

23853

GPA/GMC (1)/88.1
Original: English
Distr.: Limited

GLOBAL
PROGRAMME
ON AIDS

REPORT OF THE MEETING OF
THE GLOBAL PROGRAMME ON AIDS
MANAGEMENT COMMITTEE

GENEVA
7-9 NOVEMBER 1988



WORLD
HEALTH
ORGANIZATION

Report of the meeting of the Global Programme on AIDS Management Committee

Geneva

7-9 November 1988

Table of contents

I. Introduction	1
II. Opening of the meeting	1
III Election of officers	2
IV. Adoption of the agenda	2
V. Operations of the Management Committee	2
VI. Report by the Director of GPA	2
VII. Review of programme activities	4
(a) Management of GPA	4
(b) Collaboration with other WHO programmes	5
(c) Cooperation in national AIDS prevention and control	5
(d) Regional support to national AIDS prevention and control	6
(e) Research and research capability strengthening	7
(f) Collaboration with intergovernmental organizations	8
VIII. Proposed Programme Budget for 1989	9
• Overview	9
• Statement on proposed programme budget for 1989	11
• Programme Area I: Programme Direction	11
• Programme Area II: National Programme Support	11
IX. World AIDS Day	12
X. Perspectives for the future	13
XI. Closure of the meeting	13
Annex 1: List of participants	14
Annex 2: Terms of reference of the Management Committee:	21
Functions, composition and operation of the Global Programme on AIDS Management Committee	

I Introduction

1. The first meeting of the Global Programme on AIDS Management Committee took place at the headquarters of the World Health Organization (WHO) in Geneva, from 7 to 9 November 1988. The meeting was attended by Committee Members, representing Member States and intergovernmental organizations, as well as by observers from Member States and nongovernmental organizations. The participants are listed in Annex 1.
2. The Global Programme on AIDS Management Committee (GMC) was established, as a result of the recommendation to the Director-General by the Fifth Meeting of Participating Parties, to represent the interests and responsibilities of WHO's external partners, collaborating with WHO in the implementation of the global strategy for the prevention and control of AIDS.
3. The purpose of the meeting was for GMC, in its advisory role to the Director-General, to (a) review the activities and budget of WHO's Global Programme on AIDS (GPA) as outlined in the GPA Progress Report No.4 (WHO/GPA/GEN/88.3) and in the Proposed Programme Budget for 1989, (WHO/GPA/DIR/88.6) and to make recommendations to the Director-General of WHO thereon, and (b) examine the future functions and composition of the GMC.

II Opening of the meeting

4. In his opening address to the Committee, the Director-General drew attention to the impact of AIDS on all areas of human endeavour, particularly the growing adverse economic effects resulting from the illness and death of young men and women in the most productive age groups, and the consequent need for GPA to attain a high level of excellence in its activities to combat the disease.
5. He expressed his personal commitment to build upon the excellent foundations so far developed to ensure that, in line with the evolution of WHO, the operational aspects of the Programme followed a process of orderly decentralization, guided by his senior management committee in close consultation with the Regional Directors. However, a centralized management would be retained for the development of policies and the mobilization of resources.
6. The Director-General emphasized the need to establish even closer linkages with other programmes at the global and regional level to ensure a flexible and effective framework for AIDS prevention and control. In this regard, he underlined the need for continuous monitoring and evaluation of changing trends in AIDS at the global level.
7. He stressed the importance of supporting appropriate scientific research and development and promoting information exchange and technology transfer for the prevention of HIV and other diseases.
8. He said that the problem of AIDS had highlighted the basic truths of primary health care and had also revealed the weaknesses of existing health systems, demonstrating the need for full participation of people at all levels in the development and promotion of the health process.
9. Finally, the Director-General reaffirmed WHO's stand against discrimination and expressed his satisfaction at the strong resolution of the World Health Assembly on human rights and AIDS. He was confident that with the moral and financial support of the Committee the Programme would grow in strength and maturity.

III Election of officers

10. With the general agreement of the Committee, Dr S. Tapa (Tonga) was designated as Chairperson, Dr F. Varet (France) Vice-Chairperson and Dr K. Behbehani (Kuwait) rapporteur for this meeting.
-

IV Adoption of the agenda

11. In reviewing the agenda and proposed programme for the meeting, the Committee decided to amend the programme to take up the agenda item on "Operations of the Management Committee" on the first day.
-

V Operations of the Management Committee

12. The Committee discussed its terms of reference as set out under the heading "Functions, composition and operation of the Global Programme on AIDS Management Committee" in Annex I to Management Structure and Advisory Bodies (WHO/GPA/DIR/88.7). It noted that these terms of reference for the most part corresponded to those that had been recommended by the Fifth Meeting of Participating Parties, in April 1988 (Document WHO/GPA/GEN/88.2, Annex 2), but that a number of changes had been incorporated, most of which were of a drafting nature or designed to ensure that the Committee would work within a clear legal structure.
 13. One change, relating to the composition of the Committee, gave rise to a divergence of views. The Fifth Meeting of Participating Parties had recommended that membership should include governments of countries which had contributed undesignated funding to the general budget in the previous fiscal year, without any restriction on their number. However, in document WHO/GPA/DIR/88.7, the membership was specified as twelve government representatives from the largest contributors of undesignated funds to the Programme's general budget in the previous two financial years, in addition to the twelve government representatives selected by the WHO Regional Committees, the six specified intergovernmental organizations and the Chairman of the Global Commission on AIDS.
 14. After discussion, agreement was reached on the revised terms of reference set out in Annex 2 to this report. The revisions related to the composition of the Committee and to the operation of the Committee on the basis of consensus.
 15. It was agreed that, as envisaged at the Fifth Meeting of Participating Parties, the functions, composition and mode of operation of the Management Committee would be reviewed at its second 1989 meeting. Particular attention would be given to the involvement of nongovernmental organizations in the GPA Management Committee, in the light of the report to be presented to that meeting on GPA's general relationships with NGOs.
-

VI Report by the Director of GPA

16. The Director provided the GPA Management Committee with an overview of the current status of the Programme and summarized the highlights of future activities. He emphasized the partnership between GPA and governments, United Nations agencies, nongovernmental and intergovernmental organizations in fulfilling the Global AIDS Strategy. This partnership focused particularly on: a) clarifying the social, economic and political dimensions of the problem; b) developing global policy, strategy and guidelines, c) integrating AIDS prevention and control into national and regional health plans, infrastructures, and practices; and, d) building self-sustaining local systems to carry out the activities.
-

17. The Second Regional Conference on AIDS in Africa organized in Kinshasa from 24 to 27 October 1988 by the WHO Regional Office with support from GPA headquarters represented a turning point: the two years since the First Conference on AIDS in Africa had witnessed significant changes in terms of funding, staffing, and level of activity of the national programmes.
18. The need for the support of the GMC in identifying solutions to the problems that hindered the implementation of AIDS control programmes was stressed. The Director requested the help of the Committee in overcoming barriers to implementation in areas of concern such as delivery of support to countries, recruitment and staffing, and linkages with other organizations, and in developing research priorities in both scientific and operational fields.
19. In responding to the Director's presentation, Members acknowledged that management difficulties were inherent in the rapid development of GPA, and gave particular attention to issues related to the structure of GPA and the social and political commitment of both industrialized and developing countries.
20. On the related questions of decentralization of operational activities and closer integration with other WHO programmes, Members emphasized the need to collaborate closely with other UN field agencies and to draw upon the lessons already learned within WHO, particularly in the context of the extrabudgetary funded (special) programmes, and to make maximum use of existing WHO structures and human resources. At the same time, attention was also drawn to the fund of knowledge and experience available at regional and country levels.
21. The Committee expressed concern over some delays in appointing staff, particularly in countries. In this context, close collaboration between GPA staff and local personnel was recommended by the Committee to ensure the long-term success of national programmes.
22. In the area of social and behavioural research, the Committee urged close consultation with regional offices regarding research to be undertaken in countries to ensure that due regard was paid to local conditions and the cultural context.
23. The effectiveness of action by nongovernmental organizations, particularly at the community level, was highlighted by several Members. This indigenous energy, which existed in both industrialized and developing countries, had already been demonstrated in the fight against AIDS, especially by the response of local and community organizations. Because of the multisectoral nature of the problem, the response to AIDS could both strengthen and be supported by existing structures, such as those of primary health care and other social programmes. The need for Member States to develop strong health leadership at the community level and to allocate resources for this purpose was stressed by the Committee.
24. The importance of developing ways to mobilize resources effectively and the need to maintain flexibility in supporting national programmes was emphasized by the Committee. The meeting felt the WHO/UNDP Alliance had a prominent role to play in this. In most developing countries, health programmes lacked adequate resources and appreciation was expressed by some Members for the external support received so far that had enabled the development of AIDS prevention and control activities in their countries. However, there was growing concern regarding the long-term future, particularly in view of the costs and ethical issues involved in case management. There was a need to work out the actual costs and long-term financial implications involved in national programmes for the prevention and control of AIDS in order to ensure transition to sustainable programmes. It was also stressed that particular attention should be paid to the impact of AIDS on the prevalence of tuberculosis and to long-term social implications such as the need to foresee care for orphaned children.
25. The Committee underlined the need for governments to demonstrate their commitment by matching political will with national financial and human resources. In this regard, attention

was drawn to the importance of linking the utilization of external resources with the resources that existed locally.

26. The Committee noted that the demands in terms of human resources in the field of AIDS prevention and control were being met with difficulty, not only in developing but also in industrialized countries; this had highlighted the need for a more vigorous public health policy. In fact, it was now recognized that the public health problem of AIDS was a matter of broad public policy. In this regard, the importance of protecting human rights in the context of both industrialized and developing countries was emphasized.

VII Review of programme activities

27. The presentations on programme activities made to the Committee highlighted and/or complemented the information provided in Progress Report No. 4, October 1988 (WHO/GPA/GEN/88.3):

a) Management of GPA

28. The Committee was provided with information regarding resource management including the status of undesignated contributions and pledges as of 10 October 1988, funds available or expected to be available and the status of expenditure.
29. It was reported that out of a projected GPA budget of US \$60 729 000 for 1988, 77% or US \$46.8m had been received, and 70% or US \$42m, had been obligated as at 10 October 1988. In view of the number of activities still outstanding, particularly in relation to forthcoming resource mobilization meetings for medium-term plans (MTP), GPA was confident of reaching the 1988 budget targets by the end of the year, contingent upon receipt of required funding.
30. In response to a question regarding the apparent imbalance between the high levels of funding and the small number of staff in some areas, it was explained to the Committee that temporary professional staff were employed in some programme areas, and also, a number of activities were carried out with other WHO programmes and other organizations active in the specific technical area.
31. The current staffing situation of GPA as at 1 November 1988 was reported on with special attention to the principal reasons for the large number of short-term staff employed. These included the need to pursue activities while the structure and the corresponding staffing pattern of GPA were defined, and while posts were established and candidates recruited; the need for short-term assignments to support the development of short-term and medium-term plans in countries; and the need to carry out other time-limited functions.
32. On the subject of delays experienced in the recruitment of fixed term staff at the country level, the Committee was informed that all established posts in countries were expected to be filled by the end of 1988. Moreover, within WHO, priority had been given to recruitment of staff for GPA.
33. Further constraints in recruitment had been the difficulty in identifying suitable candidates available to accept long-term employment and of a nationality that met the WHO geographical distribution requirements. Finally, WHO policy that a key person in a national programme should not be recruited to a WHO post had been followed.
34. The Committee was invited to participate in the identification of innovative approaches to solve the problems related to identifying and recruiting qualified staff.

b) Collaboration with other WHO programmes

35. The presentation to the Committee on the interactions between GPA and other WHO programmes at headquarters examined these relationships in the light of the multifaceted approach required to tackle the problems of AIDS and the need to ensure the coordination of activities to achieve a consistent message on AIDS issues.
36. It was stressed that GPA had a "core" of activities central to its mission, and a number of peripheral activities which generally interfaced with those of other WHO programmes. Thus there were areas of common interest which required joint consideration and the exchange of information by the programmes concerned, to provide a framework for collaboration and the effective use of resources.
37. It was reported that GPA had been collaborating with over 20 WHO programmes and units at headquarters in the exchange of information, the cross-reviewing and joint development of plans, and in joint funding and technical support as appropriate to the particular activity.
38. Such collaboration was continually evolving and several specific initiatives were highlighted for example in regard to the Family Health Division, and the Special Programme of Research, Development and Research Training in Human Reproduction.

c) Cooperation in national AIDS prevention and control

39. With regard to the current status of WHO collaboration with countries in their national AIDS prevention and control programmes, the Committee was informed that the programme was at present in a period of transition in that 1) countries were moving from short-term plans (STPs) towards medium-term plans (MTPs), 2) the focus was not only on countries with high HIV infection rates but also on those with lower rates, and 3) the programme was moving towards decentralization by allocating more resources and increased responsibilities to regional offices and countries.
40. As at 1 November 1988, 119 countries had formulated STPs and 47 had developed MTPs. Fourteen of the 47 MTPs had benefitted from resource mobilization meetings. An account was provided of the development of national programmes especially in the areas of health promotion and blood safety.
41. In response to queries, activities to facilitate decentralization at country level were described, including the development of regional plans and the establishment of a mechanism for providing funds to NGOs and private or other organizations. It was reiterated that successful AIDS prevention and control programmes would require more effective cooperation among governments, intergovernmental organizations and nongovernmental organizations. The Committee noted that GPA had formulated a draft plan to include more NGOs in a collaborative effort, especially at national and community levels.
42. The process of development of a national AIDS prevention and control programme and the role played by regional offices in this regard was described as well as the activities covered under the MTPs and the support provided by other units of GPA.
43. The programme assessment cycle consisted of three activities: routine programme monitoring, national programme reviews, and evaluation of impact effectiveness. The Committee was informed that guidelines for routine programme monitoring had already been developed and distributed. A standardized framework was being developed for a national programme review in which the international community would participate. The first such review would take place in December 1988. It would focus on programme management issues and should result in the compilation of existing data and provide the necessary information for replanning for subsequent years of the MTP, and feedback to participating parties. The third activity - evaluation of effectiveness and impact - would be undertaken by more mature programmes, i.e., after several years of implementation; the

Committee stressed the need to develop standard evaluation methodology and to support countries in developing their capabilities to carry out such evaluations.

44. With regard to resource mobilization, the Committee was informed that the objectives of donor coordination are a) to approve the MTP, b) to secure funding for at least the first year of the plan, c) to minimize duplication, and d) to establish a common framework for evaluation and coordinating mechanisms for the implementation of the programme. The Committee reviewed the country status of WHO/GPA contributions, referring to the table of pledges on page 42 of Progress Report No. 4.
45. The Committee expressed satisfaction at the rapid mobilization of countries in the fight against AIDS and congratulated GPA for having cooperated closely with countries in this action.
46. The Committee noted that GPA had recently established a new procedure to trace the flow of resources and rate of obligations by MTP/Programme Area in each country with an MTP. To this end, a monthly report was sent to each WHO Representative and GPA team leader providing information on the current status of resources and expenditures. Two additional reports were sent, one indicating the amount by budget line, the other containing a detailed record of the obligations incurred. It was agreed that GMC Members would receive reports on the current status of resources and expenditures on a quarterly basis.
47. The Committee also noted that the financial management at country level had been simplified to allow the programme manager more flexibility in the management of funds, to reduce the number of obligations, and to simplify the monitoring of allotments by providing consolidated and more straightforward financial reporting at the country level. Reiterating the crucial importance of financial as well as political commitment of a country, the Committee requested that the amount of national contributions be included in future presentations of funds made available for MTPs.
48. The Committee was informed that briefing seminars for approximately 450 potential consultants had taken place in different regions during the last year. To ensure continuity and maximum effectiveness, the same consultant was used whenever possible for different missions to the same country.
49. The Committee expressed concern about the lapse of time between a meeting of interested parties and the transfer of funds to the countries, and was informed that in order for national programmes not to lose momentum in the transition from STPs to MTPs, mechanisms had been developed for countries to receive bridging funds from GPA, either directly or through UNDP.

d) Regional support to national AIDS prevention and control

50. Representatives from each of the six regional offices of WHO presented overviews of their AIDS prevention and control activities. Although the general pattern of activities displayed certain similarities, the emphasis varied somewhat according to the epidemiological pattern of the disease in each of the regions. Of special note was the adoption of a number of important resolutions relating to AIDS prevention and control by WHO Regional Committees. In all regions, the WHO Representatives had been briefed as to their roles and responsibilities with regard to national AIDS plans and programmes.
51. Regional offices were actively involved with Member States in all stages of the development of national AIDS plans, including the selection and briefing of regional consultants, the formulation of short- and medium-term plans and the preparation of, and participation in, resource mobilization meetings. They had also undertaken an important role with regard to the monitoring of the epidemiological situation in the regions and had developed regional plans for AIDS control activities.

52. A variety of innovative approaches to advocacy, awareness creation and the dissemination of information to policy makers, health workers and the general public had been introduced in many countries. Furthermore, a large number of regional and inter-country workshops had been held resulting, at the country level, in the improvement of laboratory diagnostic facilities, the identification of priority research topics in social and behavioural research and the preparation of protocols, as well as in the training of counsellors, the development of health promotion activities, and initiatives in the areas of blood safety and care of HIV-infected persons.
53. The importance of integrating AIDS prevention and control activities into existing national health programmes was emphasized as was the role of the regional offices in supporting this process in the context of primary health care and with the focus on the district level.
54. A brief discussion highlighted the common elements in the regional plans and the need to better define the relationship between the responsibilities of the Global Programme at headquarters and activities at the regional offices.

e) Research and research capability strengthening

55. The Committee was informed that the GPA strategy for research and research capability strengthening was based on the first two objectives of the Global AIDS Strategy: to prevent HIV infection and to reduce its personal and social impact. The framework for research was thus situation assessment - providing the basis for prevention and control activities; intervention-linked research - to improve current interventions; and exploratory or explanatory research - to identify new interventions. This research would be coordinated and managed by the scientific and technical units of GPA in collaboration with Programme Coordination and Development, and National Programme Support, in order to ensure a coordinated approach in which prevention-related research at the country level would be of the highest priority followed by care-related research. Operational research on health and social services, maternal and child health and family planning programmes, condom and virucide services, blood safety, and self-injecting drug use, in regard to prevention and control activities would also be included in the GPA research agenda.
56. The strategy for research capability strengthening was currently evolving in accordance with needs and opportunities being identified within the context of national AIDS prevention and control. During 1989, in cooperation with regional offices, a review of current research capabilities and future needs for research strengthening would be conducted in selected countries, in order to develop plans at the country level in line with national research priorities.
57. The Committee noted that the attention being given to AIDS research was providing an important opportunity to develop health research capability in many countries. It suggested that GPA should strive for an appropriate mix of commissioned and investigator-initiated research, and of research at global and country levels. The Committee also advised GPA to draw on the experience of other WHO special programmes in establishing mechanisms for the identification of research priorities and research strengthening needs, and suggested that certain activities could be carried out in collaboration with those programmes.
58. The GMC endorsed the approach to research and research capability strengthening proposed by GPA; stressed the importance of informing the country programmes of the results of research; and underlined the need to consider mechanisms to ensure independent evaluation of the work of the Research Steering Committees.

f) Collaboration with intergovernmental organizations

59. The importance of collaboration with intergovernmental organizations was reaffirmed by resolution A43/15 of the United Nations General Assembly (October 1988) which "urges all appropriate organizations of the UN system, including the specialized agencies ..., in conformity with the global strategy, to continue to support the worldwide struggle against AIDS". Coordination within the UN system had been facilitated by the establishment of the UN Standing and Steering Committees on AIDS and the Inter-Agency Advisory Group on AIDS. The Representatives of the six major intergovernmental organizations contributing to the implementation of the WHO Global AIDS Strategy presented reports on their activities and these are summarized below.
60. UNDP — Particular reference was made to the UNDP/WHO Alliance to combat AIDS (document WHO/GPA/GEN/88.3, Annex 6) which sets out the methods, the responsibilities and the means for effective coordination and implementation of operational activities in the field. To date, UNDP had allocated US \$3.6 million for AIDS control including US \$1 million for a "safe blood initiative". A reimbursable financial facility of US \$2 million had also been set up to help developing countries in undertaking specific action against AIDS pending receipt of contributions. In addition, UNDP Resident Representatives had been asked to include, where appropriate, an AIDS component in UNDP-supported projects.
61. UNICEF — UNICEF/WHO collaboration focussed on population groups of particular concern to UNICEF: infants and young children with AIDS, uninfected children entering their sexually active years, healthy children affected indirectly by AIDS (e.g., loss of relatives or parents), and women of reproductive age. Activities had included information, education and communication, training of health workers, and studies of the social impact on children and families.
62. UNESCO — A special activity on AIDS had been set up which had enabled UNESCO to promote educational programmes in this field. Key activities had included a joint meeting with WHO to draft guidelines for AIDS activities in schools and preparations for World AIDS Day events.
63. UNFPA — UNFPA/WHO collaboration included the secondment of a UNFPA liaison officer to GPA, complementing the collaboration already existing with WHO's human reproduction, and MCH/FP, programmes. Where possible, existing projects on population and family planning activities could include components on AIDS without necessarily involving additional costs.
64. World Bank — Three areas of activity were highlighted: a) operational research for which the Bank had approved a grant of one million dollars; b) analytical work including health sector analysis, a health policy paper on Africa, and research on the economic and demographic impact of AIDS; c) loans of more than US \$20 million to countries for projects in AIDS prevention and control.
65. EEC — Three areas of activity were described: prevention, research, and cooperation with developing countries. Activities on prevention within the EEC countries included exchange of information about health education of the general public. Research activities included projects within the EEC and epidemiological research in developing countries. Implementation of programmes in the developing countries dealt specifically with health delivery systems, sexually transmitted diseases, blood transfusion services and information systems.

VIII Proposed Programme Budget for 1989

66. The Committee had before it the GPA document, Proposed Programme Budget for 1989 (GPA/DIR/88.6) providing summaries and detailed tables of the estimated obligations for 1988 and for 1989, as well as a description of the objectives, strategic plan and activities for 1989 for the five programme areas:

Programme Area I:

Programme Direction

- Advisory Bodies
- Policy, Strategy and Guidelines Development
- Programme Coordination and Development
- External Relations
- Public Information

Programme Area II:

National Programme Support

Programme Area III:

Scientific and Technical Units

- Biomedical Research
- Epidemiological Support and Research
- Health Promotion
- Social and Behavioural Research
- Surveillance, Forecasting and Impact Assessment

Programme Area IV:

Management, Administration and Information

Programme Area V:

Regional and Inter-country Support

67. The level of the proposed budget for 1989 was US \$94 980 000, as compared to the 1988 estimated obligations of US \$60 729 000. This represented an increase of US \$34 251 000 or 56.4%. The budget did not include multilateral funds, i.e., those designated for specified country activities and channelled through WHO.

Overview

68. In presenting the proposed programme budget for 1989, Director GPA acknowledged the significant inputs, by means of dialogue, from Member States, experts in diverse fields, technical assistance agencies, international organizations including members of the United Nations family, nongovernmental organizations, and others.
69. The Committee was reminded that GPA's operational capacity had increased substantially since February 1987 and that its role in addressing the AIDS pandemic continued to evolve. As other organizations joined in the global strategy, GPA's coordination role increased both in importance and complexity.
70. The Committee expressed strong support for WHO leadership in the struggle against AIDS as well as for GPA as the vehicle for WHO's action. The Committee also strongly endorsed the innovative programme activities, their direction, strategies and objectives. Some Members indicated that an increased level of support would be forthcoming from their governments.

71. The Committee recognized that GPA had been particularly effective in its role as coordinator of a complex array of inputs and activities. It also acknowledged that many of the problems confronting GPA were endemic in the field of development generally. The balancing of conflicting demands on resources and time at the country level had to be addressed in the formulation of medium-term programmes.
72. The Committee acknowledged the progress that had been made in developing the proposed programme budget for 1989. However, more information regarding the problems and constraints encountered so far was necessary in view of the greatly increased budget proposed for 1989 as compared to the budget level for 1988.
73. It was agreed that, in future, a breakdown of all inputs by activity and an estimate of final expenditures for the current period would be provided to the Committee for the purposes of comparison with planned expenditures for the future and that definitions of terminology would also be given.
74. The Committee expressed reservations regarding the Programme's capacity to absorb the level of budget and activity proposed, particularly in view of the small number of permanent staff employed by the Programme. The Committee urged GPA to speed up recruitment of permanent staff in order to strengthen its global activities. There was, on the other hand, some concern regarding the considerable and rapid expansion in staffing foreseen in the proposed programme budget for 1989.
75. The Committee requested that information regarding the composition and arrangements for the Global Commission on AIDS and the research steering committees and information from those bodies be made available at its next meeting. The need for linkages between GPA's management and advisory bodies was stressed.
76. Two areas of activity that some Members felt did not emerge sufficiently from the presentation of programme of activities were training and planning the provision of care. The Committee requested that training activities be shown separately in each programme area, and that the various aspects of care for HIV infected persons and those with AIDS be examined.
77. The proposal was made by some Members that having extensively reviewed the activities of the Programme it might be appropriate for the Committee to focus on one particular area, such as research, at one of its 1989 meetings. It was also suggested that an external review and evaluation of GPA's operations be undertaken every two years by an independent body.
78. Some Members asked about WHO's policy regarding programme support costs. It was explained that in accordance with resolution WHA34.17 adopted in 1981, the World Health Assembly had decided - taking into account the decisions and recommendations of the UNDP Governing Council and of ECOSOC and the UN General Assembly resolution 35/217 - that "a standard 13% charge in partial reimbursement for the cost of related technical and non-technical support and services shall be made by the Organization, as from 1982, on technical cooperation expenditures incurred under all extrabudgetary sources of funds, including trust funds or similar funds, except that account will be taken of special WHO programmes financed from several sources of funds in which provision for the cost of the required support and services is already included in the budgets for such activities".
79. As noted by the Fifth Meeting of Participating Parties, the 13% programme support costs were levied for the partial reimbursement of charges for office space, office furniture and supplies for GPA staff, utilities such as electricity, heating fuel, telexes, telefaxes and telephone charges, as well as for additional staff required in the WHO support services in order to assist GPA. A cost-measurement system carried out in WHO some years ago had shown that for other programmes, support costs amounted to almost 30% of total expenditures.

80. Some members asked whether programme support costs were not, in fact, intended to cover some of the costs presented under the budget heading IV - "Management, Administration and Information". It was agreed that an inconsistency appeared to exist and that the necessary correction would be made by the Secretariat.
81. In view of time constraints, the GMC was able to review in depth only the budget proposals for Programme Areas I and II, and its comments and observations thereon are summarized below in paragraphs 82 to 91.

Statement on proposed programme budget for 1989

82. The Committee discussed the proposed programme budget for 1989 and agreed to the following statement before the close of the meeting on 9 November 1988:

"The Global Programme on AIDS (GPA) Management Committee expressed its strong support for the strategies and management of GPA and endorsed the directions outlined in the proposed programme budget for 1989.

The GPA Management Committee requested that additional detailed information on 1988 activity, staffing and disbursements as well as on proposed activity, estimated income and staffing in 1989, be provided for the GPA Management Committee meeting in April 1989, in order for the GPA Management Committee to finalize its recommendations to the Director-General.

In the intervening period, the GPA Management Committee recommended that GPA should continue its operations within the framework of the proposed programme for 1989 and taking account of the comments made at this meeting."

Programme Area I: Programme Direction

83. Within Programme Area I, the activities of Programme Coordination and Development were highlighted; one of its roles was to nurture the development of areas of activity that did not currently fit into the terms of reference of other programme units. These included the Global Blood Safety Initiative, research capability strengthening, condom and virucide services strategy development, initiative on self-injecting drug users, family planning/MCH/STD control services in AIDS, neuropsychiatric aspects of HIV infection, and AIDS and health and social services. Of the ten permanent staff envisaged for 1989, two had been hired and they, with six temporary professionals, were already working on the above-mentioned activities. More substantial funding for the further development of such activities was, or would be included in the budgets of MTPs at the country level.
84. The Committee urged that certain areas receive increased funding and technical support. These areas included promotion and distribution of condoms; the Global Blood Safety Initiative; training programmes; planning for the provision of health and social services for HIV-infected persons; human rights activities; strengthening linkages with nongovernmental organizations; public information activities, including public education; and activities relating to MCH, STD and IV drug abuse.

Programme Area II — National Programme Support

85. In a detailed description of the 1989 budget for National Programme Support (NPS), the Committee was informed that the budget had been based on an analysis of expenditures incurred to date. The analysis had resulted in the grouping of countries into three categories based on funding requirements: heavy, moderate and light. Tables of projections were presented giving the estimated costs and numbers by region and worldwide for the activities foreseen for initial technical visits, formulation of STPs and MTPs, mobilization of resources, and evaluation missions. A breakdown of costs for the programme management component, including personnel was also provided. It was pointed out that individual country projections were not provided as these represented only part of a budgeting exercise and did not imply a financial commitment to a specific country.

-
86. The Committee expressed concern that National Programme Support, which represented the core activity of GPA, showed a relative decrease in the budget between 1988 and 1989. It was clarified that support to the national programme activities represented more than 80% of the total 1989 GPA budget if the many training, counselling and health promotion activities, which were part of other items in the 1989 budget, were included. In addition, there was an actual increase of 33% in the NPS budget for 1989 - from US \$34 000 000 to US \$45 144 400 - even though the unit's share of the total GPA budget had decreased from 56% in 1988 to 47.53% in 1989.
87. In response to a question regarding the total cost of MTPs and the contribution of GPA to these, the Committee was informed that the average overall costs for the first year of MTPs ranged from US \$1 million to 4.5 million and that GPA anticipated providing an average of 11% for each plan.
88. The Committee was informed that initially, it had been common for GPA to provide 100% support to the funding of short-term plans. As the national AIDS control programmes had matured and medium-term plans had been developed, the high levels of support from GPA had been largely replaced by support from external donors.
89. Some concern was expressed by the Committee regarding the number of resource mobilization activities planned for 1989, from the perspective of both budgetary and temporal constraints. In response, the Committee was informed that many MTPs had modest budgets and "resource mobilization" would not always involve the convening of donor meetings.
90. In reply to a query regarding the role of GPA staff in the implementation of national programmes in countries, the Committee was informed that GPA staff, as part of the national team, were responsible for ensuring adherence to the overall plan for the national AIDS prevention and control programme and for supporting the coordinated use of all programme resources. They also had the technical and financial responsibility to ensure the proper use of multilateral and multilateral funds, while providing technical support to the national counterpart accounting for bilateral resources.
91. The Committee was informed that countries were selected for MTP formulation in accordance with the target dates specified in their STPs.

IX World AIDS Day

92. The background and purpose of World AIDS Day, the preparations being undertaken by WHO, and the initiatives planned by countries and the United Nations system were described to the Committee.
93. It was reported that World AIDS Day had been conceived and adopted unanimously by the World Summit of Ministers of Health on AIDS (London, January 1988) which was attended by 140 countries. The day would be an opportunity for governments, national AIDS programmes, nongovernmental and local organizations, as well as individuals everywhere, to demonstrate both the importance they attached to the combat against AIDS and their solidarity in this effort. WHO's preparations had included several messages to ministers of health from the Director-General calling for their cooperation, presentations at all of the major international conferences on AIDS and the despatch throughout the world of "information/action" kits as well as contacts with the world media.
94. By 1 November 1988, 88 countries had officially informed WHO of their plans to observe World AIDS Day, and WHO was confident that events would be held in every country of the world. Several examples were given of the wide variety of innovative activities which different countries, societies and individuals had developed for the occasion.

X Perspectives for the future

95. Director GPA outlined the problems still associated with predicting the likely numbers of HIV-infected people worldwide in the next 10-15 years. He described the uncertainties concerning the relative pathogenicity of HIV-2, the role of cofactors, and the degree and pattern of infectiousness, and indicated that the cumulative risk of HIV infection progressing to AIDS would be about 50% over a ten-year period.
96. He noted that the challenges for health systems were the problems of caring for those who were already infected or who would become infected over the next 5-10 years, and in view of the incubation period, the need to consider the AIDS epidemic in terms of decades rather than years: an unusual timeframe when thinking of disease problems.
97. The Director then went on to look at the fortuitous series of events that surrounded the evolution, transmission and recognition of the virus. He stressed that the world might in fact be considered lucky that the virus had appeared at a time when scientific advances in retrovirology made detection possible, that its mode of transmission was not particularly effective, and that it had appeared in an area of the world where national epidemiological surveillance permitted its rapid identification. Had these elements not existed, the disease might have spread further into the world population before being detected.
98. The highly mobile society of today offered great opportunity for a virus to spread quickly around the world in a short period of time. He suggested that the world was fully capable of sustaining a global epidemic of other retroviral infections, and there was no reason to think that there were not other human retroviruses in different populations in different areas of the world. He proposed that there was a great need to establish a "worldwide retroviral watch", and to learn and apply lessons taught by the AIDS epidemic.
99. The Director concluded by reiterating that AIDS was rich in lessons for us all in terms of our perspective of scientific creativity and discovery, and of the social, cultural and political impact of a global epidemic.

XI Closure of the meeting

100. It was agreed that the draft report of the meeting would be sent to all participants for comment prior to its finalization.
101. While recognizing the constraints faced by the Programme in developing its structure at the same time as responding to an increasingly demanding level of activities, the Committee nevertheless requested that comprehensive documentation be made available to Members sufficiently in advance of a meeting to enable its careful examination by all those concerned.
102. The Committee requested that the exact dates of the next session of the Management Committee scheduled for April 1989 be decided upon without delay and communicated to the Members.

ANNEX 1

List of Participants

Governments

Australia

Dr D. De Souza, Minister (Health), Australian High Commission, Australia House, The Strand, London WC2B 4LA, United Kingdom of Great Britain and Northern Ireland

Mr M.P.F. Smith, Counsellor, Permanent Mission of Australia to the United Nations Office at Geneva, CH-1211 Geneva 19, Switzerland

Barbados

Dr B. Taitt, Minister of Health, Ministry of Health and Social Security, St Michael

Belgium

Mrs J. Gentile, Attaché, Permanent Mission of Belgium to the United Nations Office and Specialized Agencies at Geneva, CH-1211 Geneva 19, Switzerland

Canada

Mr S. Wade, Section Head, Multilateral Technical Cooperation, Canadian International Development Agency, Hull, Quebec KIA OG4

Dr A. Clayton, Director General, Federal Centre for AIDS, Ottawa, Ontario KIA OL2

Mr R.L. Noble, Senior Programme Officer, Multilateral Technical Cooperation Division, Multilateral Programmes Branch, Canadian International Development Agency, Hull, Quebec KIA OG4

Mr J. Finlay, Director, External Cooperation, Federal Centre for AIDS, Ministry of National Health and Welfare, Ottawa, Ontario KIA OK9

Mr F. Mackinnon, Counsellor, Permanent Mission of Canada to the United Nations Office and International Organizations at Geneva, CH-1202 Genève, Switzerland

Chile

Dr J.M. Borgoño, Head, Division of Foreign Affairs, Ministry of Health, Santiago

China

Dr Qi Xiaoqiu, Deputy Chief, Department of Epidemic Prevention, Ministry of Public Health, Beijing

Cyprus

Mr H. Hadjipanayiotou, Director General, Ministry of Health, Nicosia

Denmark

Mr H.A. Biering, Ambassador, Danish International Development Agency, Ministry of Foreign Affairs, DK-1448 Copenhagen K

Miss A. Meldgaard, Head of Section DM.3, Danish International Development Agency, Ministry of Foreign Affairs, DK-1448 Copenhagen K

Finland

Dr M. Murtomaa, Director, Department of Environmental Health and Health Promotion,
National Board of Health, SF-00531 Helsinki 53

France

Dr F. Varet, Chargé de Mission, Division of International Relations, Ministry of Solidarity, Health
and Social Protection, F-75007 Paris

Mrs C. Graillet, Deputy Assistant Director for Health, Ministry of Cooperation and Development,
F-75007 Paris

Dr C. Lewertowsky, Chargé de Mission (Health), Ministry of Foreign Affairs, General Directorate
for Cultural Relations, F-75007 Paris

Mr H. Ladsous, Principal Counsellor, Permanent Mission of France to the United Nations Office
at Geneva and the Specialized Agencies based in Switzerland, CH-1292 Chambésy, Switzerland

Germany, Federal Republic of

Professor M. Steinbach, Director-General for Health, Federal Ministry for Youth, Family Affairs,
Women and Health, D-5300 Bonn 2

Mr H. Sahlmann, Director, Office for Multilateral Technical Cooperation, Federal Ministry for
Economic Cooperation, D-5300 Bonn 2

Mr B. von Alvensleben, Counsellor, Permanent Mission of the Federal Republic of Germany to
the United Nations Office and other International Organizations at Geneva, CH-1211 Geneva 19,
Switzerland

Iceland

Dr G. Magnússon, Deputy Director-General of Health and Chairman of the Icelandic National
Committee on AIDS, National Bureau of Public Health, IS-150 Reykjavik

India

Mr R. Srinivasan, Secretary (Health), Ministry of Health and Family Welfare, Department of
Health, New Delhi 110011

Dr S.P. Tripathy, Additional Director-General, Indian Council of Medical Research, Ansari
Nagar, New Delhi 110029

Dr A. Malhotra, First Secretary (Political), Permanent Mission of India to the United Nations
Office and other International Organizations in Switzerland, CH-1202 Geneva, Switzerland

Italy

Dr G. Bertolaso, Chief, Health Section, General Directorate for Cooperation in Development,
Ministry of Foreign Affairs, I-00100 Rome

Mr. F. Bassani, Expert, Permanent Mission of Italy to the United Nations Office and other
International Organizations at Geneva, CH-1292 Chambésy, Switzerland

Japan

Dr J. Kanamori, Director, Disease Control Division, Medical and Health Bureau, Ministry of
Health and Welfare, Tokyo 100

Mr K. Fukuyama, First Secretary, Permanent Mission of Japan to the United Nations Office and
to the International Organizations at Geneva, CH-1211 Geneva 19, Switzerland

Kuwait

Professor M.K. Behbehani, Vice-Rector for Research, Kuwait University, 13060 Safat

Netherlands

Mr K.P.M. de Beer, Head, UN Aid Section, Ministry of Foreign Affairs, NL-2500 EB The Hague

Mr F. Zandvliet, Head, International Health Affairs Division, Ministry of Welfare, Health and Cultural Affairs, NL-2280 HK Rijswijk

Mr A. Kooijmans, Deputy Head, UN Budgetary and Administrative Affairs Section, Department of International Organizations, Ministry of Foreign Affairs, NL-2500 EB The Hague

Mr T. van Dongen, Counsellor, Permanent Mission of the Kingdom of the Netherlands to the United Nations Office and International Organizations at Geneva, CH-1211 Geneva 19, Switzerland

New Zealand

Mr A. Bracegirdle, First Secretary, Permanent Mission of New Zealand to the United Nations Office at Geneva and other International Organizations in Switzerland, CH-1211 Geneva 19, Switzerland

Norway

Dr K.-O. Wathne, AIDS Coordinator, Directorate of Health and Ministry of Development Cooperation, N-0033 Oslo 1

Ms E. Stribolt, Senior Executive Officer, Multilateral Department, Ministry of Development Cooperation, N-0033 Oslo 1

Dr S.-E. Ekeid, National Coordinator for Efforts Against HIV/AIDS, Norwegian Directorate of Health, N-0032 Oslo 1

Ms I. Eidheim, Head of Section, Norwegian Directorate of Health, N-0032 Oslo 1

Mr S. Stub, Counsellor, Permanent Mission of Norway to the United Nations Office and to other International Organizations at Geneva, CH-1211 Geneva, Switzerland

Sweden

Mr H. Wrede, Head Secretary, National Commission on AIDS, Ministry of Health and Social Affairs, S-10333 Stockholm

Mr N. Oestroem, Head of the Health Division, Swedish International Development Agency, S-10525 Stockholm

Dr L. Freij, Research Officer, Swedish Agency for Research Cooperation with Developing Countries, S-105 25 Stockholm

Dr P. Bolme, Research Officer, Swedish Agency for Research Cooperation with Developing Countries, S-105 25 Stockholm

Mrs D. Alopaeus-Ståhl, Head of Section, Ministry of Foreign Affairs, Department for International Development Cooperation, S-103 33 Stockholm

Professor L.O. Kallings, Scientific Adviser to the Government, Ministry of Health and Social Affairs, S-103 33 Stockholm

Mr L. Tillfors, First Secretary, Permanent Mission of Sweden to the United Nations Office and other International Organizations at Geneva, CH-1211 Geneva, Switzerland

Switzerland

Mr J.-A. Dubois, Chief, AIDS Section, Federal Public Health Office, 3001 Berne

M. P. Schubarth, Deputy Head, Department of Public Health, Swiss Tropical Institute, 4002 Basel

Thailand

Dr Surin Pinichpongse, Senior Expert in Preventive Medicine, Office of the Permanent Secretary, Ministry of Public Health, 10200 Bangkok 9

Tonga

Dr S. Tapa, Minister of Health, Ministry of Health, Nuku'alofa

Turkey

Dr Bülent Coskun, Director, Mental Health Department, PHC, Ministry of Health and Social Assistance, Ankara

Union of Soviet Socialist Republics

Dr A.I. Kondrusev, Deputy Minister of Health, Ministry of Health, 101431 GSP Moscow K51

Dr A.M. Glotov, Deputy Chief, External Relations Board, Ministry of Health, 101431 GSP Moscow K51

Dr V. Federov, Counsellor, Permanent Mission of the Union of Soviet Socialist Republics to the United Nations Office and other International Organizations at Geneva, CH-1211 Geneva 20, Switzerland

United Kingdom of Great Britain and Northern Ireland

Mrs B.M. Kelly, Head, Health and Population Division, Overseas Development Administration, London SW1A 5DH

Ms P. Schofield, Senior Executive Officer, Health and Population Division, Overseas Development Administration, London SW1A 5DH

Dr P. Exon, Senior Medical Officer, Department of Health, London SE1 6BY

Mr D. Wyatt, Narcotics Control and AIDS Department, Foreign and Commonwealth Office, London SW1A 2AL

Miss E.C. Robson, First Secretary, United Kingdom Mission to the United Nations Office and other International Organizations at Geneva, CH-1209 Geneva, Switzerland

United States of America

Mr B. Langmaid, Deputy Assistant Administrator, Bureau for Science and Technology, Agency for International Development, Washington D.C. 20520

Dr D. Johnsen, International Health Attaché, United States Mission to the United Nations Office and other International Organizations at Geneva, CH-1292 Chambésy, Switzerland

Dr A. Moede, Senior Medical Advisor, Office of Ecology, Health and Conservation, Bureau of Oceans and International Environmental and Scientific Affairs, Department of State, Washington, D.C. 20520

Ms K. Aultman, AAAS Fellow, S&T/H/AIDS, Agency for International Development, Washington D.C. 20520

Mr P. Thompson, Executive Director, World Vision Relief and Development Inc., Monrovia, CA 91014

Zaire

Dr N'Galy Bosenge, Director, Central Office of Coordination, AIDS Control Programme,
Department of Public Health, Kinshasa

Zambia

Dr S.L. Nyaywa, Deputy Director of Medical Services (PHC), Chairman of Zambian AIDS
Surveillance Committee, Ministry of Health, Lusaka

United Nations organizations and specialized agencies

United Nations Children's Fund (UNICEF)

Ms E. Preble, Senior Project Officer, AIDS Prevention Programme, New York, NY 10017,
United States of America

United Nations Development Programme (UNDP)

Mr E. Youkel, Director, UNDP European Office, Palais des Nations, CH-1211 Geneva 10,
Switzerland

Mr G. Putman-Cramer, Special Assistant to the Director, UNDP European Office, Palais des
Nations, CH-1211 Geneva 10, Switzerland

Mrs E. Arnvig, Public Information Officer, UNDP European Office, Palais des Nations,
CH-1211 Geneva 10, Switzerland

United Nations Educational, Scientific and Cultural Organization (UNESCO)

M. B. Biyong, Chief, Education for Quality of Life, F-75700 Paris, France

Mr A. Guillot-Pingue, Assistant Liaison Officer, UNESCO Liaison Office, Palais des Nations,
CH-1211 Geneva 10, Switzerland

United Nations Population Fund (UNFPA)

Dr J.C.A. Donayre, Chief, Technical and Evaluation Division, New York, NY 10017,
United States of America

World Bank

Dr A. Measham, Chief, Population, Health and Nutrition Division, Population and Human
Resources Department, Washington, D.C. 20433, United States of America

Professor R. Feachem, Population, Health and Nutrition Division, Population and Human
Resources Department, Washington, D.C. 20433, United States of America

Mr J.L. Lamboray, Public Health Specialist, Population, Health and Nutrition Division,
Africa Region Technical Department, Washington, D.C. 20433, United States of America

Other intergovernmental organizations

Commission of the European Communities

Dr H. Petit, Directorate-General for Employment, Social Affairs and Education, Commission of
the European Communities, B-1049 Brussels, Belgium

Mr A. Vanhaeverbeke, Head of the Sectoral Policy Division, Directorate-General for
Development, Commission of the European Communities, B-1049 Brussels, Belgium

Observers

Governments

Indonesia

Mr T. Sutrisno, First Secretary, Permanent Mission of the Republic of Indonesia to the United Nations Office and other International Organizations at Geneva, 1211 Geneva 2, Switzerland

Mr R. Kurtianto, Third Secretary, Permanent Mission of the Republic of Indonesia to the United Nations Office and other International Organizations at Geneva, 1211 Geneva 2, Switzerland

Kenya

Mr D.K. Mepukori, Second Secretary, Permanent Mission of the Republic of Kenya to the United Nations Office at Geneva and the Specialized Agencies in Switzerland, CH-1202 Geneva, Switzerland

Philippines

Mrs D. Rosal-Menez, Minister - Counsellor, Permanent Mission of the Philippines to the United Nations Office and International Organizations at Geneva, CH-1202 Geneva, Switzerland

Intergovernmental organization

Commonwealth Secretariat

Dr K. Edmondson, Assistant Director, Health Programme, Commonwealth Secretariat, London, United Kingdom of Great Britain and Northern Ireland

Nongovernmental organizations

Catholic Fund for Overseas Development

Ms C. Corcoran, Head of Overseas Projects Division, Catholic Fund for Overseas Development, London, United Kingdom of Great Britain and Northern Ireland

Christian Medical Commission

Ms B. Rubenson, Programme Secretary, Christian Medical Commission, World Council of Churches, CH-1211 Geneva, Switzerland

French Red Cross

Dr J.-P. Picard, Chargé de Mission for International Action (Health and Development), National AIDS Coordination, 75008 Paris, France

International Council of Nurses

Ms H.M. Morrow, Nurse Consultant, International Council of Nurses, CH-1201 Geneva, Switzerland

International Planned Parenthood Federation

Dr A.T. Klouda, Coordinator, AIDS Prevention Unit, London NW1 4N5, United Kingdom of Great Britain and Northern Ireland

International Union Against Tuberculosis and Lung Diseases

Dr A. Rouillon, Executive Director, F-75006 Paris, France

Mr H. (Brett) G. Ridgway, Director Finance and Development, F-75006 Paris, France

League of Red Cross and Red Crescent Societies

Ms B. Wallace, AIDS Coordinator, CH-1211 Geneva, Switzerland

Lutheran World Federation

Mr E. Sawe, Africa Secretary, Community Development Service, CH-1211 Geneva, Switzerland

World Vision International

Dr E. Ram, Director, International Health, World Vision International, Monrovia, CA, United States of America

WHO Secretariat

- Dr H. Nakajima, Director-General
Dr M. Abdelmoumène, Deputy Director-General
Mr W.W. Furth, Assistant Director-General
Dr Y. Kawaguchi, Director, Planning, Coordination and Cooperation
Mr C.-H. Vignes, Legal Counsellor
Mr A.M. Imbruglia, Director, Division of Budget and Finance
Dr J. Mann, Director, Global Programme on AIDS
- Dr E.G. Beausoleil, Chairman, AIDS Task Force, Regional Office for Africa
Ms P. Brice, Administrative Officer, Office of External Coordination
Dr M. Carballo, Chief, Social and Behavioural Research Unit, Global Programme on AIDS
Dr J. Chin, Chief, Surveillance, Forecasting and Impact Assessment Unit, Global Programme on AIDS
Mr S. Clément, Chief, Management, Administration and Information Unit, Global Programme on AIDS
Mr D. Devlin, Legal Office
Dr N. Dodd, Programme Coordination and Development, Global Programme on AIDS
Mr N. Drager, External Relations Officer, Office of External Coordination
Ms G. Ernberg, National Programme Support, Global Programme on AIDS
Dr J. Esparza, Chief, Biomedical Research Unit, Global Programme on AIDS
Dr S. Flache, World AIDS Day Coordinator, Global Programme on AIDS
Dr P. Friel, Programme Coordination and Development, Global Programme on AIDS
Dr B. Gredler, Scientist, Regional Programme on AIDS, Regional Office for Europe
Dr A. Gromyko, Medical Officer, Regional Programme on AIDS, Regional Office for Europe
Mr R. Grose, Office of the Director, Global Programme on AIDS
Ms J. Hargreaves, Conference Officer, Global Programme on AIDS
Dr D. Heymann, Chief, Epidemiological Support and Research Unit, Global Programme on AIDS
Mr P. Hoare, Management, Administration and Information, Global Programme on AIDS
Ms K. Kay, Executive Assistant to the Director, Global Programme on AIDS
Dr A. Meyer, Chief, Health Promotion Unit, Global Programme on AIDS
Mr T. Mooney, External Relations Officer, Global Programme on AIDS
Mr T. Netter, Public Information Officer, Global Programme on AIDS
Dr R. St. John, Coordinator, Epidemiological Surveillance and Health Situation and Trend Assessment, Regional Office for the Americas
Mr C. Sandström, Chief, Budget
Dr N.K. Shah, Director, Prevention and Control of Diseases, Regional Office for South-East Asia
Dr D. Tarantola, Chief, National Programme Support, Global Programme on AIDS
Dr T. Umenai, Director, Disease Prevention and Control, Regional Office for the Western Pacific
Ms R. Villars, Office of Governing Bodies and Protocol
Dr M.H. Wahdan, Director, Disease Prevention and Control, Regional Office for the Eastern Mediterranean
Dr R. Widdus, Chief, Programme Coordination and Development, Global Programme on AIDS
Dr F. Zacarias, Senior Medical Officer, AIDS Programme, Regional Office for the Americas

ANNEX 2

Terms of reference of the Management Committee: Functions, composition and operation of the Global Programme on AIDS Management Committee

The Global Programme on AIDS Management Committee (GMC) represents the interests and responsibilities of WHO's external partners collaborating with WHO in the global strategy for the prevention and control of AIDS. It acts as an advisory body to the Director-General of WHO, making recommendations on matters related to the policy, strategy, finance, management, monitoring and evaluation of the WHO Global Programme on AIDS (GPA).

Functions

- Review, analyse and guide the GPA programme of activities and related budget of GPA and make appropriate recommendations to the Director-General;
- Review the arrangements envisaged by the Director-General of WHO for financing and managing GPA;
- Review proposed longer-term plans of action and their financial implications;
- Review the financial statements of GPA;
- Review periodic reports evaluating the progress of GPA towards the achievement of its objectives and submit its findings and recommendations to the Director-General;
- Recommend ways of improving, as appropriate, coordination between the activities of GPA and of other relevant programmes and organizations, and
- Consider any other matters relating to GPA referred to it by the Director-General of WHO or the Director of GPA or any member of the Committee.

In carrying out its functions, GMC shall be informed of all policy decisions and recommendations concerning GPA made by the World Health Assembly and the Executive Board and of all reports and recommendations concerning GPA made by the Global Commissions on AIDS.

Composition

- The Governments of those countries which contributed undesignated funding in support of GPA's general budget in the previous fiscal year;
- Two government representatives from each of WHO's six regions selected by the respective Regional Committees for three-year terms from among those Member States with which GPA is collaborating;
- The six major intergovernmental organizations contributing to the implementation of WHO's Global AIDS Strategy, namely - UNDP, UNICEF, UNFPA, UNESCO, World Bank and the EEC, and,
- Chairman of the Global Commission on AIDS.

Representatives of governments and intergovernmental organizations not included on GMC as well as nongovernmental organizations involved in the Global AIDS Strategy may, on request, be granted observer status.

The identity of those countries contributing undesignated funding in support of GPA's general budget, and hence their eligibility for membership in GMC, shall be ascertained annually. Members selected from the six regions of WHO may be reappointed. The six major intergovernmental organizations shall be considered to have permanent seats for as long as they continue to participate with GPA in support of WHO's Global AIDS Strategy. The Chairperson of GMC should, in principle, be a government representative and shall be elected from and by

members of GMC for a period of two years, but, while eligible for a re-election, may not serve consecutive terms. The Chairperson shall preside over meetings of GMC and undertake whatever additional duties may be assigned by GMC, in agreement with the Director-General of WHO.

Operation

The GPA Management Committee shall meet twice a year. The first meeting shall be for the purpose of reviewing GPA's programme for that year in light of the financial support that will have been pledged and the past, present, and future coordination of external support for national AIDS control programmes. The second meeting shall be for the purpose of reviewing and guiding the following year's programme and related budget. The GMC may also meet more often upon the proposal of either its Chairperson or the Director-General of WHO, and with the latter's agreement. The GMC shall decide its method of work, which may include the establishment of a number of functional subcommittees. All such subcommittees will have an advisory role to GPA and GMC. Each GMC meeting shall elect a rapporteur from among its members who shall assist in ensuring that the decisions reached by the meeting are adopted before its closure. The GMC shall adopt its conclusions by consensus. The Director of GPA shall be the secretary of GMC.

For these purposes, GMC shall be assisted in its endeavours by the provision by WHO of whatever secretariat and other support services may be considered necessary and reasonable.