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GLOBAL  
PROGRAMME  
ON AIDS

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REPORT OF THE  
FIFTH MEETING OF  
PARTICIPATING PARTIES

GENEVA  
27-28 APRIL 1988



WORLD  
HEALTH  
ORGANIZATION

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## Introduction

The Fifth Meeting of Participating Parties for the Prevention and Control of the Acquired Immunodeficiency Syndrome (AIDS) took place at the headquarters of the World Health Organization (WHO) in Geneva on 27 and 28 April 1988. The meeting was attended by 94 representatives from Member States, United Nations organizations, nongovernmental organizations, and other bodies. The participants are listed in Annex 5.

### **The purpose of the meeting was to consider:**

- the activities and the financial report of the Global Programme on AIDS;
- a proposal for the formation of a management committee to succeed the Meeting of Participating Parties; and
- proposed basic principles to govern the coordination of global and national AIDS activities.

Dr Halfdan Mahler, Director-General of WHO, opened the proceedings and thanked the Participating Parties for their very exceptional expression of trust in WHO with respect to the Global Programme on AIDS (GPA). He added that without that trust and their concurrent willingness to risk supporting the GPA in a very substantial manner, the tremendous achievements of the programme would not have been possible.

The challenge to WHO's capacity for quick and effective implementation of the programme on a global scale could not have been met by orthodox means. The need to meet the challenge, the intersectoral nature of the problems presented by AIDS, and the desire to concentrate support on national efforts to combat AIDS have given rise to the WHO/UNDP Alliance to combat AIDS (see Annex 1) and to a continuing effort to forge strong links with other United Nations organizations such as the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (Unesco), the World Bank, the United Nations Children's Fund (UNICEF), and the United Nations Population Fund (UNFPA). Consequently, the United Nations system is combating AIDS in a truly productive and complementary fashion. Governments are also making a significant contribution to the global struggle through their willingness to cooperate across borders.

AIDS has presented the world with a vital challenge, Dr Mahler said, in that it requires governments to trust their people, to trust their own ability to communicate with their people and, ultimately, to accord responsibility to their people for their behaviour in relation to AIDS. To do anything less, to take responsibility away from people, would seriously undermine the Global AIDS Strategy.

Professor Lars-Olof Kallings (Sweden) and Dr F. M. Mueke (Kenya) were elected chairmen for the first and second days of the meeting respectively.

## Record of decisions of the Fifth Meeting of Participating Parties

1. The description of, including the terms of reference for, the Global Programme on AIDS (GPA) Management Committee was adopted as amended (see Annex 2).
2. As the first meeting of the GPA Management Committee will take place in the autumn of 1988, the Director-General shall directly appoint two members to the Committee from each of WHO's six regions on the basis of advice received from the Regional Directors with the expiration of the initial terms of office of these states to be staggered, half serving one year and the other half a full two-year term.

3. Governments are encouraged to include in their delegations to the GPA Management Committee representation from nongovernmental organizations and the private sector as appropriate.
4. GPA is requested to report to the GPA Management Committee at its second meeting in 1989 on the involvement of nongovernmental organizations in WHO'S Global AIDS Strategy.
5. The functions, composition and mode of operations of the GPA Management Committee shall be reviewed during its second meeting in 1989.
6. For the initial year of operation of the Management Committee, governments of those countries contributing undesignated funding shall be eligible for membership on the Management Committee if they made such a contribution to WHO/GPA in either 1987 or 1988.
7. The paper "Guiding objectives and principles for the comprehensive coordination of global and national AIDS activities" was adopted as amended (see Annex 3).

## Overview of the Global Programme on AIDS

The Director of the Global Programme on AIDS (GPA), Dr Jonathan Mann, divided the history of AIDS into four periods. The first period began in the 1970s and involved the silent spread of the human immunodeficiency virus (HIV) worldwide. Undetected, HIV was able to exercise fully its capacity to spread and by the end of the 1970s it had reached five continents, constituting a pandemic of whose existence mankind was ignorant. This first period ended in 1981 when AIDS was described in the United States.

The second period ran from that point to April 1985. This is the period of the discovery of AIDS and of its global scope. It ended with the First International AIDS Conference in Atlanta in April 1985, when the pandemic was given international recognition.

The third period, 1985-1987, was one in which WHO played a fundamental role, creating some degree of order out of chaos and an agenda for combating AIDS and mobilizing resources to an unprecedented degree. Supporting governments in the development of national plans, providing a blueprint, and developing the Global AIDS Strategy, WHO was able to provide a bridge between governments that sought support for their struggle against AIDS and those that wished to provide support. In other words, WHO provided a structural framework for national and international AIDS control.

In doing so, WHO laid emphasis on several points. First, that a Global AIDS Strategy is necessary. Second, that AIDS is not just a health problem, it is also a political, economic, social and cultural problem. Third, that expanding and exchanging information is crucial to the Global AIDS Strategy. Finally, that if we do not protect the human rights of those who are infected, we will endanger the success of our efforts, national and international, to control AIDS.

The fourth period of AIDS began with the United Nations General Assembly debate on AIDS on 20 October 1987 and the World Summit of Health Ministers held in London from 26 to 28 January 1988. In the fourth period the problem is how to maintain the achievements of the third period. There are dangers: a possible decline in political and/or resource commitment to dealing with AIDS; insufficient medium-term or long-term thinking about the full implications of the AIDS pandemic; and the inescapable uncertainties of the disease itself. For all these reasons there is a need for WHO to continue to extend its directing and coordinating role. WHO must remain the steady partner of countries in the planning, implementation, monitoring, and evaluation of their national efforts.

During this fourth period there will be a growing need for WHO to play a proactive role in the exchange of scientific information, in the formation of an international consensus on sensitive policy issues, in the promotion of research and the strengthening of national research institutes, and in the promotion of primary health care.

Director GPA spoke of the growing maturity of the programme, of recent staff appointments, of the WHO/UNDP Alliance and the growing links with other United Nations bodies and nongovernmental organizations, and of the creation of a public information office within the Office of the Director. Mention was also made of the extension of national programme support to 121 of the 140 countries that had requested assistance. Full details are given in Progress Report Number 3 (WHO/GPA/GEN/88.1).

Linkages have been created between the National Programme Support unit and other units of GPA: Biomedical Research (laboratory workshops); Surveillance, Forecasting, and Impact Assessment (the development of sentinel surveillance and other surveillance and epidemiological tools); Social and Behavioural Research (the development and testing of surveys for knowledge, attitudes, beliefs and practices); and Health Promotion (assessing the health promotion component of national plans).

The gravity of the problems posed by AIDS is no longer questioned. Over 88 000 cases of AIDS have now been reported officially to WHO from 138 countries around the world. Since the meeting of the Participating Parties in November 1987, the number of AIDS cases has increased by over 25 000 and 11 more countries have now joined the reporting system. The present meeting is, therefore, crucial to the establishment of the organizational and management structure needed to continue to deal with the AIDS crisis.

## GPA Management Committee

The proposed GPA Management Committee was introduced by Director GPA. To have attempted to establish an external review structure earlier would probably have resulted in a structure that might not have been adequate for or adapted to the actual needs of the programme. A Global Commission on AIDS, intended to provide the programme with expert guidance for the interpretation of scientific and technical trends, evaluate the scientific and technical scope and content of the programme, and advise on priorities, will shortly be established by the Director-General of WHO. But there is a need to keep contact in some structured way with nongovernmental organizations and others who are among the participating parties, but may have less of a direct role in external management review.

In the ensuing discussion there was a consensus that a decision on some structure for external management review is necessary and that the proposal before the meeting, with some minor amendments, is suitable for the moment. It was proposed that the structure and functions of the management committee should be reviewed in autumn 1989. It was further suggested that the proposed functions of the committee should be strengthened and that a rapporteur should be elected for each meeting. There was consensus that the chairmen of the Management Committee and the Global Commission should be *ex officio* members of the other advisory body. The question of how seats on the management committee are to be apportioned was also discussed and it was suggested that the developing countries, particularly those from Africa, should be given more seats.

The need for two meetings per annum would be reviewed in late 1989. The importance of a suitable method for the GPA Management Committee to discuss the programme's finances and effectiveness was stressed. The creation of subcommittees would be discussed at the first meeting of the GPA Management Committee. It was agreed that a way would be found to maintain involvement of nongovernmental organizations in the programme.

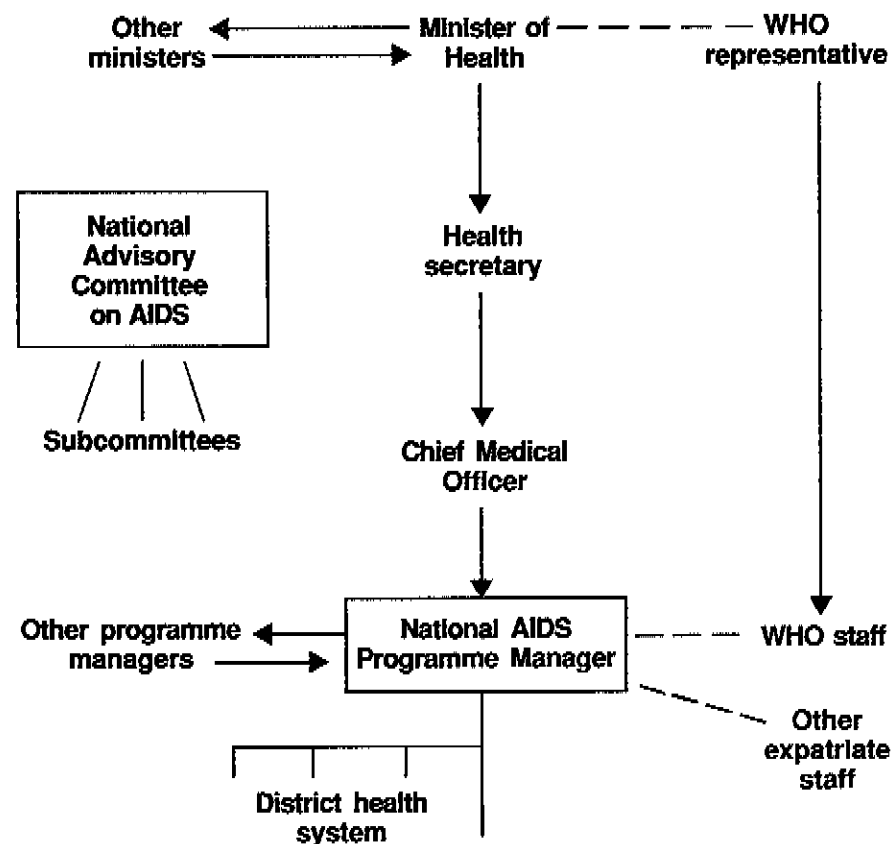
The establishment of a GPA Management Committee as detailed in Annex 2 was accepted in principle.

## National Programme Support

The Director GPA's introduction emphasized that national programme support is not to be considered as support for developing countries only; AIDS is a global problem and the global activities of GPA cover the industrialized as well as the developing countries. The exchange of knowledge and information and the quest for answers to the difficult questions posed by AIDS are best achieved in an international context. He stated that it was therefore gratifying to see that national AIDS committees in industrialized countries seek increasingly to make contact with others and understand what is happening in other parts of the world.

The Chief of the GPA National Programme Support Unit, Dr Tarantola, described the management structure being developed in national AIDS programmes (Fig. 1). In addition to the national AIDS committees, which have existed for some time, there is often now a national advisory committee on AIDS and a committee of interested parties. The national advisory committee on AIDS provides government ministries with technical advice, its membership including all the relevant ministries, appropriate experts from the public and private sector, and representatives of nongovernmental organizations. The

**Figure 1.**  
Example of a management structure of a national AIDS programme



committee of interested parties provides external partners collaborating with the government in its national AIDS activities with an opportunity to exchange views and obtain information from the national AIDS management committee. It also functions as a mechanism for donor coordination.

WHO/GPA is conducting a study of the future financial needs of national AIDS control programmes in collaboration with the World Bank and UNDP. GPA needs to know the resources required in three to five years to sustain national efforts to combat AIDS so as to help assure their availability within the donor community.

Problems are encountered in providing support to national AIDS programmes. That of recruiting personnel is being overcome by the use of short-term advisers or consultants, recruitment on the basis of forecasts of need, and short-term temporary employment of retired WHO personnel. Another problem is the time lapse between meetings of donors and the actual provision of needed resources to the country in question. This is being shortened by the quick provision of a project document defining the activities of the programme in its first year of operation, the establishment of a management structure for the programme by the end of the meeting of the donors, and the creation of standard agreements with donors for speedy provision of financial and technical support.

Coordination and collaboration with all the interested parties is complex and all concerned must realize that their participation has to be consistent with and supportive of the national AIDS control programme. GPA's role is to explain the national plan so as to make their participation easier. Such a plan does not restrict donor activity, as donors are free to extend their participation in AIDS activities to other parts of the government's national health plan.

A final difficulty lies in the need to devise national plans that are acceptable to the governments concerned and to prospective donors. Such plans have to be sufficiently flexible to permit interested parties to make a contribution while at the same time sufficiently explicit to provide a meaningful framework for the harnessing of diverse contributions for a common goal.

The main problem in the design and implementation of national AIDS programmes has been to ensure an adequate balance or representation of ministries and sectors within the planning team. Another major challenge is to take advantage of the existing primary health care infrastructure and to ensure that it is strengthened through the support being provided for AIDS. A third issue is to ensure that appropriate coordinating mechanisms exist. The plan needs to be designed so that it stimulates collaboration within the international community while at the same time safeguarding the national priorities and strategies.

All national AIDS control programmes are designed to be consistent and supportive of the overall health objectives of the countries concerned and consistent with their planning cycles. GPA is preparing guidelines for monitoring and evaluating national AIDS programmes.

Difficulty in designing and implementing national AIDS control programmes exists not only in developing but also in developed countries. The intersectoral nature of the problems posed by AIDS creates tremendous difficulties for developed countries and, in attempting to deal with them, governments are discovering a large number of fundamental weaknesses and gaps in their health and social service systems.

A strategy for the strengthening of research institutes is being developed by GPA. The strategy will be based on the identification of centres for prevention-related research, which will be strengthened in a variety of ways through a flexible combined approach to ensure that the epidemiological and behavioural

research needed is conducted in a manner compatible with the overall objective of strengthening the research capacity of countries.

## Coordination of programme activities

The paper entitled "Guiding objectives and principles for the comprehensive coordination of global and national AIDS activities" was introduced as a statement of current practice and as a useful document for the large number of new organizations now engaging in AIDS prevention and control activities at the international level.

The paper was welcomed but it was suggested that the difficult circumstances prevailing in some countries necessitate a flexible response. The importance of coordination within countries being carried out by the national governments concerned and of this capacity being strengthened by the international donor community was stressed.

The WHO/UNDP Alliance had been designed for the purpose of supporting governments and AIDS management committees. Similarly, national AIDS plans are designed in such a way as to be consistent with and fully supportive of overall national health plans and priorities.

These objectives and principles were accepted (see Annex 3).

The Global Blood Safety Initiative was described briefly by Director GPA. In many parts of the world blood transfusion is not a safe practice and the intent of WHO, UNDP, the League of Red Cross and Red Crescent Societies and the International Society for Blood Transfusion is to launch an initiative and create a consortium of resources to support national blood transfusion programmes that protect blood supplies against HIV infection and other diseases transmitted by blood. The consortium approach was chosen to bring together intergovernmental, governmental, and nongovernmental groups so as to make available to countries the technical, financial, and personnel resources needed for the development of a safe and integrated national blood supply programme.

## Cooperation within the United Nations system

The representatives of ILO, UNESCO, the World Bank, UNICEF, UNDP, and UNFPA described their present and intended participation in the Global AIDS Strategy and their collaboration with WHO/GPA.

Commenting on the wide range of the collaboration on AIDS within the United Nations system, the Director GPA drew attention to the invaluable work performed by the WHO Liaison Office in New York and the creation by the Director-General of WHO of the Inter-Agency Advisory Group on AIDS, to which the United Nations Steering Committee in New York will provide a coordinated input. The establishment of that group has been welcomed by the United Nations Administrative Committee on Coordination. Coordination is difficult to achieve, needing appropriate mechanisms, good will, and strong reasons to coordinate. The mechanisms have now been created, evidence of good will exists, and there are strong reasons to cooperate, not only to satisfy the United Nations General Assembly resolution but also because of the accepted reality of the intersectoral and global nature of AIDS.

## WHO/GPA operations

Mr W. Furth, Assistant Director-General, WHO, expressed his awareness of the concern among some GPA donors that WHO attached very little priority to the AIDS programme because the contribution from its regular budget to GPA was very small. He assured the meeting that the concern was unjustified. A US\$56.3 million shortfall in contributions and a US\$9.5 million exchange rate deficit incurred during the 1986-1987 biennium, and a projected programme implementation reduction of US\$50 million for the current biennium necessitated by the continuing shortfall in the collection of assessed contributions, certainly played a major role in preventing WHO from making a larger contribution to the support of GPA. However, even without the financial crisis, it was doubtful that a larger contribution from the regular budget could have been made. The reason for this lay in the fact that for the last three biennia, beginning with that of 1984-1985, WHO's regular budget had shown no growth in real terms and, previous to that, real growth was held to about 1% per year. There was therefore no possibility of initiating new programmes under the regular budget unless other programmes financed by the regular budget were sharply reduced or terminated, which no WHO Member State wished to have done. The only solution was to seek extrabudgetary funds for new programmes, and this policy had been successful to the extent that, in the 1986-1987 biennium, obligations incurred under extrabudgetary sources had amounted to \$429 million as compared with a regular budget of \$543 million.

The fact that there had been only little direct support from WHO's regular budget for GPA should definitely not be seen as a reflection of how little importance WHO attached to GPA. It should be realized that the largest, the most important, and the most innovative programmes of the highest priority were being financed wholly or partially by extrabudgetary funds.

There was, however, a great deal of indirect support to GPA from WHO's regular budget. The Organization collected 13% programme support costs on expenditures from all extrabudgetary funds, including funds expended by GPA. This helped to pay for office space, office furniture and supplies for GPA staff, utilities such as electricity, heating fuel, telexes, telefaxes and telephone charges, as well as additional staff required in the programme support services in order to assist GPA. However, the 13% charge was definitely not enough. A cost-measurement system carried out in WHO some years ago showed that programme support costs really amounted to 28% of total expenditure. Thus, the regular budget in fact contributed substantially to GPA by absorbing these additional costs.

The representatives of AFRO, AMRO, EMRO, EURO, SEARO, and Director GPA on behalf of WPRO, presented reports on regional AIDS activities. Activities carried out in collaboration with other WHO programmes were also described. Regional activities and collaboration within WHO are fully detailed in Progress Report Number 3 (WHO/GPA/GEN/88.1).

## Management and finances

The financial status of GPA as of 26 April 1988 is shown in Tables 1-4 of Annex 4. The Director GPA stressed three points in relation to the financial situation of GPA: (1) the bulk of the funds go to the National Programme Support unit and, within that unit, most of the funds are spent on operational support of national AIDS control programmes; (2) the large expenditure shown for the Office of the Director reflects the fact that many activities of the programme are intersectoral in nature, so that they cannot easily be assigned to one unit; and (3) approximately two-thirds of GPA's 1988 resources will be spent on support of regional and national programmes and one-third on global activities.

By the end of 1988, GPA will have approximately 60 professional staff at headquarters (20 in WHO regional offices and 40 in the field) assisting Member States with their national AIDS control programmes. Difficulties have been encountered in recruiting support staff, whose presence in sufficient numbers is vital to the efficient functioning of GPA's professional staff. The GPA will therefore be asking the administration of WHO for some flexibility in applying its 2:3 ratio between support and professional staff, because this ratio is not seen as adequate for the needs of the programme.

Information on the relationship between GPA and its scientific working groups and a more structured presentation of the finances and budget of the programme were reported for the future meetings.

## Conclusion

The Chairman reviewed the decisions taken in the meeting which with some slight modifications were formally adopted and recorded.

## Annex 1 WHO/UNDP Alliance to combat AIDS

### I. Policy Framework

- 1 The prevention and control of AIDS requires urgent, worldwide action, first and foremost in the health sector. AIDS also has profound social and economic implications. Its control therefore requires political commitment at the highest level, and appropriate social and educational measures. In response, WHO has assumed its constitutional role of directing and coordinating the global fight against AIDS. Its Global Strategy for AIDS, approved by the 40th World Health Assembly, includes a wide range of research and development activities in diverse health and related socioeconomic and behavioural fields, as well as operational support to countries based on existing and emerging knowledge in these fields. This support aims at strengthening national capacities to set up and operate national AIDS plans, and focuses on ministries of health fulfilling their function of directing and coordinating authority on national health work with their related multisectoral health councils, in accordance with World Health Assembly Resolution WHA33.17.
- 2 Countries engaged in AIDS prevention and control have expressed concern about uncoordinated, ill-timed or inappropriate offers of external assistance to combat AIDS. Similarly, in order to ensure relevant, effective and efficient action, donor agencies have insisted on well coordinated activities in countries as a prerequisite for their support.
- 3 To ensure a well-coordinated, multisectoral approach in the global fight against AIDS, the United Nations General Assembly (UNGA) in Resolution A/42/8 confirmed WHO's directing and coordinating role. It also urged bilateral and multilateral agencies, including those of the UN system, as well as nongovernmental and voluntary organizations, to support national and international action against AIDS in conformity with WHO's Global Strategy. The UNGA further requested the Secretary-General of the United Nations, in close cooperation with the Director-General of WHO, to ensure a coordinated response by the UN system.
- 4 A key component of the reforms taking place in the UN system is coordinated, complementary and harmonious action by all its bodies. Within that system, UNDP plays the lead role, at the country level, regarding social and economic development. The UNDP Resident Representative in any country is, at the same time, the Resident Co-ordinator of the United Nations System's Operational Activities for Development. UNDP is therefore the natural body to ensure coordinated support by the UN system for socioeconomic matters in countries.
- 5 WHO, through its Global Programme on AIDS (GPA), and UNDP are therefore forging an alliance to control AIDS globally, combining the strengths of WHO as international leader in health policy as well as in scientific and technical matters relating to health, and of UNDP as leader in socioeconomic development and of the role of its Resident Representatives as Resident Co-ordinators of the United Nations System's Operational Activities for Development (UN Resident Co-ordinators).
- 6 This alliance will support countries in developing, implementing, monitoring and evaluating well coordinated, multisectoral national AIDS plans in line with the Global Strategy. It will also help countries to ensure coordinated support for such national plans by all external partners, including those of the UN system. In this way, all partners will find their rightful place, in their field of competence, in the fight against AIDS.

## II. Managerial framework

### A. Country-level collaboration

#### 1. General considerations

- a. UNDP will support GPA in its collaboration with all developing countries in formulating, coordinating, implementing, monitoring and evaluating national AIDS plans and mobilizing the required external resources.
- b. UNDP will support GPA in its collaboration with the governments concerned to ensure that all external support is an integral part of their national AIDS plans and consistent with WHO's Global Strategy on AIDS. The development of such national AIDS plans will be a prerequisite for the provision of external support, except for limited, urgent assistance.
- c. Therefore, GPA and UNDP, in consultation with the parties concerned, will jointly review and make recommendations to the governments concerned regarding offers of support originating from the UN system as well as from bilateral and other multilateral agencies, non-governmental organizations and voluntary bodies. In this context GPA will ensure that these offers are consistent both with governments' national AIDS plans and WHO's Global Strategy on AIDS; UNDP will seek to ensure that such offers are consistent with governments' overall development priorities, plans and resource allocation.

#### 2. Specific roles and responsibilities

- a. **Planning:** GPA has the sole responsibility for providing to the governments concerned the policy and technical inputs required for the development of their national AIDS plans. UNDP will provide support to governments and GPA through its experience and expertise in multi-sectoral approaches to socio-economic development.

Within the overall context of the planning process, UNDP will assist governments in ensuring full integration of the national AIDS plan into their overall national development policies and priorities, as well as into the consultation processes in use by UNDP and governments as appropriate.

Any required reprogramming of national AIDS plans will be carried out through a similar division of tasks between GPA and UNDP.

- b. **Resource Mobilization:** Activities designed to support government efforts to raise external funds for their national AIDS plans will be undertaken by GPA with the support of UNDP. In this context, GPA will provide all technical and policy guidance needed by donors. GPA will also continue to fund, subject to the availability of voluntarily contributed global GPA funds, individual plans of countries when other support is insufficient or inequities exist. It will continue to request undesignated funding for this purpose, *inter alia*, from donors.

In order to bridge the time between pledges of external support being made and received for country-level activities, UNDP will provide a facility (by means of a reimbursable global IPF project) under which funds could be advanced on the basis of firm pledges having been made by donors to the WHO established trust fund sub-account for that country indicating the amounts and the dates when the funds would be remitted to WHO/GPA. Funds which are advanced by the UNDP will be reimbursed by WHO upon receipt of the pledged contribution and within six months of the date of the advance in each case.

- c. **Financial Management:** WHO has established a trust fund to receive voluntary contributions made available by governments and other participating parties to combat AIDS. The use of such contributions will follow a pro-

gramme and budget established by GPA and governed by the AIDS Management Committee in conformity with WHO policy. The budget will be revised in the light of contributions received and current requirements of GPA. The global activities of the programme supported by such contributions will be implemented by GPA. Voluntary contributions received from donors for activities in specific countries will be placed in separate sub-accounts of the trust fund established in the name of the country for which they were deposited. The use of such contributions will be governed by national budget proposals created by governments with the assistance of GPA in consultation with UNDP and other relevant participating parties. The activities for any specific country will be implemented by the government, an agency, or any other organization, as determined between the government and GPA, in consultation with UNDP. Authority to incur obligations for local expenditures will be derived from a Plan of Operation or a project document approved by the government, GPA and UNDP. Authority to incur obligations for non-local expenditures will require a request co-signed by the government and GPA. All activities financed from the trust fund will be subject to the programme support costs provision presently established at 13% of actual disbursements. Interest accruing in the trust fund will be credited to the fund itself.

- d. All participating parties, including those within the UN System, will be encouraged to make unrestricted contributions to the national AIDS plan through the sub-accounts of the trust fund established by WHO in the name of the country concerned. Where it may assist the efficient implementation of their national AIDS plan, governments receiving external support will also be encouraged to direct this support, particularly in the form of unrestricted contributions, to the appropriate sub-account of the trust fund. WHO will have responsibility for the accounting and reporting functions arising from the trust fund in accordance with WHO Financial Regulations and Financial Rules. Other contributions should be provided in a manner that supports the national AIDS programme, avoids creating parallel planning, implementing, monitoring or evaluating mechanisms, and is consistent with WHO's Global AIDS Strategy.
- e. **Coordination:** The UN Resident Co-ordinator will exercise responsibility (UNGA resolution 42/8), in conformity with WHO's Global Strategy on AIDS and in full accordance with the national AIDS plan, to coordinate support originating from within the UN system. In this context GPA will provide technical and policy guidance to the UN Resident Co-ordinator.
- f. **Role of WHO Representatives:** National AIDS Control Programmes must contribute to the rise of self-sustaining, socially and economically relevant, national health strategies and related programmes managed by the countries themselves, and lead to the mobilization and most rational use of national and external resources for health to that end. To be effective, these endeavours have to be consistent with the policies, strategies and related programmes that have been decided upon by WHO Member States. In supporting governments to attain this goal, WHO Representatives, in the country concerned, will make an important contribution to the control of AIDS as well as providing a direct link between this programme and the other WHO activities in the countries. A more detailed presentation of potential supportive actions by WHO Representatives is given in Annex 1.

### 3. Implementation

- a. **General Considerations:** GPA will provide technical and policy leadership in support of the government's implementation of its national AIDS plan. UNDP will provide GPA and the government with in-country support (administrative, accounting, logistics, etc.) (see Annex 2). GPA will finance the cost of any additional local staff which the UNDP field office may require as a result of providing these support services. Such staff will be recruited by UNDP and integrated into the UNDP Resident Representative's office. With regard to any other additional services provided by UNDP field of-

- ices as described in Annex 2, to the extent that these may require identifiable increases in resources, UNDP will negotiate with WHO/GPA on a country-by-country basis the appropriate amount to be reimbursed to UNDP by GPA for this purpose (pursuant to UNDP Governing Council decision 80/33). Details of these arrangements will be incorporated in an exchange of letters between WHO/GPA and UNDP for each country concerned.
- b. **Non-Local Purchases:** WHO/GPA will be responsible for the specification, international purchase and shipping of supplies and equipment. UNDP will be responsible for processes subsequent to the arrival of supplies and equipment in the country, (e.g. customs clearance, transportation, storage, distribution).
  - c. **Staff:** Professional international staff will be appointed by WHO/GPA. The senior GPA staff member will report to, and be supervised and directed by, GPA in Geneva. Any necessary locally recruited GS staff will be appointed and administered by UNDP in consultation with WHO/GPA.
  - d. **Monitoring:** Governments, GPA and UNDP will each have responsibility for monitoring their respective activities.
  - e. **Evaluation:** GPA will have primary responsibility for supporting the government in evaluating its national AIDS programme, under the framework developed by all relevant participating parties in conformity with WHO's Guiding Principles on Health Programme Evaluation. UNDP will participate in this process.

## B. Regional collaboration

### 1. General considerations

Regional programmes will be based on the recognition of the prime responsibility of governments for the use of WHO resources in the countries in conformity with WHO policy. Consequently regional and intercountry activities provided by WHO Regional Offices directly or indirectly shall support health development action as decided upon by individual countries, provided that: (a) similar needs have been identified by a number of countries in the region following a rational process of programming or a common awareness of joint problems; (b) the activity will be useful for eventual application by countries; (c) the pursuit of the activity as a cooperative effort of a number of countries in the same region is likely to contribute significantly to attaining the programme objective; and (d) for reasons of economy the intercountry framework is useful for pooling selective national resources.

### 2. Specific roles and responsibilities

WHO's Regional Offices will be asked to prepare regional programmes annually, to be approved and funded by GPA, in conformity with the above criteria as integral parts of the Global Strategy on AIDS, which should include, inter alia, support for the:

- a travel of regional or country-based WHO staff for GPA approved regional or intercountry activities;
- b organization of intercountry workshops in collaboration with GPA;
- c regional adaptation of health information/education materials, with GPA clearance; and
- d appropriate and speedy training of staff in AIDS activities in conformity with the above criteria.

Support for these activities by the Regional Bureaux of UNDP will be provided only with the approval of, and through, GPA. These Regional Bureaux will also assist GPA to ensure that all external support for regional activities originating from the UN system is in conformity with WHO's Global Strategy on AIDS.

### **3. Implementation**

- a. To assist in the implementation of these activities and to reinforce the regional and national capacity to participate in and support the Global Strategy, the Global Programme on AIDS, in consultation with WHO's Regional Offices, will establish and finance posts for personnel in each Regional Office.
- b. In fulfilment of WHA Resolution 40.26, Regional Offices will ensure that GPA is kept fully informed of all regional and intercountry activities undertaken by them and will explore innovative communication linkages for exchanges of information between key national programmes, Regional Offices and GPA.

## **C. Global collaboration**

### **1. General considerations**

To ensure a well-coordinated, multisectoral approach in the global fight against AIDS, UNGA confirmed WHO's directing and coordinating role and urged bilateral and multilateral agencies, including those of the UN system, as well as nongovernmental and voluntary organizations, to support national and international action against AIDS in conformity with WHO's Global Strategy. UNGA further requested the Secretary-General of the United Nations, in close cooperation with the Director-General of WHO, to ensure a coordinated response by the UN system.

### **2. Specific roles and responsibilities**

The WHO/UNDP alliance will extend to the Headquarters of WHO/GPA and UNDP with their respective roles as described under the Policy Framework section of this document.

### **3. Implementation**

In response to the United Nations General Assembly's request that the Secretary-General of the United Nations, in close cooperation with the Director-General of WHO, ensure a coordinated response by the UN system, the alliance welcomes the Secretary-General's appointment of the Under Secretary-General for International Economic and Social Affairs, in his personal capacity, as focal point at United Nations Headquarters for activities related to the prevention and control of AIDS. It further welcomes the Under Secretary-General's initiative in establishing, under his chairmanship, and in close cooperation with the Director General of WHO, a United Nations Steering Committee to coordinate United Nations activities in support of WHO's Global Strategy for the Prevention and Control of AIDS, to identify possible joint activities and to develop linkages between individual programmes in this field. For its part, WHO will establish an inter-agency advisory group, under its chairmanship, to facilitate the effective coordination of activities in the UN system in support of WHO's Global Strategy on AIDS. The decision of the UN Steering Committee to provide a coordinated input to the work of this group will significantly assist its endeavours.

## **III. Evolution of the Alliance**

The struggle against AIDS is based on existing and emerging knowledge in diverse health and related socioeconomic and behavioural fields. It is against such a constantly changing background that this alliance is forged. Consequently, in its operational aspects there must exist some flexibility. WHO and UNDP acknowledge that these agreements should not be seen as static but that they can, with the agreement of both Organizations, evolve over time to meet changing circumstances.

## Appendix 1 The role of WHO Representatives

WHO Representatives will undertake to provide, in conjunction with GPA personnel and UNDP Resident Representatives, the following assistance:

- supporting governments to ensure that medium-term national AIDS plans are fully integrated with other elements of primary health care and consistent with long-term health policies and strategies;
- supporting governments to ensure that national AIDS plans meet the criteria for the implementation of programme activities as stated in WHO's Seventh General Programme of Work;
- strengthening governments' ability to manage national AIDS plans in conjunction with other country-wide health programmes;
- helping ensure that national AIDS plans and all other WHO supported health activities complement each other through joint government/WHO policy and programme reviews, which include the participation of GPA personnel and UNDP Resident Representatives;
- supporting the monitoring and evaluation of national AIDS programmes by strengthening governments' programme monitoring and evaluation capabilities as part of the managerial process for overall national health development; and
- facilitating contacts with ministries of health and other national health institutions.

WHO Representatives will keep their Regional Offices regularly informed of their AIDS related activities and the support provided to GPA personnel and UNDP Resident Representatives in this regard.

## Appendix 2 The role of UNDP

Arising from its position of leadership in socioeconomic development and of the role of its Resident Representatives as UN Resident Co-ordinators, UNDP will support WHO in its collaboration with countries in formulating, coordinating, implementing, monitoring and evaluating national AIDS plans and mobilizing the required external resources. Furthermore, it will support WHO in its collaboration with the governments concerned to ensure that all external support is an integral part of their national AIDS plans and consistent with WHO's Global Strategy on AIDS.

### **Working administrative arrangements related to the implementation of country activities**

The UNDP Office will provide, to the extent necessary, the following logistic support to GPA and National AIDS Plans:

- equipped office space, e.g. with telephones, photocopiers, typewriters, etc.;
- General Service staff, e.g. secretaries, clerks, night-watchmen, store-keepers, drivers, etc.;
- services in support of "meetings" such as seminars, training courses, e.g. arranging premises, paying participants' stipends, acquittance rolls, provision of audio-visual apparatus, etc.;

- services in support of within-country transportation and travel, e.g. provision of vehicles and trucks, internal airtickets, etc.;
- management of vehicles;
- reception and subsequent services in connection with imported supplies and equipment.

UNDP will also undertake to provide services excluded from normal Government obligations, such as:

- local purchase of non-technical equipment and supplies;
- personal services to international staff e.g. housing assistance, permits, visas, advice on schooling, etc;
- accounting of funds in local currency in support of any of the above, i.e. comparable to imprest account activity.

### **Working financial arrangements related to the implementation of country activities**

1. Local expenditure will be effected by RR/UNDP offices or WHO offices as determined for each country, by agreement between WHO and UNDP. Such expenditures to be incurred by RR/UNDP will be authorized by WHO staff, who will at the same time provide the relevant allotment/sticker number or account to be charged.
2. For the handling of these payments made on behalf of WHO, UNDP would issue under the established procedure IOVs which should be addressed to WHO, Geneva and recorded in the existing UNDP/WHO operating fund. As required, taking into account the overall traffic of transactions under the operating fund, WHO may adjust its funding requirements from UNDP or, eventually, should AIDS activity payments made by UNDP be higher than WHO activities financed by UNDP, WHO would fund UNDP on the basis of two months' disbursements in advance.
3. As and when PL 480 funds are made available by USAID, such funds shall be deposited in the local currency bank account operated by the RR/UNDP. They shall be credited to the sub-account of the trust fund established by WHO for that country. WHO will authorize RR/UNDP to effect any required disbursements in local currency against PL 480 funds. Such disbursements shall be debited to WHO by IOV in accordance with paragraph 2 above.

## Annex 2

# Global Programme On AIDS Management Committee

The Management Committee shall represent the interests and responsibilities of WHO's external partners collaborating with WHO in its Global Strategy on AIDS. It shall act as an advisory body to the Director General of WHO, making recommendations on matters related to the policies, strategies, financing, management, monitoring and evaluation of WHO's Global Programme on AIDS (GPA).

## Functions

The Management Committee shall have the following functions:

- to review, analyse and guide the programme of activities and related budget submitted by GPA for the forthcoming year and to make appropriate recommendations to the Director-General;
- to review annually the arrangements envisaged by the Director-General of WHO for financing and managing GPA;
- to review the financial statements of GPA submitted by WHO;
- to review periodic reports evaluating the progress of GPA towards the achievement of its objectives and to submit its findings and recommendations to the Director General for action;
- to recommend ways of improving, as appropriate, coordination between the activities of GPA and of other relevant organizations; and
- to 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 the Management Committee shall ensure it is informed of all policy decisions and recommendations concerning GPA made by the World Health Assembly and the Executive Board, and informed of all reports and recommendations concerning GPA made by WHO's Global Commission on AIDS.

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

## Composition

The Management Committee shall be composed as follows:

- governments of those countries which contributed undesignated funding in support of GPA's general budget in the previous fiscal year;
- two governments from each of WHO's six regions, appointed by the Director-General of WHO, after receiving advice from the respective Regional Committees, from among those countries with which GPA is collaborating;
- the six major intergovernmental organizations contributing to the implementation of WHO's Global Strategy on AIDS, namely: UNDP, UNICEF, UNFPA, UNESCO, World Bank and the EEC; and

- the Chairman of the Global Commission on AIDS.

Intergovernmental organizations not included on the Committee as well as non-governmental organizations deeply involved in the Global Strategy on AIDS will, 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 the Management Committee, shall be ascertained annually. Members selected from WHO's six regions 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 Strategy on AIDS. The Chairperson of the Committee should, in principle, be a government representative and shall be elected from and by members of the Committee for a period of two years but while eligible for re-election, may not serve consecutive terms. The Chairperson shall preside over meetings of the Committee and undertake whatever additional duties may be assigned by the Committee, in agreement with the Director-General of WHO.

## Operation

The 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 Committee 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 Committee shall decide its method of work, which may include the establishment of a number of functional sub-committees. All such sub-committees will have an advisory role to GPA and the Committee. Each Management Committee meeting shall elect a rapporteur from among its members who shall assist in ensuring that the decisions reached by the meeting are adopted and recorded before its conclusion.

## Annex 3

# Guiding objectives and principles for the comprehensive coordination of global and national AIDS activities

## I. Introduction

The World Health Organization (WHO) has the constitutional responsibility to direct and coordinate international health activities and has been mandated to develop and implement a global strategy for AIDS prevention and control. That mandate explicitly recognizes: the global scope of AIDS; the health, social and economic dimensions of the problem; and the need for political commitments at the highest level to make optimum use of the broad range of scientific, public health and socioeconomic resources that will be needed for its prevention and control. The need for such a coordinated approach, under the global leadership of WHO, has been recognized by the Fortieth World Health Assembly (May 1987, WHA 40.26); ECOSOC (July 1987, Resolution E/1987/75); and the United Nations General Assembly (October 1987, Resolution A/42/8). In order to meet this challenge the Director-General of WHO established a Special Programme on AIDS (SPA), which was endorsed by WHO's Executive Board in January 1987 and became operational on 1 February 1987. The name of the Programme was changed to the Global Programme on AIDS (GPA) at the WHO Executive Board meeting on 19 January 1988.

Broad agreement on a framework for international coordination is required at two levels of complementary activity within the Global Strategy on AIDS:

- i. mobilization and structuring of global action; and
- ii. support for comprehensive national AIDS programmes.

The Third Meeting of Participating Parties, which met in April 1987, explicitly recognized these needs and requested SPA to develop specific proposals for the comprehensive coordination of global and national AIDS activities. However, due to the initiative of the Director-General of WHO at the Fourth Meeting of Participating Parties in November 1987, to forge an alliance with UNDP, this paper limits itself to proposing the guiding objectives and principles which should form the foundation on which the comprehensive coordination of global and national AIDS activities may best be achieved. As UNDP plays the lead role in supporting governments, at the country level, regarding social and economic development, and its Resident Representatives are Resident Co-ordinators of the United Nations System's Operational Activities for Development, it is proposed to wait until significant experience has been gained with the WHO/UNDP Alliance before considering the specific mechanisms by which comprehensive coordination could best be achieved.

## II. Global Coordination

WHO/GPA provides global leadership, helps ensure international cooperation, and pursues global activities of general value and importance, guided by the concept that only a worldwide effort can stop AIDS. The following objective and principle are derived from this concept:

### A. Objective

Governmental, intergovernmental and non-governmental efforts, whether scientific, technical or financial, should, as requested by the United Nations General Assembly in resolution A/42/8, be consistent with and supportive of WHO's Global Strategy on AIDS as approved by the World Health Assembly.

### B. Principle

WHO has the mandate to direct and coordinate global AIDS prevention and control efforts in conformity with its Global Strategy on AIDS as approved by the World Health Assembly.

## III. National Coordination

WHO/GPA, with the assistance of UNDP, supports and strengthens national AIDS programmes. This requires, inter alia, coordinating AIDS-related activities to enable the most effective use to be made of national and international resources in the service of national AIDS prevention and control programmes in line with the Global AIDS Strategy. In this context, GPA will provide specific support to governments in formulating, implementing, monitoring and evaluating national AIDS plans and mobilizing the required external resources. UNDP will assist GPA in its coordination efforts by seeking to ensure that all offers of external resources are consistent with governments' overall development priorities, plans and resource allocation. Such coordination on behalf of, and in collaboration with, governments, in support of national programme activities, shall have the following objective and principles:

### A. Objective

All governmental, intergovernmental and non-governmental offers of assistance shall be consistent with and supportive of National AIDS Plans, which, in turn, shall be in line with WHO's Global Strategy on AIDS.

### B. Principles

1. GPA, with the assistance of UNDP, should support Member States in designing, strengthening implementing, monitoring, and evaluating short- and medium-term National AIDS Plans;
2. Existence of a medium-term (3-5 years) WHO-approved National AIDS Plan should be a prerequisite for the provision of external support except for urgently required support. Consistent support of this principle is critical to the integrity of the national planning and implementation process;
3. National AIDS Control Programmes should contribute to self-sustaining, socially and economically relevant national health strategies and related programmes managed by the countries themselves. They should also be fully integrated into the countries' overall national development priorities, policies, plans and resource allocation;
4. All external support – scientific, technical or financial – should be supportive of governments' primary health care systems, and their long-term health policies as well as being consistent with and supportive of short- and medium-term National AIDS Plans;
5. All projects supported by external donors should be executed as an integral part of National AIDS Control Programmes, respecting their Plan of Operations, and within the management structure established by the relevant governments, i.e. provided in a manner that avoids creating parallel planning, implementing, monitoring or evaluating mechanisms and ensures the equal and non-discriminatory treatment of *all* HIV-infected persons;
6. Pledges of support for National AIDS Control Programmes from intergovernmental and non-governmental organizations should be independent of direct pledges made by governmental organizations, i.e. they should represent an addition to the external resources pledged in support of the programme.

## IV. Conclusions

The growing complexity of economic and social development and development cooperation has increased the need for improved coordination and dialogue among international aid institutions and developing countries. The issues and problems raised by the AIDS pandemic are also complex. Hence, there is a deeply felt need to ensure effective and humane coordination of all AIDS, and AIDS-related, activities globally and at the national level. At the national level, coordination is the primary responsibility of the recipient Government. However, active international cooperation, consistent with the objectives and principles described in this paper, with and between governmental, intergovernmental and non-governmental agencies, in support of the countries concerned, is needed to achieve the objectives foreseen for such coordination.

To fulfill its mandate to direct and coordinate global AIDS prevention and control measures, in a way that is most supportive of national and international activities, WHO will need continued, strong commitment by all its Member States for the specific and practical application of this principle at the national, regional and global levels. In the final analysis, however, the success of these efforts will depend primarily on the *goodwill* of all interested parties and their willingness to share responsibility for the coordination process for the sake of a coherent and effective AIDS prevention and control programme.

Annex 4  
Financial status of GPA

## Trust Fund for the Global Programme on AIDS

**Table 1**  
1988 Resource summary of GPA:  
status of pledges and funds received as at 26/04/88 for  
unspecified global activities

		(in US\$)	
Balance as at January 1, 1988 (less unliquidated obligations)		<b>\$7,318,732</b>	<b>(a)</b>
<b>Donor</b>	<b>Received</b>		
Australia	178,100		
Canada	4,076,885		
Finland	987,256		
Japan	200,000		
New Zealand	335,971		
Norway	2,380,839		
Sweden	2,015,103		
Switzerland	3,875,969		
United Kingdom	4,137,425		
UNDP	150,000		
<b>Total</b>	<b>\$18,337,548</b>		<b>(b)</b>
	<b>Pledged</b>		
France	354,600		
Sweden	6,440,678		
United Kingdom	4,137,425		
United States	15,000,000		
Others	900,000		
UNDP	2,650,000		
<b>Total</b>	<b>\$29,482,703</b>		<b>(c)</b>
Total of pledges and funds available:	\$55,138,983		(d) = (a)+(b)+(c)
1988 expected resource requirement:	\$66,200,000		(e)
Amount still required:	\$11,061,017		(f) = (e) - (d)

**Table 2**  
Statement of 1988 allotments issued against  
unspecified contributions  
(as at 22 April 1988)

Global activities	US\$
Policy bodies	129,948
Office of the Director	3,293,351
Public Information Office	167,353
Management, Administration and Information	459,146
Health Promotion	1,803,879
Surveillance, Forecasting and Impact Assessment	729,877
Social and Behavioural Research	1,150,046
Biomedical Research	501,042
<b>Subtotal</b>	<b>8,234,642</b>
Regional activities	2,816,648
National Programme Support	14,174,759
<b>Grand total</b>	<b>25,226,049 *</b>

(\*) including US\$ 5,591,403 of unliquidated obligations from 1987.

**Table 3**  
Global Programme on AIDS 1986/87 expenditure

Area	Disbursements	%	Obligations	%
OOD	2,028,186	12.3	2,398,393	10.8
HPR	510,568	3.1	1,268,747	5.7
SFI	319,053	1.9	375,171	1.7
SBR/BMR	1,042,361	6.2	1,274,870	5.8
<b>Subtotal global activities</b>	<b>3,900,168</b>	<b>23.5</b>	<b>5,317,181</b>	<b>24.0</b>
Regional Activities	1,486,229	9.0	2,199,622	10.0
National Programme Support	11,165,932	67.5	14,626,929	66.0
Subtotal	12,652,161	76.5	16,826,551	76.0
<b>Grand Total</b>	<b>16,552,329</b>	<b>100</b>	<b>22,143,732</b>	<b>100</b>

OOD: Office of the Director (includes external relations, management, administration and information, and public information)

HPR: Health Promotion

SBR: Social and Behavioural Research

BMR: Biomedical Research

SFI: Surveillance, Forecasting and Impact Assessment

**Table 4**  
**National Programme Support**  
 Figures in millions of US\$ and (%)

<b>Date</b>	<b>Planning* Management</b>	<b>Operations**</b>	<b>Meetings</b>	<b>Total</b>
1986-1987 (Obligated)	2.06 (18.5)	8.86 (79.3)	0.25 (2.2)	11.16 (100)
1988 January-April (allotted)	2.88 (20.3)	11.16 (78.8)	0.13 (0.9)	14.17 (100)

\* Includes cost of consultant/staff missions to countries

\*\* Support provided to country programmes in support to Short- and Medium-term Plans

## Annex 5 List of Participants

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