

From advocacy to action: a progress report on **UNAIDS** at country level



Joint United Nations Programme on HIV/AIDS

UNAIDS

UNHCR • UNICEF • WFP • UNDP • UNFPA
UNODC • ILO • UNESCO • WHO • WORLD BANK

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Contents

Chapter 1 Building Global Support for Country Action on AIDS	9
Leadership and commitment in the new millennium	10
UNAIDS at Country Level	11
Chapter 2 Establishing and Applying the “Three Ones” Principles	13
Three guiding principles for country action on AIDS	13
Putting the “Three Ones” into practice	15
The ‘First One’: one agreed AIDS action framework	16
Progress to date	16
The challenges	17
Meeting the challenges	17
The ‘Second One’: one national AIDS coordinating authority	20
Progress to date	20
The challenges	22
Meeting the challenges	22
The ‘Third One’: one agreed monitoring and evaluation system	24
Progress to date: monitoring HIV prevalence	24
Progress to date: monitoring and evaluating the response	26
The challenges	27
Meeting the challenges	27
Chapter 3 Supporting National AIDS Responses	31
Advocacy and strategic information	31
Disseminating strategic information	31
Human rights and gender	33
Resource mobilization	35
UNAIDS Programme Acceleration Funds	36
Supporting the Global Fund to Fight AIDS, Tuberculosis and Malaria	37
Treatment scale up and “3 by 5”	40
Mainstreaming AIDS in country development	42
Regional Efforts	44

Chapter 4 The UNAIDS Cosponsors in focus	49
United Nations High Commissioner for Refugees	49
United Nations Children’s Fund	50
World Food Programme	52
United Nations Development Programme	53
United Nations Population Fund	55
United Nations Office on Drugs and Crime	58
International Labour Organization	60
United Nations Education, Scientific and Cultural Organization	61
World Health Organization	63
World Bank	65
Chapter 5 Building the United Nations System’s Capacity to Support Countries	67
Enhancing implementation support	67
Strengthening management	68
Regional Technical Support Facilities	69
Building staff competence	70
Assessing learning needs	70
The United Nations Learning Strategy on HIV/AIDS	70
Making the United Nations workplace a model of good practice	74
Positive Staff Group	75
Chapter 6 The road ahead	76
Key challenges and opportunities	76
Moving forward	77
Conclusion	78
References	79

Acronyms and abbreviations

CCM	Country Coordinating Mechanism (Global Fund)
DfID	Department for International Development of the United Kingdom of Great Britain and Northern Ireland
GAMET	Global HIV/AIDS Monitoring and Evaluation Team (World Bank)
Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
ILO	International Labour Organization
M&E	Monitoring and Evaluation
PRSP	Poverty Reduction Strategy Paper
STI	Sexually Transmitted Infection
UCC	UNAIDS Country Coordinator
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNDG	United Nations Development Group
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USAID	United States Agency for International Development
WHO	World Health Organization
WFP	World Food Programme



Foreword

In 1996, when the Joint United Nations Programme on HIV/AIDS (UNAIDS) was launched, AIDS was low on the global political agenda. Total financial resources devoted to AIDS programmes in low- and middle-income countries in 1996 had yet to reach US\$ 300 million. Few political leaders were speaking openly about the growing crisis, and access to essential prevention, care and treatment services was marginal in the most heavily-affected countries.

In the face of global indifference to the epidemic, in its early years UNAIDS focused primarily on high-level advocacy to increase global awareness and commitment. In an external evaluation of the first five years of UNAIDS, the Joint Programme was found to have played a pivotal role in galvanizing greater global action to fight the epidemic. Global leaders in 2000 embraced the reversal of the AIDS epidemic as a Millennium Development Goal, and member states the following year unanimously endorsed the *Declaration of Commitment on HIV/AIDS*, which outlines a series of time-bound targets to halt and begin to reverse the epidemic.

UNAIDS estimates that in 2006 approximately US\$ 8.9 billion will be available for AIDS programmes in low- and middle-income countries—a nearly twenty-sevenfold increase in financial resources in less than a decade.¹ While substantially greater sums will be needed in the future to mount an effective, comprehensive solution to AIDS, it is apparent that the overwhelming need at this stage of the epidemic is for effective action to bring proven AIDS control strategies to scale in all affected countries. This requires the most strategic use possible of available funds for essential AIDS programmes.

Unfortunately, it has become increasingly plain that efforts to maximize the strategic impact of available resources confront a number of critical impediments, including:

- insufficient national political and other leadership and ownership of the response in many countries, especially those where the epidemic is now emerging as a serious problem;
- inadequate capacity to rapidly transform available resources into effective, scaled-up programmes;
- lack of coordination among multiple stakeholders engaged in AIDS activities at country-level;
- insufficient involvement of people living with HIV and civil society in planning implementation and evaluation processes; and
- failure to use available evidence to guide the national response and to evaluate the impact of national efforts.

¹UNAIDS, (2005) Resource needs for an expanded response to AIDS in low- and middle-income countries, UNAIDS

Over the last two years, UNAIDS has helped forge a broad-based global consensus on the key principles for an optimally effective response to AIDS in affected countries. Known as the “Three Ones principles”, this consensus calls for:

- One agreed AIDS action framework that provides the basis for coordinating the work of all partners;
- One national AIDS coordinating authority, with a broad-based multisectoral mandate; and
- One agreed country-level monitoring and evaluation system.

In recognition of the growing urgency of effective national action to curb the epidemic, UNAIDS has significantly enhanced its country-level activities in recent years. Between 2004-2005, UNAIDS Secretariat increased the number of country-level professional staff with an additional 61 new staff members. As a prime example of United Nations reform in action, UNAIDS has undertaken major efforts to improve the coherence and strategic effectiveness of the United Nations system at country level.

This report summarizes UNAIDS’ assistance to countries in 2004 and 2005. Drawn from the reports of UNAIDS’ Country Coordinators from over 75 countries, the report is divided into five chapters.

- Basic information on UNAIDS and how it operates, especially at country-level.
- How UNAIDS is contributing to implementation of the “Three Ones” principles.
- The many ways in which UNAIDS has assisted countries in strengthening their responses to AIDS.
- How UNAIDS is working to enhance the United Nations system’s capacity to assist countries in responding to AIDS.
- How UNAIDS plans to meet key challenges for the future.



Chapter 1

Building global support for country action on AIDS

UNAIDS represents a unique mechanism within the United Nations system to maximize the United Nations' leadership potential on AIDS. Capitalizing on the comparative advantages of individual United Nations agencies, UNAIDS helps generate unprecedented global AIDS action, with the ultimate aim of converting financial, political and technical resources into scaled-up national programmes that can halt, and begin to reverse the epidemic.

UNAIDS reflects the multisectorality that is at the heart of a comprehensive response to the epidemic. Each Cosponsor of the Joint Programme brings its special expertise to bear on the overall problem. For example, the World Food Programme (WFP) focuses on simplifying and improving agricultural production and distribution so that communities can produce their own nutritious food even though many of their agricultural workers may be incapacitated by illness. Likewise, UNICEF provides programmatic and policy leadership in addressing the epidemic's impact on children.

As it has evolved over the last decade, UNAIDS has placed increasing emphasis on coordination, coherence and accountability. The biennial UNAIDS Unified Budget and Workplan—a unique instrument in the United Nations system—unites in a single strategic vision the AIDS efforts of Cosponsors and the Secretariat at global, regional and country levels. The “3 by 5” and universal access initiatives to expand access to treatment, prevention, care and support are but elements of a combined effort that draws on the contributions and expertise of each Cosponsor

What is the Joint United Nations Programme on HIV/AIDS (UNAIDS)?

Cosponsors: UNAIDS has ten Cosponsors: the United Nations High Commissioner for Refugees (UNHCR); United Nations Children's Fund (UNICEF); World Food Programme (WFP); United Nations Development Programme (UNDP); United Nations Population Fund (UNFPA); United Nations Education, Scientific and Cultural Organization (UNESCO); United Nations Office on Drugs and Crime (UNODOC); International Labour Organization (ILO); World Health Organization (WHO); and the World Bank (WB). UNAIDS is served by a Secretariat, headquartered in Geneva.

Governance and administration: UNAIDS is governed by the Programme Coordinating Board (PCB), guided by the Committee of Cosponsoring Organizations (CCO) and provided for in the UNAIDS Unified Budget and Workplan (UBW). The Programme Coordinating Board includes five voting delegates and five observers from nongovernmental organizations. This group represents the voice of civil society and people living with HIV at the decision making level of UNAIDS.

UNAIDS at country level: at global, regional and country levels, UNAIDS represents the collective actions of Cosponsors in support of national responses to AIDS. It also provides key support to UN Theme Groups on HIV/AIDS. Most of the UN's AIDS-related programmes are delivered by the Cosponsors, acting separately or jointly although UNAIDS country offices increasingly offer direct technical support and other assistance.

and the Secretariat. Performance reporting by Cosponsors and the Secretariat has significantly improved, enabling donors and other partners to measure UNAIDS' progress against specific performance indicators.

The need for strong and effective action on HIV by the United Nations system has only grown more acute since UNAIDS was established. In recent years, infection levels in sub-Saharan Africa have continued to rise, defying expectations that the epidemic in the region might plateau. HIV is now spreading most rapidly in Asia and Eastern Europe, home to more than half the world's population. Between 2004-2005, approximately 40.3 million people were living with HIV, nearly 5 million people were becoming infected annually, and AIDS was claiming 3.1 million lives each year.²

Leadership and commitment in the new millennium

In its early years, UNAIDS focused major attention on advocacy to generate energetic leadership and commitment on AIDS. UNAIDS met with national leaders, cultivated diverse partners in the response, increased awareness about effective strategies to combat AIDS, and encouraged donors to devote greater resources to the global response.

On 8 September 2000, the United Nations General Assembly adopted the United Nations Millennium Declaration, which established eight Millennium Development Goals and 18 targets for achievement.³ Goal 6 'to combat HIV/AIDS, malaria and other disease', calls for the world to

'have halted by 2015 and begun to reverse the spread of HIV/AIDS.' Not only is Goal 6 critically important in its own right, but sustained progress on AIDS is also essential to achievement of Goals 1 ('eradicate extreme poverty and hunger'), 4 ('reduce child mortality'), and 5 ('improve maternal health.').

In 2001 at a Special Session on HIV/AIDS, the United Nations General Assembly sought to advance the achievement of Millennium Development Goal 6 by adopting the *Declaration of Commitment on HIV/AIDS*. It stated a number of more specific goals and targets and called for the "establishment, on an urgent basis, of a global HIV/AIDS and health fund," a public-private partnership with contributions from governments, businesses, foundations, and individuals. It also called for providing the UNAIDS Cosponsors and UNAIDS Secretariat with the resources needed to work with countries in support of the *Declaration's* goals.⁴

Since the 2001 Special Session, the global response to AIDS has increased dramatically. Virtually all heavily-affected countries now have national AIDS strategies, and many previously silent national and civil society leaders have moved from denial to active engagement in the response. Financial resources available to fight AIDS will reach US\$ 8.9 billion in 2006, due in part to the World Bank Multi-Country HIV/AIDS Program for Africa (MAP) and the existence of an important new financing mechanism, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

Notwithstanding these gains, substantially stronger action will be needed to halt and begin to reverse the epidemic by 2015. Prevention,

² Estimate from: UNAIDS (2005). AIDS epidemic update 2005. Geneva, Joint United Nations Programme on HIV/AIDS.

³ United Nations (2000). United Nations Millennium Declaration: United Nations General Assembly, 55th session, 8 September 2000. New York: United Nations.

⁴ United Nations (2001). Declaration of Commitment on HIV/AIDS: United Nations General Assembly, twenty-sixth special session on HIV/AIDS, 25-27 June 2001. New York, United Nations.

treatment and care services currently reach only a fraction of those who need them, and the level of financial resources available for AIDS programmes will need to triple by 2008 to put the world on track to meet the targets in the *Declaration of Commitment*. Universal access to HIV-prevention and AIDS treatment and care—thought by few to be feasible only five years ago—is now a principal aim of global efforts.

UNAIDS at country level

As most of the time-bound targets in the *Declaration of Commitment* focus on country-level action, the central challenge for the global response is to translate newfound commitment and resources into effective, scaled-up programmes in affected countries.

Since its creation, UNAIDS has prioritized AIDS assistance to countries. UNAIDS helps countries develop and implement national AIDS strategies; provides targeted technical support to identify national needs and develop appropriate, evidence-informed approaches; and cultivates diverse partners to support a multisectoral response. In practice, this means bringing together governments, civil society actors, the private sector and faith-based organizations for collaboration and problem-solving exercises.

The *Declaration of Commitment* states that, “Leadership by governments in combating HIV/AIDS is essential and their efforts should be

complemented by the full and active participation of civil society, the business community and private sector.”

Resident Coordinators are ultimately responsible for the United Nations system’s actions on AIDS and work as part of United Nations Country Teams, which include the country heads of all United Nations agencies. United Nations Theme Groups on HIV/AIDS—involving representatives from all United Nations agencies—plan, manage and monitor the United Nations system’s actions in more than 130 countries. UNAIDS Country Coordinators and other dedicated UNAIDS staff act as secretariats to the Theme Groups and provide additional strategic and technical support in more than 70 of the countries most heavily burdened by AIDS.

The external evaluation of the first five years of UNAIDS, completed in December 2002, stressed the need to improve the Joint Programme’s effectiveness at country-level.⁵ Guided by a new Strategic Framework for Action set forth in the June 2003 report, *Directions for the Future: Unifying and Intensifying Country Support*,⁶ UNAIDS has significantly enhanced its assistance to countries in recent years. Important steps have been taken to improve the functioning of United Nations Theme Groups on HIV/AIDS, to enhance the profile and visibility of UNAIDS country staff, and to strengthen the ability of UNAIDS to convene and coordinate United Nations and civil society partners in countries.

⁵ UNAIDS (2002). Five year evaluation of UNAIDS. Report to the 13th meeting of the Programme Coordinating Board, Lisbon, 11-12 December 2002. Geneva, Joint United Nations Programme on HIV/AIDS.

⁶ UNAIDS (2003). *Directions for the Future: Unifying and Intensifying Country Support*. Geneva, Joint United Nations Programme on HIV/AIDS.

UNAIDS' Strategic Framework for Action

The Strategic Framework for Action establishes five objectives for UNAIDS at country level.

1. To empower leadership for the country response to AIDS.
2. To mobilize and empower public, private and civil society partnerships.
3. To promote and strengthen management of strategic information.
4. To build capacities to plan, track, monitor and evaluate country responses.
5. To facilitate access to technical and financial resources.

Cutting across those five objectives is the additional objective of building human resources capacity for responding to AIDS in particular, and also for development. The Framework describes specific results the United Nations Theme Groups on HIV/AIDS will be expected to achieve as they reach toward the objectives.

The number of UNAIDS country-level professional staff increased significantly in 2004-2005. Whereas global activities slightly outweighed country-level work in the 2002-2003 Unified Budget and Workplan, expenditure for UNAIDS regional- and country-level activities will be nearly twice as much as global efforts in 2006-2007.

Figure 1



*Does not include staff administered by UNAIDS bilateral partners

Source: UNAIDS

Chapter 2

Establishing and applying the “Three Ones” principles

As financial resources for AIDS grow, it becomes more urgent to increase the capacity of low- and middle-income countries to use that money efficiently and scale up their responses to the epidemic as quickly as possible. In recent years, UNAIDS has helped forge a strong global consensus on maximizing the effectiveness of action at country-level. This approach has been officially endorsed as the promotion of the “Three Ones” principles.

Three guiding principles for country action on AIDS

Historically, the response to AIDS in many countries has been fragmented and uncoordinated. Government ministries, bilateral and multilateral donors, international aid agencies, national and local civil society as well as faith-based organizations have often failed to work together towards agreed-upon goals. In many cases, overstretched governments spend much of their time responding to the diverse reporting and other administrative requirements of a plethora of donor agencies. This approach promotes duplication, wastes scarce human resources and fails to build sustainable capacity and strong national ownership of the response.

At the 13th International Conference on AIDS and STIs in Africa (ICASA), held in Nairobi, Kenya, in September 2003, a UNAIDS-facilitated meeting produced a set of guiding principles for improving coordination of national AIDS efforts. These principles, known as the “Three Ones” call for:

- **One agreed AIDS action framework** that provides the basis for coordinating the work of all partners.
- **One national AIDS coordinating authority**, with a broad-based multisectoral mandate.
- **One agreed country-level monitoring and evaluation system.**

This set of principles was developed further and endorsed by the Consultation on Harmonization of

OECD/DAC Paris Declaration on Aid Effectiveness and the Monterey Consensus

Although motivated by the desire to improve the response to AIDS, the “Three Ones” reflects broader recognition of the need to harmonize and improve all forms of development aid. In March 2005, both low- and high-income countries joined with multilateral agencies and international aid organizations to endorse the *Paris Declaration on Aid Effectiveness*, which emphasized country ownership of national development strategies and established guidelines for harmonizing donor contributions.

The *Paris Declaration* builds on advances negotiated under the *Monterey Consensus*, the landmark agreement adopted by world leaders in Mexico at the 2002 International Conference on Financing for Development. This calls for resources to meet the Millennium Development Goals and the conditions that will enable free trade, more foreign investment, debt relief and efficient government.

International AIDS Funding, held in Washington, DC, on 25 April 2004.⁷ At the Fourth Ordinary Session of the Assembly of the African Union in Abuja, Nigeria, on 30 and 31 January 2005, the heads of 45 African states urged countries in the region to intensify efforts to ensure more effective and well-coordinated implementation of national programmes to improve access to HIV prevention and treatment, in accordance with the “Three Ones” principles.

In London on 9 March 2005, at a follow-up meeting to the Washington Consultation, donor, host countries and international aid agencies reaffirmed their commitment to promoting and supporting implementation of the “Three Ones” principles.⁸ Stakeholders attending the meeting agreed to create a ‘Global Task Team’ to develop actionable recommendations to operationalize the “Three Ones” principles to guide international support to national AIDS responses.

The Global Task Team—chaired by UNAIDS and the Kingdom of Sweden—comprised representa-

tives from 24 countries and institutions including governments of high-income and low- and middle-income countries, civil society, regional bodies and multilateral institutions. Given an 80-day timeline within which to produce their recommendations, the Task Team produced 10 recommendations that were later endorsed at the Programme Coordinating Board meeting of 27–29 June 2005. Moving towards the implementation phase of the Task Team proposals, these recommendations have been broken down into 26 concrete actions, with a ‘lead organization’ assigned to each.

The Task Team recommendations were used to inform donors at the Third Global Fund Replenishment Conference in September 2005 and by October this year, the recommendations had obtained official endorsement from the governing bodies of UNDP, UNFPA, UNICEF, and the Global Fund as well as the recognition and support of the United Nations General Assembly at the World Summit.

In Larger Freedom: Towards Development, Security and Human Rights for All

On 21 March 2005, Secretary-General Kofi Annan presented the United Nations General Assembly with a five-year progress report on implementation of the Millennium Declaration, *In Larger Freedom: Towards Development, Security and Human Rights for All*. The report says that, despite failures to meet early targets, **the Millennium Development Goals can be achieved** by the ultimate target of 2015 but **only if the General Assembly agrees to sweeping reform:** “introducing greater coherence into the work of the United Nations system as a whole.” It cites the rapidly spreading global AIDS epidemic as a reason the system has already been reaching towards greater coherence and a reason that rapid acceleration of that movement is urgent.

⁷ End-of-Meeting Agreement, Washington, Consultation on Harmonization of International AIDS Funding, Washington, 25 April 2004. Available online at: www.unaids.org/NetTools/Misc/DocInfo.aspx?LANG=en&href=http://gva-doc-owl/WEBcontent/Documents/pub/UNA-docs/Three-Ones_Agreement_en.pdf.

⁸ The Global Response to AIDS: ‘Making the Money Work.’ Communiqué from the High Level Meeting on the Global Response to AIDS in London, 9 March 2005.

Putting the “Three Ones” principles into practice

In 2004, the UNAIDS Programme Coordinating Board endorsed the “Three Ones” principles and UNAIDS mobilized its country-level staff to promote and support their implementation. United Nations Theme Groups have incorporated action on the “Three Ones” into their workplans, as have individual United Nations agencies operating in countries. Many civil society organizations have also been working hard to make the “Three Ones” principles a reality on the ground.

To develop and disseminate strategies for accelerating implementation of the “Three Ones”, the UNAIDS Secretariat in 2005 began engaging in intensive advocacy and monitoring in 12 countries that are at critical stages in the development

of their national AIDS responses: the Federal Democratic Republic of Ethiopia, the Republic of Haiti, the Republic of India, the Republic of Indonesia, the Republic of Kenya, the Republic of Malawi, the Republic of Mali, the Republic of Mozambique, the United Republic of Tanzania, Ukraine, the Socialist Republic of Viet Nam, and the Republic of Zambia. By the end of 2005, UNAIDS had completed assessment missions in Indonesia, Kenya, Malawi, Viet Nam, Zambia as well as the Republic of Guyana. In addition, the UNAIDS Secretariat developed case studies documenting and assessing the development of monitoring and evaluation systems in the Kingdom of Cambodia, Ethiopia and the Republic of the Philippines. An e-forum on implementation of the “Three Ones”, sponsored by UNAIDS, engaged 300 participants over several months, the vast majority of them from civil society organizations and low- and middle-income countries.

UNAIDS e-forum on civil society engagement in the “Three Ones”

In February 2005, UNAIDS launched a three-month e-forum at <http://threeones.unaids.org> with the aim of: (i) identifying ways in which civil society is already contributing to the “Three Ones”; (ii) identifying constraints on civil society participation in the “Three Ones” agenda; and (iii) developing a set of experience-based ways of achieving greater civil society involvement. By the end of March, the e-forum had been joined by 263 people from 73 countries, representing 165 local, national and international civil society organizations, bilateral donor agencies, foundations, United Nations agencies and academic institutions.

Participants offered numerous suggestions for ensuring effective implementation of each of the “Three Ones”. Perhaps the most significant outcome of the e-forum was broad-based recognition of civil society as the foundation for an effective AIDS response. With the clearest understanding of the needs of HIV-affected individuals and communities, civil society should be actively engaged in the development and coordination of national AIDS strategies.

The limited capacity of many civil society organizations often impedes effective involvement of people living with HIV and civil society organizations in the national response. In strengthening the involvement of civil society, both government and nongovernmental groups have vital roles to play. E-forum participants suggested several factors that contribute to effective civil society mobilization, including:

- support for civil society engagement among key ministerial officials and staff;
- clear articulation of national AIDS priorities;
- transparent mapping of all nongovernmental organization programmes; and
- effective and ongoing communication between government, civil society organizations, and communities served by such groups.

The ‘First One’: one agreed AIDS action framework

Progress to date

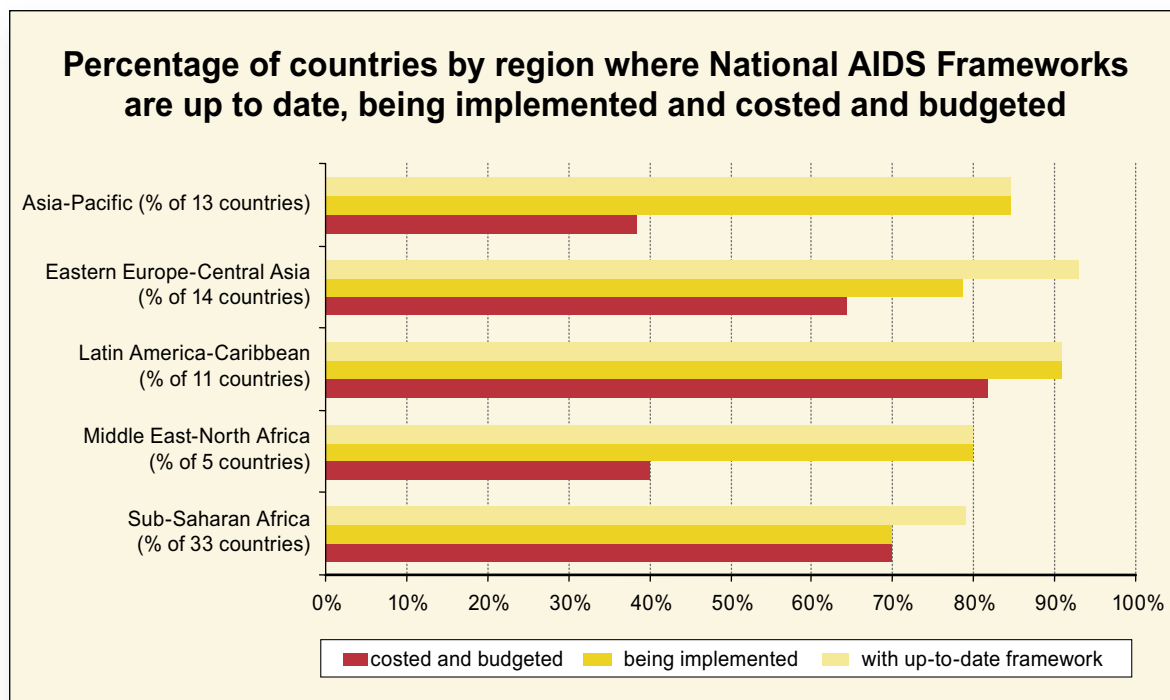
A UNAIDS survey of 76 countries at the end of 2004 indicated that the majority of countries in all regions had up-to-date national AIDS action frameworks and are implementing those frameworks (see Figure 2). Many of the frameworks however, have not been translated into specific workplans with budgets.

The “Three Ones” envisage national AIDS frameworks as consensus products that provide the basis for ‘coordinating the work of all partners.’ However, many key stakeholders are not sufficiently involved in developing and reviewing national AIDS frameworks (see Figure 3). The least-involved stakeholders include

women, faith-based organizations, district and local authorities and the private sector. In nearly two out of three countries surveyed, line ministries of government are either unengaged or insufficiently involved in AIDS planning and monitoring, underscoring the continuing need for greater national commitment to strong multisectoral action.

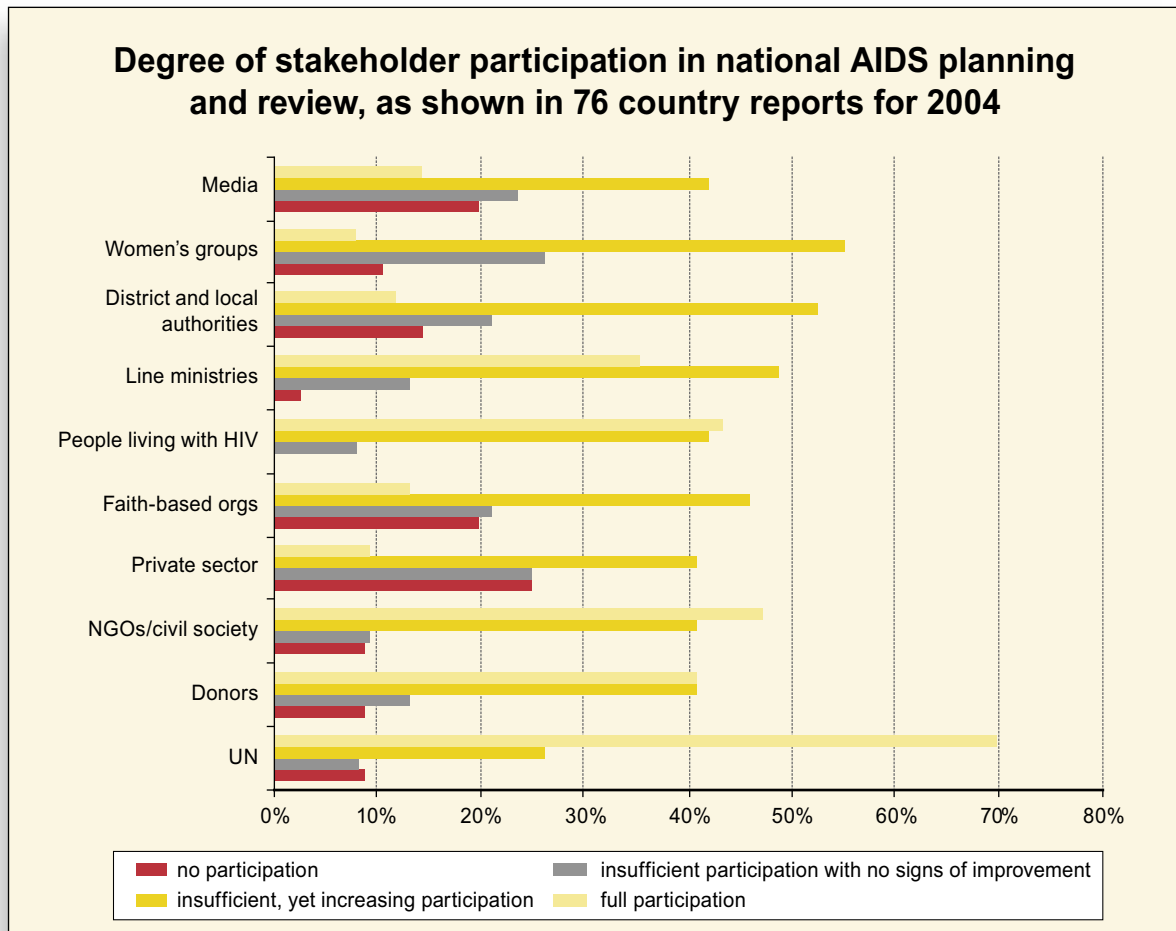
Significant improvement is needed to integrate the AIDS response into broader development efforts. Three out of 10 reporting Theme Groups said HIV/AIDS indicators were not included in their country’s Poverty Reduction Strategy Paper and/or national development plan.

Figure 2



Source: UNAIDS

Figure 3



Source: UNAIDS

The challenges

To ensure full implementation of the First One, priority action steps include the following.

1. Development of national AIDS frameworks in countries that currently lack them.
2. Strengthening existing national AIDS frameworks, including translation of national strategies into specific workplans and budgets for national AIDS authorities, line ministries, district and local authorities, and any other entities that may be involved in implementation.
3. Full participation by all key stakeholders especially people living with HIV in the development, review and update of national AIDS frameworks.

4. Harmonization among national AIDS strategies, national development strategies, and the AIDS-related strategies of partners.

Meeting the challenges

UNAIDS is prioritizing actions to accelerate implementation of the 'First One'—assisting countries in developing or updating their national AIDS frameworks, working with national authorities to mainstream the AIDS response into the broader development agenda, and facilitating the development of country-level United Nations Implementation Support Plans.

One successful strategy for increased participation in the planning and implementation of a common action framework is the establishment of participatory planning processes and regular

participatory reviews of the national AIDS plan. Review processes had been established in at least 49 countries by the end of 2004, often with UNAIDS support.

Some examples of UN Theme Group work particularly pertinent to the ‘First One’ include the following.

- In the **Republic of Angola**, a multisectoral process that received technical and financial support from UNAIDS resulted in translation of the National Strategic Framework into provincial action plans.
- In the **Republic of Armenia**, the United Nations Theme Group developed and approved an Implementation Support Plan that highlights planned strategic action in four areas—governance, advocacy, strategic information, and capacity building.
- In the **People’s Republic of Bangladesh**, the United Nations Theme Group provided extensive technical assistance in the preparation of the National Strategic Plan for 2004–2010.
- In the **Republic of Belarus**, financial and operational support from the UNAIDS office and UNDP contributed to development of the Strategic Plan of National Responses to HIV/AIDS Epidemic for 2004–2008. UNAIDS assisted in harmonizing the Plan’s key objectives and activities with the country’s Global Fund project.
- In the **People’s Republic of China**, the United Nations Theme Group and the State Council Coordinating Committee for AIDS produced a Joint Assessment of HIV/AIDS Prevention, Treatment and Care in China for 2004. Chaired by the Vice Premier and Minister of Health, the State Council includes senior officials from 23 national ministries, the Vice Governors of seven of the most-affected provinces, and representatives of a number of civil society organizations.
- In **Georgia** and the **Republic of Azerbaijan**, the United Nations Theme Group convened a workshop of diverse partners to identify optimal roles and responsibilities of the Theme Group in supporting effective national action, using the findings to initiate development of an Implementation Support Plan.
- In the **Republic of Ghana**, the United Nations Theme Group played a significant role in a joint review of the implementation of the 2001–2005 National Strategic Framework, mobilizing development partners, assisting national partners in devising a methodology for the review, and supporting the process with financial assistance. The UNAIDS Country Coordinator served as a member of the technical steering committee for the joint review and is actively assisting efforts to implement recommendations of the review.
- In **Malawi**, UNAIDS officers worked closely with the core drafting team that produced a new national action framework for 2005–2009.
- In the **Federal Republic of Nigeria**, United Nations agencies have participated in eight thematic working groups to review the previous national AIDS framework and to develop a National Strategic Plan 2005–2009. A broad array of stakeholders, including civil society and a national network of people living with HIV are actively participating in the process.
- In the **Republic of Namibia**, the Third Medium Term Plan on HIV/AIDS 2004–2009 was launched by President Sam Nujoma on 8

April 2004 following a participatory development process supported by the United Nations Theme Group. The 2004–2009 plan serves as a guide for a multisectoral response and a management /coordination tool for the coming years.

- In **Papua New Guinea**, the United Nations Theme Group successfully advocated for the inclusion of HIV/AIDS in the government's Medium Term Development Strategy. The inclusion of HIV/AIDS in the document promotes a harmonized approach to development and HIV/AIDS efforts, and will likely attract more funding to the national response to the epidemic.
- In **Romania**, the United Nations Theme Group supported development of a new HIV/AIDS National Strategy 2004–2007. Based on the “Three Ones” principles it was forged during an intensive and inclusive consultation process with all the national and international partners. The UNAIDS Country Coordinator played a key role in facilitating
- the process by being involved in the committee that drafted the document, facilitating the activity of the National Commission for HIV/AIDS Surveillance, Control and Prevention, and providing support for developing a situation analysis. The Country Coordinator also assisted national partners in the development of an integrated M&E framework, which is the base for reporting progress on implementation of the strategy.
- In the **Rwandese Republic**, the UNAIDS Country Coordinator, with assistance from a UNAIDS monitoring and evaluation specialist, guided a joint review of the national strategic framework.
- In the **Republic of the Sudan**, UNAIDS used Programme Acceleration Funds to support development of the five-year HIV/AIDS strategic plans for eight key government sectors. UNAIDS' knowledge of the local context and its previous close work with the sectors was instrumental in the development of these plans.

The “Three Ones” in Kenya

While Kenya's national response has long been based on the “Three Ones” principles, stakeholders agree that the global “Three Ones” consensus has accelerated their implementation. The National AIDS Control Council, located in the Office of the President, recently coordinated the country's third Joint Annual Programme Review, a broadly participatory, evidence-informed process that generated agreement on priorities for the next Kenya National AIDS Strategic Plan for 2005–2010. Two current priorities for the National AIDS Control Council are to develop a strong financing framework and meaningful mechanisms to encourage broad-based adherence to nationally determined priorities. In this regard, it is agreed that the National AIDS Control Council needs to build effective network management skills. The United Nations Theme Group has been an active supporter of the Joint Annual Programme Review.

Source: UNAIDS

The ‘Second One’: one national AIDS coordinating authority

Progress to date

At the end of 2004, nearly all low- and middle-income countries—73 of 76 surveyed—indicated the presence of a national AIDS coordinating authority. However, some national authorities lack the means to coordinate the national AIDS response (see Figure 4). Barely half of such bodies engage foremost political leaders, a minority have access to information regarding the activities of key sectors or partners, and less than half have decision-making authority over AIDS-related resource allocations. Even when national AIDS authorities possess the mandate to coordinate across sectors, a survey of 66 countries shows that over 40 of these suggest that they often lack sufficient capacity to oversee planning, resource mobilization, partnership coordination, information management, and monitoring and evaluation.

A final common deficiency concerns the inclusiveness of national coordinating efforts, a priority that was reinforced in the joint communiqué issued by the March 2005 high-level global meeting on the “Three Ones”. Partnership forums—which, as Figure 5 illustrates, come in many forms—offer a potentially important vehicle for improving coordination of AIDS efforts. Such forums foster good relations between key players, facilitate the establishment of specific coordination mechanisms, and enhance transparency. Broad participation in national coordination can be greatly facilitated by the establishment of partnership forums. UNAIDS Expanded Theme Groups and Global Fund Country Coordinating Mechanisms play this role in many countries, but nationally-led partnership forums are increasingly emerging as powerful advocates of good governance on AIDS issues. Partnership forums

Figure 4

Progress on developing National AIDS Authorities in 76 reported countries (end 2004)		
Countries with a national AIDS authority	73	96%
Recognized by all key stakeholders as “the one authority”	64	84%
With a mandate for coordination across all sectors	63	83%
With a multisectoral board that meets regularly	62	81%
Which plays a lead role in the Country Coordinating Mechanism and/or other major mechanisms for administering development aid	55	72%
With a government official of higher rank than cabinet minister on board	39	51%
With capability to monitor and report on inputs of all sectors and partners towards achievement of national objectives and priorities	33	43%
Which decides on allocation of resources for all major AIDS programmes	30	39%

Source: UNAIDS

also encourage ongoing input into government decision-making, as reflected by the Republic of Uganda's AIDS Partnership, a national-level coordinating mechanism comprised of 11 'constituencies' working on HIV and AIDS, including government ministries, United Nations and bilateral agencies, district representatives, organizations of people living with HIV, the private sector, international and national nongovernmental orga-

nizations, research institutions, faith-based organizations, the media culture and arts, and youth. The Uganda AIDS Partnership has encouraged diverse partners to align their activities with nationally determined strategies, including most recently the United States President's Emergency Plan for AIDS Relief (PEPFAR), which has harmonized its country operations plan with the National Strategic Plan for HIV/AIDS Action.

Figure 5

Types of forum through which partners collaborate on the AIDS response in 75 Reported Countries		
	No. countries	% out of xx reporting countries
Global Fund Country Coordinating Mechanism	64	85%
● Number and percentage of respondents for whom this is the dominant forum	8	11%
Expanded UN Theme Group on HIV/AIDS	48	64%
● Number and percentage of respondents for whom this is the dominant forum	21	28%
National AIDS council with NGOs, donors and UN represented	47	63%
● Number and percentage of respondents for whom this is the dominant forum	22	29%
NGO-led partnership forum	39	52%
● Number and percentage of respondents for whom this is the dominant forum	0	0%
Government-led partnership forum	34	45%
● Number and percentage of respondents for whom this is the dominant forum	13	17%
Donor-led partnership forum	21	28%
● Number and percentage of respondents for whom this is the dominant forum	1	1%
Private sector-led partnership forum	17	23%
● Number and percentage of respondents for whom this is the dominant forum	0	0%
No partnership forum exists	8	11%
There is no dominant forum	10	13%

Source: UNAIDS

The challenges

To ensure full implementation of the ‘Second One’, priority action steps include the following.

1. Establishment of national AIDS authorities in countries that currently lack them.
2. Clarity from the highest levels of government regarding the mandate of the national AIDS coordinating authority, as well as recognition from all key stakeholders and financial and human resources to do their jobs.
3. Development of inclusive, communication-enhancing structures and processes to ensure there is broad participation in and support for the authorities.
4. Ensuring sufficient capacity to enable national authorities to do their jobs.

Meeting the challenges

UNAIDS provides strategic and technical support to both national AIDS coordinating authorities, national partnership forums, Country Coordinating Mechanisms (covered in the Global Fund section of Chapter Three) and other partnership bodies. Where appropriate, UNAIDS also maintains Expanded United Nations Theme Groups in some countries to encourage broader participation in the response. Social Mobilization and Policy officers work to strengthen partnership building and the ‘Second One’ at country level. There has been extensive consultation and collaboration with civil society in a number of the “Three Ones” country missions.

Some examples of United Nations Theme Group work particularly pertinent to the ‘Second One’ include the following.

- In the **Arab Republic of Egypt**, the UNAIDS Secretariat and individual Cosponsors provided and/or facilitated financial technical support to the Egyptian NGO Network Against AIDS as it strengthened its coordination activities, gained recognition from donors and the Ministry of Health and Population, and joined the Expanded United Nations Theme Group.
- In **India**, the United Nations Theme Group on HIV/AIDS has supported the Government’s increased commitment to AIDS, including establishment of an inter-ministerial task force on AIDS and the launch of antiretroviral therapy in public sector hospitals. UNAIDS is encouraging greater mainstreaming of AIDS in the operations of key ministries and supporting a participatory process to formulate national AIDS legislation.
- In the **Republic of Nicaragua**, the United Nations Theme Group has increased its support to the national AIDS authority (known by its acronym, CONISIDA) to improve its ability to lead a coordinated AIDS response. A secretariat was established, a wide advocacy campaign launched, and additional financial resources mobilized from the Global Fund and other sources. A joint DfID-United Nations project focuses on engagement of government and nongovernmental partners.
- In **Romania**, UNAIDS has supported an inclusive process to develop and implement the National HIV/AIDS Strategy, serving as a broker recognized by the government, nongovernmental organizations and international partners. This partnership will not only promote implementation of the National HIV/

AIDS Strategy, but will also contribute to the success of a Global Fund grant of US\$ 21.8 million for 2004-2005.

- In the **Kingdom of Swaziland**, UNAIDS is supporting the transformation of the Expanded Theme Group to the Swaziland Partnership Forum on HIV and AIDS. Having met for the first time in September 2004, the Partnership Forum includes representatives from key government ministries, the National Emergency Response Council on HIV and AIDS, United Nations agencies,

donor countries, the private sector, municipal leaders (AMICAALL), nongovernmental organizations, youth organizations, media, and organizations of people living with HIV.

- In the **Republic of Trinidad and Tobago**, the United Nations Theme Group is helping operationalize the National AIDS Coordinating Committee in the Office of the Prime Minister. United Nations agencies in Trinidad and Tobago have been instrumental in establishing the National AIDS Coordinating Committee.

The “Three Ones” in Viet Nam

At a national conference on 31 December 2004, the Prime Minister declared 2005 a ‘focus year’ for HIV/AIDS implementation. In January, a UNAIDS team visited Viet Nam to assess the country’s recent progress on the “Three Ones”. Some findings included the following.

- The ongoing development of Viet Nam’s 2006–2010 Socioeconomic Development Plan and the UN Development Assistance Framework 2006–2010 are strengthening the framework for coordination and mainstreaming of HIV/AIDS activities.
- The official linking of AIDS with two illegal activities in the National Committee for AIDS, Drugs and Prostitution Prevention and Control fosters a high level of HIV-related stigma and discrimination.
- Donor coordination on HIV/AIDS—led by the Committee of Concerned Partners—was recently strengthened by additional meetings among the heads of agencies of the largest international supporters of the national AIDS response.
- The National Strategy on HIV/AIDS Prevention and Control clearly states the importance of establishing an effective monitoring and evaluation system.
- Key gaps in the monitoring and evaluation framework need to be addressed, including establishment of a core set of indicators agreed to by the government and all major partners, as well as creation of a monitoring unit and a national AIDS database. It was unclear whether all major donors are harmonizing their support toward the creation of a single action plan for monitoring and evaluation.

The mission also identified opportunities for the advancement of the “Three Ones”.

- The strength and structure of the municipal AIDS coordinating authority in Ho Chi Minh City, where an estimated one quarter of all HIV-positive Vietnamese live, could serve as a model for other provinces and municipalities.
- Rapid development of operational plans called for in the National Strategy is critical to realizing a truly multisectoral AIDS response.

The ‘Third One’: one agreed monitoring and evaluation system

To maximize the strategic impact of national AIDS efforts, countries, donors and other stakeholders need access to relevant, accurate and timely information. Such information not only enables decision-makers to devise interventions that are tailored to documented needs, but it permits countries to discern whether their strategies are having the desired effect. Efforts to collect and disseminate relevant information have been impeded by the weakness of national information systems and by the failure of diverse stakeholders to harmonize their monitoring and evaluation efforts.

Progress to date: monitoring HIV prevalence

Understanding the magnitude, nature and trends of national epidemics enables decision-makers to develop AIDS strategies that are optimally effective, identify coverage targets for key interventions, and make sound projections of needs for human and financial resources. As shown in Figure 6, surveillance efforts are outdated in many countries, a potentially critical weakness in light of the ever-evolving character of the epidemic. In nearly half of all countries, no consensus meeting on HIV and AIDS prevalence has ever been held. Where surveillance activities have been undertaken, they frequently ignore key

vulnerable groups (e.g. men who have sex with men and injecting drug users).

In the absence of strong and reliable national surveillance systems, WHO and UNAIDS apply formulae to produce ranges of estimates of national prevalence. Although useful in gauging regional and global trends, these broad national estimates are insufficient to inform national service planning, which requires information about patterns of HIV prevalence and incidence, distribution of infection between urban and rural areas and among different provinces or districts, and infection trends among key populations.

The Global Task Team recently undertook to enhance support to the monitoring and evaluation mechanisms of national AIDS coordinating authorities, recommending:

- the establishment of a joint M&E facility at global level;
- joint country-level monitoring and evaluation support teams;
- M&E advisers based within national institutions;
- enhanced World Bank and Global Fund information-sharing practices; and
- an increased role for civil society in implementing monitoring and evaluation.

Figure 6

Progress on monitoring HIV and AIDS prevalence through surveillance, surveys and consensus workshops in 75 reported countries (end 2004)		
The last time HIV estimates were done:		
Surveillance is ongoing and continuous	8	11%
2004	26	35%
2003	24	32%
2002 or earlier	12	16%
Never	1	1%
No answer	4	5%
The groups covered by surveillance or sentinel surveys are:		
Women in antenatal clinics	60	80%
Sex workers	44	59%
Men who have sex with men	25	33%
Injection drug users	23	31%
Others (TB and AIDS patients, blood donors, prisoners, police, military, etc.)	49	65%
The last consensus workshop on HIV prevalence was:		
2004	20	27%
2003	9	12%
2002 or earlier	8	11%
Held at unspecified time	5	7%
Never	33	44%
The next consensus workshop will be:		
2005	32	43%
At time yet to be determined	3	4%
None planned	40	53%
The last Demographic and Health Survey (including HIV and AIDS) was:		
Underway and to be completed in 2005	5	7%
2004	4	5%
2003	6	8%
2002 or earlier	16	21%
Done at unspecified time	6	8%
Never	38	51%
The next Demographic and Health Survey will be:		
2005	25	33%
2006	8	11%
Later or time yet to be determined	5	7%
None planned	37	49%

Source: UNAIDS

Progress to date: monitoring and evaluating the response

Mounting an effective response to AIDS requires that decision-makers base national strategies on a clear understanding of programmatic and policy gaps. Ensuring that every dollar of AIDS assistance is used effectively requires timely knowledge of the level of resources that are currently available. Because a diverse array of stakeholders are often involved in AIDS service provision in affected countries, a strong and unified framework for monitoring and evaluation is needed to generate and analyse information against standard indicators.

As Figure 6 indicates, substantial improvement is needed in country-level monitoring and evaluation. More than 90% of countries surveyed do not currently have the ability to track AIDS resources from all sources. Barely half of countries surveyed have a single monitoring and evaluation framework that covers all sectors and has been endorsed by key stakeholders. Nearly two out of three countries lack budgetary allocations to implement national monitoring and evaluation plans.

These deficiencies however, tell only part of the story, as important strides are being made in building monitoring and evaluation capacity at country-level. Many countries are establishing

multi-stakeholder monitoring and evaluation working groups, with the goal of adapting standard indicators to specific national needs and of harmonizing the collection, reporting and analysis of data on the AIDS response.

These national efforts are benefiting from enhanced technical resources on monitoring and evaluation. In 2004-2005, UNAIDS placed technical experts in monitoring and evaluation in more than 24 country offices. In 2004, UNAIDS provided significant technical support on monitoring and evaluation in at least 51 countries and supported development of national monitoring and evaluation plans in at least 46 countries. The Global HIV/AIDS Monitoring and Evaluation Team ('GAMET') was established in June 2002 within the Global HIV/AIDS Program of the World Bank with a budget provided by UNAIDS and its Cosponsors. The Team supports countries in establishing and improving monitoring and evaluation for HIV and AIDS prevention, treatment, care and support. In addition, major international partners—such as the United States Government, the UNAIDS Secretariat, UNICEF, WHO, and the World Bank—are currently developing the Multi-Agency Monitoring and Evaluation Technical Assistance and Training Facility ('METAT'), which will use an e-workplace tool to respond to specific requests for technical assistance.

Figure 7

Progress on monitoring and evaluation (M&E) of AIDS programmes in 76 reported countries		
Number of countries with one national M&E forum or working group with participants from government, donors, UN, civil society, universities, etc.	46	61%
Number of countries with one national M&E plan covering all sectors and endorsed by all stakeholders.	41	54%
M&E plan includes a set of standardized indicators	50	66%
M&E plan has a budget for implementation	26	34%
Number of countries where financial resources (from government, donors, etc.) are tracked against objectives in national AIDS plan:		
Fully	10	13%
Mostly	15	20%
Partly	29	38%
Not at all	17	22%
Number of countries where the national AIDS authority:		
Tracks all resource flows	6	8%
Tracks resource flows but some key partner do not share information	22	29%
Tries to track resource flows but only a few partners cooperate	22	29%
Does not track resource flows	16	21%
Number of countries where national AIDS authority managers are trained to use models for resource allocation	19	25%
Number of countries where there is one national database with data on HIV and behavioural surveillance, impacts of the epidemic, coverage of the population by essential AIDS-related services, financial resources	20	26%

Source: UNAIDS

The challenges

To ensure full implementation of the 'Third One', priority action steps include the following.

1. Establishment of stronger, sustainable systems monitoring HIV prevalence country-wide, in urban and rural areas, and among all elements of the population, including groups most vulnerable to infection.
2. Establishment of common systems for monitoring and evaluating all programmes designed to respond to AIDS.
3. Development of sufficient human capacity to sustain effective national monitoring and evaluation systems.

4. Provision to countries of enhanced technical support regarding the establishment and management of effective monitoring and evaluation systems.

Meeting the challenges

In addition to the above-mentioned placement of monitoring and evaluation experts in more than 20 countries in 2004, UNAIDS also recently conducted monitoring and evaluation case studies in three diverse countries (Cambodia, Ethiopia and the Philippines), with the aim of underscoring the importance of monitoring and evaluation and of enabling other countries to benefit from lessons learned. Results of the case studies will be published in 2005.

The “Three Ones” in Zambia

A recent mission to Zambia found strong commitment to the “Three Ones” by all partners, including civil society organizations. The mission team identified three important lessons to be learned from Zambia.

1. Effective implementation of the “Three Ones” principles is hindered by the lack of by-laws and guidelines for the National AIDS Council and the absence of an operations manual for the Strategic Plan.
2. The lack of clear separation between political and executive functions means that those in executive positions are in danger of being side-tracked by political considerations.
3. Limited capacity inhibits the ability of the National AIDS Council Secretariat to support technical working groups in such areas as coordination, mobilization and tracking of resources and monitoring and evaluation.

UNAIDS has supported the efforts of the National AIDS Council to strengthen existing national monitoring and evaluation structures by building linkages between internal and external systems. Since the arrival of a UNAIDS monitoring and evaluation officer in October 2004, UNAIDS has provided additional support in the following key areas.

- The development and implementation of a single National HIV/AIDS database.
- The development of a donors’ activities database.
- The review and finalization of the national M&E plan.
- The operation and functioning of the National M&E Technical Working Group
- Harmonizing reporting requirements from key stakeholders.

Source: UNAIDS

The UNAIDS Secretariat, WHO and partners such as the United States Centers for Disease Control and Prevention also provide extensive technical support on national surveillance and other epidemiological strategies. In 2004, technical assistance efforts in many countries focused on adoption of Second Generation Surveillance, which supplements HIV/AIDS epidemiological information with other data relevant to public policy development, including risk behaviour.

Some examples of UNAIDS efforts to strengthen national surveillance and epidemiological monitoring include the following.

- In **Burkina Faso**, the United Nations Theme Group assisted national authorities in expand-

ing sentinel surveillance to cover additional urban and rural zones.

- In **Central America**, in 2005, UNAIDS assisted the Central America HIV/AIDS Prevention Project on a multi-country study of HIV prevalence among vulnerable groups (e.g. men who have sex with men, sex workers) collaborating with the World Bank, the United States Centers for Disease Control and Prevention and the United States Agency for International Development on a surveillance project covering the broader population.
- In **Ghana**, UNAIDS is advocating the launch of a second generation surveillance programme in 2005, with the goal of providing national decision-makers with a

stronger evidence base on which to make epidemiological estimates.

- In the **Kyrgyz Republic**, WHO collaborated with public health professionals to conduct training in second-generation surveillance. UNAIDS provided technical assistance.

Examples of UNAIDS efforts to improve monitoring and evaluation systems in countries include the following.

- In **Angola**, the UNAIDS office is working in close collaboration with the World Bank to support the Government's establishment of a Monitoring and Evaluation Partnership Council, which will develop an overall monitoring framework, agree on a common set of indicators and a common approach to data collection, identify and address technical assistance needs, and facilitate information exchange and coordination of activities.
- In **Belarus**, UNAIDS Programme Acceleration Funds supported the development of a National Monitoring and Evaluation Plan, which incorporates country-specific indicators as well as standard indicators tied to the targets in the *Declaration of Commitment on HIV/AIDS*.
- In **Haiti**, UNAIDS provided technical support in the development and implementation of SIDABase, an HIV/AIDS information

database that will soon be linked to UNAIDS-developed Country Response Information System.

- In the **Republic of Kazakhstan**, UNAIDS helped in the development of national core indicators, as well as adoption of the Country Response Information System. The Expanded United Nations Theme Group served as the forum for agreement among all main stakeholders to adhere to a single national monitoring and evaluation system. In April 2004, UNAIDS and United States Centers for Disease Control jointly conducted a regional training workshop to improve the capacities of policy makers and professionals from the Central Asian sub-region to track, monitor and evaluate their national AIDS responses.
- In the **Union of Myanmar**, in 2004, UNAIDS played a leading role in establishing a monitoring and evaluation framework that includes 69 indicators. All partners agreed to provide data against these indicators.
- In **Serbia and Montenegro**, the Theme Group spearheaded efforts to create a Monitoring and Evaluation Working Group, strengthen the capacity of the Working Group's members, draft and implement a monitoring and evaluation plan, and support efforts to use the Country Response Information System.

Country Response Information System (CRIS)

To complement the collection of epidemiological data as well as additional information on national responses to HIV/AIDS, the *Country Response Information System (CRIS)* has been developed and began roll out to countries in early 2004. A database-supported information collection system, CRIS will enable countries to more efficiently gather, store, analyse and use country-level information such as resource tracking.

In 2005 CRIS moved into phase two of its development, further facilitating monitoring and evaluation priorities through resource tracking, data exchange, translation support and analysis. Workshops have been organized in numerous countries to help familiarise them with CRIS, including India, China, the Republic of Tunisia, Ethiopia, the Philippines, the Republic of South Africa, the Republic of Fiji, the Republic of Panama and Kazakhstan. In 2004, some 53 out of 71 respondent countries reported that plans to implement CRIS were planned or underway.



Chapter 3

Supporting National AIDS Responses

As a multisectoral entity that combines the strengths of 10 Cosponsors and the Secretariat, UNAIDS provides a broad range of support to countries in strengthening their AIDS response. Working at country level, UNAIDS helps build political commitment and broad-based leadership on AIDS, ensures that national programmes are based on the best available evidence, assists in the mobilization of essential financial and technical resources, and helps countries build long-term capacity to respond effectively.

Advocacy and strategic information

Although political commitment and multisectoral engagement have increased in recent years, leaders in many countries are still not considering the full extent and effects of HIV/AIDS. In many parts of the world, the public has not yet come to regard AIDS as a national problem, perceiving instead that the threat is neatly confined to certain marginalized groups. Cultural traditions and social attitudes often impede open discussion of how to prevent HIV transmission, while gender inequalities leave many women and girls without the knowledge, skills and power to negotiate safer sex or the means to avoid violence and other practices that can increase their vulnerability to HIV.

UNAIDS aims to counter ignorance and prejudice and to engage leaders and civil society through the following actions.

- Information—global, regional and country-specific—about HIV and AIDS: how many people are infected, their characteristics (age, gender, etc.), the trends as the epidemic spreads, how HIV is transmitted, how transmission can be prevented, how HIV can be treated, and on how stigmatization of people living with HIV can be eradicated.
- Advocacy and support for effective action against AIDS, including the establishment of

structures that promote collaboration among political leaders, the private sector and civil society including faith-based organizations.

- Advocacy and support for human rights and gender equality to create environments that facilitate open discussion, promote broad-based engagement in the response, and encourage people to seek the services they need, including HIV prevention, testing and counselling, and care and treatment.
- Outreach to involve and empower groups and individuals at special risks and in risk situations to protect themselves and to become engaged in the national response, including people living with HIV.

Disseminating strategic information

By disseminating timely, reliable information, UNAIDS helps ensure that national responses are evidence-informed and also stimulates intelligent public discourse about the epidemic. UNAIDS ‘flagship publications’—such as the biennial *Report on the global AIDS epidemic*⁹ and annual *AIDS epidemic update*¹⁰—provide the latest and most reliable information about the epidemic at global, regional and country levels.

⁹ UNAIDS (2004). 2004 global report on the AIDS epidemic. Geneva, Joint United Nations Programme on HIV/AIDS.

¹⁰UNAIDS (2004). AIDS epidemic update December 2004. Geneva, Joint United Nations Programme on HIV/AIDS.

Publications by UNAIDS Cosponsors—such as WHO’s ‘3 by 5’ *Progress Report*¹¹, UNICEF’s *State of the World’s Children*, and the joint publication by UNAIDS, UNFPA, UNIFEM and the Global Coalition on Women and AIDS, *Women and HIV/AIDS: Confronting the Crisis*¹²—offer detailed information about specific components of the global response. UNAIDS also produces publications specific to particular regions; in 2004 and early 2005, for example, the Joint Programme released two such publications specific to Asia and one for Africa; *AIDS in Africa: Three scenarios to 2025*¹³, *Challenging AIDS Stigma and Discrimination in South Asia*¹⁴ and *The Gender Dimensions of HIV/AIDS: Challenges for South Asia*¹⁵.

In providing strategic information about the AIDS epidemic, its impact, and the responses to it, UNAIDS promotes the identification, documentation and dissemination of best practices and lessons learned, illustrating what has worked well in some settings and can be transferred and adapted to others with good effect. To date about 150 documents have been produced (many available in different language editions) and disseminated as UNAIDS Best Practice Collection titles since 1996. The Collection continues to grow as new titles are added regularly. A yearly review

and updating exercise of early documents in the Collection will start in late 2005. Recent additions to this collection since 2004 include:

- *Stepping back from the edge: the pursuit of antiretroviral therapy in Botswana, South Africa and Uganda* (also available in French and Portuguese editions)¹⁶;
- *A Study of the Pan Caribbean Partnership against HIV/AIDS (PANCAP) Common goals, shared responses* (also available in French and Spanish editions)¹⁷;
- *HIV-related Stigma, Discrimination and Human Rights Violations: Case studies of successful programmes*¹⁸; and
- *Expanding access to HIV treatment through community-based organizations. A joint publication of Sidaction, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO)*¹⁹.

United Nations Theme Groups support needed research to advance the response to AIDS and production of educational material and reports on key events, both for the general public and for specialists; recent examples of this work include the following.

¹¹UNAIDS and World Health Organization (2005). “3 by 5” progress report. Geneva: Joint United Nations Programme on HIV/AIDS and the World Health Organization.

¹²UNAIDS/UNFPA/UNIFEM (2004) *Women and HIV/AIDS: Confronting the crisis*, Joint United Nations Programme on HIV/AIDS, UNFPA, UNIFEM

¹³*AIDS in Africa: three scenarios*. Geneva UNAIDS, 2005

¹⁴Bharat S (2004). *Challenging AIDS stigma and discrimination in South Asia: report of an electronic discussion forum*, February 18 – March 26, 2004. Geneva, Joint United Nations Programme on HIV/AIDS.

¹⁵Khanna A (2004). *The gender dimensions of HIV/AIDS challenges for Southern Asia*. Geneva, Joint United Nations Programme on HIV/AIDS.

¹⁶UNAIDS Best Practice Collection (2003), available at <http://www.unaids.org/html/pub/publications/irc-pub06/jc1012-steppingback_en_pdf.pdf>

¹⁷UNAIDS Best Practice Collection (2004) available at <http://www.unaids.org/html/pub/publications/irc-pub06/jc1089-pancap_en_pdf.pdf>

¹⁸UNAIDS Best Practice Collection (2005) available at <http://www.unaids.org/html/pub/una-docs/jc999-hrviolations_en_pdf.pdf>

¹⁹UNAIDS Best Practice Collection (2005)

- In **sub-Saharan Africa**: serological prevalence of women attending antenatal clinics (Angola); gender mainstreaming (the Republic of Botswana); dispensing antiretroviral medicines and documenting best practices in the national response (the Republic of Cameroon); a national youth forum (Republic of Congo); manual on nutritional care and support for people living with HIV (Eritrea); guidelines for research on high-risk groups (Ghana); strategies for scaling up the response (the Kingdom of Lesotho); an AIDS training programme for teachers (Namibia); HIV as a challenge to human development (Nigeria); “Takalani Sesame: Big Issues for Small Children,” on video (South Africa); and video testimony of people living with HIV (Tanzania).
- In **Asia-Pacific**: providing care to children living with HIV (China); national women’s networks as potential delivery mechanisms for HIV/AIDS information throughout communities (Viet Nam); national antiretroviral therapy guidelines (Fiji); the role of political leadership in combating AIDS (India); an inventory of AIDS programmes (the Lao People’s Democratic Republic); HIV-infected drug users (the Islamic Republic of Pakistan); development of a national strategy plan that emphasizes education and communication for behaviour change (the Republic of Seychelles).
- In **Latin America-Caribbean**: the National Initiative for Reduction of Mother-to-Child Transmission (the Republic of Colombia); HIV and transvestites (the Republic of Costa Rica); gender and HIV/AIDS (the Republic of Honduras); a range of AIDS-related issues in radio dramas (Nicaragua); and HIV prevention and support in prisons (Southern Cone: the Argentine Republic, the Republic of Chile, the Republic of Paraguay, and the Eastern Republic of Uruguay).
- In **Eastern Europe-Central Asia**: sports and music stars against AIDS, on multi-media disc (Belarus); “AIDS in Kyrgyzstan: five years of resistance” (Kyrgyzstan); a cost-effective programme for prevention of mother-to-child transmission (Serbia and Montenegro); initiation of a joint advocacy project to raise AIDS awareness (the Republic of Tajikistan); and a directory of services for sex workers (Ukraine).
- In **Middle East-North Africa**: sponsorship of a pilot study on drug use and HIV/AIDS (the People’s Democratic Republic of Algeria); results of a survey on risk behaviours of drug users (Egypt); initiation of a campaign by labour groups (the Kingdom of Morocco); and mobilization of media (Tunisia).

Human rights and gender

Human rights and gender equality are “non-negotiable” facets of the AIDS response and cannot be compromised.²⁰ As cross-cutting priorities, human rights and gender equality should constitute key elements of AIDS programmes. However, it must also be remembered that creating awareness through reaching out to large numbers of people, particularly marginalized groups, to provide prevention, care and treatment, is an essential part of providing a human rights-based response.

In the face of stigma and discrimination, UNAIDS advocacy coupled with strategic information provides reliable evidence, promotes knowledge and understanding, and advances outreach to people at risk. By promoting inclusive and broad consultation, UNAIDS aims to create an environment that paves the way for a rational and effective national response to eradicate stigma

²⁰Executive Directors speech during IAS Conference on HIV Pathogenesis and Treatment, July 2005, available at < http://www.unaids.org/html/pub/media/speeches02/sp_piot_ias_27jul05_pdf.pdf>

and discrimination. Such consultation should include a broad range of civil society actors, comprising faith-based organizations, youth and sports clubs, membership organizations, the military and the private sector. A human-rights based approach should also be used to inform workplace policies, a more supportive legal and policy framework and effective monitoring and evaluation mechanisms.

Just a few examples of country-level action are noted below.

- In **Algeria**, UNFPA supported development and implementation of a Plan of Action by the Ministry of Religion. An early result was the production of 30 000 posters in Arabic and French aimed at reducing stigma and discrimination against people living with HIV.
- In **Angola**, strong support from UNAIDS contributed to the passage by the National Assembly of legislation establishing the rights of people living with HIV.
- In **Botswana**, under the auspices of the United Nations Secretary-General's Task Force on Women, Girls and HIV/AIDS, the United Nations Theme Group played a major role in producing a Botswana Country Report that includes recommendations for action. A steering committee, chaired by the Minister of Health and Minister of Justice is now developing a national plan of action on women, girls and HIV/AIDS.
- In the **Republic of Croatia**, the United Nations Theme Group undertook a broad range of awareness-raising activities for World AIDS Day 2004. The Theme Group also plans to continue to work on the issues of women and HIV/AIDS, to develop a comprehensive media de-stigmatization strategy, to publish legislation analysis and to continue to work with United Nations staff and their families on improving knowledge and attitudes regarding HIV/AIDS.
- In the **Dominican Republic**, the United Nations Theme Group supported *Amigos Siempre Amigos*, a national nongovernmental organization, to produce a manual for men who have sex with men. In addition, based on the World AIDS Campaign theme for 2004, activities were planned in conjunction with the Gender Theme Group. Coinciding with the date of International Women's Day a meeting was held to discuss the inclusion of HIV/AIDS in the work programmes of nongovernmental organizations working with women. As a follow-up to this activity, another joint meeting took place in INSTRAW with the participation of Margaret Sanger Center International Human Rights Watch, to discuss issues such as contemporary globalization policies and their influence in the implementation of programmes for HIV and reproduction and sexual programmes.
- In **Egypt**, the Expanded Theme Group supported the integration of HIV and AIDS messages into 39 radio and nine television programmes, plus the production of additional radio messages by celebrities and a music concert at which popular singers and other celebrities delivered HIV awareness and prevention messages.
- In the **Republic of the Gambia**, the United Nations Theme Group supported production of a film, *Ultimate Inheritance*, which addresses HIV issues among women, including traditional practices that may place women's health in danger.
- In **Kenya**, the United Nations Country Team developed a joint advocacy plan to elevate the profile of women's and girls' issues on the national agenda.
- In the **Republic of Panama**, advocacy by the United Nations Theme Group contributed to legislation to protect children and adolescents from sexual exploitation and to criminalize acts that violate the integrity and sexual liberty of women.

- In the **Russian Federation**, the United Nations Theme Group actively supported the development and implementation campaign ‘The Red Tulips of Hope,’ conducted within the framework of the World AIDS Campaign. UNAIDS also collaborated with the Community of PLHIV to implement an information campaign to increase AIDS awareness and tolerance for people living with HIV.
- In **Ukraine**, the Implementation Support Plan was developed to reinforce the national AIDS programme in the provision of social services for people living with HIV in the framework of human rights.
- In **Zambia**, UNAIDS facilitated formation of a national Task Force that analysed the impact of HIV and AIDS on women and girls, which issued a report that is now being used to develop an accelerated national action plan.

Resource mobilization

UNAIDS directly provides financial resources to the AIDS responses of low- and middle-income countries—mostly through its Cosponsor the World Bank—and also assists in the mobilization of resources from other sources. With recent increases in financial resources for AIDS, UNAIDS has heightened efforts to assist countries in financial management.

World Bank

The World Bank provided more than US\$ 2.2 billion in grants, loans and credits to AIDS programmes between September 2000 and September 2005, including US\$ 1.2 billion to 29 African countries and three regional programmes through the Multi-Country HIV/AIDS Program (MAP) for Africa. In addition, the Bank provided more than US\$ 117 million to nine Caribbean countries and one sub-regional programme in the Caribbean through the Multi-Country HIV/AIDS Program (MAP) for

the Caribbean. An additional US\$ 720 million was provided to 36 AIDS programmes in all other regions through the World Bank’s more traditional programmes for financing development.

United Nations Theme Groups often assist in identifying areas for World Bank financing, in developing proposals, and in monitoring and reporting on implementation. Some projects recently approved for World Bank financing include the following

- In **sub-Saharan Africa**, a US\$ 60 million regional Treatment Acceleration Project (TAP)—a funding project, with initial grants going to Burkina Faso, Ghana and Mozambique.
- In **sub-Saharan Africa**, a subregional (Nigeria, the Republic of Benin, the Republic of Côte d’Ivoire, Ghana, and the Togolese Republic) project to support a regional capacity building network for HIV prevention, care and treatment.
- In the **Republic of Guinea-Bissau**, a US\$ 7 million grant to help the government expand its prevention and treatment programmes and mitigate the socioeconomic impacts of the AIDS epidemic.
- In **Mali**, a project to use successful pilot programmes as a basis for scaling up national HIV prevention, testing and treatment programmes.
- In the **Caribbean**, support for the Pan-Caribbean (CARICOM) Partnership against HIV/AIDS Project, which aims to: (i) incorporate human rights and non-discriminatory practices for people living with HIV into policy and legislation; (ii) finance HIV prevention, counselling and testing services; (iii) strengthen regional laboratory services and support scale-up of treatment; and (iv) build the capacity of key regional institutions to support the region’s AIDS response.

- In **Viet Nam**, an ongoing project to ensure the safety of the blood supply and a new project to support prevention, treatment and care activities and 18 provincial HIV/AIDS Action Plans.
- In **Eastern Europe-Central Asia**, implementation of the Bank's Regional Support Strategy to avert an AIDS crisis in the region. It provides a unifying framework for the Bank's support to country-led responses, clarifies options for mainstreaming AIDS into overall development strategies, and addresses the primary barriers to effective AIDS and tuberculosis interventions.

55 'priority countries' that have the greatest need for such support. United Nations Theme Groups submitted 118 PAF proposals in the 2004-2005 biennium. UNAIDS maintains in reserve a portion of the PAF budget for rapid response to unforeseen opportunities. In 2004-2005, improvement was seen in the decision-making process, strategic focus, and management of PAF projects. Another US\$ 16 million has been allocated for 2006-2007.

PAF grants act as seed money to catalyse more rapid and effective country-level action. PAF funds have proven especially useful in accelerating action in key under-prioritized areas. Current PAF priorities include the following.

Central Asia AIDS Control Project

In March 2005, the World Bank announced a US\$ 25 million grant for the Central Asia AIDS Control Project, which aims to minimize the impact of AIDS in Kazakhstan, Kyrgyzstan, Tajikistan and the Republic of Uzbekistan, where the epidemic is in its early stages. The project will support development of a regional AIDS strategy that will address epidemiological surveillance, HIV prevention among vulnerable groups, treatment and care. A large part of the grant will support creation of a Regional AIDS Fund which will provide incentives for regional cooperation, public-private partnerships, and programmes in prisons and other places where the most vulnerable populations can be reached.

As part of its contribution to the "3 by 5" Initiative, the World Bank entered into a partnership with the Global Fund, UNICEF and the William J. Clinton Foundation to enable low- and middle-income countries to purchase high-quality AIDS medicines at low prices.

UNAIDS Programme Acceleration Funds

Through the UNAIDS Programme Acceleration Funds (PAF), UNAIDS makes small, strategic contributions to accelerate the scale-up of national AIDS responses. The budget for the 2004-2005 biennium provides for a total of US\$ 16 million in small grants, with 50% designated for use in

1. Promote the involvement of people living with HIV. Example of these PAF grants in 2004 include:

- in **Angola**, expanding the network of people living with HIV;
- in the **Southern Cone**, strengthening the involvement and capacity of people living with HIV in Argentina, Paraguay and Uruguay;
- in **Sudan**, establishing support groups for people living with HIV; and
- in **Uzbekistan**, preventing stigma and discrimination against people living with HIV.

2. Provide strategic support to the "3 by 5" initiative. Countries that received PAF grants for

treatment expansion in 2004 include **Algeria, Lesotho, Pakistan, Ukraine, and Zambia.**

3. Address the growing feminization of the epidemic and the vulnerability of women to HIV. Examples of these PAF grants in 2004 include:

- in **Angola**, integrating gender awareness into existing HIV and AIDS education programmes;
- in the **Republic of Burundi**, integrating gender and human rights into prevention programmes;
- in **Kenya**, a joint advocacy programme on women, girls and HIV;
- in **Nigeria**, a national conference on HIV and women's property rights;
- in **Tajikistan**, advocacy for the empowerment of women;
- in **Trinidad and Tobago**, establishing gender-sensitive counselling and testing centres; and
- in the **Republic of Zimbabwe**, reducing the burden on women and girls of caring for the ill.

4. Support national AIDS campaigns in the context of the World AIDS Campaign. In **Swaziland**, a PAF grant supported advocacy on HIV prevention, care and treatment surrounding World AIDS Day 2004.

5. Target thematic and programme areas that represent important gaps in a country's response, especially gaps related to sensitive or neglected issues such as sex work, injecting drug use, and men who have sex with men. Examples of these PAF grants in 2004 include:

- in **China**, responding to HIV among migrant workers, and life-skills training to prevent HIV among rural youth who are not in school;
- in **Haiti**, prevention of HIV and sexual violence among street youth;

- in **Mali**, a study of HIV among prisoners, men who have sex with men, and injecting drug users;
- in **Papua New Guinea**, building capacity for measurement and evaluation; and
- in **Rwanda**, mapping the available health services for HIV and AIDS.

6. Promote implementation of the "Three Ones" principles and activities that might catalyse further activities provided for in the core mandate of United Nations agencies. Countries receiving PAF grants aimed at accelerated implementation of the "Three Ones" include **Armenia, Burkina Faso, the Republic of Chad, and Honduras.**

Supporting the Global Fund to Fight AIDS, Tuberculosis and Malaria

Six months after the *Declaration of Commitment on HIV/AIDS* called for creation of a major new global health financing mechanisms, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) was launched. In a short period of time, the Global Fund has become a vital source of funding for AIDS programmes in low- and middle-income countries. As of October 2005, the Global Fund has, in five funding rounds, approved grants totalling US\$ 4.6 billion for health programmes in 131 countries, with AIDS programmes accounting for 56% of approved funding. A fifth round of funding totalling some US\$ 382 million was approved at the end of September 2005 by the Global Fund Board, 40% of which is earmarked for AIDS programmes.

Participatory Country Coordinating Mechanisms (CCMs) develop and submit grant proposals to the Global Fund based on priority needs at the national level. After grant approval, CCMs oversee progress during implementation, which is led by a Principal Recipient of the grant.

Designed to function as an innovative, country-driven financing vehicle, the Global Fund lacks the mandate or capacity to assist countries in developing proposals, to ensure sufficient national monitoring and evaluation capacity for each project, and to link initiatives supported by the Global Fund with activities undertaken in the country by other stakeholders. To ensure the success of the Global Fund, UNAIDS Secretariat and four of the Cosponsors provide extensive technical assistance to countries. This technical assistance has been clarified and streamlined as part of the Global Task Team recommendations.

During the first four funding rounds, UNAIDS Secretariat provided an estimated US\$ 5.3 million in technical support for national proposal development. The majority of Global Fund proposals deemed eligible for technical review benefited from UNAIDS’ technical assistance. An

analysis of the third and fourth funding rounds indicates that proposals that received technical support from UNAIDS were four times more likely to be funded than proposals from countries that did not request assistance from UNAIDS.

In addition to assistance with proposal development, UNAIDS is enhancing support for grant negotiations, grant implementation and monitoring and evaluation. UNAIDS has played an important role in the formation of numerous Country Coordination Mechanisms. UNDP serves as Principal Recipient of last resort for Global Fund grants in 23 countries. WHO has been especially active in facilitating Global Fund support for treatment scale-up, deploying 37 staff to assist with proposal development in various countries, helping countries map services and identify key gaps, and aiding with drug procurement and supply management.

Global Fund Grants: Principal Recipients		
Region:	Countries:	Principal Recipient
East Asia and the Pacific	Myanmar	UNDP
Eastern Europe and Central Asia	Belarus, Tajikistan, Ukraine	UNDP
Latin America and the Caribbean	Argentina, Columbia, Cuba, El Salvador, Haiti, Honduras	UNDP
North Africa and the Middle East	Sudan	UNDP
	Somalia	UNICEF
South Asia	Islamic Republic of Iran	UNDP
Sub-Saharan Africa, southern Africa	Angola, Zimbabwe	UNDP
Sub-Saharan Africa, Central and West Africa	Benin, Burkina Faso, Central African Republic, Democratic Republic of Congo, Côte d’Ivoire, Equatorial Guinea, Gabon, Guinea-Bissau, Liberia, Togo	UNDP

Figure 8

Source: UNAIDS

Specific examples of country-level support in 2004 include the following.

- In **Benin**, support for implementation of Second Round Global Fund grants with UNDP acting as Principal Recipient. The grant contributed to strengthening the technical capacity of the health sector through: developing national regulations, protocols and guidelines (e.g. on antiretroviral treatment); training pharmacists and health personnel. An increase was monitored in the number of people taking antiretroviral treatment, reaching 1881 at the end of 2004. The grant also facilitated expansion of the prevention of mother-to-child transmission programme and the development of national guidelines. In addition, awareness and communication campaigns were undertaken by nongovernmental organizations, HIV/AIDS was further integrated into the educational curriculum and the number of advisory/screening Centres throughout different regions has increased.
- In **Belarus**, implementation of the Global Fund project ‘Prevention and treatment of HIV/AIDS’ started in December 2004, with UNDP designated the Principal Recipient. The UNAIDS office worked closely with UNDP to prepare the grant agreement and develop needed structures and processes for programme management and budgeting.
- In **Georgia-Azerbaijan**, UNAIDS has actively and consistently advocated for results-based management and accountability with respect to implementation of the country’s Global Fund project.
- In **Malawi**, UNAIDS assisted the National AIDS Commission in applying for phase 2 disbursement of its Global Fund grant. UNAIDS undertook a comprehensive assessment of the Principal Recipient and the Country Coordination Mechanism, and the United Nations Theme Group on HIV/AIDS provided a variety of technical experts to facilitate planning and implementation.
- In **Morocco**, the United Nations Theme Group was mobilized to support the CCM in the preparation of a new proposal to renew the programme from March 2005–February 2007. Criteria and a framework were developed for the submission of projects and to decide upon existing proposed projects. This enabled emphasis to be placed on certain key areas of the national response, particularly the involvement of leaders of faith-based organizations, AIDS in prisons, migration and drug use. It also enabled the programme to reinforce support of the youth and education sector.
- In **Namibia**, UNAIDS facilitated dialogue between the Government and the Global Fund, which culminated in the signature of a grant agreement after a protracted process.
- In the **Russian Federation**, the United Nations Theme Group assisted in the development of a successful Round 4 proposal focused on treatment and care. UNAIDS, WHO and the chair of the Theme Group serve on the Country Coordination Mechanism.
- In **South Africa**, UNAIDS furnished consultants who assisted with development of Round 4 funding proposals. The UNAIDS Country Coordinator co-chairs the panel of the Country Coordination Mechanism that undertakes a technical review of all proposals submitted to the Mechanism.
- In **Ukraine**, after the Global Fund temporarily suspended its grant agreement with the Government in January 2004 and asked the International HIV/AIDS Alliance to administer the grant for a one-year period, the United Nations Theme Group acted quickly to unite key stakeholders in support of the Alliance. Through participation in the Expanded Theme Group and six technical working groups—which continued to meet regularly



Photo credit: UNAIDS/G.Pirozzi

throughout the political crisis—United Nations Theme Group members helped to identify and overcome problems, address gaps, and mobilize technical support to ensure the successful continuation of the grant.

Treatment scale up and “3 by 5”

The “3 by 5” initiative is a step in the longer-term goal of achieving universal access to treatment for all those who need it. Aiming to provide antiretroviral therapy to three million people living with HIV in low-income and transitional countries by the end of 2005—the “3 by 5” initiative has galvanized extraordinary action and collaboration among all members of the UNAIDS family. Expanding access to treatment requires effective action across a broad range of areas—strengthening health services, promoting

testing and counselling, combating stigmatization and discrimination, mobilizing substantial new financing, and educating and empowering individuals and communities.

Substantial progress has been made since mid-2004. The number of people on antiretroviral therapy in low-income and transitional countries has more than doubled—from 440 000 to an estimated one million between mid-2004 and mid-2005. Results have been especially impressive in some of the most resource-limited countries in sub-Saharan Africa, where utilization of antiretrovirals has more than tripled since June 2004, now reaching some 500 000 people in Africa. Similar results have been shown in Asia where a 50% increase in the number of people with access to antiretroviral medicine was noted in the first six months of 2005. By June 2005, 14 countries in Asia were providing antiretrovirals to at least half of those in need.²¹

²¹WHO and UNAIDS (2005) “Progress on Global Access to HIV therapy. An update on “3 by 5”

Other key achievements relating to access to treatment include the following.

- In **Algeria**, UNAIDS supported a consensus workshop on standardizing care, treatment and support for people living with HIV.
- In **Angola**, the United Nations Theme Group supported development of national guidelines for HIV patient management, the launch of the first course for training medical professionals in antiretroviral therapy, the opening of the first day hospital specializing in the care of people living with HIV, expansion of the network of voluntary counselling and testing clinics, and creation of self-help groups providing psychosocial support to people living with HIV.
- In **Bangladesh**, the United Nations Theme Group supported the creation of a task force that developed antiretroviral therapy guidelines, while WHO supported the training of 10 physicians in providing antiretroviral therapy.
- In **Belarus**, implementation of a Global Fund project, with UNDP as the Principal Recipient, has helped establish a programme that aims to deliver antiretrovirals to 400 people by the end of 2005 and to provide methadone substitution therapy for injecting drug users.
- In **Burundi**, the Expanded Theme Group developed and approved an operational plan to accelerate treatment access.
- In **Cambodia**, the United Nations Theme Group supported development of, and resource mobilization for, a national plan for treatment, with the involvement of donors, civil society and people living with HIV.
- In **China**, the United Nations Theme Group supported legislation banning discrimination against people living with HIV, provision of free and anonymous testing and counselling, and delivery of free antiretroviral drugs to 10 500 patients.
- In **Eritrea**, the United Nations Theme Group, USAID and Family Health International provided technical assistance to the Ministry of Health in developing revised antiretroviral therapy guidelines and the Eritrea ART

Working with the Global Fund in Burkina Faso

In Burkina Faso, the United Nations has played a lead role in the entire spectrum of the Global Fund process, as well as in the harmonization of the Global Fund with the greater national AIDS response. All agencies in the Theme Group are represented on the CCM, and the UNAIDS Country Coordinator's office provides day-to-day support to both the CCM and the permanent secretariat of the National AIDS Control Programme. Upon the request of the National AIDS Control Programme, the Theme Group provided significant help in proposal development, which resulted in approval of grants for HIV/AIDS and malaria totalling around US\$ 14 million in phase 1 funding. UNAIDS advocated strongly for a participatory process for proposal development, which ensured that civil society and other non-state actors were consulted throughout.

UNDP is the Principal Recipient of the Round 2 grants, and actions related to the implementation of the HIV/AIDS component have been integrated into the UN Implementation Support Plan that coordinates joint United Nations action on HIV/AIDS. Continued harmonization of the actions of the CCM and the National AIDS Control Programme will soon be supported via UNAIDS Programme Acceleration Funds.

In 2005, the role of Principal Recipient will pass from the UNDP to the National Council. A challenge will be to ensure that the National Council has the human resources capacity to administer the grant and monitor and evaluate results.

Programme Implementation Plan for 2004–2006, funded by the Global Fund.

- In **Gambia**, the United Nations Country Team retained a consultant to perform a needs and planning assessment and hold a validation workshop, whereby national stakeholders refined and agreed on elements of a plan to develop more specific strategies for scaling up access to antiretroviral therapy.
- In **Ghana**, the United Nations Theme Group supported a successful proposal for the World Bank’s Treatment Acceleration Program and facilitated development of national guidelines for voluntary counselling and testing, antiretroviral therapy, management of opportunistic infections, prevention of mother-to-child transmission, and infant feeding practices.
- In **Kenya**, the United Nations Theme Group facilitated WHO technical and financial support for treatment scale-up, including training of medical professionals, development of infrastructure, and procurement of drugs and other supplies.
- In **Malawi**, the United Nations Theme Group developed a matrix outlining the roles of each United Nations agency in supporting “3 by 5”, which has since been adopted as a global best practice guide for other United Nations Theme Groups.
- In **Myanmar**, a joint antiretroviral drug procurement mission by WHO and UNICEF led to agreement for joint UNDP/UNICEF/WHO/UNAIDS support of a drug procurement and distribution project with Global Fund support.
- In **Nigeria**, the United Nations Theme Group mobilized government and partner support for a scale-up plan to deliver antiretrovirals to 260 000 people by the end of 2004 and to ensure universal access to treatment by 2010.
- In the **Russian Federation**, the United Nations Theme Group supported a successful Global Fund proposal that will provide US\$ 120 million for treatment and care, including procurement of antiretrovirals.
- In **Rwanda**, WHO identified gaps in the existing national treatment plan and supported the Treatment and Research AIDS Centre in developing national testing and treatment guidelines.
- In **Swaziland**, the United Nations Country Team supported establishment of antiretroviral therapy centres in all regional hospitals, three health centres, and three clinics used by private companies to provide free treatment to employees.
- In **Trinidad and Tobago**, the UNAIDS Caribbean Team brokered WHO assistance to local organizations for development of a patient management system.

However, there is still a long way to go, and the need for greater political, technical and financial commitment to accelerate the scale-up of treatment was underlined by the G8 leaders at their annual meeting at Gleneagles in Scotland in July 2005. In its June 2005 Progress Report, WHO stressed the need to build on the successes and experiences of the “3 by 5” initiative which has not only acted as an important catalyst towards achieving universal access, but is evidence that this kind of care is ‘feasible, effective and increasingly affordable’.²²

²²Ibid.

²³World Bank (2005). Poverty Reduction Strategy Papers. Information available at <http://web.worldbank.org/WBSITE/EXTERNAL/TOPICS/EXTPOVERTY/EXTPRS0,,menuPK:384207~pagePK:149018~piPK:149093~theSitePK:384201,00.html>

Mainstreaming AIDS in country development

The *Declaration of Commitment on HIV/AIDS* calls for a coordinated multisectoral response to AIDS within each country and integration of AIDS strategies into national development strategies.

The most common development instruments in low- and middle-income countries are Poverty Reduction Strategy Papers (PRSPs),²³ which are often the basis for zero- or low-interest loans or debt relief from the World Bank and International Monetary Fund. Poverty Reduction Strategy Papers articulate national economic, structural and social objectives and identify needs for external financing. Two out of three countries surveyed by UNAIDS incorporate AIDS into Poverty Reduction Strategies or other national development plans.

Less progress is evident, however, with respect to the active engagement of non-health sectors in the governmental response to AIDS. In only 27% of countries surveyed has a multisectoral national governmental response been implemented. Effective implementation of a multisectoral government response is even less apparent at the sub-national level, with only 12% of countries responding favourably.

The following are some examples of UNAIDS support to the mainstreaming of AIDS in 2004.

- In **Bangladesh**, UNAIDS Programme Acceleration Funds are being used to initiate mainstreaming of AIDS in key ministries through training of designated focal points on AIDS.
- In **Eritrea**, with support from UNICEF, the Ministry of Education has developed a comprehensive policy for integrating AIDS into the education sector but it has yet to be translated into the wider plan for that sector.

- In **Haiti**, the Ministry of National Education, Youth and Sports has developed an Education Strategic Plan on AIDS.

In 2005, UNDP, the World Bank and the UNAIDS Secretariat started a number of initiatives to facilitate mainstreaming of AIDS at country level.

1. Conducting a global review of technical support to mainstreaming AIDS in national development instruments at sectoral and sub-national levels and creating an accompanying database of some 500 documents related to mainstreaming.
2. Drafting a Mainstreaming AIDS implementation guide.
3. Developing capacities for mainstreaming in regions and countries.
4. Supporting the integration of AIDS into PRSPs.

The joint mainstreaming-related publications are currently being published in English and a French version will soon be made available.

In terms of support to PRSP processes at country level, the World Bank, UNDP and the UNAIDS Secretariat are organising a regional workshop for seven African countries to build country capacity to integrate AIDS into Poverty Reduction Strategy Papers, focusing on countries that will be developing or revising such development instruments in 2005 and 2006. A first workshop will take place in Addis Ababa November 2005 and will be followed by a similar event in early 2006.

In addition, with the support of Swedish International Development Agency (SIDA), UNAIDS, UNDP and the Health Economics and HIV/AIDS Research Division of the University of Kwazulu-Natal are offering a five-day workshop in the autumn of 2005 to build national stakeholders' capacity to mainstream AIDS at sectoral level. The programme will place particular emphasis on lessons learned from experience with in-country

Figure 9

Progress on mainstreaming AIDS in 73 reported countries		
Country includes AIDS strategies in Poverty Reduction Strategy Papers and/or other national development plans	48	66%
Mainstreaming into non-health sectors of the national government:		
• Has not started	2	3%
• Has started but there are no results yet	29	40%
• Has been integrated into plans but not implemented yet	19	26%
• Has been integrated into plans and is being implemented	20	27%
• No answer	3	4%
Mainstreaming into non-health sectors of sub-national government:		
• Has not started	7	10%
• Has started but there are no results yet	37	51%
• Has been integrated into plans but not implemented yet	17	23%
• Has been integrated into plans and is being implemented	9	12%
• No answer	3	4%

Source: UNAIDS

efforts to mainstream AIDS. UNAIDS is financially and logistically supporting the participation of Ghanaian and Nigerian stakeholders and subsequent in-country follow up.

Regional efforts

Many factors that exacerbate the AIDS epidemic—such as conflict, migration and poverty—know no national boundaries, necessitating coordinated regional action to address these and other issues. Regional cooperation also strengthens national responses, enabling decision-makers and programme implementers to benefit from lessons learned in neighbouring states.

In 2004-2005, UNAIDS supported dozens of regional initiatives to strengthen and accelerate the AIDS response. Examples of regional efforts supported by UNAIDS include the following.

- **In Africa**
- **African Association of Civil Society Organizations**, which supports regional networks and capacity building for civil society engagement in the AIDS response, with particular focus on treatment, care and support for people living with HIV.
- **African Centre for HIV/AIDS Management**, which will build the capacity of gov-



Woman with her children near Accra, Ghana

ernments, community institutions and the private sector to respond to AIDS.

- **African Union**, including its peer review mechanism known as **AIDS Watch Africa**; the African Union is the most important body through which African governments collaborate on the full range of development issues, including AIDS.
- **Commission on HIV/AIDS and Governance**, which addresses governance issues, including research into the impacts of AIDS on the capacity for governance and advocacy for ameliorative action.
- **Economic Commission for Africa**, which supports economic and social development in its 53 member states through collaborative action, including action against AIDS.
- Collaborative initiatives to develop and support comprehensive responses in different parts of the region, including the **Great Lakes Initiative** on AIDS, **Indian Ocean Initiative** on HIV/AIDS, **Partnership on the HIV/AIDS Response** in the Horn of Africa, **Rail Link Project** on STI/HIV/AIDS, and **Sahel Sub-regional Programme on AIDS**.
- Collaborative initiatives that aim to reduce risk and vulnerability of migrants, refugees, displaced populations, and/or other groups at special risk in different parts of the region, including the **Initiative of the Congo**, **Oubangui-Chari Riverside Countries**, **Joint Sub-Regional Programme on HIV/AIDS** along the Abidjan-Lagos Transport Corridor, **Lake Chad Basin Initiative on STI/HIV/AIDS**, and **Mano River Basin Countries and Côte d'Ivoire Programme on STI/HIV/AIDS**.
- **New Partnership for Africa's Development**, which asserts African leadership over the development agenda and involves member nations of the African Union, donors, and the United Nations in efforts such as identifying best practices in the AIDS response and

accelerating access to antiretroviral therapy under the “3 by 5” initiative.

- **Southern African Development Community**, which aims to mainstream AIDS into the development agenda of 14 southern African countries.
- **The “Triple Threat” in Southern Africa initiative**, in which UN Country Teams collaborate in their response to AIDS, food insecurity and weakened capacity for governance in Angola, Botswana, Eritrea, Ethiopia, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe.



Photo credit: UNAIDSW.Phillips

Indian woman peering out of door.

● In Asia

- **Asia Pacific Leadership Forum and Asian Forum of Parliamentarians for Population and Development**, works to mobilize political, business, faith-based, women's, and media leadership in the country-level response to AIDS, with particular focus on Bangladesh, Cambodia, China, India, Indonesia, the Kingdom of Nepal, Papua New Guinea, the Democratic Socialist Republic of Sri Lanka, and Viet Nam
- **Asia Integrated Analysis and Advocacy Project**, which supports activities in Bangladesh, China, Nepal, Thailand, and Viet Nam that increase understanding of the

epidemic and advocate for AIDS-related programmes.

- **Asia Pacific Economic Cooperation (APEC)**, a forum engaging non-health ministers in addressing the economic impacts of the epidemic and the need for safe and affordable medicines.
- **Association of Southeast Asian Nations (ASEAN)**, which has developed their third work programme on AIDS (2006–2010) with the assistance of UNAIDS Regional Support Team-Asia Pacific, guided by the priorities in the ASEAN Vientiane Action Programme (2004–2010) and by global initiatives such as “3 by 5”, the “Three Ones”, the Global Task Team recommendations and UNAIDS Prevention Strategy.
- **South Asia Association for Regional Cooperation**, which is collaborating with the Asia Pacific Leadership Forum and UNAIDS on development of a regional AIDS strategy.
- **Thematic Support to Priority Areas in South Asia**, which includes joint action by the Australian Agency for International Development and the United Nations system to supports action against AIDS in Bangladesh, the Kingdom of Bhutan, India, the Republic of Maldives, Nepal, Pakistan and Sri Lanka.
- **The Pacific Islands Forum**, which has developed and is now implementing the Pacific Regional Strategy on HIV/AIDS 2004–2008 for the South Pacific island countries.
- **Asian Task Force on HIV/AIDS and Drug Use**, involving collaboration between the United Nations system, national service providers, national AIDS programmes, regional AIDS control bodies and law enforcement agencies with the goal of designing, monitoring and scaling up comprehensive harm-reduction services in Asia.

- **The UN Regional Task Force on Mobility and HIV Vulnerability Reduction in South-East Asia and China**, which facilitates programmatic, policy, and advocacy actions to reduce mobility-related HIV vulnerability and address issues of care and support with the involvement of government, civil society, migrants organizations, people living with HIV, the private sector, research organizations, international donors, and the ASEAN Task Force on AIDS (ATFOA).
- **In Eastern Europe and Central Asia**
 - **Commonwealth of Independent States (CIS)**, which has a Coordinating Council on HIV through which its member states cooperate on scaling up access to antiretroviral therapy under “3 by 5” and other AIDS-related initiatives.
 - **Partnership to Fight HIV/AIDS in Europe and Central Asia**, a result of the *Dublin Declaration* of February 2004, whereby countries of Western and Eastern Europe and Central Asia agreed to collaborate on promotion and support of the response to AIDS throughout those regions.

Schelikovo Festival, Kostroma District, Russia. Young People interacting.



Photo credit: UNAIDS/L. Taylor

- **Treatment and Empowerment Partnership**, a joint initiative of the European AIDS Treatment Group, Tides Foundation and UNAIDS that supports empowerment and mobilization of Eastern European and Central Asian people living with HIV in their struggle to gain access to effective care, treatment and support.

Happy Youths in Bolivia.



In Latin America and the Caribbean

- **Caribbean Community and Common Market (CARICOM) Secretariat**, the administrative mechanism through which Caribbean countries address many matters of common interest, including the AIDS epidemic.
- **Caribbean Epidemiology Centre**, an institution through which the 21 members of the Pan American Health Organization collaborate on research, training and provision of technical assistance and other services.
- **Horizontal Technical Cooperation Group for Latin America and Caribbean**, through which the region's seven main regional networks for AIDS and the National AIDS Coordinators of 21 countries share information and plan collaborative action on AIDS.
- **International Center for Cooperation on HIV/AIDS**, which applies lessons learned from Brazilian and other Latin American and Caribbean experiences to support technical cooperation among countries in the region and across all the world's regions.
- **Pan Caribbean Partnership on HIV/AIDS**, a collaborative initiative (recognized as an international best practice for regional cooperation) of 74 regional institutions.



Chapter 4

The UNAIDS partnership in countries

Under the UNAIDS umbrella, the 10 Cosponsors work with each other and with national governments, donors, nongovernmental organizations and other stakeholders to strengthen and implement country-led responses to the AIDS epidemic.



Office of the United Nations High Commissioner for Refugees

Concerned with the protection of refugees and returnees, UNHCR adopted its first Strategic Plan for HIV/AIDS in 2002 and became the 10th Cosponsor of UNAIDS in June 2004. Actions undertaken in 2004 include the following.

- UNHCR advocated for the inclusion of refugees in national AIDS plans in the Republic of Liberia, the Republic of Sierra Leone and other countries, and assessed AIDS-related needs of more than four million refugees and returnees in 21 African countries.
- A Regional HIV/AIDS coordinator was appointed for West Africa, bringing the total Regional Coordinators to four in Africa. Plans for 2005 include hiring a Regional Coordinator in Asia. UNHCR named HIV/AIDS focal points in all divisions, at headquarters and within countries.
- The agency's Resettlement Handbook and the African Bureau's Protection Policy have been updated to include HIV/AIDS and have incorporated HIV/AIDS into training programmes on protection, resettlement and integration.
- UNHCR successfully advocated for antiretrovirals for urban refugees in Benin, Kenya, the Somali Democratic Republic and South Africa and consulted with governments that require mandatory testing for resettlement to improve standards of counselling and confidentiality and to advocate for waivers for those who test HIV positive.
- Sentinel surveillance of pregnant women refugees began in Uganda and Zambia and continued in Kenya and Tanzania, and further expansion was planned in 2005 in Ethiopia, the Republic of Guinea, and Sierra Leone.
- Field testing of behavioural surveillance of displaced populations was carried out in Rwanda and Kenya, and plans developed for expansion of such surveillance in four additional countries in 2005, and developed a multi-component HIV Information System to strengthen monitoring and evaluation.
- UNHCR has developed a new 2005–2007 HIV and Refugees Strategic Plan and an antiretroviral therapy policy, both of which it hopes will attract additional funding support so that it can expand its activities into more countries.



United Nations Children's Fund

AIDS is one of the five core priorities in UNICEF's Medium Term Development Strategic Plan for 2001–2005.

A 2004 mid-term review recommended that the agency focus on scaling up action in three areas: (1) prevention among adolescents; (2) protection and support for children affected by HIV and AIDS; and (3) care and support, including prevention of mother-to-child-transmission and treatment for HIV-positive children and their families. Key achievements include the following.

1. Accelerating the response to children affected by HIV and AIDS.

- In 17 sub-Saharan African countries, UNICEF collaborated with UNAIDS, WFP and USAID in conducting rapid assessments and developing action plans as follow-up to the First Global Partners' Forum for Children Orphaned and Made Vulnerable by HIV/AIDS, held in October 2003.
- With the World Bank, UNICEF co-hosted the Second Global Partners' Forum in December 2004, attracting more than 100 representatives from bilateral donors, the United Nations, nongovernmental organizations and academia who focused on specific progress in the areas of health and education, integration of children and AIDS into development instruments, and identification of key funding gaps and opportunities.
- UNICEF supported situation analyses and national policy development for the protection and care of children affected by HIV in Belize, Guyana, Honduras and Jamaica, and collaborated with ILO, UNDP and UNHCR to promote legal protection of HIV-affected

children in the Middle East and North Africa.

2. Accelerating access to treatment, care and support.

- UNICEF convened consultations in Lusaka, Zambia and in New York, in March and September 2004, to formulate strategies for increasing the access of children and adolescents to treatment, care and support.
 - As a partner in the WHO AIDS Medicines and Diagnostic Service, UNICEF provided antiretrovirals in 35 countries for prevention of mother-to-child transmission, test kits in 36 countries, and laboratory equipment and supplies in seven countries, and established a stockpile of US\$ 1.6 million worth of antiretroviral medicines.
 - UNICEF provided technical and policy guidance on infant feeding and supported implementation of an infant feeding framework in Botswana and Zambia.
 - UNICEF delivered technical assistance for development and implementation of prevention of mother-to-child transmission programmes in 11 countries, supported reviews of such programmes in four countries, developed a regional database on such services in West and Central Africa, and supported key aspects of prevention of mother-to-child transmission initiatives in El Salvador, Guatemala, and India.
- ### **3. Preventing HIV infection among adolescents:** in 109 countries, UNICEF continued its implementation of prevention programmes for adolescents, supporting school-based life- skills education in 77 countries, peer education strategies in 63 countries, youth-

- friendly health services in 51 countries, and voluntary counselling and testing for adolescents in 25 countries.
4. Advocating for action and fundraising.
 - UNICEF organized the Irish European Union Presidency Conference on HIV/AIDS: “Breaking Barriers, Partnership to fight HIV/AIDS in Europe and Central Asia,” held in Dublin in February 2004; chaired the United Nations Secretary-General’s Task Force on Women, Girls and AIDS in Southern Africa; collaborated with the South Asian Association for Regional Cooperation, which adopted a series of commitments to address HIV/AIDS among children and young people in the region.
 - In October 2005 UNICEF launched a major global advocacy and fundraising campaign for children affected by HIV/AIDS, ‘Unite for Children, Unite Against AIDS’.²⁴ The programme aims to prevent mother-to-child transmission, provide pediatric treatment, stem new HIV infections, and help orphans affected by the virus.
 5. Supporting monitoring and evaluation.
 - UNICEF wrote 15 articles and publications providing information on how to improve estimates and projections of HIV; how to measure the effects of unsafe sex, trends in sexual initiation, impacts of HIV on child mortality and patterns of orphan-hood; and how to monitor drug resistance and estimate the costs of HIV care services.
 - With USAID and UNAIDS, UNICEF published the biannual *Children on the Brink* report, providing the latest information on children orphaned or made vulnerable by AIDS.
 - UNICEF worked with partners to develop indicators for various aspects of the epidemic, and supported development and field-testing in two countries of new methodology for measuring the impact of AIDS and children.
 6. Building partnerships: UNICEF engaged with faith-based leaders through forums such as the African Religious Leaders’ Assembly on Children and HIV/AIDS and the African Religious Leaders’ Consultation on Orphans; collaborated with the World Conference on Religions for Peace in facilitating establishment of the South Asia Inter-Religious Council on HIV/AIDS; and convened interagency task teams on mother-to-child transmission and on children affected by HIV.
 7. Building UNICEF’s internal capacity.
 - All UNICEF offices—in a total of 126 countries—re-engaged in advocacy and programming for HIV and AIDS.
 - UNICEF’s AIDS-related expenditure has grown from US\$ 67 million in 2001 to US\$ 120 million in 2004. The agency now has 34 full time or equivalent staff working on HIV at global level, 37 at regional level, and 335 at country level

²⁴See ‘Unite For Children. Unite Against AIDS.’ campaign puts focus on children’s needs’, available at ><http://www.unaids.org/en/media/recent+news+from+unaids/unite+for+children.+unite+against+aids.+campaign+puts+focus+on+children%27s+needs.asp>>



World Food Programme

WFP leads UN efforts to reduce the risks posed by hunger and malnutrition, feeding 90 million people each year in 80 countries. WFP integrates AIDS activities into its work, guided by the policy paper, 'Programming in the Era of AIDS: WFP's response to HIV/AIDS'. The agency's AIDS-related achievements for 2004-2005 include the following.

- In Africa, Asia, and Latin America, WFP provided food and nutrition to 2.2 million HIV-infected and affected individuals, as well as prevention education to 2.3 million people, with emphasis on school children, teachers, beneficiaries of relief operations, people living with HIV and their families, and populations at high risk.
- WFP provided livelihood support to 1.2 million people in 29 countries, including orphans and vulnerable children and their families, reached an estimated 3.4 million children in 16 countries through School Feeding Programmes, and reached 4.4 million people through emergency operations in the six countries of Southern Africa.
- WFP advocated in international and national forums for greater attention to the role of food and nutrition in prevention, treatment and care; supported baseline studies and development of indicators for purposes of country-level monitoring and evaluation; and generated guidance materials and fact sheets for WFP country offices.
- WFP worked with WHO to establish a strategic platform for complementary programming through targeting and delivery of support services, including food assistance, training and technical guidance, and antiretroviral therapy.
- With World Vision International, WFP piloted a potential joint programme, to improve and expand the partners' response to the epidemic.
- WFP significantly increased its internal capacity to contribute to the AIDS response, with AIDS-related programmes in 48 of the 79 countries where it has a presence, 14 staff working full-time on AIDS at headquarters, and 60 focal points on AIDS in regional and country offices.



United Nations Development Programme

UNDP works to build national capacity for effective multisectoral responses that address the unprecedented scale and magnitude of the AIDS epidemic, and mitigate its social and economic impacts. The organization focuses on addressing the human development and governance challenges of HIV, and promotes an enabling human rights environment to protect the rights of people living with HIV and women.

Recognizing that success in reversing the epidemic is contingent on an expanded response involving a wide range of sectors, actors and institutions, UNDP builds capacity of leaders and communities to respond effectively to the epidemic. To promote achievement of the goals of the *Declaration of Commitment on HIV/AIDS* and the Millennium Development Goals, UNDP focuses its work in three areas.

1. HIV/AIDS and Human Development: integrating HIV/AIDS into development processes and instruments and across sectors; and building sustainable access to low-cost, quality AIDS medicines in the context of TRIPS and other intellectual property and trade agreements.
- UNDP, the World Bank and the UNAIDS Secretariat are jointly supporting the mainstreaming of HIV/AIDS into PRSPs. Country assessments and regional capacity building sessions have been undertaken for Ethiopia, Ghana, Mali, Rwanda, the Republic of Senegal, Tanzania and Zambia.

- UNDP supported the training of experts from the Asia-Pacific region and Latin America and the Caribbean to help countries mainstream AIDS in development strategies. Mainstreaming tools and guides have been developed in collaboration with the UNAIDS Secretariat and World Bank, to support mainstreaming of HIV/AIDS into sectors and programmes.
- UNDP, in collaboration with the African Union, WHO and Third World Network, worked to strengthen the capacities of 36 African countries to adapt to the full flexibilities and safeguards available through the WTO TRIPS agreement, for accessing affordable HIV/AIDS medicines. Similar efforts have been undertaken in Latin America and Asia.
- Governance of the HIV/AIDS Response: ensuring harmonized governance support to National AIDS Strategies and implementation of the “Three Ones” principles, including through the United Nations Resident Coordinator system.

In the Russian Federation, under the coordination of UNAIDS, and in partnerships with key institutions and the United Nations Theme Group on HIV/AIDS, UNDP is promoting implementation of the “Three Ones” principles by supporting development of a national HIV/AIDS policy and action framework, building capacity for key national

institutions for a coordinated and effective response, and supporting the establishment of a unified national monitoring and evaluation system.

In Latin America and the Caribbean, 75 members of Global Fund Country Coordinating Mechanisms from eight countries, participated in a UNDP leadership development programme that helped to strengthen individual and institutional capacities.

UNDP convened a global consultation on governance and HIV/AIDS, bringing together UNAIDS Cosponsors and stakeholders, to develop a framework on governance and HIV/AIDS.

3. Human Rights, Gender and HIV/AIDS: addressing stigma and discrimination, and protecting the rights of people living with HIV, women and vulnerable groups; supporting involvement of people living with HIV in planning and implementation of national AIDS responses; and promoting a UNDP

work environment free of stigma and discrimination.

- In sub-Saharan Africa, UNDP conducted a 10-country study with the aim of supporting countries to develop legislation to prevent discrimination against people living with HIV. The process resulted in the development of draft standard legislation to protect and promote the rights of people living with HIV.
- In Africa, Asia and the Arab States, UNDP community capacity-enhancement initiatives have facilitated community conversations to address harmful practices that fuel the spread of the epidemic. The initiatives have positively impacted attitudes toward people living with HIV, and resulted in abandonment of harmful practices such as female genital cutting in some communities.
- In partnership with UNIFEM, and in support of the work of the Global Coalition on Women and AIDS, UNDP launched an initiative in Ethiopia to promote and protect property and inheritance rights of women in the context of AIDS.



United Nations Population Fund

UNFPA promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. The Fund supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV, and every girl and woman is treated with dignity and respect.

Strengthening linkages between sexual and reproductive health and HIV for effective prevention and meeting the reproductive health needs of people living with HIV provide the foundation of the Fund's contribution to the AIDS response. Preventing HIV and other sexually transmitted infections is at the heart of the Fund's work with focused priority on: (i) young people; (ii) women and girls; and (iii) comprehensive condom programming for both male and female condoms. Examples of the agency's AIDS-related activities in 2004 include the following.

Providing leadership and advocacy for effective action on HIV/AIDS.

- Following collaboration with WHO in a process resulting in the Glion Call to Action on Family Planning and HIV/AIDS in Women and Children, UNFPA and partners organized a high-level meeting in June 2004 culminating in the New York *Call to Commitment: Linking HIV/AIDS and Sexual and Reproductive Health*. Involvement of people living with HIV and young people in reforming countries' HIV/AIDS and sexual and reproductive health policies and programmes are key points within the New York *Call*.
- In the report on progress in implementing actions agreed to at the International Conference on Population and Development in Cairo in 1994, UNFPA reaffirmed the role of sexual and reproductive health in combating AIDS and achieving the Millennium Development Goals and the goals set by the United Nations General Assembly's *Declaration of Commitment on HIV/AIDS*.
- Responding to the needs of women UNFPA actively participated in the Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa and contributed to the launch of the Global Coalition on Women and AIDS.
- UNFPA coordinated the 6th Regional Conference on African Women Ministers and Parliamentarians on combating violence against women, and developed tools and guidelines to help build the capacity of countries' health systems to respond to violence against women.
- UNFPA worked with partners at the International AIDS Conference in Bangkok to emphasize the limitations of the 'ABC' approach to HIV prevention for women (Abstain, Be faithful, use Condoms).
- UNFPA, the UNAIDS Secretariat and WHO launched the *Position Statement on Condoms and HIV Prevention*, which cites condoms as the single most effective and available technology to reduce sexual transmission of HIV.

- UNFPA produced the advocacy DVD, *Achieving the Millennium Development Goals by promoting gender equality*, and worked with UNICEF to launch the *Options and Opportunities for Adolescents* website²⁵.

Providing information and guidance

- With partners, UNFPA produced *Programme Planning and Training Materials: a compendium produced by Safe Youth Worldwide*.
- In Africa, tools and guidelines on sexually transmitted infections and other reproductive health issues were provided through the strategic partnership programme with WHO.
- UNFPA held an inter-regional consultation in Kenya on preventing HIV among young women and girls, and organized training in Nepal for Bhutan attendees in Behaviour Change Communications and advocacy to upgrade their knowledge and skills.
- In **Myanmar**, UNFPA is mainstreaming HIV prevention into all of its reproductive health programmes. To protect youth and adolescent reproductive health information and education on the prevention of HIV and other sexually transmitted infections through “Youth Information Corners” set up in local health centres. As part of regular reproductive health programmes UNFPA is also providing information on HIV transmission to women of reproductive age as well as information on avoiding unplanned

pregnancies to help prevent mother-to-child transmission of HIV.

- Technical assistance provided by UNFPA has helped to strengthen the capacities of countries in such reproductive health commodity security (RHCS)-related areas as forecasting commodity requirements and improving logistics management systems, procurement and social marketing.

Engaging civil society and developing partnerships

- *Global Youth Partners (GYP)* now has 39 youth partners working in 29 countries in all world regions; it provides capacity building through Training and Advocacy Planning Workshops in various countries.
- *African Youth Alliance (AYA)* continues to scale up comprehensive adolescent development programmes including behaviour change counselling and capacity building of youth groups in Botswana, Ghana, Tanzania, Uganda.
- *The European Union/UNFPA Reproductive Health Initiative for Youth in Asia (RHIYA)*, working with civil society in seven South and South East Asian countries (Bangladesh, Cambodia, Lao PDR, Nepal, Pakistan, Sri Lanka and Viet Nam). Contributing to HIV prevention, RHIYA seeks to encourage responsible sexual and reproductive health behaviour by increasing access to and utilisation of youth friendly information, counselling and services.

²⁵Available at < at <http://www.unfpa.org/adolescents/opportunities/index.html>>

- UNFPA supported *Youth Peer Education Electronic Resources (Y-PEER)*²⁶ with 27 country portals in national languages of Eastern Europe and Central Asia. Y-PEER is the most comprehensive electronic resource of material related to peer education, youth participation, life skills education and YFS in the world. The regional and national networks have expanded coverage to 191 non-governmental organizations and institutions and have reached 1.7 million young people. In addition, a consultative process was used to develop minimum standards for peer education, which are now being applied in Serbia and Montenegro. Plans are underway to replicate the network in several countries in Africa and the Arab States.
- In South Asia, UNFPA worked with numerous partners to initiate a project to increase media advocacy of sexual and reproductive health, reproductive rights, and AIDS;

UNFPA is also supporting a regional initiative in three countries (Nepal, India, and Sri Lanka) focused on scaling-up youth friendly services in the region. The initiative is operationalizing different models with private, public and nongovernmental organization sector for provision of HIV/AIDS/Sexual and Reproductive Health services to young people.

- In Armenia, UNFPA is playing a leading role in a joint agreement with UNDP, UNICEF and the UNAIDS Secretariat to undertake a 15-month project to build capacity of the government and civil society to respond to AIDS.
- UNFPA coordinated the regional interagency task team for sub-Saharan Africa on HIV Prevention among Young People; and hosted a regional meeting on HIV and Young People in Nairobi.

²⁶Available at < at <http://www.youthpeer.org>>



United Nations Office on Drugs and Crime

As a UNAIDS cosponsor since 1999, and as the lead organization in the UNAIDS family to address HIV/AIDS prevention and care among injecting drug users and in prison settings, UNODC has been mainstreaming HIV/AIDS into its activities globally and at the regional and country levels. It supports countries' response to the epidemic through a comprehensive approach to HIV/AIDS prevention and care among injecting drug users and in prison settings. In addition, UNODC coordinates the response to HIV/AIDS as it relates to trafficking in persons. During 2004-2005 the major HIV/AIDS activities of the organization focused on the following.

1. Building capacity and leadership

- UNODC established an HIV/AIDS Unit in February 2004 at UNODC Headquarters. HIV/AIDS advisers and other project personnel have been deployed in the country and regional offices in South and Southeast Asia, Eastern Europe, Central Asia and Africa. It is planned that by the end of 2005, there will be a significant increase in the number of HIV/AIDS advisers covering countries in Latin America, Caribbean and the Middle-East to further assist national and regional counterparts;
 - UNODC facilitated the Secretary-General's Special Envoy on HIV/AIDS in Eastern Europe and Central Asia to address a session of the Commission on Crime and Criminal Justice in May 2004; organized three meetings of the Interagency Working Group on HIV/AIDS Prevention and Care among
- Injecting Drug Users and in Prison Settings in which the Group recommended that all UN Theme Groups establish technical bodies to address HIV/AIDS in prisons; and collaborated with the UNAIDS Secretariat, the International Harm Reduction Association, and the Thai Drug Users Network to organize a leadership forum on injecting drug use at the International Conference on AIDS in Bangkok, in July 2004;
- UNODC consulted with all agencies working in the field to map current activities on HIV/AIDS prevention, care and treatment among trafficked persons, reporting the results to United Nations' Chief Executive Board (CEB) and following up on the Board's recommendation that the United Nations system continue studying the implications of HIV and AIDS in prison settings and among trafficked persons and develop a joint action plan;
 - In November 2004, UNODC launched a new HIV advocacy campaign, *Think before you start, before you shoot, before you share*, for which radio and video clips in more than 40 languages were prepared.
 - In February 2005, UNODC organized a consultative meeting on HIV/AIDS prevention, care and support in prisons, which developed an outline for national strategies for HIV prevention in prisons. Currently, the Office is developing a Toolkit on HIV/AIDS in prison settings offering guidance to individuals with responsibilities for prisoners, includ-

- ing policy makers, prison administrators and prison staff.
- In April 2005, UNODC organized a Ministerial meeting on the “Urgent response to the HIV/AIDS epidemic in the Commonwealth of Independent States” stimulating dialogue between and among the ministers and the executive heads of the UNAIDS cosponsoring agencies.
 - In September 2005, UNODC convened an interagency consultative meeting on "HIV/AIDS as it relates to human trafficking". The meeting, attended by UNAIDS cosponsoring organizations, other United Nations agencies and International Organization for Migration, agreed on a process to develop a collaborative United Nations system-wide response to the problem. The response emphasizes joint United Nations activities at the country level and aims to avoid duplication and fragmentation. It is expected that a system-wide policy and strategy will be finalised by mid-2006.
 - In October 2005, UNODC co-organized with the Government of Canada, UNAIDS and Open Society Institute, the 3rd International Policy Dialogue on HIV/AIDS specifically addressing the issue of HIV/AIDS in prison settings. The meeting, attended by policy makers and experts, served to stimulate the development of effective policy and legislation at the country level to address HIV/AIDS prevention, care and treatment in prison settings.
 - In November 2005, UNODC organized an expert group meeting on “Measuring and increasing coverage of HIV/AIDS prevention and care services for injecting drug users”. The purpose of the meeting was to develop a rapid and feasible methodology on how to determine the coverage of HIV/AIDS prevention and care services for injecting drug users and identify the main elements of a strategic approach to increase the coverage of HIV/AIDS prevention and care services for injecting drug users both at the city level and sub-national or national level.
2. Preventing HIV infection and reducing vulnerability: in Latin America, Eastern Europe and Central, South, Southeast and East Asia, UNODC initiated multicountry technical assistance projects to address prevention of HIV among drug users through advocacy, policy and programme development, including diversification of treatment for drug dependence.
 3. Supporting research and operational development: UNODC worked with the UNAIDS Secretariat and WHO to publish a *Joint Position Paper on Substitution Treatment*, four policy briefs on injecting drug use, and the *Advocacy Guide: HIV/AIDS prevention among injecting drug users*. UNODC’s flagship document, the *World Drug Report 2004* included a section on HIV/AIDS.
 4. Monitoring and evaluation: in Brazil, UNODC commissioned a mid-term evaluation of a UNODC community-based outreach project, which the evaluators found to have contributed to Brazil’s ‘enormous and largely successful effort to contain the spread of the HIV/AIDS epidemic.’



International Labour Organization

The main United Nations organization concerned with the world of work, the ILO recognizes the workplace as one of the best opportunities for delivering HIV prevention, counselling, testing, treatment, care and support to working adults and their families. In 2004, some of its achievements included the following.

1. Mobilizing leadership in the world of work by providing training to implement workplace policies and programmes; training for 55 businesses in India; Indian Railways.
2. Scaling up country-level action to implement the ILO *Code of Practice on HIV/AIDS and world of work*:
 - in more than 25 countries in Africa, Asia, Eastern Europe and the Caribbean, ILO provided technical support to develop policies and programmes consistent with the Code;
 - in seven countries, ILO collaborated with the United States Department of Labor to provide training for workplace action on AIDS;
 - in eight African countries, ILO worked with the International Organization of Employers to promote and support workplace action;
3. ILO developed guidelines for workplace action in key sectors, including education, health, transport, mining, tourism, and agriculture.
3. Supporting care, support and treatment in the workplace:
 - ILO supports access to counselling, testing and treatment through occupational health programmes in numerous countries;
 - in Botswana, ILO supported scale-up and replication of a project to ensure access to treatment through social health insurance;
 - ILO worked with social security experts to monitor and respond to the impact of AIDS on health insurance.
4. Tracking, monitoring and evaluating responses to AIDS in the workplace by developing indicators for AIDS programmes in the United Nations workplace and by incorporating AIDS questions into all ILO workplace surveys.
5. Supporting the mobilization of resources by developing fact sheets on funding sources, guidance on proposal writing, and promoting inclusion of workplace components in Global Fund proposals.



United Nations Education, Scientific and Cultural Organization

UNESCO is particularly concerned with the role that education, in the broadest sense, can play in reducing the spread of HIV and, also, with the impact of AIDS on countries' education systems. In 2004-2005, UNESCO was the leading UNAIDS Cosponsor involved in launching the EDUCAIDS initiative (Global Initiative on HIV/AIDS and Education). In 2005 EDUCAIDS was made an integral part of the *Education for all* programme.

Key recent achievements in the roll out of EDUCAIDS include the following.

1. In Cambodia, as chair of the United Nations Theme Group on HIV/AIDS and of the Partnership Forum on Education, there have been strong efforts to ensure the full commitment of UNESCO on HIV prevention education. The Cambodian Ministry of Education, Youth and Sport welcomed the timing of EDUCAIDS, as part of a new strategy on Education and HIV/AIDS for 2006–2010 (funded by DfID).
2. Technical support: Through the EDUCAIDS initiative, UNESCO has been working with UNAIDS Cosponsors and other partners such as IATT on the development of decision support tools to provide practical technical assistance for governments and national stakeholders working in the education sector. These include policy briefs for high-level discussions, technical and practical manuals and guidelines for programme managers and teachers to support design, implementation and monitoring of the education sector response and mapping guidelines for strategic diagnostic review of ongoing activities and programmes.
3. EDUCAIDS is also working with and through the UNAIDS and Cosponsor regional mech-

anisms, South-South exchanges, and by enhancing technical capacities at the national level to ensure governments can rely on locally sourced technical support.

Other notable achievements include the following.

4. Advocacy, expansion of knowledge and enhancement of capacity. UNESCO held training seminars in Africa and Asia on HIV prevention in education for high level ministry officials; identified and disseminated examples of best practice on AIDS education; and provided small grants to social scientific research on AIDS.
5. Customizing the message and finding the right messenger. In 2004 UNESCO provided training to journalists; supported multi-media centres; developed and adapted curriculum for AIDS education; and announced Red Ribbon Media Awards for journalistic excellence in covering AIDS.
6. Reducing risk and vulnerability. In 2004 UNESCO developed information/education/communication packages for hard-to-reach populations such as migrant workers and trafficked people.
7. Ensuring rights for the infected and affected. In 2004 UNESCO collaborated with "3 by 5" partners on treatment education; collaborated with ILO on workplace policies for teachers; and provided leadership training for young people.
8. Coping with the institutional impact. In 2004 UNESCO developed models for projecting the impact of AIDS on education systems and worked with educational planners and administrators to help them measure the impact.



World Health Organization

As the United Nations system's lead agency on health matters, WHO plays a central role in the AIDS response. Following is a summary of some of WHO's main achievements in 2004.

- In 73 countries, WHO responded to requests for assistance in scaling-up antiretroviral programmes, placing dedicated staff in 21 countries, with efforts underway to recruit dedicated staff in an additional 20 countries; WHO's AIDS Medicines and Diagnostic Service—which provides countries with crucial information on pricing and availability of HIV medicines and diagnostics that have been pre-qualified by WHO—expanded in 2004 to 15 partners, including UNICEF, UNDP and the World Bank.
- To increase national capacity to diagnose, monitor and treat HIV and AIDS, WHO conducted field assessments of HIV testing and other AIDS-related medical procedures, trained more than 15 000 providers of AIDS-related services, created networks of technical experts, developed standard training packages and guidance documents, and provided extensive technical assistance.
- WHO drafted guidelines for integrating gender into programmes for prevention of mother-to-child transmission, voluntary counselling and testing, and treatment and care programmes.
- In 22 countries, WHO provided technical assistance in the preparation of proposals for the Global Fund.
- WHO increased national health system capacity, conducting studies on the impact of HIV on the health workforce, supporting development in six countries of human resources planning and management, costing scale-up of “3 by 5” in individual countries, developing HIV/AIDS health accounts to track HIV-related spending, undertaking country assessments of the impact of AIDS on household impoverishment, and developing and field-testing Service Mapping Availability in four African countries, a new tool designed to monitor health services and antiretroviral utilization.
- WHO increased national capacity for HIV/AIDS surveillance, producing guidelines on HIV sentinel serological surveys, training surveillance staff, and conducting a regional meeting in Nairobi, Kenya, to revise AIDS case definitions and plans for stronger reporting systems.
- WHO facilitated development of an international protocol for monitoring HIV drug resistance, coordinated implementation of an operational research agenda on scaling up treatment access in five countries in Africa, and field-tested training tools in four African countries regarding the treatment paediatric AIDS.
- WHO continued to support scale-up of HIV prevention, updating technical guidance on the use of antiretrovirals to prevent mother-to-child transmission, training teachers in 17 countries on prevention education (bringing the total number of teachers trained by WHO to 80 000 teachers in 15 000 schools since 2001), and developing guidelines on the management of sexually transmitted infections.
- Continuing to address TB/HIV coinfection, WHO created a new task force to scale up



World Bank

treatment of coinfection in line with “3 by 5” scale-up, published five new normative and policy tools addressing coinfection, and supported nine countries in the development of plans for HIV testing of all patients with TB.

- WHO engaged in capacity-building work in seven developing countries in preparation for HIV vaccine trials.

The World Bank serves as a major source of funding and technical assistance for national AIDS responses. In addition, the World Bank plays a leading role in monitoring and evaluation, housing the Global AIDS Monitoring and Evaluation Team (GAMET), which provides and coordinates capacity building support. The Bank has developed a new Global HIV/AIDS Program of Action²⁷ that sets out priority action areas for the Bank that respond to recent global developments and new and long-standing challenges. The priorities set out in the Program of Action support the “Three Ones” principles and align with the recommendations of the Global Task Team.

World Bank activities in 2004-2005 include the following.

Between January 2004 and September 2005, the Bank committed over US\$ 454 million in new loans, credits and grants in 22 new projects, of which six were subregional programs benefiting several countries.

- The *Interim Review of the Multi-Country HIV/AIDS Program for Africa, (MAP)*²⁸ conducted in early 2004 by a team from the World Bank, UNAIDS, United Kingdom’s Department for International Development and MAP International, included field work in six countries, and has led to improvements in MAP design, processes and implementation.
- As follow-up to the MAP review, an Africa-wide HIV/AIDS Consultation in February 2005 brought together over 160 AIDS pro-

²⁷Available at <http://worldbank.org/aids> (on the “Strategy” page)

²⁸World Bank (2004). *Interim review of the Multi-Country HIV/AIDS Program for Africa*. Washington, World Bank. Available at http://www.worldbank.org/afr/aids/map/MAP_Interim_Review-04.pdf

gramme implementers to focus on operational and implementation aspects of MAP projects. Particular attention was focused on promoting the “Three Ones” principles.

- The GAMET team provides intensive in-country support for building M&E capacity in over 30 countries. This helps countries to better assess the effectiveness of HIV/AIDS prevention, treatment and care interventions and develop the M&E systems required to implement evidence-informed and effective national HIV/AIDS programmes. GAMET also helps World Bank country teams design HIV projects that are more results focused and aligned with national M&E strategic plans.
- The Bank launched several publications to provide practical help for programme implementers, including a Procurement Guide for AIDS Medicines and Supplies, and an Operational Manual for the MAP—*Turning Bureaucrats into Warriors*.
- The MAP has funded more than 30 000 civil society subprojects across 28 countries in Africa
- The World Bank continued to play a key role in knowledge generation. About 40 reports and articles were produced by the Bank during 2004-2005. Economic impact assessments were done in Ethiopia, Kenya, India, Namibia, Nigeria, and Swaziland, working with the University of Heidelberg to build national capacity to conduct such assessments in the future. With UNICEF, a desk review was done of Poverty Reduction Strategy Papers and national AIDS plans from 19 African countries,, publishing the

results in *PRSPs: Do they matter for children and young people made vulnerable by HIV/AIDS?* Regional and subregional analytic work was done in Africa, the Baltic states, Europe and Central Asia, Latin America, the Middle East and North Africa; and country-specific work was done in Brazil, Georgia, India, Russia, Rwanda, Somalia, Tanzania, Thailand and Uganda.

- With the International AIDS Society, the World Bank published a special peer-reviewed supplement of the *AIDS* journal devoted to ‘Resistance and Adherence,’ which provided scientific evidence that treatment is feasible in resource limited settings. The supplement noted that unregulated availability of antiretrovirals in developed countries is calculated to accelerate the emergence of drug resistance, underscoring the need for policies and procedures that promote rational antiretroviral use.
- The World Bank sponsored a Global Survey on HIV/AIDS and Disability, conducted by Yale University, as well as the second International Disability and Development Conference in December 2004, where special sessions were devoted to AIDS and disability.
- With a number of other partners, the World Bank launched the AIDS Media Center in November 2004 to provide developing country journalists with a global first-stop portal of relevant information and analysis provided by a broad coalition of respected partners in order to increase accuracy, quality and positive impact of their reporting.

Chapter 5

Building the United Nations System's Capacity to Support Countries

To enhance the United Nations system's ability to assist countries in implementing scaled-up responses to AIDS, the United Nations took major steps in 2004 and early 2005 to strengthen its organizational effectiveness and improve the coherence of its efforts.

Enhancing implementation support

United Nations Implementation Support Plans provide a framework for maximizing the effectiveness of assistance provided by the UN system in the development and implementation of national AIDS action frameworks. Implementation Support Plans are consistent with United Nations reform, enhancing collaboration within the United Nations system, promoting coherence in the United Nations response, and capitalizing on the comparative advantage and expertise of individual United Nations actors.

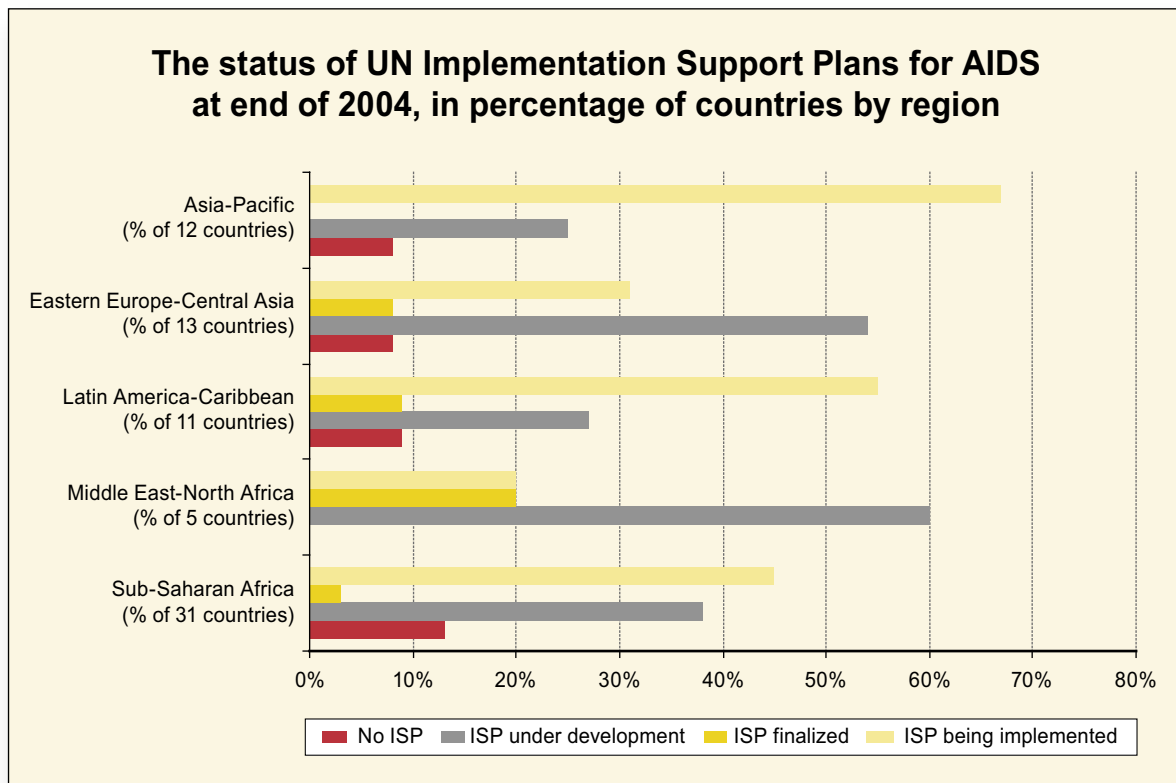
Development of such plans uses a standardized approach that takes into account situation analysis, strategy formulation, implementation, and monitoring and evaluation. Although Implementation Support Plans differ in order to address diverse national situations, each plan clearly identifies how the United Nations system will help countries accelerate implementation of national plans. UNAIDS Country Coordinators support the development and implementation of United Nations Implementation Support Plan. Plans are evaluated as a key component of standardized reporting by United Nations Country Teams.

Although Implementation Support Plans offer a potentially critical vehicle for promoting United Nations support for national strategies, substantial effort is needed to ensure that this mechanism is effective. Of 75 United Nations Theme Groups reporting at the end of 2004, only 33 (44%) had United Nations Implementation Support Plans, while a further 28 countries are in the process of developing these to ensure that the United Nations system's AIDS-related activities are consistent with and supportive of national AIDS frameworks.

As Figure 10 indicates in 2004, most United Nations Theme Groups had either finalized country-specific implementation support plans or were in the process of developing such a plan. Progress in developing Implementation Support Plans varies considerably between regions, with United Nations Theme Groups in the Asia-Pacific and Latin America-Caribbean exhibiting the greatest likelihood of having such plans in place or as being in the process of development. Less than half of all countries surveyed in sub-Saharan Africa had United Nations implementation support plans in place, and even fewer are in place in the Eastern Europe-Central Asia and Middle East-North Africa regions.



Figure 10



Strengthening management

Recognizing the need to further strengthen and intensify United Nations support for national AIDS responses, the Chair of the Chief Executive Board of the United Nations Development Group sent formal guidance to all United Nations Resident Coordinators and country heads of United Nations agencies in November 2003. The guidance note clarified the roles and responsibilities of key United Nations personnel and groups at country level (see Chapter 1, 'UNAIDS at country level'), emphasizing the necessity of using common United Nations system development instruments and national implementation support plans to maximize coordination, coherence and effectiveness of the United Nations country-level efforts on AIDS.

In February 2005, Global Coordinators from the 10 Cosponsors met to assess progress in implementing the UNDG's guidance (including development of Implementation Support Plans), iden-

tify shortcomings in the United Nations system's efforts in countries, and to agree on strategies to improve the United Nations effectiveness. They recommended that the UNAIDS Committee of Cosponsoring Organizations establish an inter-agency working group, consisting of Global Coordinators and UNAIDS Secretariat representatives, to ensure that action is taken to:

- increase accountability for joint AIDS action at country level;
- increase the country focus of the UNAIDS Unified Budget and Work Plan;
- ensure that all United Nations Theme Groups on HIV/AIDS have developed Implementation Support Plans;
- increase technical assistance and capacity development to accelerate the translation of new financial resources into actual programmes;

- focus additional attention on countries where the epidemic is gaining a foothold and threatening to spread rapidly;
- support stronger regional action to enhance the effectiveness of country responses; and
- report on the performance of UNAIDS at country level, including the performance of individual Cosponsors.

Regional Technical Support Facilities

In response to the five-year external evaluation of UNAIDS, which emphasized the acute need to enhance the Joint Programme's technical support to countries, the UNAIDS Secretariat consulted with Cosponsors and other partners to develop a new and innovative approach to meet the needs of country partners—Regional Technical Support Facilities. These Facilities—which will involve contracts between UNAIDS and existing regionally/nationally based organizations, institutions, networks, or consortia—seek to ensure the timely provision of high-quality technical assistance for the strategic planning, implementation, monitoring and evaluation of efforts in support of national HIV/AIDS programmes. Competitively priced services will be offered on request to national AIDS coordinating authorities, government ministries and departments, civil society, nongovernmental organizations, the private sector and development agencies. UNAIDS expects to allocate approximately US\$ 500 000 from its core budget to support the delivery of technical assistance to country partners that cannot afford to pay. More financial resources will be made available through efforts to implement the recommendations of the Global Task Team.

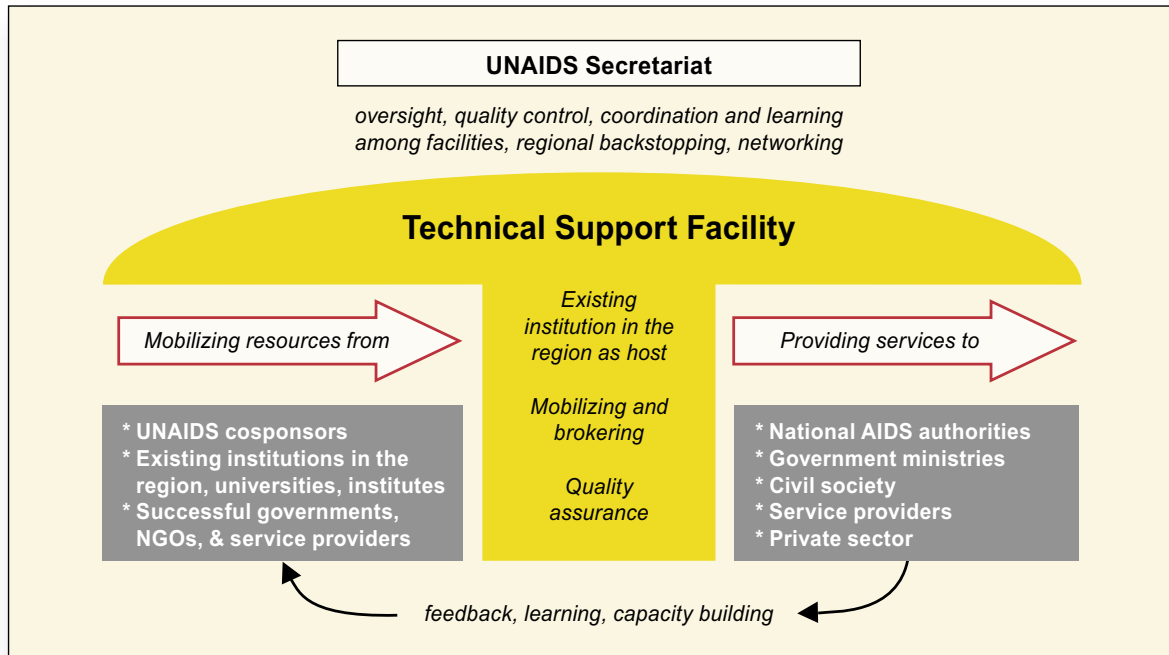
The first of the Regional Technical Support Facilities became operational in Southern Africa

in mid-2005. Similar facilities are being developed in South-East Asia, West and Central Africa, and Eastern Africa, with four Regional Technical Support Facilities expected to be functioning by the end of 2005.

In addition to enhancing access to needed technical assistance, the Regional Technical Support Facilities aim to strengthen the capacity of country partners to manage technical assistance effectively, assist in the professional development of national and regional consultants, and encourage a harmonized and collaborative approach to the delivery of technical assistance. With significantly increased financial resources available to pay for technical assistance in many countries, it is assumed that clients and donors will be willing to pay for competitively priced and quality-assured regional technical support services, contributing to the sustainability of the regional facilities.

In 2004-2005, Geneva-based and regional staff of the UNAIDS Secretariat played a leading role in conceptualizing and developing the regional facilities, including the competitive process of awarding the contract for technical assistance in each region. As each Regional Technical Support Facility becomes operational, the applicable UNAIDS Regional Support Team manages the contract between UNAIDS and the contract holder for the facility, actively supporting, facilitating, and reporting on the contractor's operations on the ground. Broad-based, inclusive Interagency Reference Groups are being established in each region to enable stakeholders to provide input on the Regional Technical Support Facility and to promote coordination, harmonization and collaboration with regard to diverse technical assistance efforts in the region. UNAIDS Cosponsors will be key members of the Interagency Reference Group, and will help guide, strengthen, and market the Technical Support Facilities.

Figure 11



Source: UNAIDS

Building staff competence

Providing timely and effective assistance to countries in developing and implementing national AIDS programmes requires the highest level of staff expertise. In 2004, UNAIDS Cosponsors and Secretariat took important steps to build the competence of staff to contribute to the AIDS response.

Assessing needs for learning

The United Nations system's *Personnel Policy on HIV/AIDS*²⁹, in place since 1991, commits the United Nations to providing United Nations employees and their families with: (i) information and education about the risks of HIV infection and how to prevent transmission; (ii) access to preventive supplies; (iii) access to confidential counselling and testing; (iv) health insurance covering treatment; and (v) workplace policies together with information and education to ensure the United Nations workplace is free of stigma and discrimination. The *ILO Code of Practice on HIV/AIDS and the World of Work*³⁰ is now a required companion to the *Personnel Policy*.

In 2000, the UNAIDS Secretariat and UNICEF coordinated a learning needs survey of 8000 United Nations employees—roughly 10% of the entire United Nations workforce—in 82 countries. Almost half of those surveyed said they had received no information on HIV from their United Nations employer, 40% wanted to learn more, and 41% were worried about being tested for HIV for fear that seeking such information would be perceived negatively.

A follow-up analysis in 2003 by the Inter-Agency Task Team on HIV/AIDS found that personnel practices of United Nations agencies, both at headquarters and in regions and countries, were typically not in compliance with the *ILO Code*.

The United Nations Learning Strategy on HIV/AIDS

To address the need for improvement, the UNAIDS Committee of Cosponsoring Organizations approved the *United Nations Learning Strategy on HIV/AIDS: Building competence of the UN*

²⁹The UN System Personnel Policy on AIDS can be found in UNAIDS (2004). *Living in a World with HIV and AIDS: Information for employees of the UN system and their families*. Geneva, Joint United Nations Programme on HIV/AIDS.

³⁰ILO (2001). *ILO Code of Practice on HIV/AIDS and the World of Work*. Geneva, International Labour Organization.

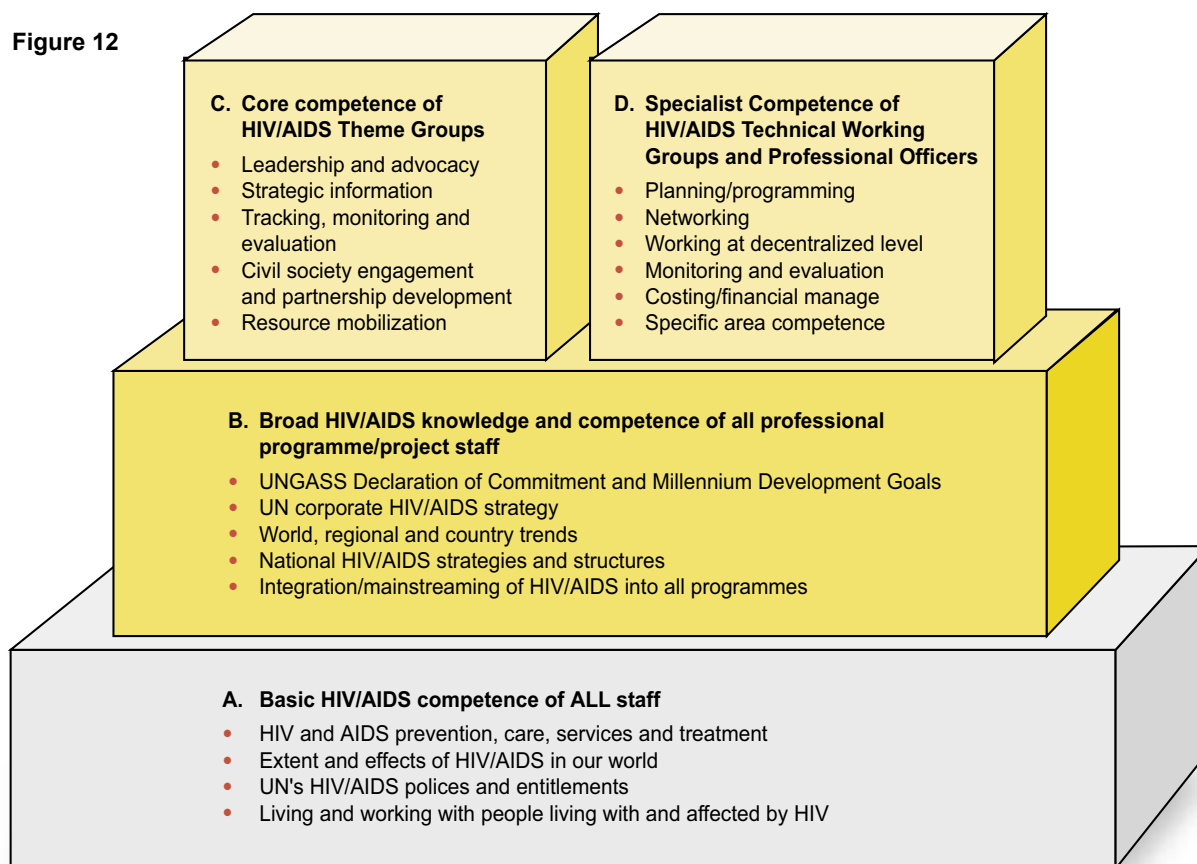
and its staff to respond to HIV/AIDS³¹ in April 2003. The learning strategy aims to (i) ensure that all UN system staff members are able to make informed decisions to protect themselves and their families from HIV and know where to turn for the best possible care and treatment, and (ii) develop the knowledge and competence of United Nations staff so that they are able to best support national responses to HIV. As illustrated in Figure 12 below, the strategy envisions that all United Nations system staff members will have basic AIDS competence, with additional competence

and expertise expected for staff members with responsibility for supporting national responses.

Figure 12 indicates that most United Nations country teams have undertaken a needs assessment of staff competence on AIDS. A majority of country teams in sub-Saharan Africa and in Eastern Europe-Central Asia had put in place a learning plan by the end of 2004, although some regions lagged behind. Most United Nations country teams in all regions except Latin America-Caribbean have identified resources to support implementation of the HIV learning strategy.

Building Blocks of the UN Learning Strategy on HIV/AIDS

Figure 12



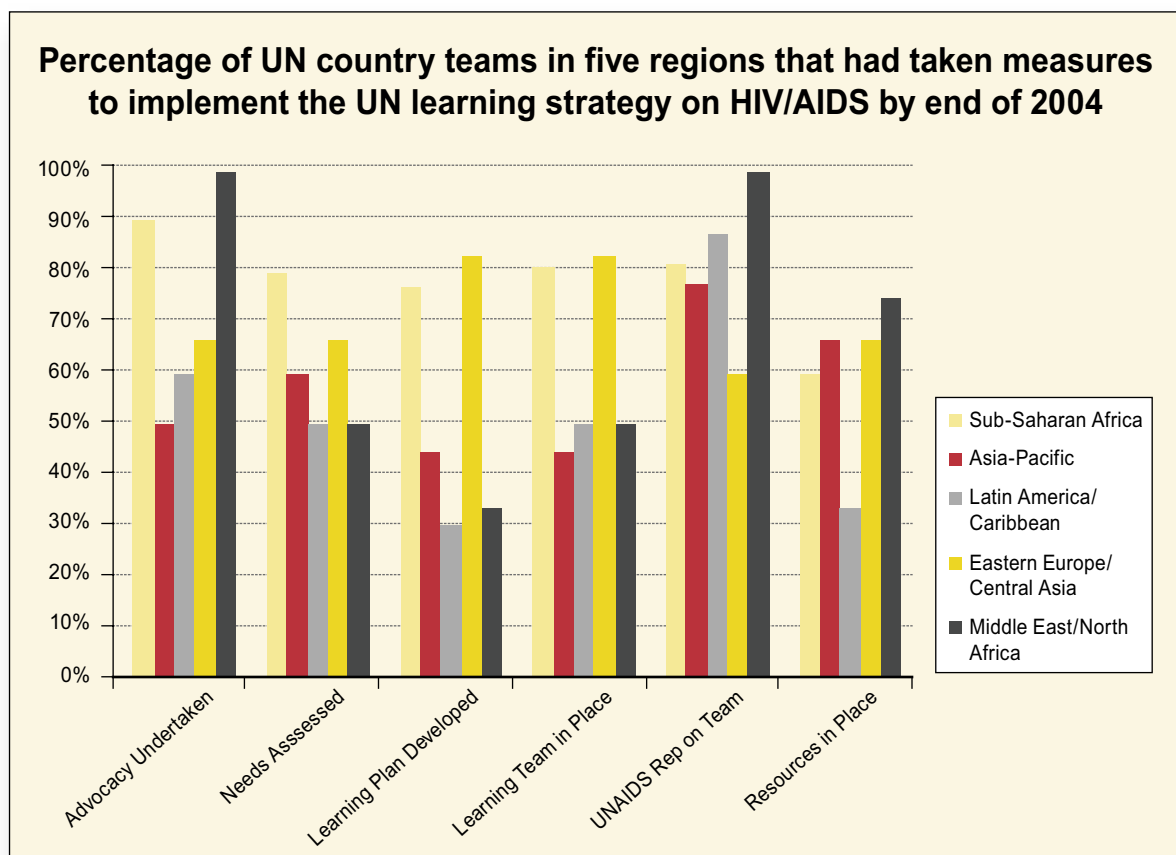
Source: UNAIDS

³¹United Nations Learning Strategy on HIV/AIDS: Building competence of the UN and its staff to respond to HIV/AIDS. Geneva, UNAIDS, 2003.

Below are some examples of actions taken in 2004 to implement the Learning Strategy.

- The **Republic of Cape Verde** has built on the HIV/AIDS in the workplace learning programme for United Nations staff to extend similar learning activities to community groups throughout the country. This has included training of trainers both internally in the United Nations system (interagency) as well as training national counterparts to support the efforts of the Government and non-governmental organizations to address HIV. To implement activities, they have translated a number of exercises from the Facilitators Guide into Portuguese. Within the United Nations system, over 60% of staff have so far participated in learning activities.
- **Kenya** established an active HIV/AIDS Learning Team and all team members were trained on the learning strategy. Kenya undertook a learning-needs assessment and developed a comprehensive plan for implementing the learning strategy and other related initiatives, such as confidential voluntary counselling and testing. They have hired a full-time coordinator from interagency funds and are in the process of implementing orientation sessions for all staff members and their families.
- **Zimbabwe**: a learning plan was developed and agreed upon by the United Nations Theme Group on HIV/AIDS; interagency workshops have been conducted to build the capacity of project officers to better support national responses to HIV. Topics included

Figure 13



Source: UNAIDS

the “Three Ones”, CCA/UNDAF, scaling up access to treatment, mainstreaming of HIV/AIDS and monitoring and evaluation.

- **Cambodia** has had great success in setting up its peer educators system, designed to ensure that HIV/AIDS in the United Nations workplace is fully implemented through a highly participatory system. This involves identifying and training at least two (female and male) staff members as peer educators from each organization. Peer educators, in collaboration with HIV/AIDS focal points in their organizations, are responsible for organizing and facilitating activities on the basics of HIV, its prevention, care and support.
- In **Eritrea**, an HIV/AIDS Learning Team held a workshop on ‘HIV/AIDS and development’ for senior UN staff, conducted a training course for HIV/AIDS learning facilitators, and organized an HIV/AIDS Learning Fair for staff and dependents.
- In the **Republic of Congo**, the learning strategy has benefited from creation of a learning team, development of a questionnaire on current initiatives, data analysis, and finalization and approval of the plan in 2005.
- The **Philippines**: the United Nations Theme Group on HIV/AIDS facilitated the development of a programme to respond to HIV/AIDS in the United Nations workplace. The Theme Group developed guidelines to operationalize the United Nations Personnel Policy on HIV/AIDS and appointed an interagency team that has carried out a needs assessment and developed a comprehensive implementation plan on HIV/AIDS in the UN workplace, including learning activities within the context of the Learning Strategy and ensuring services are available.
- In **Croatia**, the Theme Group supported a workshop on HIV and AIDS in the workplace, which led to the establishment of a learning strategy working group and an online survey of United Nations staff members to assess learning needs.
- **Egypt** established a multiagency learning team and undertook a learning-needs assessment securing very high response rates. The assessment was conducted in both English and Arabic. The planning process with the United Nations Country Team included getting agencies on board, scheduling and resource mobilization. They have recruited and trained facilitators and have started conducting one-day sessions for staff. The second focus is to train officers working on HIV on supporting the national response. An interagency learning team, supported by the United Nations system, Care International and the Ford Foundation, surveyed 400 staff members, using the results to develop orientation sessions for all new staff members and special training for staff involved in supporting the national response to AIDS.
- **Georgia** finalized its learning plan in early 2004 and raised funds through the United Nations Resident Coordinator to implement the plan. From May to June, 14 sessions on HIV/AIDS in UN workplace were held for 125 staff and family members and four sessions on national responses to HIV/AIDS were held for 34 professional staff. This effort was expanded to staff in sub-offices in 2005. Overall coverage of United Nations staff trained is 72% countrywide, with coverage in the capital city reaching 78%. Extensive training involved 170 United Nations staff and their family members, including 40 professional officers.
- **Ecuador** conducted orientation sessions, reaching close to 100 people. These helped raise awareness in a country in which many staff felt that HIV did not concern them. Following the sessions, staff wore badges with the phrase “I am aware” with a red ribbon. Staff have also been introduced to the workplace website. Learning on national

responses has been launched with a newsletter with inputs from the Technical Working Group. The Technical Working Group plans to continue holding training sessions in and outside of the capital city.

- In 2004 and 2005, the UNAIDS Secretariat published new versions of two booklets that serve as key tools for implementing the learning strategy. *Living in a World with HIV and AIDS: Information for employees of the UN system and their families*³² is intended for all staff and their families. As its title suggests, it is aimed at helping them prevent transmission of HIV and seek counselling, testing and, if necessary, treatment, care, and support. The Facilitator's Guide United Nations Learning Strategy on HIV/AIDS acquaints country-based United Nations staff with resources needed to implement learning strategies.³³ This package also includes the updated resource Guide for Theme Groups.

At the **United Nations Headquarters in New York**, the Under Secretary-General for Human Resources chaired an interagency working group that designed an initiative providing training to 80 learning facilitators to conduct orientation sessions for all United Nations staff in New York. An interagency budget was established for the training programme, with costs shared by the major United Nations bodies in New York.

Making the United Nations workplace a model of good practice

Since its inception, UNAIDS has emphasized effective AIDS action in the workplace, recognizing that the workplace provides an ideal venue for reaching those working-age adults who make up the majority of people living with HIV. To advocate effectively for adoption of sound AIDS workplace policies, the United Nations itself must be a model of good practice.

Beginning in 2002, WHO spearheaded an interagency pilot project known as ACTION (Access, Care, Treatment, and Inter-Organizational Needs) in 10 countries, with the goal of ensuring that United Nations employees and their families have access to the best possible treatment and care, including antiretrovirals, as required under the *Personnel Policy* and the *ILO Code of Practice*. Lessons learned from ACTION informed *Guidelines for providing access to care and treatment for HIV/AIDS to UN system employees and their families*³⁴, a joint effort of WHO and the UNAIDS Secretariat to identify model policies and actions suitable for all United Nations agency workplaces.

³²UNAIDS (2004). *Living in a World with HIV and AIDS: Information for employees of the UN system and their families*. Geneva, Joint United Nations Programme on HIV/AIDS.

³³UNAIDS (2005). *Resource guide for UN theme groups on HIV/AIDS*. Geneva, Joint United Nations Programme on HIV/AIDS.

³⁴WHO (2004). *Guidelines for providing access to care and treatment for HIV/AIDS to UN system employees and their families*. Geneva, World Health Organization.

The Interagency Pilot Project in India

A mission team visiting India as part of the ACTION initiative found that United Nations agency offices were typically located in areas where good AIDS treatment and care were available. Nevertheless, the mission found that employees often failed to take advantage of these services and medicines because they were not strongly encouraged to do so through information, education and other programmes provided in their workplaces. Meanwhile, AIDS remained a taboo subject in United Nations workplaces as a result of deep-seated prejudices against the groups assumed to be most susceptible to HIV infection, e.g. men who have sex with men, sex workers and their clients and 'promiscuous' people. For fear that their patients would be rejected, some physicians were reluctant to provide accurate diagnoses when referring patients to hospitals for treatment of HIV-related illnesses or infections.

After the mission team visit, an Interagency Task Team chaired by the ILO was created. At monthly meetings, senior representatives of United Nations agencies in India and the WHO regional physician coordinate their efforts. With a project coordinator and budget, they are now developing a comprehensive set of HIV/AIDS policies and programmes for United Nations workplaces in India.

Source: UNAIDS

Positive Staff Group

UN staff living with HIV this year formed an informal group to give voice to issues affecting those living with HIV and working in the United Nations system. Primarily the group seeks to help improve working conditions for staff living with HIV through contribution to the development and improvement of policies on HIV within United Nations organizations. The group also seeks to support the creation of a more enabling environment for HIV-positive staff, irrelevant of the level of disclosure of their HIV status.

The group, which met with United Nations Secretary-General Kofi Anan in October 2005,

has set up a UNAIDS e-Workspace *HIV-positive UN Staff Group* to provide a platform for communication and discussion of issues, based on personal experiences as people living with HIV working within the United Nations. Current topics under discussion include: workplace policy issues; rules and regulations (including health insurance); recruitment processes; mobility and travel restrictions; and overall experiences as United Nations employees living with HIV. Information on the group has been widely distributed among United Nations agency organizations.

Chapter 6

The road ahead

Key challenges and opportunities

The epidemic continues to outpace the global response. In 2004-2005, more new HIV infections and AIDS deaths occurred than ever before. Although important progress has been made in expanding access to HIV prevention, treatment and support, such services currently reach only a fraction of those in need.

Turning the tide against the epidemic will require significantly stronger and sustained national efforts. To achieve this, it will be necessary to address a number of key challenges.

- *Implementation.* It is proving difficult in many countries to translate major new resources into scaled-up programmes.
- *Coordination.* In many countries, AIDS efforts have been fragmented, unfocused and duplicative due to the failure of key stakeholders to work with each other and align their support of nationally determined strategies.
- *Capacity.* Resource-limited countries lack the technical expertise and infrastructure to mount and sustain comprehensive AIDS programmes—a weakness that traditional approaches to technical assistance have not remedied.
- *Leadership.* Although political commitment to fight AIDS has become considerably stronger in recent years, broad-based leadership has yet to coalesce in some countries, especially where the epidemic is only now emerging as a major problem.

- *Financing.* While available financing has significantly increased, it is suggested that there is a funding gap of US\$ 6 billion for 2006 and US\$ 8 billion for 2007, between resources available and those needed to support a comprehensive response.
- *Social barriers.* The enduring stigma associated with HIV inhibits an effective response in many countries. Similarly, the frequent failure to integrate gender-sensitive policies and programmes into national strategies ignores the increasing feminization of the epidemic.
- There is a need for renewed commitment to the GIPA principle (the active involvement of people living with HIV) and civil society, as key pillars in all levels of the response

In the hardest hit countries, perhaps the greatest challenge to crafting an effective national response to AIDS lies with the epidemic itself, which steadily depletes the human resources upon which countries rely. Especially in southern Africa, AIDS is decimating the labour force, contributing to crises in agriculture, undermining government services and institutions, private industry, and other critical sectors. In these countries, AIDS is severing the generational ties on which societies depend to transmit practical knowledge and cultural norms are increasingly at risk. Unlike earlier epidemics, which impacted upon the most vulnerable before reaching a natural plateau, the AIDS epidemic shows no indication of nearing its peak. AIDS is an exceptional problem, and it demands an exceptional response.

Fortunately, there is cause for optimism as well as concern. Virtually all heavily affected countries now have AIDS strategies; political leadership

has increased; and a growing number of sectors, including civil society, faith-based organizations, the private sector and people living with HIV, are increasingly recognized as key pillars in the response. At global level, donors have significantly increased their financial contributions to AIDS, and donor governments are actively working to create innovative new financing mechanisms for AIDS and other health initiatives in low-income countries. The growing availability of HIV treatments in low- and middle-income countries will not only save lives, but also strengthen HIV prevention efforts and permit for the first time a truly comprehensive response.

Moving forward

To address key country-level challenges and take advantage of unprecedented opportunities, UNAIDS seeks to build on the global consensus supporting the “Three Ones” principles. In 2004, the UNAIDS Executive Director directed the UNAIDS Secretariat to review and assess the Joint Programme’s country-level work, with the aim of ensuring that UNAIDS efforts are more flexible, dynamic, evidence-informed, and accountable. The result was a plan to strengthen and reorganize UNAIDS’ country-level operations, a plan which has now been implemented and is reflected in the Unified Budget and Workplan for 2006-2007.

To enhance assistance to countries, UNAIDS has deployed some 137 additional staff to country

offices in 2004-2005, as well as increasing the decision-making authority of UNAIDS Country Coordinators. By placing senior staff in regional offices, UNAIDS has taken steps to transfer the locus of decision-making closer to the point of programme implementation. The UNAIDS Secretariat is strengthening the links among its Geneva headquarters, Regional Support Teams and the country-level staff of the Joint Programme; improving oversight of, and support to, country programming and planning; and strengthening management through clear lines of authority and communication, improved reporting mechanisms, and enhanced performance measurement.

UNAIDS is also taking steps to implement the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors. Convened to identify ways to ‘make the money work’ and to accelerate movement towards implementation of the “Three Ones” at country level, the Global Task Team included senior representatives from low-income and developed countries, civil society groups, regional bodies, the Global Fund, and United Nations system organizations. This diverse range of stakeholders engaged in a rapid, 80-day process to develop bold and operational recommendations to accelerate and strengthen the response to AIDS through a more coordinated and aligned multilateral response.

Country and Regional Implementation Support Plan (CRISP)

To promote accountability in its assistance to countries, the UNAIDS Secretariat developed the Country and Regional Response Implementation Support Plan (CRISP) for 2005-2007. CRISP articulates a framework for the coordinated, coherent and synergistic development, implementation and monitoring of UNAIDS Secretariat support to Theme Groups and national AIDS programmes. CRISP seeks to extend the Unified Budget and Workplan’s mechanism for coordinated planning and programming at global and regional levels to country-level action, as well. CRISP identifies eight key results and associated deliverables, focusing on priorities such as implementation of the “Three Ones”, assistance to countries in scaling up, and enhancing technical support to countries.

Key recommendations of the Global Task Team include:

- use of existing strategic frameworks as the basis for the rapid development of costed, operational plans that drive implementation and alignment;
- use by all stakeholders of agreed-on national plans, financial systems, procurement systems, and reviews as the basis for contributing to the AIDS response;
- a progressive shift by donors—including the Global Fund, World Bank, and other international partners—from project to programme financing;
- a single United Nations programme on AIDS at country-level;
- creation of a joint UNAIDS-Global Fund problem-solving team to resolve bottlenecks and accelerate implementation at country-level;
- increased financing for technical support made available through expanding and re-focusing UNAIDS Programme Acceleration Funds to help scale-up provision and facilitation of technical support based on requests from countries;
- improved clarification of roles and responsibilities among the UNAIDS Cosponsors and Secretariat, as well as progress toward a division of labour between the World Bank and the Global Fund;
- placement of international monitoring and evaluation officers within national units, the formation of joint monitoring and evaluation support teams at country level, and the development of a joint global monitoring and evaluation facility; and

- the development—led by the World Bank and UNAIDS Secretariat—of a scorecard-type accountability tool to monitor participation, coordination and quality of programme implementation.

Following endorsement by the UNAIDS Programme Coordinating Board in June 2005, UNAIDS Secretariat and Cosponsors have been working closely together to ensure the rapid implementation of the Task Team recommendations. A detailed, costed plan of scaled-up technical support coupled with a Plan for the Division of Labour between UNAIDS Cosponsors was presented at the Global Fund Replenishment Conference in September 2005. The plan identifies an estimated US\$ 166.4 million in additional technical support planned by UNAIDS for 45 priority countries in 2006-2007.

The Task Team recommendations have since been endorsed by the executive boards of UNDP, UNFPA, UNICEF and the Global Fund.

Conclusion

The international community faces the immediate challenge of bringing proven prevention, treatment and support strategies to scale, while recognizing the long-term nature of the AIDS response. The epidemic will be with us into the foreseeable future. Effectively managing and minimizing this crisis will require a combination of immediate action and sustained high-level commitment. Low- and middle-income countries require tools and resources to build local capacities and mount comprehensive, nationally-tailored responses capable of reversing the epidemic. By strengthening its ability to assist countries in implementing proven AIDS strategies, UNAIDS is helping build stronger national AIDS responses and contributing to international efforts to reach the Millennium Development Goals.

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together ten UN agencies in a common effort to fight the epidemic: the Office of the United Nations High Commissioner for Refugees (UNHCR), the United Nations Children's Fund (UNICEF), the World Food Programme (WFP), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Office on Drugs and Crime (UNODC), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO), and the World Bank.

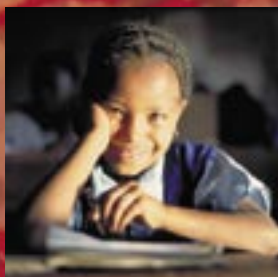
UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

Produced with environment-friendly materials

From advocacy to action: a progress report on **UNAIDS** at country level



Portrait of an Ethiopian woman in Nazareth. In some cities in Africa, up to 25% of pregnant women tested in antenatal clinics are found to be infected with HIV.



Kicosehp NGO, Kibera Community Self Help programme, Kenya. Support group for people living with HIV/AIDS. AIDS orphans School. They all live in families with relatives or guardians. Some are tested when they fall sick. Here the portrait of Dorothy a 6 year old orphan in class with her teacher.



A migrant working in a plantation. Jordan.



Middle East-Counselling and Testing, HIV/AIDS test in one of the labs of the Ministry of Health in Amman.



Children in a classroom listening to their teacher at a school in Ghana.



One to one and group meetings on AIDS prevention in a factory. Workers meet a Health worker of the Ministry of Health. Amman, Jordan.