
GLOBAL
PROGRAMME
ON AIDS

REPORT OF THE TENTH MEETING OF THE
MANAGEMENT COMMITTEE

GENEVA
24-26 MAY 1994



WORLD
HEALTH
ORGANIZATION

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**Report of the tenth meeting of
the Management Committee**
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I. Introduction

1. The tenth meeting of the Management Committee of the Global Programme on AIDS (GPA) took place in Geneva on 24-26 May 1994. The meeting was attended by Committee members representing 30 Member States and 6 intergovernmental organizations, as well as by observers from 2 Member States, 1 intergovernmental organization and 18 nongovernmental organizations. The participants are listed in Annex 1 and the documents prepared for the meeting are listed in Annex 2.
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Election of rapporteur

2. Dr J. Moerkerk (Netherlands) elected at the ninth meeting in May 1993 to a two-year term of office as Chairperson, presided. Dr P.R. Dasgupta (India) was elected Rapporteur for this meeting.
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Adoption of the agenda

3. The Committee reviewed the provisional agenda (document GPA/GMC(10)/94.1) and adopted it without amendment (see Annex 3).
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Address by the Director-General, WHO

4. The Director-General expressed his strong support for the steps under way to establish a joint and cosponsored UN programme on HIV/AIDS. He saw it as contributing to a more unified response to the expanding HIV/AIDS pandemic by the United Nations system, particularly in its efforts to strengthen the capacity of governments to deal with the epidemic in their country. He welcomed the Committee's recommendations on how best to proceed rapidly to the establishment of the new programme subject to ECOSOC's endorsement in July 1994.
 5. The Director-General concluded by referring to the issue of "AIDS and the Child in Africa" which would be discussed at the Heads of State and Government Summit of the Organization of African Unity in Tunis in June 1994. He commented on the fact that this was a fitting sequel to the OAU Declaration on AIDS in Africa adopted in Dakar in 1992. He also referred to the initiative of the French Government to organize, together with WHO, a Heads of Government Summit on AIDS in Paris on 1 December 1994.
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II. Report of the ninth meeting of the GPA Management Committee, May 1993

6. The Committee approved the report of its ninth meeting (document GPA/GMC(9)/93.12). In response to a question from one member whether future reports could reflect discussions in more detail, it was pointed out that the format used was one in which the essential output of the GMC's discussions was captured in the conclusions and recommendations, discussed and adopted by all members before the end of the meeting.
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III. Report of the Executive Director, GPA

7. In his oral presentation, the text of which was later distributed to Committee members (GPA/GMC(10)/94.3), the Executive Director described some of the more important developments and activities which had taken place since the May 1993 meeting of the Committee. He drew the Committee's attention to the report of the Director-General to the Forty-seventh World Health Assembly on the implementation of the Global AIDS Strategy (A47/14) by GPA during 1993 and the summary records of the debate of that item during the Assembly. He announced his intention to have the comprehensive report of the Programme's activities during the 1992-1993 biennium available in final form during the summer when it would be sent to members.
 8. The Executive Director began with a rapid overview of the epidemic. In 1993 it was estimated that a further two million persons were infected with HIV, bringing the cumulative total of adults and children to 15 million. Sub-Saharan Africa remained the most heavily infected region – two thirds of infections have occurred there – with the greatest recent expansion being in southern Africa. The ultimate course of the epidemic in this region will depend in great part on its course in the large countries of southern Africa and Nigeria. It was however in some countries in Asia that the epidemic was spreading most rapidly – countries like India, Thailand, Myanmar, Viet Nam and Cambodia. In parts of northern Thailand, for example, prevalence rates as high as 20% had been reported in military recruits and 8% among pregnant women. Similar situations in Bangladesh, China, Indonesia and the Philippines could be expected in the absence of an appropriate response.
 9. In other parts of the world, too, the epidemic was still expanding – in countries of the Caribbean, Central and South America, the Middle East and southern Europe. There was no doubt that the pandemic is now truly global. One of the striking phenomena of the past year has been the increase in AIDS cases, bringing with it the tragedy of increasing deaths, and serious social and economic hardship.
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10. The Executive Director went on to highlight some of the principal activities presented according to the Programme's structure as modified in January 1994 (described in detail in section VIII of this report and the organigramme in Annex 4). The prime focus of the work of the Programme's Division for Technical Cooperation (TCO) continued to be the strengthening of the management capability of national AIDS programmes. For example, the Division, together with staff in the regional offices, supported the national planning process through participation in 31 external programme reviews during 1993; preparation or conduct of consensus-building exercises in 26 countries; training of 60 course facilitators for the GPA Programme Management Course which was conducted four times for senior national staff from 49 countries; development of a prototype management information system to improve the planning, monitoring and reporting by countries of their programme activities; and the development of instruments to measure and report on prevention indicators.
 11. The other major Division in the Programme's new structure is responsible for Research and Intervention Development. It supports a wide range of intervention, social and behavioural, clinical and vaccine-related research. Intervention research has continued to focus on developing and testing innovative approaches – both enabling and persuasive – to changing HIV risk behaviours. Examples of enabling approaches being looked at by the Programme include policy changes to remove barriers to behaviour change, economic changes to facilitate risk avoidance, and changes to improve the accessibility and promote the use of health and social services.
 12. In the area of social and behavioural research, the Programme supported 15 new studies using common protocols. These included studies of the contextual factors affecting risk-related sexual behaviour among young people in Cameroon, Chile, Costa Rica, Papua New Guinea, the Philippines and Zimbabwe; studies of household and community responses to HIV and AIDS with an emphasis on 'coping' in the Dominican Republic, India, Mexico and Tanzania; and studies of gender relations in the area of sexual negotiation in Costa Rica, Indonesia, Mexico and Senegal. In addition, following an in-depth literature review, a research protocol to study the determinants of HIV/AIDS-related discrimination, stigmatization and denial is under development.
 13. In the area of clinical research, the Programme focused its attention on the development and testing of female-controlled methods to prevent sexual transmission of HIV and other STDs, e.g. the development and testing of vaginal microbicides, and a study of the user-effectiveness in STD prevention of having female condoms available in addition to male condoms, among female sex workers. The Programme's assessment of new commercial assays for detecting HIV antibodies has been particularly directed towards rapid and simple tests suitable for use in developing countries. Support has continued for studies on the cost, effectiveness and feasibility of short-course treatment and chemoprophylaxis of tuberculosis in HIV-infected persons, in collaboration with the Tuberculosis Programme.
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14. During the last two years, the Programme's efforts in vaccine development have focused on strengthening four evaluation sites in Brazil, Rwanda, Thailand and Uganda, in preparation for future large-scale efficacy trials of HIV preventive vaccines. Different genetic subtypes of HIV-1 (there are at least five) were identified in the different sites, and even over time at the same site. In anticipation of large-scale, efficacy trials of preventive vaccines, the Programme is also supporting the establishment of several cohorts of HIV-negative persons at the four sites to obtain information on HIV incidence as well as on four important social and behavioural issues relevant to vaccine trials.
15. The Office of the Executive Director for GPA is responsible for the coordination of activities in the areas of sexually transmitted diseases (dealt with in section VII of this report), programme and policy coordination, external coordination and mobilization, and administration, management and information services. During the past year more attention has been paid to economic aspects of AIDS, in recognition of their increasing importance as the pandemic matures and the need to improve collaboration among the different UN system organizations working in this field. As requested by the Committee at its last meeting, an analysis of the systematic assessment of national plans and programme reviews on whether programme activities conform to human rights principles was carried out and results to date were provided in document GPA/GMC(10)/94.INF.DOC.1. The Programme is continuing its efforts in the areas of advocacy, nongovernmental organizations, women and AIDS, fund-raising (dealt with in section IX of this report), and interagency coordination. The Programme's main activity in the area of interagency affairs was the development of a joint and cosponsored UN programme on HIV/AIDS (see section IV of this report for the Committee's discussion of this subject).
16. The views of the Committee expressed in connection with the Executive Director's report are given in paragraphs 44, 45 and 62.

IV. Follow-up to the study on a joint and cosponsored United Nations programme on HIV/AIDS

17. As foreseen, the study report on a joint and cosponsored UN programme on HIV/AIDS, prepared by the six potential cosponsors (UNDP, UNICEF, UNFPA, UNESCO, the World Bank, WHO) in response to resolution WHA46.37 was submitted to the WHO Executive Board in January 1994. The Board adopted resolution EB93.R5 which recommended the development and eventual establishment of such a programme in accordance with the consensus option. The Committee had before it the report of the Director-General to the World Health Assembly in May 1994 (A47/15), which described the steps taken between January and March by the interagency working group

(comprising representatives of the cosponsors) to develop the consensus option. The Committee received a presentation on developments since March, which included discussions at the World Health Assembly, decisions taken by the UNICEF, UNESCO and UNDP Executive Boards and subsequent meetings of the interagency working group.

18. A wide-ranging and in-depth discussion of the joint and cosponsored UN programme on HIV/AIDS took place. One aspect of this discussion was about the commitment of the six cosponsoring organizations to the establishment of the new programme. Members of the Committee also stressed the need for clarification of the following issues prior to the July 1994 session of ECOSOC which, it was hoped, would endorse the establishment of the programme. The Committee stressed the need for information on progress towards the establishment of a cosponsored programme to be disseminated among all concerned parties during the transition period to the new programme. It was underlined that the establishment of country-level coordination mechanisms as foreseen in UN General Assembly resolution 47/199 should not be delayed until the formal establishment of the joint and cosponsored UN programme on HIV/AIDS, but should be initiated as soon as possible. The role played by the GMC Task Force on HIV/AIDS Coordination in facilitating the work of the interagency working group and promoting the further development of a cosponsored programme was commended both by the Committee and by the interagency working group and it was stressed that its involvement should continue. The nongovernmental organizations attending the meeting of the Committee as observers took an active role in the discussions and their statement in this connection is found in Annex 5. The conclusions and recommendations adopted by the Committee in connection with the aforementioned are found in paragraphs 46 to 57.

V. GMC Task Force on HIV/AIDS Coordination

19. As foreseen in the terms of reference of the Task Force, the Committee reviewed the report (GPA/GMC(10)/94.4) on the Task Force's activities during its first year of establishment – February 1993 to February 1994 – and a workplan for the second year presented in Annex 2 of that report (see paragraph 58 for the recommendation adopted in this connection).
20. The major activities carried out during the period were the development of the framework of guiding principles for HIV/AIDS coordination at country level (GMC/TFC(4)/94.4); the preparations for a biennial report on HIV/AIDS activities and its supporting global database; and the participation of the Task Force in the study of a joint and cosponsored United Nations programme on HIV/AIDS and subsequently in the further development of the programme. The Committee requested that the Task

Force should continue to be actively involved throughout the transition period leading up to the establishment of such a programme (see paragraphs 55 and 56). The Biennial Report, which will cover 1992 and 1993, and its database are intended to assist efforts to increase collaboration, coordination and information exchange on HIV/AIDS activities at global, regional and country level. The report will be issued at the beginning of 1995 and will include a brief summary of global trends; a descriptive review and analysis of HIV/AIDS-related external assistance activities; an inventory of HIV/AIDS-related activities and projects supported by external assistance funding; conclusions and priorities for future action. The coordinated database has been designed in such a way to enable a smooth transfer to an eventual joint and cosponsored United Nations programme on HIV/AIDS or to an international agency. The Committee was in favour of wide distribution of the final version of the guiding principles to governments, nongovernmental organizations, donor agencies, and UN system organizations, once its suggestions for strengthening the text were incorporated (see paragraph 59).

VI. Draft strategic plan for the Global Programme on AIDS for the period 1994-1999

21. At its last meeting the Committee had requested that the draft of the strategic plan presented to it should be revised to give greater weight to the Programme's role and comparative advantage in achieving the goals of the global AIDS strategy and that a wide consensus be obtained on the need for and nature of programme targets. It also requested that members of the Committee and the Advisory Council on HIV and AIDS be actively involved in the process of formulating and reviewing the next draft of the GPA Strategic Plan. Thus, the document before the Committee, GPA/GMC(10)/94.5, had been prepared through a wide consultative process involving GPA staff and GPA's partners, including governments and nongovernmental organizations, and had been reviewed by the Advisory Council on HIV and AIDS in November 1993.
22. It was pointed out that no targets had been included in the strategic plan and that GPA's achievements would be measured against the progress made for each activity area listed under the sub-objectives. It was planned to start a process to seek consensus on global targets during the coming months. However, in view of the ongoing work to establish a joint and cosponsored United Nations programme on HIV/AIDS, it was recognized that this strategic plan would only serve during the transition period and perhaps as a starting point for the strategic plan of the new programme.
23. The Committee was in favour of the revised strategic plan and its potential use as input when formulating a plan for the joint and cosponsored United Nations programme on HIV/AIDS. There was agreement that the activities included under each sub-objective

should be prioritized and that they should be linked to the biennial programme budgets. There was some concern over the process of identifying global targets and the need to ensure that this was carried out through wide consultation. The recommendations adopted in this connection are found in paragraphs 63 and 64 and would be provided, together with a summary of the discussions on the GPA strategic plan, to the representatives of the cosponsors working on the establishment of the joint and cosponsored UN programme on HIV/AIDS.

VII. Advisory Council on HIV and AIDS

Report of the Council's second meeting, November 1993

24. In presenting the report of the Council's second meeting, GPA/ACA(2)/93.9, the Chairperson highlighted the main topics of discussion and their outcomes, other than those which would be discussed elsewhere on the agenda of the present meeting. She summarized the lively discussion which had taken place on the question of mandatory testing and its adverse effects on public health and the document prepared on that subject following the request of the Council at its first meeting. The Council had emphasized the important role of voluntary counselling and testing in the care and support of HIV affected people. Given the inconclusive evidence of its impact on HIV transmission, the Council recommended that voluntary counselling and testing should not currently be promoted as a preventive intervention.
 25. After an extensive discussion of the GPA research priorities on women and AIDS as selected by the Programme, the Council added two additional areas of research, namely examining the additional burden on women in a community affected by AIDS, and studying the effect of traditional, religious and sexual practices on HIV transmission to women, and recommended their examination and implementation by GPA's research steering committees. The recommendations adopted in this connection are found in paragraphs 60 and 61.
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Review of the Programme's activities in sexually transmitted diseases

26. As requested by the Committee at its ninth meeting, a report on the Programme's activities in sexually transmitted diseases (STD) was reviewed by the Advisory Council on HIV and AIDS at its November 1993 meeting. The Council expressed its satisfaction with the comprehensive review of activities and with the results of
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combining the STD and AIDS programmes; it recommended that the GPA Management Committee continue its support of this approach. The Committee had before it an updated version of that report, GPA/GMC(10)/94.6, which described the new public health strategy for STD control and the organizational structures and budget for STD within WHO, and summarized the ongoing and planned activities under the following broad headings: STD programme development and support; STD case management; effective treatment for STD; evaluation of intensified interventions for groups at high risk for STD; and prevention of congenital syphilis.

27. While joining the Advisory Council in expressing its satisfaction with the comprehensive review of STD activities, the Committee urged that sufficient attention and resources continue to be given to STDs within the proposed joint and cosponsored UN programme on HIV/AIDS, particularly with regard to STDs that were not related to HIV. Acknowledging the enormous cost of drugs for STD treatment, the Committee stressed that GPA had a normative and technical cooperation role to play and not one of a supplier of commodities. The Committee recognized the important role being played in the integration and implementation of STD/AIDS programmes at country level by UNICEF, UNFPA, the World Bank and the Commission for the European Communities. The recommendation adopted in this connection is found in paragraph 65.
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Collaboration between the WHO Tuberculosis Programme and GPA

28. In accordance with the request made at its last meeting, the Committee had before it a report (GPA/GMC(10)/94.7) on collaboration between the Tuberculosis Programme and GPA described under three main headings: (1) **research** in the areas of diagnosis, preventive therapy, treatment, infectivity of HIV-related tuberculosis, and health care service delivery; (2) **policy development** on different aspects of the interaction of HIV/AIDS and tuberculosis and the joint statements prepared during the past year in collaboration with the International Union Against Tuberculosis and Lung Disease; and (3) **enhanced collaboration at country level** as documented by case studies in Botswana and Tanzania which were discussed and whose recommendations were endorsed by the Advisory Council on HIV and AIDS at its November 1993 meeting.
29. In response to several questions from members, the Committee was assured that operational research had clearly shown that well developed and conducted tuberculosis programmes were highly effective in curing patients with tuberculosis. It was confirmed that progress in developing a better tuberculosis vaccine was slow and still expected to take a long time. Most tuberculosis programmes needed strengthening in order to be able to collaborate successfully with national AIDS programmes. It was important to realize that neither national AIDS programmes nor the Global Programme on AIDS had the resources or competence to support this strengthening. The recommendation adopted in this connection is found in paragraph 66.
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VIII. Reorganization of the Global Programme on AIDS, January 1994

30. The Committee had before it document GPA/GMC(10)/94.8 which described the rationale and structure of the recent reorganization. Briefly these were (1) to streamline the Programme's technical cooperation and research and development activities into two distinct divisions; (2) to reflect the importance of external coordination and mobilization; (3) to reflect the present realities of GPA's financial and human resources as opposed to those prevailing in July 1990 when the previous major reorganization was carried out; (4) to decentralize responsibility for major programme areas to senior staff; and (5) to consider the anticipated requirements and structure of the proposed joint and cosponsored United Nations programme on HIV/AIDS. The organigramme of the new structure is attached as Annex 4 of this report (see paragraph 67).
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IX. Financial and budgetary matters

Financial implementation of the Global Programme on AIDS: 1992-1993

31. The Committee noted with appreciation the transparency and clarity with which the Programme had presented information (document GPA/GMC(10)/94.9 Rev.1) on its financial implementation of the 1992-1993 programme budget and on the use of multi-bilateral contributions during the biennium (see paragraph 68). Resources available in 1992-1993 for financing activities in the 1992-1993 biennium totalled US\$ 170 879 927, of which US\$ 26 970 032 was carried over from 1991, US\$ 136 514 925 represented contributions made available in 1992 and 1993, US\$ 2 393 255 was interest received and US\$ 5 001 715 was the refund of programme support costs. Annex 6 of this report provides details of designated and undesignated contributions made available to the GPA Trust Fund from 1987 to 1993. Total obligations incurred as at 31 December 1993 in support of the 1992-1993 programme budget amounted to US\$ 135 476 228 representing 96% of the reprogrammed revised contingency budget of US\$ 141.1 million. Annex 7 of this report contains a table on the implementation of the 1992-1993 programme budget by operational level and by headquarters programme area as at 31 December 1993.
32. The Committee's attention was drawn to the Programme's cash flow problem which had steadily worsened since 1991. For example, in the first quarter of both 1992 and 1993, less than 1% of each year's contribution had been available. In 1992, only slightly less than half of the year's contributions had been available by the beginning of the last quarter, compared with 75% at the same time in 1991. In 1993, after the Management Committee was alerted to the cash flow problem at its meeting in May, donor countries
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had responded very positively, so that more than two thirds of the 1993 contributions were received in the third quarter of 1993. Thus there was a cash flow problem during the first three quarters of 1992 and during the first seven months of 1993. Activities during the first half of each year were funded largely through the carry-over of US\$ 27 million from 1991 to 1992, and US\$ 31 million from 1992 to 1993.

33. Resources available in 1992-1993 for support to specified countries totalled US\$ 90 427 003, of which US\$ 5 771 322 was the "multi-bi" carry-over from 1991, US\$ 19 748 050 represented "multi-bi" contributions received in 1992-1993, US\$ 63 421 811 was undesignated global funds from the WHO/GPA Trust Fund and US\$ 1 485 820 was interest received on country cash balances. Total obligations incurred during 1992-1993 in direct support of national AIDS programmes amounted to US\$ 79 355 247, broken down as follows: US\$ 59 624 959 (75%) from the undesignated global funds for the 1992-1993 GPA programme budget and US\$ 19 730 288 (25%) from resources available for specified countries, i.e. "multi-bi" contributions. Annex 8 contains a table giving details of multi-bilateral contributions to national AIDS programmes, by donor, from 1987 to 1993. Annex 9 of this report contains a table of funds available and obligations incurred during 1992-1993 in countries with a medium-term plan.
34. The Committee noted that the carry-over from the 1992-1993 biennium to 1994 to help finance the first year of the GPA programme budget for 1994-1995 was US\$ 34 647 404. The reason for this carry-over was related in part to the already considerable carry-over from 1991 to the 1992-1993 biennium and to the late receipt of contributions in each year of the biennium which obliged the Programme to periodically curtail its pace of implementation. It was recognized that this carry-over had been fortuitous for the beginning of the 1994-1995 biennium, allowing for earlier transfer of funds to country programmes and assuring that implementation of activities at global and regional levels could begin optimally, thus protecting the Programme against continued late payments.

Revised programme budget for the 1994-1995 biennium

35. The Committee had before it document GPA/GMC(10)/94.10 containing the revised GPA programme budget for the 1994-1995 biennium prepared at a level of US\$ 140 million, in view of the fact that resources available to fund the budget were not anticipated to reach a level sufficient to fund the approved programme budget of US\$ 174 million. The revision had been carried out in line with the recommendations made by the Committee at its ninth meeting in the event of just such a reduced level of income. The Committee noted that the 1992-1993 programme budget had been reduced in such a way that 60% of the reduction had been absorbed by headquarters and 40% by regional offices/countries. It was however decided for the 1994-1995

programme budget to reduce the allocation to regional offices/countries by 60% and that for headquarters by 40%. In the event that the Programme's income did not reach US\$ 140 million in 1994-1995, it was recognized that the level of staffing would have to be reconsidered.

36. The discussions of the 1994-1995 programme budget which was endorsed by the Committee, included the following. The Executive Director's Initiative Fund should be used in accordance with the priorities set by the Committee in May 1993, i.e. the development of the joint and cosponsored UN programme on HIV/AIDS and for priority activities not foreseen when the current programme budget had been developed. In response to a question about the amount of funds allocated for duty travel, it was pointed out that duty travel should in fact be considered an activity even though, for convenience, it was presented in the programme budget together with staff costs. Travel was carried out in support of all of the programme components/strategic plan elements within a specific programme area. It was recognized that the cost of international staff in countries was often high when compared with the modest country budgets for activities. The replacement of international staff by nationals would be re-examined once WHO had decided on its position vis-à-vis the recruitment of national professional officers. The recommendation adopted in this connection is found in paragraph 69.

Mobilization of resources: progress report on implementation of revised guidelines

37. At its ninth meeting the Committee agreed that the Secretariat implement the revised guidelines for accepting designated contributions for a period of one year on the understanding that this process would not lead to a decrease in the level of undesignated contributions and that the Secretariat would monitor results closely and report regularly to the Chairperson and Vice-Chairperson on such contributions. As requested, the Committee had before it a report (document GPA/GMC(10)/94.11) on the past year's experience in implementing the revised guidelines.
38. Mobilizing resources for the Programme has been a challenge in the two and a half years that have elapsed since the adoption of guidelines for accepting designated contributions (subsequently revised in May 1993). It has been a difficult time in global economic terms, and a number of bilateral development agencies have increasingly indicated a preference to offer their support for national HIV/AIDS activities directly to countries or through nongovernmental organizations.
39. The Committee reiterated that the preferred type of contribution was undesignated in order to avoid any distortion of the Programme's priorities and perspectives. It also felt that care should be exercised in the flexible application of the guidelines for acceptance of contributions designated for activities within the programme budget or within a

national AIDS programme (multi-bilateral contributions). It was recognized that GPA's innovative fund-raising initiatives could bring it into contact with funding sources which regularly support nongovernmental organizations, and this would be taken into account in undertaking these initiatives. The recommendation adopted in this connection is found in paragraph 70.

Plans and procedures for preparing the 1996-1997 programme budget

40. The document before the Committee, GPA/GMC(10)/94.12, provided background information as follows. In accordance with the biennial programme budget cycle of GPA adopted in 1990 for the 1992-1993 biennium, the present meeting of the Management Committee would normally have reviewed indicative planning figures for the GPA programme budget for the 1996-1997 biennium. However, as GPA's current operational mandate will be incorporated in the proposed joint and cosponsored United Nations programme on HIV/AIDS, currently being elaborated, with a view to it being operational for the 1996-1997 biennium, there would not be a need for a separate GPA programme budget for that biennium. The final establishment of the new programme had to await endorsement by ECOSOC at its July 1994 session; thus preparations for its 1996-1997 programme budget could only realistically begin in August 1994. Taking into account the foregoing, the Committee endorsed the time-frame proposed for developing a 1996-1997 programme budget for the new programme and asked that the overall guidance in the document under reference should be provided to the transition team that would be responsible, *inter alia*, for preparing the programme budget (see paragraphs 50, 71 and 72).
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X. Other business

GPA Management Committee: transitional measures

41. In view of the period of transition between now and the initiation of the joint and cosponsored United Nations programme on HIV/AIDS at the beginning of 1996, the Secretariat had prepared document GPA/GMC(10)/94.13, in consultation with the Chairperson, containing proposals for the Committee's membership, officers and meeting schedule. As the Committee would probably meet for the last time in April 1995, it was felt that, in the interests of continuity, the Chairperson and membership should not change. Thus, it was proposed that the mandate of its Chairperson and the membership of the four regional members whose mandate would normally terminate at
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the end of 1994, be extended to the end of 1995 (see paragraph 54). This proposal will not apply to the mandate of the Vice-Chairperson as she had resigned for professional reasons (see paragraphs 73 and 74).

Date and place of next meeting

42. The Committee agreed that its next meeting would be held in Geneva on 4 and 5 April 1995.
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XI. Recommendations and conclusions

43. The following recommendations and conclusions were discussed and adopted prior to the close of the tenth meeting of the GPA Management Committee on 26 May 1994.
44. The Committee congratulates the Executive Director and staff for the excellent and comprehensive progress report (GPA/GMC(10)/94.3), reflecting the work carried out by the Programme. It requests the Executive Director to include in future reports mention of the successes and constraints encountered by the Programme.
45. The Committee notes that since an estimated 2 million new HIV infections occurred during 1993 to bring the total to 15 million infections worldwide, there is a continued need for advocacy efforts. It urges the Executive Director to further intensify such efforts, particularly in countries where denial is persistent and those where few national resources are committed.
46. The Committee takes note with satisfaction of the commitment of the six agencies of the United Nations system to the process of establishing a joint and cosponsored UN programme on HIV/AIDS.
47. The Committee reiterates that the primary aim of the joint and cosponsored programme should be to strengthen the national capacity to respond effectively to HIV/AIDS.
48. The Committee expresses its strong commitment to the ongoing process of establishing a joint and cosponsored UN programme on HIV/AIDS, and its desire to bring the process to a successful conclusion in the shortest practical time, reinforcing thereby the multisectoral response to the growing pandemic and the concerted involvement of a broad range of partners in the response.
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49. In the view of the Committee there are still important issues to be clarified to facilitate a final decision. These include additional information on the purpose and functions of the joint and cosponsored UN programme on HIV/AIDS and indications of the cosponsors' commitment to the programme and to human and financial contributions. It recommends to the Director-General to request the interagency working group to produce an information document for the July 1994 session of ECOSOC, containing this additional information as well as an outline of governance, a mission statement and transitional arrangements. In addition, it recommends that the Director-General requests all six agencies to provide clear statements prior to the discussion at ECOSOC on their commitment to the joint and cosponsored programme, including the information requested above.
50. The Committee recommends to the Director-General that he, in collaboration with the other partners, make appropriate arrangements to facilitate a smooth transition to a joint and cosponsored programme that includes the full participation of the other cosponsors, e.g., through the establishment of an appropriate transition team, as soon as possible after ECOSOC.
51. The Committee recommends that the Director-General collaborate with the Heads of the other cosponsoring organizations in developing a strategy to provide information on the further development of the joint and cosponsored UN programme at appropriate intervals, e.g. regular briefings for Member States, using governing body sessions, the GMC Task Force and meetings organized by the country representatives of the cosponsoring organizations.
52. The Committee recommends that the Director-General, in collaboration with other partners in the UN system, proceed with the early establishment of the country-level coordination mechanisms foreseen in UN General Assembly resolution 47/199, in respect of HIV/AIDS, bearing in mind the need to collaborate with national authorities and nongovernmental organizations.
53. The Committee notes the importance of financial contributors to GPA exploring ways to ensure the financial viability of the joint and cosponsored UN programme on HIV/AIDS.
54. The Committee notes that the mandate of the GPA Management Committee will continue through the transition to a joint and cosponsored UN programme on HIV/AIDS. In the interests of continuity therefore, it recommends to the Director-General the extension of the mandate of its Chairperson and the membership of the four regional members whose mandate would normally terminate at the end of 1994.
55. The Committee commends the participation and work of its Task Force on HIV/AIDS Coordination in the ongoing process of establishing a joint and cosponsored UN programme on HIV/AIDS. It notes with satisfaction the appreciation of the members

- of the interagency working group for the Task Force's involvement in the development of that programme. The Committee requests the Task Force to continue its active involvement in the ongoing process of establishing such a programme. The Committee requests the Task Force and its Secretariat to further strengthen contacts with Task Force members' constituencies, in particular as regards developing countries, to ensure effective dialogue and a flow of information throughout the process.
56. The Committee recommends that the mandate of its Task Force be extended to the next meeting of the Committee in April 1995, subject to available resources, to ensure the Task Force's active participation throughout the transition to a joint and cosponsored UN programme on HIV/AIDS.
 57. The Committee takes note of the statement by the nongovernmental organizations, community-based organizations and groups representing people living with HIV or AIDS, with regard to the proposed joint and cosponsored UN programme on HIV/AIDS and brings this statement to the attention of the Director-General for careful consideration (see Annex 5 of the report).
 58. The Committee takes note with satisfaction of the annual report of the GMC Task Force on HIV/AIDS Coordination (GPA/GMC(10)/94.4) and endorses its workplan as proposed in Annex 2 of that report.
 59. The Committee endorses the Framework of Guiding Principles for HIV/AIDS Coordination at country level, on the understanding that the Task Force secretariat take the following points into account in its finalization: (1) To ensure that the responsibility of governments for coordination of the national response is sufficiently reflected; (2) To emphasize the difference between control and coordination; and (3) To consider whether indicators to measure coordination could be developed. The Committee recommends wide distribution by the Task Force secretariat of the final version of the Guiding Principles through all relevant channels.
 60. The Committee notes with appreciation the work of the Advisory Council on HIV and AIDS as described in the report of its last meeting in November 1993 (GPA/ACA(2)/93.9).
 61. The Committee commends GPA for its efforts to include in its research agenda the ten priority research areas on women and AIDS as identified by the Advisory Council on HIV and AIDS (paragraph 44, GPA/ACA(2)/93.9) and for its decision to collect gender-specific data whenever possible.
 62. The Committee notes with appreciation the review of human rights aspects of medium-term plans (document GPA/GMC(10)/94 INF.DOC.1) carried out by GPA and reaffirms the importance of further development of this area of work and its incorporation into the joint and cosponsored UN programme on HIV/AIDS.

63. The Committee commends the Programme for its revised strategic plan for 1994-1999 (GPA/GMC(10)/94.5), which it recommends be used as an important input to the strategic plan for the joint and cosponsored UN programme on HIV/AIDS, and requests feedback thereon at its next meeting. It recommends that more prioritization among the activities listed under the sub-objectives would be helpful.
64. The Committee recognizes the importance of realistic and quantifiable targets against which to measure programme progress, and notes with interest that GPA is continuing efforts in this regard. However, it is concerned that there is currently no formal process for ensuring input from relevant parties. The Committee therefore recommends that GPA continue the process for developing HIV/AIDS programme targets and solicit broad input. It requests an update on this process at its next meeting.
65. The Committee commends GPA for the comprehensive review of its work in sexually transmitted diseases as described in document GPA/GMC(10)/94.6. Bearing in mind the inclusion of the STD programme within GPA, the Committee urges that sufficient attention and resources continue to be given to both HIV and non-HIV STDs, with the establishment of a joint and cosponsored UN programme on HIV/AIDS.
66. The Committee welcomes the comprehensive report on collaboration between GPA and the WHO Tuberculosis Programme (document GPA/GMC(10)/94.7) and recommends the continuation and strengthening of the collaboration. It recognizes that adequate delivery capacity in national TB control programmes is of critical importance for collaboration to take place with national AIDS programmes.
67. The Committee takes note of the reorganization of the Global Programme on AIDS effective January 1994 as presented in document GPA/GMC(10)/94.8.
68. The Committee notes with appreciation the transparency and clarity with which the financial information on GPA income and obligations for the biennium 1992-1993 has been presented (GPA/GMC(10)/94.9 Rev.1) and commends the Executive Director and his staff for their fine effort.
69. The Committee endorses the revised GPA programme budget for the biennium 1994-1995 (GPA/GMC(10)/94.10) and reiterates that activities, including those financed from the Director's Initiative Fund, should conform to the overall priorities set by the Committee at its May 1993 meeting. The Committee requests GPA to keep in sharp focus the need to continue adequate support for national level activities and for the preparations relating to the establishment of a joint and cosponsored UN programme on HIV/AIDS and urges the Director-General to adhere to these activities and priorities in connection with decisions for future events.

70. The Committee notes with appreciation the efforts made by GPA to mobilize resources and encourages the continuation of such efforts (document GPA/GMC(10)/94.11). The Committee urges that, while pursuing its innovative fund-raising approaches, GPA should ensure that the programme's priorities and perspectives are not distorted and that efforts are coordinated with fund-raising activities of other organizations.
71. The Committee endorses the timetable of events as presented in document GPA/GMC(10)/94.12 related to the preparation of the 1996-1997 programme budget for the joint and cosponsored UN programme on HIV/AIDS. The guidance provided in the aforementioned document should be considered as input for the transition team responsible, *inter alia*, for preparing the programme budget.
72. The Committee requests that detailed information on the 1996-1997 programme budget for the joint and cosponsored UN programme on HIV/AIDS be provided by GPA for the information of the Management Committee at its meeting on 4-5 April 1995.
73. The Committee puts on record its appreciation for the contribution of Dr Sidi Moeti (Botswana) during her term of office as Vice-Chairperson and accepts her resignation with regret.
74. The Committee elects Dr P.R. Dasgupta (India) as its Vice-Chairperson through the transition to a joint and cosponsored UN programme on HIV/AIDS.

Annex 1
List of participants

Members

Governments

Australia

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Intergovernmental organization

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Intergovernmental organization

Netherlands National Committee on AIDS Control – European Project "AIDS and Mobility"

Ms R. van Duifhuisen, Project Leader, Amsterdam

Nongovernmental organizations in official relations with WHO

Christian Medical Commission

Ms E.N. Senturias, M.D., World Council of Churches, Geneva, Switzerland

International Council of Nurses

Mr T. Ghebrehiwet, ICN Nurse Consultant, Geneva, Switzerland

International Union Against the Venereal Diseases and the Treponematoses

Dr M. Waugh, Secretary General, Leeds, United Kingdom

Mr G. Antal, Liaison Officer, Geneva, Switzerland

World Vision International

Mr E. Ram, Director, International Health and International Relations, Geneva, Switzerland

Other nongovernmental organizations

ACT-HIV – The HIV/STD Advisory Centre

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AIDS Care Education and Training

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AIDS Coordination Group

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Catholic Fund for Overseas Development (CAFOD)

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Caritas Internationalis

Reverent R.J. Vitillo, Director of Programmes, Vatican City

ENDA Tiers Monde

Dr El Hadj Sy, Coordinator, Health Programme Dakar, Senegal

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Global AIDS Policy Coalition

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Global Network of People Living with HIV/AIDS

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Mr D. de Gagné, London, United Kingdom

Interagency Coalition on AIDS and Development

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Mr J. O'Malley, Executive Director, London, United Kingdom

Missionsärztliches Institut Würzburg

Dr K. Ochel, AIDS and International Health Department, Würzburg, Germany

Population Services International

Mr R.A. Frank, President, Washington, DC, USA

Secretariat

Dr H. Nakajima, Director-General

Mr D.G. Aitken, Assistant Director-General

Dr R.H. Henderson, Assistant Director-General

Dr Hu Ching-Li, Assistant Director-General

Dr J.-P. Jardel, Assistant Director-General

Dr N.P. Napalkov, Assistant Director-General

Dr W. Kreisel, Executive Director, EHE

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Ms P. Brice, External Coordination and Mobilization, GPA

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Dr S. Kingma, Resource Mobilization, External Coordination and Mobilization, GPA
Mr S. Kraus, External Coordination and Mobilization, GPA
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Dr T. Mertens, Chief, Surveillance, Evaluation and Forecasting, TCO, GPA
Dr K. O'Reilly, Chief, Prevention Research, RID, GPA
Dr P. Piot, Director, Research and Intervention Development (RID), GPA
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Dr D. Schopper, Planning and Policy Coordination, GPA
Dr M.H. Wahdan, Director, DPC, WHO Regional Office for the Eastern Mediterranean
Mr E.E. Uhde, Director, Division of Budget and Finance
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Dr C.-H. Vignes, Legal Counsel a.i.
Dr F. Yao, Acting Chief, Prevention, TCO, GPA
Dr F. Zacarias, PC/HCA, HPA, WHO Regional Office for the Americas

Annex 2
List of documents

Document number	Title	Item of the Agenda
GPA/GMC(10)/94.1	Agenda	Item 1
GPA/GMC(10)/94.2	Notes for participants	Item 1
GPA/GMC(10)/94.3	Report of the Executive Director	Item 3
GPA/GMC(10)/94.4	Annual report of the GMC Task Force on HIV/AIDS Coordination: February 1993-1994	Item 5
GPA/GMC(10)/94.5	GPA Strategic Plan 1994-1999	Item 6
GPA/GMC(10)/94.6	Review of the Programme's activities in sexually transmitted diseases	Item 7
GPA/GMC(10)/94.7	Collaboration between the WHO Global Programme on AIDS and the WHO Programme on Tuberculosis	Item 7
GPA/GMC(10)/94.8	Reorganization of GPA: January 1994	Item 8
GPA/GMC(10)/94.9 Rev.1	Financial implementation – Funds available and obligations incurred: 1992-1993	Item 9.1
GPA/GMC(10)/94.10	Revised programme budget for the 1994-1995 biennium	Item 9.2
GPA/GMC(10)/94.11	Mobilization of resources: Progress report on implementation of revised guidelines	Item 9.3
GPA/GMC(10)/94.12	Plans and procedures for the preparation of the programme budget for the 1996-1997 biennium	Item 9.4
GPA/GMC(10)/94.13	GPA Management Committee: transitional measures through 1995	Item 10

GPA/GMC(9)/93.12	Report of the ninth meeting of the GPA Management Committee, May 1993	Item 2
GPA/ACA(2)/93.9	Report of the second meeting of the Advisory Council on HIV and AIDS	Item 7
GPA/TFC(4)/94.4	Framework of guiding principles for HIV/AIDS coordination at country level	Item 5
A47/15	Report to the World Health Assembly: Joint and cosponsored United Nations programme on HIV/AIDS	Item 4
EB93.R5	WHO Executive Board Resolution: Joint and cosponsored United Nations programme on HIV/AIDS	Item 4
GPA/GMC(10)/94 INF.DOC.1	Analysis of GPA's assessment of National AIDS Programmes vis-à-vis the respect for human rights	

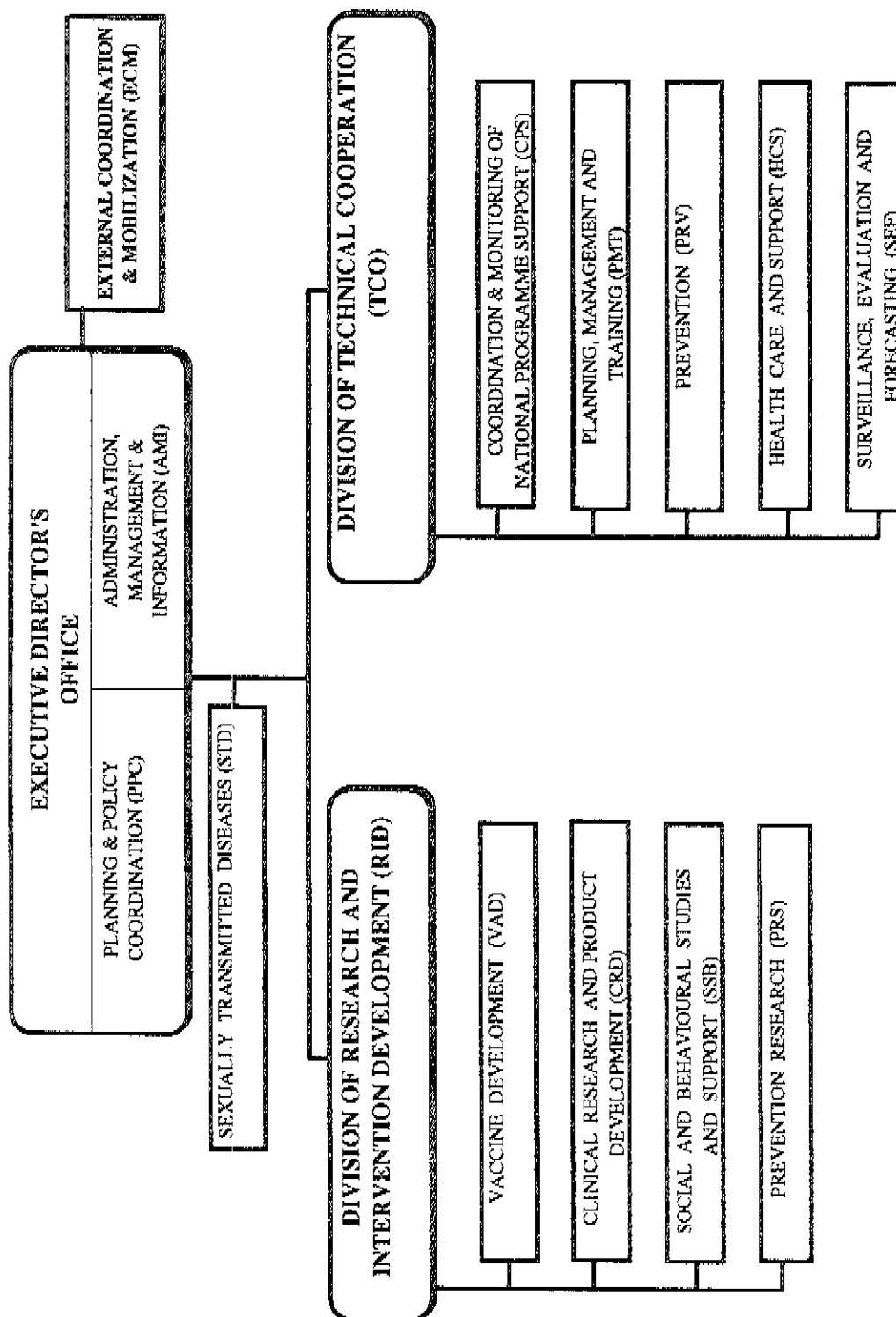
Annex 3 Agenda

	Reference documents
1. Opening	
- Statement by the Director-General	
- Election of rapporteur	
- Adoption of the Agenda	GPA/GMC(10)/94.1 GPA/GMC(10)/94.2
2. Consideration of the report of the ninth meeting of the GPA Management Committee in May 1993	GPA/GMC(9)/93.12
3. Report of the Executive Director	GPA/GMC(10)/94.3
4. Follow-up to the study on a joint and cosponsored United Nations programme on HIV/AIDS	A47/15
5. GMC Task Force on HIV/AIDS Coordination:	
5.1 Annual report of the Task Force (February 1993-February 1994)	GPA/GMC(10)/94.4
5.2 Framework of guiding principles for HIV/AIDS coordination at country level	GMC/TFC(4)/94.4
6. Review of the draft strategic plan for the Global Programme on AIDS for the period 1994-1999	GPA/GMC(10)/94.5
7. Advisory Council on HIV and AIDS:	
7.1 Report of the Council's second meeting, November 1993	GPA/ACA(2)/93.9
7.2 Review of the Programme's STD activities	GPA/GMC(10)/94.6
7.3 Collaboration between the WHO Tuberculosis Programme and GPA	GPA/GMC(10)/94.7

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8. Reorganization of the Global Programme on AIDS, January 1994 GPA/GMC(10)/94.8
 9. Financial and budgetary matters:
 - 9.1 Financial information on GPA income and obligations for the biennium 1992-1993 GPA/GMC(10)/94.9 Rev.1
 - 9.2 Revised programme budget for for the biennium 1994-1995 GPA/GMC(10)/94.10
 - 9.3 Mobilization of resources: progress report on implementation of revised guidelines GPA/GMC(10)/94.11
 - 9.4 Plans and procedures for preparing the 1996-1997 programme budget GPA/GMC(10)/94.12
 10. Other business
 11. Adoption of recommendations and conclusions
 12. Date and place of next meeting
 13. Closure

Annex 4

GPA structure at headquarters: January 1994



Annex 5**Statement by nongovernmental organizations, community-based organizations and groups representing people living with HIV/AIDS attending the tenth meeting of the GPA Management Committee as observers**

We note the commitment of the members of the GMC, and in particular the six cosponsors of the proposed United Nations programme on HIV/AIDS to the participation of NGOs, CBOs and people living with HIV and AIDS in overseeing the programme.

We wish to emphasize the following points concerning the proposed programme:

Transition period

We believe that the founding documents of the programme must specify its mission and purpose, and note a commitment to participation and consultation in the subsequent development of strategic plans. We seek clarification of the process for NGO participation in the transition team which will further develop founding documents and systems.

Observers

We strongly believe that PCB meetings must be open to observers from countries, organizations and agencies with a legitimate interest in the proceedings. This is in keeping with the spirit of a transparent and accountable management which the GMC has sought to establish and preserve. As the programme may serve as a model for further reform of the multilateral system, we believe that adherence to these values is especially important. The experience of the GMC has demonstrated that diverse observers, from NGOs, countries, and other institutions, provides formal and informal benefits.

NGO participation in the programme coordinating board (PCB)

We note the proposal to allocate places for the representatives of NGOs on the PCB. Considering the diversity of experience and perspectives among NGOs, the proposed 5 places out of 30 should be regarded as a minimum. Participation by NGOs and other relevant parties not only in governance, but in secretariat and country-level activities will need to be facilitated by the programme.

Programme finances

We urge the PCB to develop a fundraising policy as a priority which ensures that Programme fundraising does not undermine the long-established fund-raising activities of the NGO sector. We support the concerns of the delegates that the costs of current HIV/AIDS mechanisms operated by the cosponsoring agencies be outlined to provide a guide to the budgetary processes of the programme.

Document prepared for ECOSOC

We request attention be paid to the text of the document for 1994 session of ECOSOC so that the section detailing the functions of the PCB and the CCO explicitly specifies the authority and structures to which the PCB and CCO report their recommendations, approvals, reviews and considerations.

We recognize the imperative of government responsibility for national AIDS programmes and stress the need for the inclusion of government as well as NGO involvement in the theme groups. This should be highlighted in the text.

Other partners

We strongly believe that the Programme should state its commitment to further embrace other important actors, including for example the human rights organizations of the UN system, and inviting input from private donors and the corporate sector. The Programme should be designed to encourage continued growth and diversity.

Annex 6

Contributions to the GPA Trust Fund for undesignated and designated activities from 1987 to 1993 (expressed in US dollars)

CONTRIBUTIONS TO THE GPA TRUST FUND FOR UNDESIGNATED ACTIVITIES AT ALL LEVELS OF THE PROGRAMME FROM 1987 TO 1993

SOURCE OF INCOME	CONTRIBUTIONS RECEIVED						1987-1993 CUMULATIVE TOTAL	
	1987	1988	1989	1990	1991	1992		1993
Australia	0	380,400	375,300	427,685	217,140	483,925	527,224	2,411,674
Austria	23,860	0	32,099	33,991	44,860	50,000	50,000	234,810
Belgium	0	0	64,935	150,950	144,092	0	539,332	899,309
Canada	3,732,323	4,076,885	3,795,456	7,774,130	3,933,566	3,754,693	3,046,875	30,113,928
Denmark	2,179,124	2,933,175	2,777,778	3,145,412	2,699,451	2,694,263	2,526,327	18,955,530
Finland	66,200	987,256	685,284	878,073	878,294	0	0	3,495,107
France	169,491	328,579	1,260,081	973,451	1,100,000	1,151,155	1,015,228	5,997,985
Germany	35,538	290,698	279,330	327,708	2,577,014	467,752 *	882,414	4,860,454
Italy	0	0	1,272,867	0	476,190	0	285,714	2,034,771
Japan	0	1,450,000	1,750,000	2,100,000	2,200,000	2,400,000	4,200,000	14,100,000
Kuwait	0	0	50,000	0	0	0	0	50,000
Luxembourg	0	0	0	0	0	0	247,682	247,682
Netherlands	3,752,384	3,309,186	3,050,566	3,615,641	4,190,609	4,650,040	4,682,075	27,190,501
New Zealand	0	335,971	0	0	0	0	0	335,971
Norway	1,778,867	2,380,639	2,228,389	4,035,811	5,581,024	3,471,048	2,543,075	22,020,053
Russian Federation	798,849	821,557	765,111	823,181	341,128	0	0	3,549,826
Spain	0	0	0	0	0	237,507	213,177	450,684
Sweden	5,042,518	14,268,602	8,437,182	16,676,317	7,895,766	9,388,984	5,038,620	66,747,989
Switzerland	0	3,875,969	0	4,309,777	2,068,966	1,825,397	1,883,760	13,963,869
United Kingdom	5,193,893	8,187,300	7,107,525	8,374,725	8,101,230	7,770,287	6,076,330	50,811,290
United States of America	6,390,500	10,000,000	25,500,000	20,615,000	23,000,000	25,000,000 **	34,000,000	144,505,500
UNDP	150,000	2,909,750	282,500	508,500	282,500	0	0	4,133,250
Swiss Red Cross	0	0	0	0	32,895	67,114	17,007	117,016
Miscellaneous	133,053	32,419	15,121	6,920	21,075	5,365	1,624	215,577
Sub-total	29,446,600	56,568,586	59,730,524	74,777,272	65,725,800	63,417,530	67,776,464	417,442,776
Interest	391,060	1,462,280	1,794,230	2,370,040	1,498,930	1,301,515	978,080	9,796,165
Refund	0	1,278,326	1,811,767	2,160,672	2,200,908	2,166,630	2,835,085	12,453,408
Sub-total	391,060	2,740,606	3,606,017	4,530,712	3,699,838	3,468,145	3,813,165	22,249,573
T O T A L	29,837,660	59,309,192	63,336,541	79,307,984	69,425,638	66,885,675	71,589,629	439,692,349

* Germany: Contribution for 1992 received in 1991. US\$ 2,567,752 received in 1992, of which US\$ 2,100,000 were multi-bi.

** USA: Includes US\$ 7,250,000 letter of credit called forward in 1993.

Annex 6, continued

CONTRIBUTIONS TO THE GPA TRUST FUND FOR DESIGNATED ACTIVITIES* AT REGIONAL AND GLOBAL LEVEL FROM 1987 TO 1993

SOURCE OF INCOME	CONTRIBUTIONS RECEIVED							1987-1993 CUMULATIVE TOTAL
	1987	1988	1989	1990	1991	1992	1993	
Australia				260,247				260,247
Austria	23,680							123,680
Belgium			126,700	365,354	135,300			1,218,449
Canada						211,864		408,714
Denmark		198,500	181,480	177,280	186,880	353,803		1,097,943
Finland			18,000					18,000
France			297,022	118,577	101,351	159,100	156,718	832,766
Germany	41,285	502,025	38,043		8,341	41,250	33,082	664,026
Japan							340,000 **	340,000
Netherlands						334,723 ***		334,723
Norway	50,000			233,089	101,485			384,574
Sweden	15,828		159,686	144,861	97,900	104,293		534,894
Switzerland							12,326	134,618 ***
United Kingdom		28,407	170,011	94,850	165,450	60,450	218,057	737,225
United States of America	250,000	1,056,000	152,580	95,888	1,000,000	57,000	40,000	1,651,468
IBRD			1,000,000	1,000,000	1,000,000	1,000,000	1,000,000	5,000,000
IBM		1,500,000						1,500,000
UNDP						141,250		141,250
Sasakawa MHF		875,500			750,000			1,625,500
WAF				592,530	253,374			845,904
Miscellaneous	35,443	1,305	266	787	75,000	1,149	33,303	147,253
Sub-total	416,236	4,161,737	2,143,768	3,083,463	2,875,081	2,464,882	2,856,049	18,001,236
Interest			27,150		106,360	77,220	36,440	247,170
T O T A L	416,236	4,161,737	2,170,938	3,083,463	2,981,441	2,542,102	2,892,489	18,248,406

* Includes funds for special projects.

** Transferred from the Voluntary Fund for Health Promotion, "Technology Transfer in Health".

*** Includes funds transferred from multi-bi contributions for Central and Eastern Europe.

Annex 7

Implementation of the GPA reprogrammed revised contingency budget for 1992-1993 by WHO operational level as at 31 December 1993 ("multi-bi" contributions and related expenditures excluded) (expressed in US dollars)

	REPROGRAMMED REV. CONT. BUDGET 1992-1993	OBLIGATIONS	% (=2/1)
COUNTRY LEVEL			
Africa	25,411,680	25,435,426	100
The Americas	11,977,050	10,943,570	91
South-East Asia	7,295,980	7,362,849	101
Europe	887,600	776,655	88
Eastern Mediterranean	5,870,700	5,391,848	92
Western Pacific	6,656,600	5,271,849	79
TOTAL COUNTRY LEVEL	58,099,610	55,182,197	95
REGIONAL AND INTER-COUNTRY LEVEL			
Africa	3,572,100	3,656,499	102
The Americas	3,223,800	2,938,324	91
South-East Asia	1,156,400	1,066,688	92
Europe	2,109,800	2,150,620	102
Eastern Mediterranean	1,293,800	1,191,261	92
Western Pacific	2,218,100	2,277,503	103
TOTAL REGIONAL AND INTER-COUNTRY LEVEL	13,574,000	13,280,895	98
GLOBAL AND INTERREGIONAL LEVEL			
1. PROGRAMME DIRECTION			
1A Programme coordination	2,951,200	2,868,734	97
1B Planning and policy coordination	2,365,800	2,069,899	87
1C Coordination of STD activities*	589,600	595,403	101
1D Management and coordination	743,500	744,457	100
Staff cost and travel	7,412,483	6,917,495	93
TOTAL PROGRAMME AREA 1	14,062,583	13,195,988	94
2. COOPERATION WITH NATIONAL PROGRAMMES			
2A Operational support and monitoring	1,033,950	952,818	92
2B Training and materials development	920,650	950,378	103
2C Evaluation	913,900	789,450	86
2D Management and coordination	993,000	1,004,396	101
Staff cost and travel	9,023,400	8,904,913	99
TOTAL PROGRAMME AREA 2	12,884,900	12,601,955	98
3. INTERVENTION DEVELOPMENT AND SUPPORT			
3A Identification of priority activities	373,500	372,313	100
3B High-risk behaviour	1,121,350	1,012,826	90
3C Youth and the general public	779,200	485,398	62
3D Health care and support	1,293,920	1,187,665	92
3E Social and behavioural studies and support	1,112,200	1,089,042	98
3F Management and coordination	471,200	511,197	108
Staff cost and travel	7,134,800	6,876,355	96
TOTAL PROGRAMME AREA 3	12,286,170	11,534,796	94
4. RESEARCH			
4A Priority research promotion	701,700	716,189	102
4B Clinical research and drug development	1,284,500	1,285,321	100
4C Vaccine development	2,049,250	2,217,135	108
4D Diagnostics	783,550	861,478	110
4E Epidemiological research and forecasting	2,137,335	2,117,481	99
4F Management and coordination	420,300	364,163	87
Staff cost and travel	6,125,900	6,219,487	102
TOTAL PROGRAMME AREA 4	13,502,535	13,781,254	102
5. ADMINISTRATIVE SUPPORT SERVICES			
5A Activities (non PSC)**	73,400	46,124	63
5B Activities (direct PSC)	4,534,800	4,798,476	106
Staff cost and travel (non PSC)**	379,884	302,014	80
TOTAL PROGRAMME AREA 5	4,988,084	5,146,614	103
TOTAL GLOBAL AND INTERREGIONAL	57,724,272	56,260,607	97
NET TOTAL (country, regional & intercountry, and global and interregional level)	129,397,882	124,723,699	96
Indirect programme support cost (PSC)	11,697,400	10,752,529	92
GRAND TOTAL	141,095,282	135,476,228	96

* Budget line created mid-biennium following the integration of STD activities into the Programme.

** Budget line created mid-biennium due to shift in activities and posts from Area 1.

Annex 8

Multilateral contributions to national AIDS programmes by donor, from 1987 to 1993 (expressed in US dollars)

SOURCE OF FUNDS	1987	1988	1989	1990	1991	1992	1993	CUMULATIVE TOTAL 1987-1993
Australia				56,657	58,953		285,554	344,517
Belgium				874,299	36,254		74,990	56,657
Canada	27,191		635,160	159,083	378,529	392,276	103,600	2,040,170
Denmark		429,990	1,549,940					2,621,142
Finland			18,000					18,000
France				245,216		44,846	54,945	345,007
Germany		2,175,250		250,880		2,100,000 *		4,526,130
Japan			600,000					600,000
Netherlands		600,801	158,451	123,358	163,403		930,205	1,976,216
Norway	2,672,400	3,375,424	2,204,924	2,188,617	1,994,879	2,009,625	1,702,303	16,148,172
Sweden		1,841,264	2,001,407	2,827,205	2,252,084	1,779,641	1,042,151	11,743,752
Switzerland							272,109	272,109
United Kingdom		2,504,742	1,501,263	3,126,514	3,127,735	3,420,228	1,289,601	14,970,083
United States of America		4,910,533	360,478			1,860,000	216,240	7,347,251
EEC			39,555					39,555
UNDP		97,745	3,285,520	5,210,078	5,595,919	4,226,326	**	18,415,588
UNICEF					64,498			64,498
UNFPA			198,251	122,605	93,790	36,160	-1,760 ***	449,046
Swiss Red Cross					99,556			99,556
Miscellaneous incl. interest		452,860	2,361,580	2,412,940	1,405,130	380,335	134,070	7,146,915
T O T A L	2,698,591	16,388,609	14,914,529	17,597,450	15,270,730	16,249,437	6,104,018	69,224,364

* US\$ 2,567,752 received in 1992, of which US\$ 2,100,000 is multi-bi. The distribution of this amount was confirmed in 1994.

** US\$ 2,940,559 made available from UNDP in 1993 through other channels.

*** Adjustment of biennium contribution.

Annex 9

Funds available and obligations (including PSC) incurred during 1992-1993, by region for countries with a medium-term plan, as at 31 December 1993 (expressed in US dollars)

R E G I O N	MULTI-BI CARRY-OVER FROM 1991 (1)	MULTI-BI CONTRIBUTIONS 1992-1993 (2)	FUNDS FOR UNDESIGNATED ACTIVITIES 1992-1993 (3)	INTEREST RECEIVED 1992-1993 (4)	TOTAL RESOURCES AVAILABLE (5)=1+2+3+4	TOTAL OBLIGATIONS 1992-1993 (6)	% =(6/5) (7)	OBLIGATIONS AGAINST FUNDS FOR UNDESIGNATED ACTIVITIES 1992-1993 (8)
Africa	2,722,491 *	13,641,993	28,185,051	779,190	45,328,726	42,037,184	93	27,643,053
The Americas	1,104,140	863,587	12,511,383	186,030	14,645,140	13,345,936	91	11,529,023
South-East Asia	1,636,698 **	3,568,992	8,330,977	347,430	13,884,097	10,575,732	76	8,146,399
Eastern Mediterranean	128,868	50,000	6,370,871	82,710	6,632,449	5,813,038	88	5,810,431
Europe (excl. CEE)	131,962 *	1,337,914	647,800	9,930 ***	2,127,606	1,684,057	79	658,397
Western Pacific	47,163	285,564	7,375,729	100,530	7,808,986	5,899,300	76	5,837,656
T O T A L	5,771,322	19,748,050	63,421,811	1,485,820	80,427,003	79,355,247	88	59,624,959

* Includes adjustments for designated multi-bi funds, previously excluded: Africa US\$ 355,388 - Europe US\$ 95,017.

** Includes planning cycle adjustments: India (national) US\$ 388,460; Tamil Nadu US\$ 79,601; West Bengal; US\$ 92,710; Indonesia US\$ 25,330 = Total US\$ 586,101.

*** Excludes interest of US\$ 15,720 [Central and Eastern European Countries (CEE)] which is included as interest on designated funds.