. The most recent step in harmonized reporting at the global level has been the agreement to allow annual UBW reports to also serve as co-sponsors’ reporting on the United Nations System Strategic Plan 2001-2005 (UNSSP) and subsequently on the United Nations System Strategic Framework 2006-2010 (UNSSF), which is under development. Further guidance from the Executive Board is requested on harmonizing reporting for the PCB and the Executive Board.

9. As regards HIV/AIDS in the workplace, UNFPA continues to work in close collaboration with UNICEF on implementation of the “Caring for Us” initiative and is in ongoing discussions with UNICEF, UNDP and the UNAIDS Secretariat on further merging United Nations workplace initiatives (“Caring for Us” and “We Care”) in line with the goals of the agreed United Nations learning strategy on HIV/AIDS which envisions a single United Nations HIV/AIDS in the workplace programme. In all countries, regional offices and at headquarters, UNFPA is actively engaged in working towards that goal together with all United Nations system agencies. UNFPA is also strengthening its efforts to ensure male and female condoms and other essential commodities are available for all United Nations country teams as

outlined in the minimum standards of the “Caring for Us” HIV/AIDS in the workplace programme. On compliance with criteria for co-sponsorship, UNFPA believes that the UBW process will allow for a regular review of some of the criteria; however, a comprehensive process is not yet in place and will need to be developed through the mechanism of the Committee of Cosponsoring Organizations.

Capacity development and meeting the demand for technical assistance to help countries mount comprehensive and sustained responses to HIV/AIDS

10. Capacity development and sustainability (including financial sustainability) are issues both within the UNAIDS partnership as well as for countries themselves especially in relation to available institutional and human resource capacities to mount comprehensive and sustained responses to HIV and AIDS. The PCB has encouraged the establishment through UNAIDS of Technical Support Facilities, including regional technical assistance networks to help countries identify key technical assistance providers and access high quality technical assistance. UNFPA fully supports the development of the Technical Support Facilities and sees a strong role for the UNFPA Country Technical Services Teams (CSTs). Complementary preliminary discussions have also begun in two regions (Eastern Europe and Arab States) on the contribution that the development of the UNFPA knowledge assets and the WHO knowledge hubs might lend to the process. In addition, the latest draft update of the UNFPA Policies and Procedures Manual includes text directing country offices to provide, facilitate and broker technical assistance in support of national level responses to the epidemic especially as relates to the mandate of UNFPA – emphasizing the important linkages between HIV/AIDS and sexual and reproductive health. Plans are also under way for a region-wide review workshop in Africa for knowledge sharing and capacity-building on sexual and reproductive health, including HIV prevention among young people.

11. To provide, facilitate and broker technical assistance to support country-level action requires adequate human resources within UNFPA, especially at country level to support efforts to access resources (e.g., from the Global Fund to Fight AIDS, Tuberculosis and Malaria) and to assist in the implementation of the “Three Ones”. Going further than the designation of country-level focal points as noted in the Executive Director’s annual report for 2003 (DP/FPA/2004/9, Part I), UNFPA is reviewing its country-level capacities to provide technical assistance and is considering the reprogramming of a portion of UBW funds for the 2004-2005 cycle (as well as programming in the next cycle) to support recruitment and placement of additional national technical experts in country offices with priority to those countries most impacted by the HIV epidemic. It is expected that terms of reference for such staff would include support for: (a) developing proposals for the Global Fund; (b) implementing the “Three Ones”; (c) accelerating action to prevent infection in young people and women; (d) continuing support for prevention services within the WHO-led, UNAIDS “3 by 5” initiative; and (e) advocacy efforts of the UNFPA Global Youth Partners and the multi-partner Global Coalition on Women and AIDS.

Addressing the needs of women and girls through a comprehensive gender-balanced response

12. Important to the work and planning of UNFPA, the PCB endorsed the need for a comprehensive gender-balanced response to AIDS, incorporating HIV prevention, treatment and impact alleviation, in particular with regard to stigma and discrimination. The PCB also supported UNAIDS leading the development of a revitalized prevention strategy, with a clear link to sexual and reproductive health and basic health services, that promotes prevention in combination with treatment. Addressing the feminization of HIV/AIDS requires action on several fronts. Women’s reproductive health and rights have always been a key element in the work of UNFPA. While the Fund supports the ABC approach for

HIV prevention – abstinence, be faithful and condom use – it has become evident that this is not always a viable option for all women and girls, many of whom are powerless to make decisions affecting their reproductive lives. As noted in the annual report of the Executive Director (DP/FPA/2004/9, Part I), reproductive health and rights are the underpinnings for meeting the Millennium Development Goals (MDGs). UNFPA has long supported strengthening national capacities to provide the full range of reproductive health services. These services include the provision of family planning methods; maternal health care, assisted delivery, and essential and emergency obstetric care; prevention and management of reproductive tract infections (RTIs), including sexually transmitted infections (STIs); prevention of HIV/AIDS; and information, education and counselling on reproductive health, including family planning and sexual health. Strengthening demand for reproductive health is crucial in making reproductive health policies and programmes work for the poor and other disadvantaged groups. The Fund’s efforts have been directed towards strengthening the demand for reproductive health at community and household levels through activities to promote quality of care. Gender-related issues are also being addressed, including harmful practices and gender-based violence. Work is ongoing to strengthen the important linkages with HIV/AIDS to scale up the integration both of HIV/AIDS into sexual and reproductive health programmes and of reproductive health into HIV/AIDS programmes.

13. UNFPA efforts on gender and the importance of focusing on women and girls can be seen in the structure of the MYFF; the Fund’s leadership in the work with the Global Coalition of Women and AIDS in the area of HIV prevention among girls and young women; the joint UNFPA/UNIFEM/UNAIDS publication entitled “Women and HIV/AIDS: Confronting the Crisis” released at the XVth International AIDS Conference in Bangkok, Thailand, and further supported by the Executive Director’s plenary statement (at the conference) addressing inequities and inequalities in the response to HIV/AIDS; as well as in other statements highlighting the need for innovative prevention approaches that truly work for women and girls coupled with action to both socially and economically empower women to protect themselves for HIV infection, violence and poverty. Notable is the expansion of one of the Fund’s core areas of work on HIV prevention from a focus on prevention in pregnant women to prevention in women and girls – a move which better meets the needs of women affected by the epidemic and more accurately reflects the work and comparative advantage of UNFPA. Furthermore, country offices have been requested to support the efforts surrounding the 2004 World AIDS Campaign which is focused on women and girls. Support in this area will be essential in supporting countries to meet the goals and targets of the United Nations Special Session on HIV/AIDS Declaration of Commitment on HIV/AIDS, as well as the MDGs.

#### Partnerships with and inclusion of civil society, people living with HIV and AIDS, and south-south cooperation

14. UNFPA has long emphasized that reproductive health programmes can play a pivotal role in providing individuals with access to prevention, care and treatment services for HIV/AIDS. It is envisaged that UNFPA will continue to build upon the work of 2003 which aimed to forge a common understanding of reproductive health and rights and to promote the application of these concepts within varied cultural contexts, emphasizing a rights-based approach and seeking to mobilize individuals and civil society organizations to demand better reproductive health. UNFPA is working closely with civil society organizations, including the International Community of Women Living with AIDS, to ensure programmes help all women realize their rights. The Fund is also striving to include people living with HIV/AIDS in its orientation and planning processes and is expanding the role of young people in all aspects of UNFPA work, including preparation of the UBW and as short-term staff. UNFPA is also

supporting a number of parliamentary meetings to consolidate their commitment to the response transferring the success in the process from the Caribbean to Asia and the Pacific.

15. As noted in the Executive Director's annual report (DP/FPA/2004/9, Part I), the integration of HIV/STIs with reproductive health programmes is a strategy that could lead to improved prevention, screening, treatment and care as well as to less infertility and fewer poor pregnancy outcomes. Integrating services could also lead to a more holistic approach to health, with a focus on gender equity and reproductive rights. It could reduce the stigma associated with vertical HIV/STI programmes, increase opportunities for improving health, increase convenience and decrease costs for clients, and make services more cost-efficient. To ignore the linkages and fail to build upon the multisectoral nature of addressing reproductive health, with its socio-economic, legal, attitudinal, cultural, educational and gender dimensions, is to miss an opportunity to help millions of women and their families prevent unnecessary suffering and untimely death.

16. The governing bodies of both UNFPA and UNAIDS consider it vital to support the building of capacities at the country level so that countries can scale up, intensify and sustain their response to the epidemic. As noted previously, this will require a critical mass of human resources, supported by adequate financial resources. The United Nations system can play an essential role in providing the necessary long-term support to countries to access adequate resources (human and financial); implement effective policies and programmes to prevent new infections; and ultimately to halt and reverse the epidemic. UNFPA is committed to meeting this challenge. Joint programming and stronger engagement of United Nations country teams remain some of the key priorities for UNFPA in addressing the HIV/AIDS challenges in the months ahead.

### **Recommendation**

**17. The Executive Board may wish to take note of the present report (DP/FPA/2004/CRP.6) and provide guidance on harmonized reporting for the PCB and the Executive Board.**

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## Annex I

**The text below has been excerpted from the Report of the Executive Director for 2003 (DP/FPA/2004/9, Part I), wherein it appears on pages 11 to 16 in paragraphs 41 to 58. This text has been included in the present report for easy reference.**

### 4. HIV/AIDS

41. This section of the annual report focuses on HIV/AIDS and responds to decision 2004/5, adopted by the Executive Board at the first regular session 2004. In that decision the Board requested UNFPA to provide more detailed information in the annual report on how the Fund, working in cooperation with relevant stakeholders – in particular the other co-sponsors of UNAIDS – is acting on the recommendations made by the UNAIDS Programme Coordinating Board (PCB) during its fourteenth meeting in June 2003. UNFPA welcomed the PCB recommendations endorsed in December 2002 and those from the June 2003 meeting, including recommendations dealing with an increased focus on country-level action, increased access to affordable commodities and the feminization of the epidemic.

42. In the context of promoting reproductive health, including family planning and sexual health, UNFPA has focused strategically on three core areas in its response to HIV/AIDS: the prevention of HIV infection among young people; the prevention of HIV infection in pregnant women; and comprehensive condom programming. These core areas are complemented by support for creating stronger enabling environments, encompassing gender equity and equality, cultural sensitivity and partnership, including partnering with men. In 2003, UNFPA maintained its role as the convening agency in the two important areas of focusing on young people and condom programming, and worked to strengthen United Nations partnership and collaboration. UNFPA continued to provide a strong presence in country-level theme groups on HIV/AIDS. Results of the global survey, which was conducted as part of the 10-year review of the implementation of the ICPD Programme of Action, corroborated the importance of intensifying action on HIV/AIDS, as the vast majority of respondent countries noted that combating the epidemic was a priority.

#### Integrating HIV/AIDS in reproductive health programming

43. UNFPA has long emphasized that reproductive health programmes can play a pivotal role in providing individuals with access to prevention, care and treatment services for HIV/AIDS. Nevertheless, for a variety of reasons – historical, cultural, economic and funding-related – services for reproductive health and HIV/AIDS remain as parallel programmes in most countries. The integration of HIV/STIs with reproductive health programmes is a strategy that could lead to improved prevention, screening, treatment and care as well as to less infertility and fewer poor pregnancy outcomes. Integrating services could also lead to a more holistic approach to health, with a focus on gender equity and reproductive rights. It could reduce the stigma associated with vertical HIV/STI programmes, increase opportunities for improving health, increase convenience and decrease costs for clients, and make services more cost-efficient. Some have argued that integrating these services could result in a decline in quality, that service providers would be overwhelmed with more responsibility than they are able or willing to handle, and that marginalized populations would continue to be excluded. Yet, to ignore the linkages and fail to build upon the multisectoral nature of addressing reproductive health, with its socio-economic, legal,

attitudinal, cultural, educational and gender dimensions, is to miss an opportunity to help millions of women and their families prevent unnecessary suffering and untimely death.

#### Responding to UNAIDS PCB recommendations

44. Within UNAIDS, it is acknowledged that the United Nations system must continue to re-evaluate its efforts, more strongly define its value added, and work both in partnership and as a catalyst to achieve major impact, given limited resources. The PCB recommendations cut across a broad array of issues. This subsection of the annual report outlines those most relevant to UNFPA programming and illustrates action taken on the recommendations. As a co-sponsor of UNAIDS, UNFPA is deeply committed to systematic follow-up to the PCB recommendations. Responding to the PCB recommendation urging UNAIDS and its partners to strengthen the links between the areas of child health, reproductive health and rights, and HIV/AIDS so as to improve the effectiveness of poverty-reduction strategies, UNFPA embarked on a major effort to highlight the interplay between reproductive health, including family planning and sexual health, and HIV/AIDS, and to garner support for programmatic responses. Beginning with a videoconference in September 2003, co-hosted by UNFPA and the World Bank, UNFPA and its partners are holding a series of consultations through May 2004, scheduled to culminate in a commitment to action emerging from a high-level meeting in June 2004 and reiterated in a symposium at the International AIDS Conference in Bangkok, Thailand, in July 2004, the commemoration of the tenth anniversary of the ICPD in New York in October 2004 and other international events.

45. The Global Fund. Among its recommendations, the PCB urges UNAIDS to continue to assist countries in accessing resources, including the Global Fund to Fight AIDS, Tuberculosis and Malaria. An assessment of UNFPA country offices' experience indicated that almost all offices, especially those in the Africa region, were providing technical assistance to national counterparts for preparing proposals to access resources from the Global Fund. However, UNFPA needs to step up efforts to ensure that country proposals address reproductive health as well as HIV issues, including improving access to preventive commodities, particularly male and female condoms; empowering women and young people; and strengthening commitment to reach out to vulnerable populations such as sex workers and urban and rural poor. Doing so would also help address the PCB recommendation "to intensify ongoing work with its partners to fight stigma, discrimination and marginalization ... and encourage Governments to secure the rights of vulnerable populations and people living with, and affected by, HIV/AIDS." The possibility of reprogramming Global Fund grants approved under rounds one and two presents an opportunity to address these issues. Obstacles continue to be, in many instances, the availability and the HIV/AIDS technical capacity of country-level staff to undertake such efforts. Country offices have been notified to contact headquarters and CSTs as well as other development partners and national experts for additional human resources as needed to support countries in preparing their proposals.

46. Country-level focus and scaling up national responses. The governing bodies of both UNFPA and UNAIDS consider it vital to support the building of capacities at the country level so that countries can scale up, intensify and sustain their response to the epidemic. This will require a critical mass of human resources, supported by adequate financial resources. In 2003, UNFPA reviewed its human resource capacities to support the strengthening of national capacities. As a first step all country offices were requested to designate or recruit HIV/AIDS focal persons to strengthen technical support to HIV-prevention components of country programmes. Focal persons would also help build collaboration with other partners both within and outside the United Nations country team, including civil society.

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Communication would be further facilitated through the UNFPA inter-divisional working group, which includes about 80 country-level members.

47. UNFPA Geographical Divisions have been adapting the global framework, presented in mid-2002, to create regional strategies. In Africa, for example, the regional directors group of the United Nations system agreed, in July 2003, to intensify action against HIV/AIDS. In its follow-up, UNFPA emphasized the need for country offices to work more collaboratively with other United Nations country team members in addressing the epidemic at the country level. UNFPA and UNICEF, in collaboration with UNESCO, ensured that HIV prevention among young people was given the desired attention at the first Economic Community of West African States (ECOWAS) Youth Forum held in Abuja in August 2003.

48. In Eastern Europe and Central Asia, building on the success of the regional network of peer educators (Y-PEER), UNFPA and its partners focused on scaling up at the national level and upgrading tools (e.g., for distance learning). This example of strengthening national peer education efforts has proved a cornerstone for the sustainability of country-level activities. As of early 2004, 185 organizations from 22 countries were in the Y-PEER network, with an estimated 1.3 million youth targeted. The ownership of Y-PEER is expected to be fully transferred to countries by the end of 2004.

49. In the Latin America and Caribbean region, a regional strategic guide on HIV/AIDS prevention was prepared in 2003, the result of a partnership with the National Institute of Public Health of Mexico as well as with UNAIDS. Three other important regional initiatives on HIV/AIDS took place in 2003: the start-up of the OPEC Fund-UNFPA project on HIV/AIDS prevention among vulnerable youth in selected countries in Central America and the English-Speaking Caribbean; a partnership with the Inter-American Human Rights Institute (San Jose, Costa Rica) to assist national human rights institutions (ombudsman's offices) in monitoring the implementation of HIV/AIDS-related legislation and policies in six Central American countries; and a regional workshop, sponsored by UNFPA in partnership with UNAIDS, in Lima, Peru, on experiences in nine countries with HIV/AIDS-prevention programmes for the armed forces and/or the national police.

50. Initiatives with NGOs and civil society organizations dealing with HIV/AIDS also increased during 2003. Building on the positive results of the African Youth Alliance Programme interventions in Botswana, Ghana, Uganda and the United Republic of Tanzania, UNFPA collaborated with international NGOs and numerous national NGOs, religious and community leaders, the media and young people to promote greater commitment to HIV prevention among the young. Partnerships in the Latin America and the Caribbean region have been expanded in eight countries to support strengthened institutional capacities and improved quality of care in reproductive health, including family planning and sexual health, services, including HIV/AIDS prevention.

51. The PCB specifically requested that UNAIDS strengthen partnerships aimed at scaling up national responses. Within the United Nations system, inter-agency partnerships through task teams, reference groups and the like were providing common guidance for field-based action. Such actions include the forthcoming gender resource package and guidelines on the prevention of mother-to-child transmission. UNFPA was also gearing up to execute its role in the WHO-led UNAIDS 3 by 5 Initiative as well as the UNESCO-led Preventive Education Initiative, under development. At the country level, UNFPA representatives participate actively in HIV/AIDS theme groups and have frequently chaired the theme groups. Furthermore, in response to recent issues raised by the Secretary-General's Special Envoys on HIV/AIDS, the UNAIDS Committee of Co-sponsoring Organizations Executive Heads

discussed means to ensure “one United Nations voice” and to strengthen country-level collaboration. In 2003, PAHO, UNICEF and UNFPA collaborated on a United Nations HIV/AIDS advocacy strategy; a regional cooperation framework is expected to be developed in 2004.

52. Access to preventive commodities. The PCB requested that UNAIDS “intensify its support to countries in scaling up their national programmes,” including support for affordable commodities. In 2003, UNFPA provided tools for country-level rapid needs assessments and forecasting and agreed on memoranda of understanding with UNDP and UNICEF concerning the procurement of preventive commodities through Global Fund grants. UNFPA also partnered with WHO, the UNAIDS Secretariat and Family Health International (FHI) in updating procurement specifications for the male latex condom. UNFPA is striving to better engage other United Nations organizations and partners in condom programming, which continues to be a political challenge. Each year, needs exceed availability and access by billions of condoms. It is evident that UNFPA will need to exercise more forcefully its leadership role in catalysing action among partners so that condoms, especially the female condom, become more widely affordable and accessible. Challenges to be addressed include helping countries improve storage facilities to reduce condom spoilage; decreasing procurement lead times; increasing advocacy and support surrounding women and the availability and affordability of the female condom; and promoting effective behavioural change communication to ensure consistent and correct use, as well as to increase overall usage of condoms for HIV prevention and dual protection.

53. Feminization of the epidemic. The PCB welcomed the plans of UNAIDS to “mount a major effort to increase women’s access to HIV prevention and care services...” Addressing the feminization of HIV/AIDS requires action on several fronts. Women’s reproductive health and rights have always been a key element in the work of UNFPA. While the Fund fully supports the ABC approach for HIV prevention – abstain, be faithful and use condoms – it has become evident that this is not always a viable option for all women and girls, many of whom are powerless to make decisions affecting their reproductive lives. During 2003, UNFPA worked with UNIFEM, the UNAIDS Secretariat, EngenderHealth and other partners to address the challenges that women and girls face. In September 2003, UNFPA and UNIFEM brought these challenges to the attention of members of the United Nations General Assembly during a high-level roundtable. As part of its commitment to the Global Coalition on Women and AIDS, UNFPA is leading efforts to develop strategies to address HIV prevention among girls and young women, which represents one of seven areas defined by the Coalition as critical to the response.

54. As a co-chair with UNIFEM of the inter-agency task team on gender and AIDS, UNFPA has contributed to a cohesive approach to addressing gender issues in the context of HIV/AIDS. UNFPA, UNIFEM and the UNAIDS Secretariat will launch a major publication on women and AIDS at the July 2004 International AIDS Conference. Plans for 2004-2005 include adding to its work the issue of the reproductive health rights and needs of HIV-positive women; and developing a staff training module on HIV/AIDS and culture. UNFPA is also rallying United Nations partners, especially WHO and UNICEF, to address the needs of highly vulnerable young people, including adolescent girls forced into early marriage and very young adolescents.

55. Response to the PCB call for intensified action in the Asia and Pacific region. HIV prevention is now to be part of all country programmes in the Asia and Pacific region, cutting across all components. UNFPA continued to work closely with UNAIDS country coordinators in relation to national HIV/AIDS strategies. For example, in Indonesia, UNFPA contributed to the National HIV/AIDS Strategy 2003-2007 and took the lead, within the framework of the United Nations Joint Action Programme on

HIV/AIDS 2003-2007, in developing a National Strategy on Young People and HIV/AIDS. UNFPA is also developing subregional strategies for South-Asia, South-East Asia and the Pacific region to better respond to regional needs for HIV prevention, including addressing HIV prevention among mobile populations and sex workers in countries where the needs of these groups are not adequately addressed.

56. Resource tracking. In response to the PCB recommendation to “expand efforts in resource tracking in conjunction with relevant global, regional and national partners”, UNFPA and UNAIDS continued their collaboration with the Netherlands Interdisciplinary Demographic Institute (NIDI), which has begun to produce real-time estimates of financial resource flows to complement trend analyses. The UNFPA/UNAIDS/NIDI resource flows project strengthened collaboration with OECD and has begun an exchange of data with WHO. Both UNFPA and NIDI joined the UNAIDS Global Consortium on Resource Tracking to coordinate methodologies and avoid duplication with the growing number of organizations collecting data. Challenges include collecting data at lower administrative levels, maintaining consistency in reporting from Governments, estimating expenditures in integrated projects and SWAps, collecting data on private-sector and out-of-pocket expenditures, and ensuring compatibility of data among partners. To meet these challenges will require adequate human and financial resources, including country-level capacities and strong collective partnership with shared responsibility within the coalition.

57. HIV/AIDS in the workplace. As part of the joint UNFPA/UNICEF “Caring for Us: HIV/AIDS in the Workplace” programme, joint orientation and training are planned for UNFPA, UNICEF and other interested parties. Discussions are under way with UNDP to join forces in providing this type of support at the country level. Policy guidance on HIV/AIDS in the workplace is provided through the Inter-agency Human Resources Task Force, in which UNFPA is an active partner.

58. The way forward. A key challenge in combating HIV/AIDS is ensuring linkages within the United Nations system response to provide the necessary long-term support to countries to access adequate resources; implement effective policies and programmes to prevent new infections; and ultimately to halt and reverse the epidemic. Despite the increased efforts of UNAIDS Co-sponsors and other United Nations agencies, the recent midterm review of the United Nations System Strategic Plan (UNSSP) and the Global UNAIDS Secretariat Staff meeting find that the United Nations system is not yet achieving maximum impact. UNFPA is committed to meeting the challenges ahead. These include linking HIV/AIDS with reproductive health, including sexual health; ensuring that staff have the appropriate skills and knowledge to broker and impact national actions in response to the epidemic; and acting more forcefully on its long-term commitment to women and to better meeting the challenges faced in Southern Africa. Joint programming and stronger engagement of United Nations country teams are some of the key priorities for UNFPA in addressing the HIV/AIDS challenges in the months ahead.

Annex II

As requested by the Executive Board in decision 2004/5, the decisions, recommendations and conclusions of the Fifteenth meeting of the UNAIDS Programme Coordinating Board are provided below.



24 June 2004

**PROGRAMME COORDINATING BOARD**

**Fifteenth meeting**  
**Geneva, 23–24 June 2004**

**DECISIONS, RECOMMENDATIONS AND CONCLUSIONS**

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

1. The Programme Coordinating Board adopted the provisional agenda.

**Agenda item 1.2: Election of Officers**

2. Canada was elected as Chair, Brazil as Vice-Chair and Kenya as Rapporteur of the 15<sup>th</sup> meeting of the Programme Coordinating Board.

**Agenda item 1.3: Consideration of the report of the fourteenth meeting**

3. The Programme Coordinating Board adopted the report of the 14<sup>th</sup> meeting.

#### **Agenda item 1.4: Report of the Executive Director**

4. The Programme Coordinating Board notes with satisfaction the achievements of UNAIDS during the last biennium.
5. Noting with concern the many continuing challenges for the response to AIDS and for UNAIDS, the Programme Coordinating Board:
  - 5.1 supports UNAIDS efforts to initiate and strengthen policy work and country analysis generating aggregate indicators and planning to address the urgent problem of the insufficient capacity (i.e., institutional and human resources) of many countries to mount comprehensive and sustained responses to AIDS;
  - 5.2 further supports UNAIDS efforts to promote innovative and “exceptional” policy options for AIDS funding, including debt-relief, a review of the impact of medium-term expenditure frameworks and fiscal ceilings on investments in AIDS programmes, and the capacity of countries to exploit fully the opportunities offered to them within global trade rules;
  - 5.3 encourages UNAIDS leadership to promote the implementation of the Doha Declaration on TRIPS and Public Health as well as supporting countries to utilise the flexibilities permitted by the TRIPS Agreement in their internal regulations;
  - 5.4 endorses the need for a comprehensive gender-balanced response to AIDS, incorporating HIV prevention, treatment and impact alleviation, in particular stigma and discrimination, and, in this regard, supports UNAIDS to lead in the development of a revitalized prevention strategy, with a clear link to sexual and reproductive health and basic health services, that promotes prevention in combination with treatment; and
  - 5.5 recognizing the importance of effective, sustainable and equitable health systems in the multisectoral response to HIV/AIDS, encourages UNAIDS to support countries in strengthening their health systems, and the development of human resource capacity.
6. Noting the more complex environment in which UNAIDS must operate and the need to continue to reinforce its joint and innovative nature, the Programme Coordinating Board:
  - 6.1 supports the strengthened capacity of the UNAIDS Secretariat, particularly at country level, through the placement of qualified staff in key areas (i.e., facilitation, monitoring and evaluation, social mobilization, brokering partnerships and resource tracking and mobilization), a clarification on the Secretariat functions and position within the United Nations Resident Coordinator System, and effective inclusion of the UNAIDS Country

Coordinator as a member of the United Nations Country Team to implement joint programming; it is vital that the individual cosponsors in each country focus on their value added contribution and comparative advantage;

6.2 further supports the strengthening of performance-based management by the UNAIDS Secretariat through appropriate procedures, including the focus on results-based budgeting, the introduction of competency-based recruitment and training, implementation of decentralized management, introduction of a mobility and rotation policy and continued progress in improving workplace policies on HIV/AIDS;

6.3 encourages the establishment through UNAIDS of Technical Support Facilities, including regional technical assistance networks to help countries identify key technical assistance providers and access high quality technical assistance;

6.4 further encourages UNAIDS to advocate that technical assistance providers, including the United Nations System, other public and private sector partners, including civil society and NGOs are adequately financed to meet the scale of demand; and

6.5 recognizes the essential role of civil society in the multisectoral response to HIV/AIDS, and requests UNAIDS, in partnership with civil society representatives, to establish indicators to more formally identify, document, and evaluate best practices of civil society. These indicators should relate to the goals of the Declaration of Commitment on HIV/AIDS, the 'Three Ones', the '3 by 5' Initiative and the UN System Strategic Plan for HIV/AIDS for 2001-2005.

## **Agenda item 2: Coordination and Harmonization (the 'Three Ones')**

7. Recognizing the need to further promote coherence in actions at country-level and the importance of the 'Three Ones' (one agreed HIV/AIDS action framework that provides for the basis for coordinating the work of all partners; one national AIDS coordinating authority, with a broad-based multisectoral mandate; and one agreed country-level monitoring and evaluation system); and taking note of the growing support for harmonization at country level, the Programme Coordinating Board:

7.1 endorses the "Commitment to principles for concerted AIDS action at the country level" agreed during the high-level meeting held on 25 April 2004 in Washington, D.C., which built on earlier declarations and consultations on harmonization, and encourages bilateral and multilateral agencies and national leaders to apply these principles at the country level;

7.2 further endorses specific actions (listed under UNAIDS/PCB 15.04.4) by UNAIDS to support the implementation of the 'Three Ones' at country level, including selection of a

number of countries to identify good practices in country-specific situations, and to plan for these actions in the next biennium's Unified Budget and Workplan; and

7.3 encourages UNAIDS to build on work by OECD/DAC to develop principles of good practice for effective coordination and harmonization at the national level; to set clear and specific guidelines for the inclusion of civil society and People Living with HIV and AIDS organizations in partnership forums and other national coordination bodies, and to facilitate efforts to better coordinate funding within the national AIDS strategic framework.

### **Agenda item 3: Reports by the Committee of Cosponsoring Organizations Chair and Nongovernmental Representative**

8. Noting with appreciation the Report by the Chairperson of the Committee of Cosponsoring Organizations, the Programme Coordinating Board:

8.1 welcomes the joint programme-wide initiatives undertaken by UNAIDS, led by the Secretariat and/or various Cosponsors, and notes their key achievements and multisectoral activities in the field of HIV/AIDS;

8.2 encourages UNAIDS Secretariat and Cosponsors to consider a process for providing a harmonized, outcome-oriented report on their HIV/AIDS activities to the PCB, as well as to their respective governing bodies;

8.3 urges the Secretariat and Cosponsors to continue to strengthen the UNAIDS partnership, especially at country level, and thereby contribute to a comprehensive response to HIV/AIDS; and

8.4 notes the remarks by the incoming Chair of the Committee of Cosponsoring Organizations.

9. The Programme Coordinating Board:

9.1 welcomes the presentation of the representative of the nongovernmental organizations and ensuing discussion, and encourages the Secretariat to strengthen and evaluate continued participation of NGOs in the PCB;

9.2 urges UNAIDS to promote discussions within countries to propose legislation against discrimination and assist countries who may wish to declare HIV and AIDS a health emergency; and

9.3 endorses the recommendation that UNAIDS Secretariat, Cosponsors and Member States promote and support evidence-based HIV-prevention interventions.

#### **Agenda item 4: Panel Discussions on Capacity and HIV Treatment Issues in Scaling up Responses to HIV/AIDS**

10. Noting with interest and appreciation the presentations from the panellists on the “Strengthening Capacity on HIV and AIDS” the Programme Coordinating Board:
  - 10.1 encourages UNAIDS to assist countries: to identify and analyse national and international policy impediments and short, medium and long term needs related to human capacity; to address these in an urgent, innovative, and - as much as possible - sustainable way; and to foster south-south cooperation.
11. Noting with interest and appreciation the presentations from the panellists on the “Scaling Up Access to AIDS Treatment” the Programme Coordinating Board:
  - 11.1 notes the numerous challenges and opportunities related to scaling up the required responses for treatment and reaffirms the need to integrate prevention and treatment activities, and encourages UNAIDS to continue with public and private sector partners to enhance their efforts to plan, implement, monitor, and evaluate the sustainable scale up of treatment and prevention activities; and
  - 11.2 encourages UNAIDS to advocate the effective use of resources, to support diverse systems approaches to delivery of HIV prevention, diagnostics and ARV treatment, on a scale which meets demand at country level.
12. The Programme Coordinating Board expresses their appreciation to the Secretariat for organizing the Panel presentations and encourages UNAIDS, in consultation with partners, to explore ways of improving discussions and decisions on strategic, policy, programmatic and other relevant issues (for instance, additional focus on countries with relevance to programmatic issues).

#### **Agenda item 5: Possible Establishment of a Programme Coordinating Board Bureau**

13. Welcoming the proposal by the Programme Coordinating Board (PCB) Chair and Vice-Chair to establish a PCB Bureau, as requested at its 14<sup>th</sup> meeting, the Programme Coordinating Board:
  - 13.1 approves the guiding principles, terms of reference and the membership of the Bureau as follows:
    - (i) Guiding Principles

Transparency, efficiency of operation and establishment at a minimum cost.

(ii) Terms of reference

- coordinating the Programme Coordinating Board's programme of work for the year;
- facilitating smooth and efficient functioning of the Programme Coordinating Board sessions;
- facilitating transparent decision-making at the Programme Coordinating Board;
- preparing the Programme Coordinating Board agenda, and recommending the allocation of time and the order of discussion items;
- providing guidance on Programme Coordinating Board documentation, as needed; and
- additional functions as directed by the Programme Coordinating Board.

(iii) Membership

the Chair, the Vice-Chair, the Rapporteur of the PCB, one Cosponsor representative and one representative of nongovernmental organizations and people living with HIV/AIDS; and

13.2 agrees to review and assess the functioning of the Programme Coordinating Board Bureau after a two-year trial period.

## **Agenda item 6: Cosponsorship**

14. Welcoming the initiative by the Committee of Cosponsoring Organizations to strengthen the criteria for cosponsorship of UNAIDS and taking note of both the existing and the new criteria for cosponsorship, the Programme Coordinating Board:

14.1 decides that future proposals by UN-system organizations to join the Programme as Cosponsors should be reviewed by the Committee of Cosponsoring Organizations and then submitted to the Programme Coordinating Board for its consideration and approval;

14.2 endorses the Committee of Cosponsoring Organizations decision that, in accordance with the Economic and Social Council resolution 1995/2, six Cosponsors will participate

in the Programme Coordinating Board as members in any one year, with the selection to be decided upon by the Cosponsors;

14.3 requests that the implications of an increasing number of Cosponsors vis-à-vis the Unified Budget and Workplan, the UNAIDS Secretariat as well as the United Nations Theme Groups on HIV/AIDS at country level, be monitored on an ongoing basis;

14.4 further requests the CCO to regularly review compliance by the Cosponsors with the established criteria, and further encourages UNAIDS Secretariat and Cosponsors to intensify cooperation with all relevant partners; and

14.5 endorses the World Food Programme and the United Nations High Commissioner for Refugees as the ninth and tenth Cosponsors of UNAIDS, respectively.

## **Agenda item 7: Financial Report**

15. Noting with satisfaction the financial report and audited financial statements for the financial period 1 January 2002 to 31 December 2003 and the report of the external auditor, and taking note of the interim financial management information for the 2004-2005 biennium and the financial update as at 30 April 2004, the Programme Coordinating Board:

15.1 notes the opinions of the External Auditors that the financial statements included in the Financial Report for the 2002-2003 biennium accurately reflect UNAIDS accounts and the results of its operations and are consistent with Financial Regulations and Legislative Authority;

15.2 endorses the Executive Director's proposal to utilize part of the 2002-2003 carried-over funds to cover the costs of additional security measures at country level and of payments in conjunction with the construction of new premises in Geneva, including installation costs; and

15.3 encourages donor governments and others to make available their contributions towards the Unified Budget and Workplan for 2004-2005 as soon as possible, if they have not already done so.

## **Agenda item 8: Other Matters**

Agenda item 8.1: Update on the United Nations General Assembly Special Session on HIV/AIDS Declaration of Commitment

16. Taking note of the update in meeting the goals and targets of the United Nations General Assembly Special Session on HIV/AIDS Declaration of Commitment, the Programme Coordinating Board:

16.1 notes the findings of the Progress Report on the Global Response to the HIV/AIDS epidemic (2003), prepared for the General Assembly review of implementation of the Declaration of Commitment, in particular the areas requiring concerted effort to achieve the 2005 targets of the Declaration of Commitment;

16.2 requests governments to increase their efforts together with all partners in order to reach the 2005 targets in the Declaration of the Commitment; and

16.3 endorses the key actions to be taken by UNAIDS to facilitate achievement of targets for 2005, as proposed in the Report UNAIDS/PCB/15/04.11.

Agenda item 8.2: Review of the Memorandum of Understanding with the Global Fund to Fight AIDS, Tuberculosis and Malaria

17. Taking note of the review of the Memorandum of Understanding with the Global Fund, the Programme Coordinating Board:

17.1 requests more substantive discussion at a future PCB meeting; and further recommends that PCB Members and Observers on the Global Fund Board ensure that the main themes of this meeting are reflected in the discussions of the Global Fund Board;

17.2 welcomes the increasing collaboration between UNAIDS and the Global Fund in all four areas of the Memorandum of Understanding, and encourages effective collaboration and complementarity; and

17.3 notes the issues identified as requiring concerted attention in the short term, and urges action by all partners, namely the need to: (i) clarify the roles and responsibilities of Global Fund mechanisms vis-à-vis other existing structures at country level (in line with the “Three Ones” principle); (ii) address in a comprehensive manner the increasing demand of countries for technical assistance from the UN system to support national AIDS responses; and (iii) promote the principle of additionality of Global Fund resources.

Agenda item 8.3: Update on the Global Coalition on Women and AIDS

18. Noting with appreciation the update on the Global Coalition on Women and AIDS, the Programme Coordinating Board:

18.1 expresses support for the Global Coalition on Women and AIDS' key principles and action areas;

18.2 welcomes the expected outputs in 2004, especially those related to intensified global, regional and national advocacy and action in the field of HIV/AIDS focused on women and girls; and

18.3 endorses proposed next steps, including further development of the Global Coalition on Women and AIDS and opportunities through the 2004 World AIDS Campaign to draw attention to the impact of the epidemic on women and girls.

Agenda item 8.4: Statement by the representative of the UNAIDS Secretariat Staff Association

19. The Programme Coordinating Board welcomes the establishment of the UNAIDS Secretariat Staff Association and takes note of the statement by its representative.

**Agenda item 9: Next PCB meeting**

20. The Programme Coordinating Board reconfirms its decision from the 14<sup>th</sup> meeting that the 16<sup>th</sup> Programme Coordinating Board meeting will be held on 14-15 December 2004. The Programme Coordinating Board also confirms that the meeting will be held in Jamaica, and that Bahamas will be the Vice-Chair. The themes proposed for discussion are gender and AIDS, and prevention.

**Agenda item 10: Adoption of decisions, recommendations and conclusions**

21. The Programme Coordinating Board adopts the decisions, recommendations and conclusions of the 15<sup>th</sup> Programme Coordinating Board meeting.
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