

07

## UNAIDS at country level

Supporting countries as they move towards universal access



**UNAIDS**  
JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS

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UNAIDS – 20 avenue Appia – 1211 Geneva 27 – Switzerland  
Telephone: (+41) 22 791 36 66 – Fax: (+41) 22 791 41 87  
E-mail: [unaids@unaids.org](mailto:unaids@unaids.org) – Internet: <http://www.unaids.org>

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## Chapter 1

### Introduction

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In 2005 and early 2006, the landscape of the AIDS response shifted dramatically. Global pessimism over the unchecked spread of the disease in the developing world receded in the face of impressive efforts to expand access to treatment. Signs that prevention efforts were bearing fruit were seen in a growing number of countries from the hardest-hit regions, which started to report drops in HIV rates, particularly among the young. The global community had responded to urgent appeals by enormously increasing the financial resources available to fight the disease. While millions continued to die annually, these developments gave rise to hope that there was a light at the end of the tunnel. Unimaginable even a year or two earlier, it was now possible to start talking about the prospects of providing access to HIV prevention, treatment, care and support services to all who needed them.

During this period, the Joint United Nations Programme on HIV/AIDS (UNAIDS) focused its country support work on two main areas. The first was improving the architecture of the AIDS response in the face of increasing complexity, growing resources and the involvement of new actors. This consisted of assisting countries in translating three key principles—the “Three Ones” of one national AIDS action framework, one coordinating authority and one monitoring and evaluation system—into operational reality. This focus was enabled by the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors, a high-level international discussion on how to streamline and better coordinate external support to national AIDS programmes.

The second priority of country work was securing political commitment to a dramatic expansion of services for prevention, treatment, care and support. Through the universal access process, countries and regions assessed the current state of the epidemic, identified barriers preventing the expansion of services and began to develop roadmaps to considerably expand key services.

Meanwhile, the core work of the UNAIDS Secretariat and Cosponsors continued unabated, with technical support being provided for the roll-out of antiretroviral treatment programmes, the procurement of key prevention commodities such as condoms, the training of teachers and youth peer educators and the drafting of policy reforms to help address stigma and discrimination against people living with HIV.



This period also saw an increasing emphasis on the importance of understanding the regional dimensions of the AIDS epidemic, both in how the disease is spreading in different ways in different parts of the world, and in how to better share lessons learnt across similar countries.

This publication examines the country-level work of UNAIDS in 2005 and early 2006 within the context of regional and global efforts to move towards universal access. Rather than chronicle every effort undertaken by UNAIDS at country level, this report discusses the major centres of work and illustrates them through examples from specific countries. Brief descriptions are also provided for the work of each of the ten Cosponsors of UNAIDS.

### What is UNAIDS?

The Joint United Nations Programme on HIV/AIDS, or UNAIDS, brings together the efforts and resources of ten UN system organizations in the response to AIDS:

- Office of the United Nations High Commissioner for Refugees
- United Nations Children's Fund
- World Food Programme
- United Nations Development Programme
- United Nations Population Fund
- United Nations Office on Drugs and Crime
- International Labour Organization
- United Nations Educational, Scientific and Cultural Organization
- World Health Organization
- World Bank

The UNAIDS Secretariat coordinates this joint effort.



## Chapter 2

# Improving the architecture of the AIDS response

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The adoption of the “Three Ones” principles in 2004 was an important milestone in the international response to AIDS. The preceding years had seen a dramatic acceleration in efforts to confront the disease, but the result was too often fractured and incomplete. By agreeing that all responses to AIDS in a country should be coordinated by one national AIDS action framework, one national authority and one monitoring and evaluation system, the global community embraced a vision of a coherent, comprehensive and country-owned national response.

As 2005 dawned, countries were working to translate these principles to their local contexts. However, challenges rapidly emerged: although the international community had embraced the “Three Ones” principles and was committed to supporting national responses in a more streamlined manner, years of working in an uncoordinated manner had established systems and policies within bilateral and international organizations that unintentionally created hurdles for countries in need of support. For example, different organizations had set up their own “projects” with self-contained management and monitoring and evaluation systems that were not linked to

broader national plans and systems, and were often incompatible with the systems established for the projects of another organization. It was not clear which organizations were involved in which activities, causing overlaps in some areas and gaps in others. Moreover, there was little accountability or oversight in the system, with each international organization responding to its own institutional priorities and reporting needs rather than those of the countries seeking assistance. In short, the international system had responded with admirable enthusiasm and resources to the threat posed by AIDS, but in a manner that was not nearly as efficient or rationalized as it could have been. Countries were not in control of their respective situations, limiting the effectiveness and sustainability of external assistance.

These countries were understandably dissatisfied, while multilateral institutions and international donors recognized that their resources were not achieving the expected results. In 2005, these concerns led to the establishment of the Global Task Team on Improving AIDS Coordination Among Multilateral Institutions and International Donors, which was tasked with making recommendations on how to strengthen and better



coordinate the response to AIDS. The Global Task Team developed its recommendations through an intense series of high-level meetings that were co-chaired by the Government of Sweden and UNAIDS, and culminated in a final report released in June 2005. The process was explicitly set in the context of the “Three Ones”, as well as the Millennium Development Goals, broader UN reform efforts and other initiatives to improve development assistance, most notably the 2005 Paris Declaration on Aid Effectiveness. The Global Task Team recommendations were subsequently formally adopted by the boards of all ten UNAIDS Cosponsors and the board of the Global Fund to Fight AIDS, Tuberculosis and Malaria. At the UN General Assembly World Summit in September 2005, the recommendations were “welcome[d] and support[ed].”

These recommendations focused on four main areas, identified based on an analysis of the challenges that inhibited multilateral institutions and international donors from optimally supporting countries’ efforts to respond to AIDS:

1. Empowering inclusive national leadership and ownership;
2. Alignment and harmonization;
3. Reform for a more effective multilateral response; and
4. Accountability and oversight.

In each of these areas, the Global Task Team made specific suggestions for reform, defining which organizations needed to be involved, as well as setting timetables for implementation.

Table 1

Recommendation area	Specific action	Focal point	Chief implementation partners
Empowering inclusive national leadership and ownership	Development of standards and criteria for AIDS Action Plans	World Bank	UNAIDS Secretariat, UNDP
	Support for the development of AIDS Action Plans	World Bank	UNAIDS Secretariat, UNDP
	Support for the integration of AIDS into Poverty Reduction Strategy Papers	UNDP	IMF, World Bank, UNAIDS Secretariat
	Ensuring that the economic consequences of AIDS are factored into policies and advice to governments	World Bank	IMF, UNAIDS Secretariat, UNDP
	Assistance to countries to ensure that macroeconomic frameworks support AIDS Action Plans	World Bank	IMF, UNAIDS Secretariat, UNDP
Alignment and harmonization	Alignment of Global Fund and World Bank financing to country cycles and action plans	Global Fund	World Bank
	Participation in joint annual reviews	World Bank	Global Fund
	Improvement of relations between national AIDS coordinating authorities and Country Coordinating Mechanisms	Global Fund	UNAIDS Secretariat, World Bank
	Shift from project- and programme-based financing	Global Fund, World Bank	UNAIDS Secretariat
	Pilot joint fiduciary assessments	World Bank	Global Fund
	Improved Global Fund–World Bank communications	Global Fund, World Bank	
	Identification of procurement and supply management bottlenecks	Global Fund	AIDS Medicines and Diagnostics Service, World Bank
Reform for a more effective multilateral response	Joint UN Teams on AIDS at country level	UN Development Group, UNAIDS Secretariat	UNAIDS Cosponsors, UN Country Team members
	Joint UN system–Global Fund problem-solving team and national task-specific problem-solving teams	UNAIDS Secretariat	Global Fund, UNDP, UNFPA, UNICEF, WHO, World Bank
	Clearer division of labour among the UNAIDS Cosponsors	UNAIDS Secretariat	UNAIDS Cosponsors
	Review of the UNAIDS governance structure	UNAIDS Secretariat	UNAIDS Cosponsors
	Clearer division of labour between the Global Fund and the World Bank	Global Fund, World Bank	
	Enhancement of the Programme Acceleration Funds' ability to finance technical support	UNAIDS Secretariat	UNDP, UNFPA, UNICEF, WHO, World Bank, civil society
	Capacity building on procurement and supply management	World Bank-WHO partnership	Global Fund, UNAIDS Secretariat, UNICEF
Accountability and oversight	Scorecard-style tool for assessment of alignment, and national reviews of performance of multilateral institutions and international partners	UNAIDS Secretariat	World Bank
	Joint monitoring and evaluation facility	UNAIDS Secretariat	Monitoring and Evaluation Reference Group, Monitoring and Evaluation Technical Assistance and Training Facility, World Bank
	Monitoring and evaluation support teams at country level	UNAIDS Secretariat	UNAIDS Cosponsors
	Placement of monitoring and evaluation officers in national AIDS coordinating authorities	UNAIDS Secretariat	UNAIDS Cosponsors
	Increase of the role of civil society in monitoring and evaluation	UNAIDS Secretariat	Civil society
	Improved dissemination of monitoring and evaluation information	Global Fund, World Bank	

Taken together, the “Three Ones” principles and the Global Task Team recommendations present a compelling picture of how the response to AIDS should be structured at country level. However, agreement at global level of this vision is insufficient to have much impact on the course of the AIDS epidemic: it is change on the ground that will affect the course of the disease. The next sections describe the progress to date on adapting these global ideas to local realities and putting them into operation at country level.

## Country progress in implementing the “Three Ones”

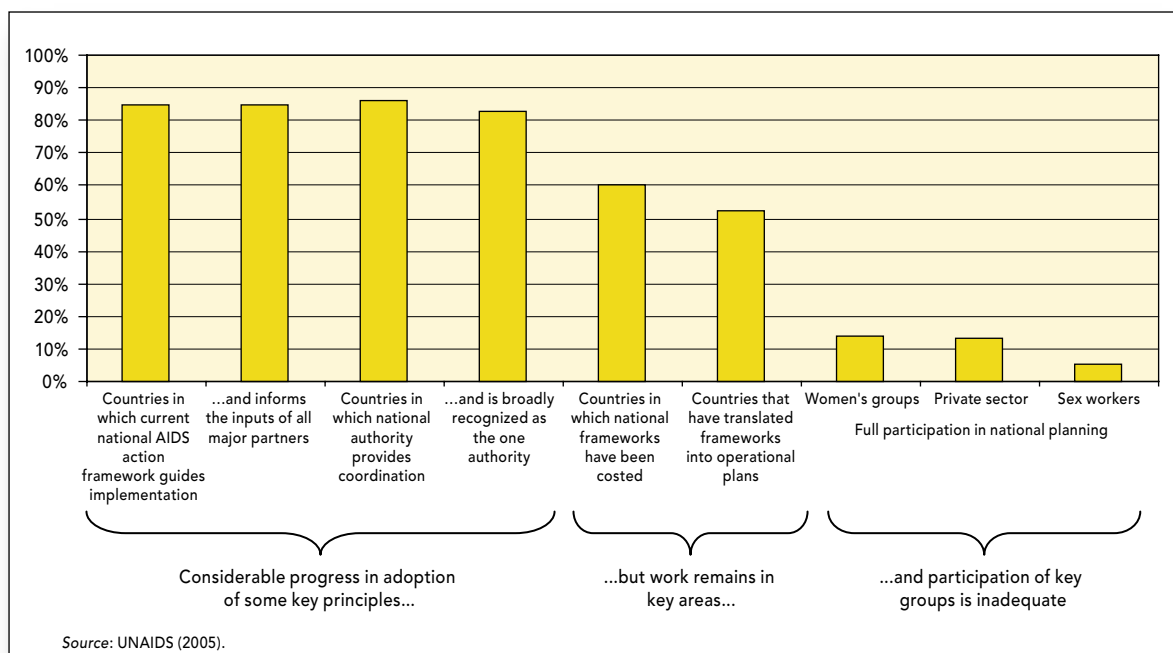
For several years, UNAIDS has been conducting surveys of its country offices to measure progress in the adoption of the “Three Ones” principles in low- and middle-income countries. The results for the 2005 survey, which covered 83 countries, show a similar pattern to previous years.

In the large majority of countries (see Figure 1), a current national AIDS action framework guides implementation and informs the input of all major partners. Comparable progress has been made in establishing a national authority recognized by law or political decree that provides coordination functions and that is recognized as the one authority called for in the “Three Ones”

principles. UNAIDS has played a significant role in helping develop national frameworks, by providing technical input, assisting with managerial and organizational challenges necessary to carry out inclusive planning processes and financially supporting planning efforts and covering the costs of those who might otherwise not be able to participate (particularly groups of people living with HIV). This is reflected in the fact that of the 70 countries with current national frameworks, UNAIDS participates in planning in all but one of them, a rate of inclusion unmatched by any group other than national governments.

However, the picture is not entirely rosy. First, the 2005 figures show that there is still a persistent group of countries that had not established national frameworks and authorities for a multisectoral AIDS response. Second, the extent to which existing frameworks and authorities are inclusive and operational is highly variable. For example, only 60% of countries surveyed had costed their national frameworks, and barely half had translated the frameworks—which often describe objectives at a high level—into operational plans. Some key sectors continue to be insufficiently involved in the preparation of national frameworks, with unacceptably small numbers of countries having full participation of women’s groups, the private sector and sex workers.

Figure 1



Further, data show that considerable work remains in the area of monitoring and evaluation, where just over half of countries had plans that were endorsed by major stakeholders. Only one country was fully tracking financial resources against the objectives of the national framework, while in nearly one third of countries no tracking was done.

To provide a more detailed picture of what implementation of the “Three Ones” principles looks like at country level, below are a series of snapshots of a few countries that have devised innovative or particularly successful means of bringing these concepts to life.

### **Lao People’s Democratic Republic: strong national efforts to develop a comprehensive framework**

As 2005 dawned, the Lao People’s Democratic Republic confronted the fact that its national strategic framework was concluding at the end of the year. To develop a new five-year plan, the country embarked on an ambitious participatory process to understand the needs of the different regions of the country and the different subpopulations. Consultations initially occurred in each of the provinces, and these formed the basis of discussions at national level. A comprehensive plan took shape from these meetings, covering prevention, treatment, care and support.

However, the universal access process prompted the country to reassess its targets and led to a second round of consultations, at both provincial and national levels. The revised figures are in line with international guidelines but nonetheless feasible in the Lao context. The plan has annual targets and is supported with annual estimates of costs.

The new five-year framework sets out a vision of how the Lao People’s Democratic Republic will scale up HIV programmes over the 2006–2010 period, creating an outline that structures the work of international partners. For example, when the country decided to apply for a grant from the Global Fund in mid-2006, there was no need to repeat an extensive planning process: instead, the application was based on the newly developed framework. Although the country has not yet developed a truly programmatic approach that comprehensively sets out the national programme

in a way that the government and international donors could pool their resources and between them address the entirety of the scale-up efforts, the new framework is an important step in this direction.

### **Papua New Guinea: working together to build monitoring and evaluation systems**

Papua New Guinea is facing a serious and growing AIDS epidemic. Efforts to curtail the spread of HIV infection focus largely on high-risk groups, but the lack of reliable data has hampered the national response.

UNAIDS has played a key role in supporting efforts to strengthen the monitoring and evaluation systems in the country. A Monitoring and Evaluation Working Group was established under the leadership of the National AIDS Council to bring together key stakeholders in the response. The group developed a strategic framework on monitoring and evaluation, which was finalized in a collaborative process involving civil society, people living with HIV and an Australian university. The UN Theme Group on HIV/AIDS used this document to create a joint support programme on monitoring and evaluation, under which the Cosponsors pooled resources (administered by UNDP) in order to establish a monitoring and evaluation unit in the National AIDS Council. Additional financing from the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Asian Development Bank has enabled the unit to further build its capacity, lending greater coherence to national efforts to track the spread of the disease. This partnership has also resulted in the adoption of a shared set of indicators for monitoring the national AIDS response, which all partners have embraced.

### **Follow-up on the Global Task Team recommendations**

Of the four areas in which the Global Task Team made recommendations (empowering inclusive national leadership and ownership; alignment and harmonization; reform for a more effective multi-lateral response; and accountability and oversight),

the most progress has been made in reforming the multilateral response.

Efforts to improve coordination among UNAIDS Cosponsors have been under way for several years. Many countries have UN Theme Groups on HIV/AIDS, which provide a forum for information exchange and policy deliberation among the senior officials of whichever Cosponsors are present in a given country. More recently, UNAIDS Cosponsors have focused on improving the joint UN plans that describe how the individual organizations support national efforts to

respond to AIDS. In 40% of countries surveyed, plans are being implemented, while another 8% have finalized such plans. The development of a plan is an important step in improving the coherence of the UNAIDS response at country level because it has created an opportunity to systematically capture all the diverse activities undertaken by the Cosponsors around HIV, and so bring to light both overlaps and potential synergies between initiatives of different organizations. Plans also present other stakeholders in the country with a comprehensive overview of the work carried out by UNAIDS.

## Joint Programming

### Armenia: working together to build capacity

The number of AIDS diagnoses in Armenia has been relatively low, but as with many of the countries of the former Soviet Union, HIV infection has increased in recent years, and strong prevention efforts are needed to reverse this trend. The UN system in Armenia has responded to this challenge by developing a joint programme that focuses on building capacity for prevention efforts among government and civil society. UNDP, UNFPA, UNICEF and the UNAIDS Country Coordinator combined forces on this, pooling their financing into a common fund administered by UNFPA. The programme was designed keeping in mind both the UN system's "Development Assistance Framework" and national frameworks such as the "National Programme on HIV/AIDS Prevention for the Republic of Armenia" and their Poverty Reduction Strategy Paper. Moreover, both government and civil society participated in the development of the programme.

The programme has contributed significantly to building capacity around prevention in Armenia, with over 150 nongovernmental organizations trained, but it has also had a host of spill-over benefits. For example, the government's involvement in the project has helped spark its interest in the issue of HIV, to which it has recently devoted increased attention. For the UN system, new synergies among the efforts of the different agencies have been revealed by the closer collaboration, and transaction costs have been reduced. Accountability has also improved, as the agencies added incentives to improve their performance in the face of constant scrutiny by their peers. The lessons learnt have fed into the development of subsequent joint programmes in Armenia.

### Belarus: UNAIDS support for the implementation of a Global Fund grant

In exceptional circumstances and in environments where local structures are deemed to be in need of significant capacity-building support, UNDP may be requested to act as the "Principal Recipient" of Global Fund monies. This entails receiving and reporting on Global Fund financing, administering the process of disbursing funds to the implementing partners and overseeing the execution of project activities. For example, in Belarus, more than 65 different organizations benefit from Global Fund resources that UNDP manages, amounting to a projected US\$ 17 million over the period 2004–2009. The programme there has been supported by a number of UNAIDS Cosponsors, including UNFPA, UNICEF, WHO and the UNAIDS Country Coordinator. Civil society has been very active in implementing the grant, receiving nearly 40% of the funds and playing a critical role in reaching vulnerable populations such as injecting drug users, men who have sex with men and sex workers. The programme's success has recently led the Global Fund Secretariat to unequivocally recommend its continuation, based on its assessment of progress in the first two years.



In December 2005, in response to a recommendation from the Global Task Team, the next step in reforming UNAIDS at country level occurred when the UN Secretary-General sent a letter to all UN Resident Coordinators instructing them to establish Joint UN Teams on AIDS. For the first time, all technical staff working on HIV-related work for any Cosponsor present in a given country will function as part of a single entity. This will strengthen UNAIDS' ability to support national efforts by pooling together the collective expertise of these staff members, enabling them to more efficiently provide technical assistance and facilitating joint programming.

The response to the letter was swift: by the end of October 2006, at least 44 UN Theme Groups on HIV/AIDS had established Joint UN Teams on AIDS, and at least 19 more teams were expected to be in place by the end of the year. These activities have placed UNAIDS at the forefront of broader efforts to reform the United Nations system.

One of the most exciting outgrowths of these efforts, as well as the extensive discussions at global level around the comparative strengths of the different organizations, is a burgeoning of joint programming among UNAIDS Cosponsors at country level.

### Strengthening technical support

A major reason for the improved ability of the Cosponsors to work together was the agreement made in August 2005 on a division of labour between the organizations in the delivery of technical support (as called for by the Global Task Team). For the first time, there is clarity about which organization is responsible—and accountable—for taking the lead in each key programmatic area. For each of the seventeen key thematic areas (such as dietary/nutritional support, prevention of HIV transmission among injecting drug users and in prisons, and addressing HIV among displaced populations such as refugees and internally displaced people), a “lead organization” has been designated to coordinate the provision of technical support. The lead organization is not responsible for actually providing all of the technical support in the area—in many areas, multiple Cosponsors provide support depending on their

specific expertise—but the lead organization acts as the initial entry point for any national stakeholders seeking technical support in the area. The lead organization then coordinates with all of the Cosponsors involved in the provision of technical support for the area in question, so national stakeholders do not have to manage relationships with multiple Cosponsors working in a given area. This division initially occurred at the global level, but the framework has subsequently been adapted for use in numerous countries (to take into account, for example, the fact that some Cosponsors may not be present in a given country).

This rationalization of the way in which UNAIDS provides technical support is particularly important because the dramatic increase in financing for AIDS has created new opportunities as well as new challenges. Countries now face greater needs for technical support, both in traditional areas such as policy formulation and in newer ones such as the supply chain management of high-value medicines and the inclusion of previously marginalized groups in decision-making processes. One way UNAIDS and the Global Fund have addressed this issue is the establishment of the Global Joint Problem-Solving and Implementation Support Team (GIST).

July 2005 saw the first meeting of GIST, which brings together representatives of the Global Fund, the UNAIDS Secretariat, UNDP, UNFPA, UNICEF, WHO and the World Bank to support countries in resolving implementation problems by rapidly identifying and mobilizing resources for technical support. GIST is promoting coordinated action to accelerate implementation of AIDS programmes and has helped address bottlenecks in areas such as procurement and supply management, programme management, governance, and monitoring and evaluation. It has also been instrumental in resolving global or regional issues that have affected the AIDS response at country level, such as those resulting from inadequate communication between agencies and slow internal procedures of different international organizations.

The year 2005 also saw the development of a new approach to technical support that complements the work of GIST and improves the ability of UNAIDS to provide technical support: Technical Support Facilities (TSFs). These “one-stop-shops” enable

## Global Joint Problem-Solving and Implementation Support Team in Action (GIST)

### Lesotho

Lesotho received a grant for AIDS from the second round of Global Fund financing, but by late 2005, it was clear that things were not going well. Implementation was quite slow, hampered by delays in procurement and weak management. Inadequate results in the implementation of the two-year, US\$ 10.6 million grant was endangering the receipt of the remaining three years of the original, five-year US\$ 29.3 million proposal. Given that the country faces one of the highest rates of HIV seroprevalence in the world, and the fact that Global Fund financing accounts for a large proportion of total AIDS funding in the country, the situation was a cause for considerable concern. GIST involvement facilitated a joint visit by the Global Fund, the UNAIDS Secretariat and the World Bank. The World Bank is providing financing aimed at capacity building to support the national programme that is in turn financed by the Global Fund. Communications between the two financiers had previously been insufficient. Two further bottlenecks were procurement and supply management, and monitoring and evaluation. UNICEF (with WHO) assumed a leadership role in mobilizing technical support for the former, while the UNAIDS Secretariat and the World Bank's Global HIV/AIDS Monitoring and Evaluation Team focused on the latter.

### Guinea Bissau

Guinea Bissau is another country that has faced difficulties in putting to use financing from the Global Fund. Moreover, in the past, coordination between the different partners seeking to support the country was less than ideal, resulting in inefficiencies. The involvement of GIST led to a joint visit by the Global Fund, the UNAIDS Secretariat, UNDP, UNICEF, WHO and the World Bank, which has strengthened coordination between the projects financed by the Global Fund and the World Bank, and helped streamline monitoring indicators and incorporate them into the national systems. Protocols for antiretroviral treatment were approved in an accelerated manner and brought into line with WHO international standards, while UNICEF and WHO provided technical support on procurement and supply management. Efforts to rationalize coordination structures are under way, along with discussions of merging the Country Coordinating Mechanism that oversees the Global Fund financing with the government's national AIDS coordinating authority.

UNAIDS to act more effectively as a broker of technical support. Rather than creating an entirely new structure, the Secretariat has collaborated with existing organizations, such as Africa Medical and Research Foundation (AMREF) in East Africa and the Brazilian government in Latin America. Quality-controlled rosters of consultants in a region are developed and regularly maintained by TSFs, so that when a situation arises that calls for rapid deployment of technical support resources, the TSF can immediately respond. For example, when the Global Fund announced its Sixth Call for Proposals, consultants were quickly dispatched to several countries.

In southern Africa, a tender for the Technical Support Facility contract was won by a consortium comprised of Health and Development Africa (Pty) Ltd., Health Systems Trust and Crown

Agents South Africa, which started operating in October 2005. In response to requests from the 14 countries in the region (and in a few cases, countries from other parts of the continent), it has placed 35 consultants on short-term assignments, totalling more than two years' worth of person-days thus far. Clients have included national AIDS councils, nongovernmental organizations, UN agencies, regional intergovernmental bodies and bilateral donors. Support has been provided in areas such as monitoring and evaluation, strategic and operational planning, costing and budgeting, and partnership development. For example, in Swaziland, two consultants were placed with the government's National Emergency Response Council on HIV/AIDS to assist with the development of sectoral plans that translated the National

*A woman living with HIV in New Delhi.*

Strategic Plan on AIDS into more detailed operational plans with budgets.

The International Centre for Technical Cooperation in Brazil acts as a Technical Support Facility, although it has a somewhat different structure than its counterparts in other parts of the world. The Brazilian government is recognized globally as a pioneer in the AIDS response. The Centre exports the country's expertise, spreading lessons learnt in the Brazilian context. For example, through the 'Laços Sul-Sul' network (which brings together countries in Latin America and other lusophone countries), 18 Cape Verdean doctors, nurses, pharmacists, psychologists and social assistants visited Brazil on a study tour; 30 district health professionals from Guinea-Bissau were trained in clinical management by the National School of Public Health of Brazil; and support was provided to develop a national strategic plan in Sao Tome and Principe. Additionally, the Brazilian government has supplied free antiretroviral therapy through the Centre. Four hundred patients benefited from this in Bolivia, another 400 in Paraguay and 200 more in Nicaragua.

Another way that UNAIDS provides technical support to countries is through Programme Acceleration Funds (PAF). This mechanism allows UN Theme Groups on HIV/AIDS to direct resources to catalytic projects. The projects financed in this manner are jointly agreed upon by the UNAIDS Cosponsors in a country, which helps ensure a coherent response from the UN system. This also enables resources to be targeted to areas that would otherwise be neglected. For example, in recent years more than a quarter of the Funds has gone to supporting the adoption of the "Three Ones" principles, which involves financing coordination and monitoring activities that are not typically at the top of most donor agendas. Seventeen percent of funding went to promoting the greater involvement of people living with HIV and 15% to addressing the feminization of the AIDS epidemic, while a further 25% focused on other neglected issues, such as projects working with vulnerable populations such as injecting drug users.



In the Indian state of Goa, Programme Acceleration Funds were used to finance programmes on stigma, discrimination and capacity building in the workplace setting. Meanwhile, in Ukraine, financing was dedicated to strengthening the involvement of nongovernmental organizations and the private sector in voluntary counselling and testing, an important prerequisite to scaling up antiretroviral treatment programmes. In this manner, the Programme Acceleration Funds supported the implementation of a Global Fund grant to the country, which was financing the provision of antiretroviral therapy.

### **Follow-up of other Global Task Team recommendations**

Some progress has also been made in empowering inclusive national leadership and ownership. Several reviews of national strategic frameworks have concluded that national planning processes have some strengths. For example, most are developed in participatory manners and are comprehensive, addressing prevention, treatment, care and support. However, they are often insufficient to truly drive national responses to AIDS. They are rarely prioritized, costed, assessed for feasibility and backed up by robust sets of measurable indicators. The Global Task Team recognized that the absence of such plans posed a considerable impediment to more effective coordination, and so focused several recommendations on this.

Several initiatives have resulted from the recommendations. The World Bank has been instrumental in setting up the AIDS Strategy and Action Plan (ASAP) service, which provides technical support to countries to improve their planning processes. The service provides assistance to develop or review plans, share good practices and help countries sift through the great many tools and models that have been created in recent years to improve planning processes. One of the initiative's first steps was to create a "Self-Assessment Tool" that countries could use as a checklist to review their own planning processes. This computer programme guides users through 12 important facets of strategic planning, enabling them to pinpoint areas of strength and those in need of improvement.

The service is now starting to provide direct technical assistance in a number of countries in Africa, Latin America and the Caribbean. Additionally, it is also examining ways it can help enhance coordination between the different entities that are either providing technical support in this area or requiring plans from countries (e.g. as a prerequisite for financing).

A related problem has been that planning for AIDS efforts has often been divorced from broader development planning. A joint analysis by UNDP, the World Bank and the UNAIDS Secretariat showed that many countries face similar constraints—in that national AIDS councils are rarely full participants in national planning processes around development, and links between AIDS, poverty and gender are insufficiently analysed. To help address these obstacles, UNDP is leading a joint initiative with the UNAIDS Secretariat and World Bank that is providing technical support for more effectively integrating HIV into new Poverty Reduction Strategy Papers (PRSP), and for improving mainstreaming and implementation modalities in existing PRSP processes.

In September 2005 the first group of seven countries (Ethiopia, Ghana, Mali, Rwanda, Senegal, United Republic of Tanzania and Zambia) received support from this initiative, starting with joint preparatory country missions to assess progress and identify key challenges to adequately integrate AIDS into national planning processes including Poverty Reduction Strategy Papers. Each country

developed a specific follow-up plan to strengthen the integration of AIDS during a regional workshop in Johannesburg at the end of 2005. The seven countries are currently implementing follow-up activities, including capacity building for planning and budgeting of AIDS activities in sector budgets in the United Republic of Tanzania and integration of AIDS into Zambia's Fifth National Development Plan. An additional seven countries are participating in the second phase of the joint initiative (Burkina Faso, Burundi, Kenya, Madagascar, Malawi, Mozambique and Uganda). A capacity-building workshop held in Maputo in October 2006, building on lessons learnt during the first phase, has enabled these countries to develop implementation plans.

Another recent initiative that stems from the recommendations of the Global Task Team is the Country Harmonization and Alignment Tool. The Global Task Team proposed this to enable countries to monitor and report on the progress that international partners were making in aligning their support.

The tool will be used primarily by national AIDS authorities to gauge the level of internal and external partner adherence to the "Three Ones" principles and international partners' adherence to the commitments made at Monterey, Rome and Paris, and through the Global Task Team process. In its function as a "barometer" of the current status of harmonization and alignment at country level and identifying where real or perceived blockages lie, it will serve as an advocacy tool for focusing dialogue and driving progress. The findings from the use of the tool at country level will also feed into discussions at global level on harmonization and alignment. Developed by the UNAIDS Secretariat and the World Bank, the tool is currently being piloted in 10 countries, with widespread roll-out expected by early 2007.

Although the Global Task Team's recommendations focused on multilateral institutions and international donors, some countries have used the framework to analyse the situations in their own settings. Nigeria, for example, used the opportunity presented by the Global Task Team recommendations to look carefully at the coordination and functioning of their AIDS response.

An extensive review process undertaken by the National Action Committee on AIDS with support from UNAIDS and other partners resulted in a document, “Domestication of the Global Task Team Recommendations in Nigeria”, which systematically describes the current state of coordination, harmonization and alignment in Nigeria. It makes a number of specific recommendations that echo those of the Global Task Team but adapts them to the Nigerian context. It also recommends that some of the global-level structures that the Global Task Team proposed—such as a joint problem-solving team—be established in Nigeria.

Indonesia is another country that has faced increasing coordination challenges as both the number of stakeholders involved and the volume of financial resources available have increased dramatically in recent years. UNAIDS has used the Global Task Team framework to examine the current state of coordination in the country, and to identify areas in which further work is needed to strengthen support to their national AIDS response.





## Chapter 3

### Building political commitment

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From its earliest appearances in the headlines, AIDS has been a politically charged disease. It has forced leaders to grapple with difficult topics—sex, drugs, inequality and marginalization—while confronting a significant threat to the development of their countries. The connection between strong political commitment—as embodied in people living with HIV who stood up and insisted on their rights in the face of overwhelming stigma, and the Presidents who publicly embraced them—and success in controlling the epidemic is now well documented. Despite that, strong leadership has not always been present.

In recent years, political leadership was put to the test by the “3 by 5” initiative, in which WHO and UNAIDS called for a massive expansion of the coverage of antiretroviral therapy to treat people living with HIV, to reach 3 million people by the end of 2005. Some countries responded to this call with impressive political commitment, and the number of people receiving treatment in developing countries more than tripled in two years. However, this initiative fell short on its ambitious target, in part because of

inadequate political commitment as well as other challenges, such as inadequate financial commitments, drug supplies, HIV testing and human resource capacity and the stigma that continues to surround AIDS.

*Marc Ravalomanana, President of Madagascar, having a televised HIV blood test on World AIDS Day to raise awareness.*



### Spotlight on a country consultation: Ghana

When Ghana set out to develop national targets for universal access, it based its approach on two principles: first, the targets needed to be generated by an inclusive, national process that involved all key stakeholders; second, the targets had to be linked to broader development frameworks (such as Ghana's Poverty Reduction Strategy Paper), and to be both relevant for assessing progress and practically measurable. The consultation process began in January 2006 with a situation analysis and a series of sectoral consultations to ensure that key constituencies understood what was entailed by the universal access process, which led to the development of a road map for the universal access process. February and April 2006 saw national consultations, initially on the road map and then subsequently on the draft targets themselves. Meanwhile, a broad set of stakeholders, including community-based organizations, people living with HIV and international partners, were consulted. A technical working group ensured that the targets were linked to existing national targets as well as those related to reporting on the Declaration of Commitment on HIV/AIDS from the 2001 UN General Assembly Special Session on HIV/AIDS. The result of the process was a robust set of fourteen indicators with baselines, targets for 2008 and 2010, and clearly defined sources for the data (all of which come from existing sources). The targets cover prevention, treatment, care and support, and national commitment, and represent an ambitious yet feasible objective that will orient the work of national stakeholders and international partners over the coming years.

Over the course of 2005, the international community debated the next steps beyond “3 by 5”. Slowly, political consensus gathered behind a bold idea: the world would commit to expanding comprehensive AIDS services to everyone who needed them: universal access. Although this concept was born from international meetings of high-level officials, it was soon embodied at country and regional levels, through an unprecedented series of consultations organized by national officials and supported by UNAIDS. Thousands of people participated in 126 country consultations and seven regional consultations, all to determine what moving towards universal access would require. Barriers were identified, solutions were proposed, but most of all hope was given a voice—hope for the nearly 40 million people living with HIV, hope for the many more at risk of infection. The challenge is now to transform this hope into the action needed to bring about universal access.

### A country-driven approach

The country consultations mobilized participants from all aspects of the AIDS response to critically examine the steps needed to expand access to prevention, treatment, care and support.

Although they may have been prompted by the universal access process, these consultations created an opportunity to critically assess progress in the response to AIDS. For the first time in many countries, people from very different backgrounds—from sex workers living with HIV to senior government officials, from leaders of faith communities to ambassadors representing the world's richest countries—sat around one table and comprehensively discussed the past, present and future of AIDS in their countries. Past mistakes and missed opportunities were identified, while previous successes were examined so they could be built upon. Technical partners from the UN and other international agencies brought perspectives from across the world, sharing lessons learnt from different contexts.

In each country, the main obstacles to scaling up the response were discussed at length and agreed upon, and participants then set about analysing how they could be overcome. This flowed into the development of roadmaps towards the goal of expanding services in an equitable, accessible, affordable, comprehensive and sustainable manner. Some countries were able to progress further and set targets for 2010 for the desired levels of coverage for various types of programmes.

These country consultations were supplemented by a series of seven regional consultations, in which participants were able to learn from their neighbours and identify common challenges that could best be confronted with collaboration across national borders. Once again, a diverse set of stakeholders were involved, with people living with HIV and representatives of civil society and faith-based organizations playing leading roles. Additionally, high-level political officials showed their commitment to the issue through their participation. In Africa, for example, a consultation co-organized by the African Union, WHO and the UNAIDS Secretariat brought together ministers, parliamentarians and numerous other senior officials, and resulted in the Brazzaville Commitment. This forceful declaration identifies key challenges facing the continent worst-affected by AIDS, and makes a series of recommendations on the steps needed to reach universal access, addressing topics such as financing, human resources, health systems, affordability of commodities and human rights and gender.

The country and regional consultations were complemented by the deliberations of the Global Steering Committee. Co-chaired by UNAIDS and the UK Department for International Development, the Global Steering Committee brought together more than 40 senior representatives from developing and developed countries, including government, the private sector, civil society and people living with HIV, to review the conclusions from the country and regional consultations. The Global Steering Committee's analysis in turn led to the development of a UNAIDS report to the UN General Assembly that made a series of recommendations in six key areas on how to move towards universal access, based on a series of principles detailed here.

1. Setting and supporting national priorities: No credible, costed, evidence-informed, inclusive and sustainable national AIDS plan should go unfunded;
2. Predictable and sustainable financing: Meet AIDS funding needs through greater domestic and international spending and enable countries to have access to predictable and long-term financial resources;

3. Strengthening human resources and systems: Adopt large-scale measures to strengthen human resources to provide HIV prevention, treatment, care and support and to enable health, education and social systems to mount an effective AIDS response;
4. Affordable commodities: Remove major barriers—in pricing, tariffs and trade, regulatory policy, and research and development—to speed up access to affordable, quality HIV prevention commodities, medicines and diagnostics;
5. Stigma, discrimination, gender and human rights: Protect and promote the AIDS-related human rights of people living with HIV, women and children, and people in vulnerable groups, and ensure that they are centrally involved in all aspects of the response; and
6. Targets and accountability: Every country should set in 2006 ambitious AIDS targets that reflect the urgent need to massively scale up HIV prevention, treatment, care and support and move as close as possible to the goal of universal access by 2010.

The next step in the process of building political commitment towards universal access occurred at the 2006 High Level Meeting on AIDS, convened at the United Nations in New York on 31 May–2 June 2006. A follow-up to the meeting five years earlier that produced the Declaration of Commitment on HIV/AIDS (which had established a series of targets for containing the spread of AIDS by 2005 and 2010), it reviewed progress towards meeting these targets. Although considerable progress had been made in some areas, the news was largely grim: HIV was still spreading at an alarming rate and AIDS was taking a devastating toll. Few of the targets set in 2001 had been reached.

The final “Political Declaration” of the High Level Meeting called for renewed efforts to respond to AIDS and embraced the principle of moving towards universal access, committing UN Member States to “pursuing all necessary efforts to scale up nationally driven, sustainable and comprehensive responses to achieve broad multisectoral coverage for prevention, treatment, care and support, with

full and active participation of people living with HIV, vulnerable groups, most affected communities, civil society and the private sector, towards the goal of universal access to comprehensive prevention programmes, treatment, care and support by 2010.” The Political Declaration also committed countries to setting targets—before the end of 2006—that can help get the world back on the path towards halting the AIDS epidemic.

The outcomes of the High Level Meeting form an important challenge for UNAIDS from now until 2010, as discussed further in Chapter 7.





## Chapter 4

### Further support to countries

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Much of the work that UNAIDS does to support national responses to AIDS is not as attention-getting as the “Three Ones”, the Global Task Team recommendations or the universal access consultations. Instead, it is the “day in, day out” work of assisting national AIDS programmes grapple with the mundane challenges associated with building a successful national response to the epidemic. It is the capacity building of groups of people living with HIV, so that they can more effectively advocate their rights. It is the steady improvements in protocols on blood safety or preventing mother-to-child transmission of HIV. It is the efforts to mobilize the private sector to turn the workplace into an educational space for prevention and treatment. It is the advocacy to make methadone and safe injecting environments available for drug users.

One of the key strengths of UNAIDS is the diversity of skills of the Cosponsors and the Secretariat. Each organization brings a distinct focus and set of competencies to the task of supporting national efforts, which enables UNAIDS to tackle the complicated, cross-disciplinary problems posed by AIDS. The following pages look at some of the more common areas of focus for UNAIDS,

through the lens of examples drawn from individual countries. Subsequent to that are profiles of the work that each Cosponsor carries out at country level.

#### Greater involvement of people living with HIV

People living with HIV should not be viewed as passive recipients of programmes; rather, they must be valued as critical actors in the AIDS response. They provide much-needed support to each other, whether psychosocial or through direct assistance to the affected; they are instrumental in spreading messages that frankly discuss the challenges associated with preventing HIV infection while providing tools to do so; they are the key actors in treatment literacy and adherence who are necessary to support the expansion of antiretroviral treatment. Their input is necessary to craft national strategies, if there is to be any prospect of curbing the epidemic.

Groups of people living with HIV have sprung up spontaneously in nearly all countries affected by the disease, often at the community level to



provide much-needed assistance to each other in the absence of state-sponsored efforts. UNAIDS provides considerable support to these groups, whether in the form of funding, of logistical support, or of technical advice on how to develop the structures that enable a group to grow beyond a small circle of neighbours into a larger and more capable structure. Since these groups have very important contributions to make to the formulation of national strategies, support is also provided to enable them to participate in national strategy and priority-setting meetings, and to join forces in organizations that bring together multiple smaller groups to strengthen the voices of people living with HIV in advocacy discussions.

Lesotho is an example of a country that has a large number of groups of people living with HIV. However, historically, most have been quite small and there was little communication or coordination between them, reducing their ability to advocate or participate in national-level discussions. UNAIDS was instrumental in convening leaders of these groups. A visit by the UN Secretary-General's Special Envoy on HIV/AIDS in Africa, Stephen Lewis, catalyzed discussions around the formation of a network that could enable coordination of the fragmented groups, and the Lesotho Network of People Living with HIV and AIDS was born in May 2005. With support from a number of UNAIDS Cosponsors, the UNAIDS Country Coordinator and bilateral donors, a small secretariat now enables the network to effectively represent the interests of people living with HIV in the country, with branches in ten districts ensuring that the network remains connected to the needs of people living with HIV. A five-year strategic plan has been developed for the network, parts of which have been included in the broader national strategic plans, promoting sustainability. The network's General Secretary is the Vice Chair of Lesotho's Country Coordinating Mechanism, and also participates in the National AIDS Commission.

## Mainstreaming

AIDS has enormous developmental impacts that extend far beyond the harm that the virus causes to an individual's immune system. As a result, the

response to the disease must be interwoven into the regular activities of a whole set of government ministries in addition to the ministry of health, a process termed mainstreaming. Globally, the survey of UNAIDS country offices revealed that most progress on this has been made in the parts of the world with extremely high rates of HIV infection. More efforts on mainstreaming are taking place in sub-Saharan Africa than in the Middle East and North Africa, or Eastern Europe and Central Asia. The ministries that are typically most heavily involved include those responsible for defence, education and youth.

In Botswana, for example, with support provided by UNDP and the UNAIDS office, the government now has AIDS coordinators active in 14 ministries and five departments. A minimum package of activities has been defined and is led by the coordinators, including information, education and communication programmes, training and policy development. Key ministries such as Education, Agriculture, Labour and Home Affairs have progressed beyond this, and now implement strategies that ensure that AIDS is incorporated into the work that they do with their clients. UNDP and the UNAIDS office have also been instrumental in drawing attention to the gender dynamics of the epidemic.

Another dimension of mainstreaming is the inclusion of AIDS in local development plans. Decentralization is a major trend in the delivery of public services in most countries, heightening the importance of involving local authorities in the AIDS response. As with mainstreaming in government ministries, mainstreaming among local authorities is more advanced in Africa than in regions with lower rates of HIV infection.

In 1997, for example, mayors and municipal leaders from ten African countries issued the "Abidjan Declaration" committing themselves to address AIDS in their communities and to collaborate with each other as well as with national, international and public and private stakeholders. At the 1998 Africities Summit, they officially launched the Alliance of Mayors and Municipal Leaders on HIV/AIDS in Africa "Initiative on Community Action on AIDS at the Local Level" (AMICAALL), which now has chapters in 13 countries in Africa and one in Ukraine. In Swaziland, before the

AMICAALL chapter was established in 2001, there was no organized local government response to AIDS in the country. Now the governments of 12 municipalities, with around one quarter of the country's population, collaborate with the National Emergency Response Council on HIV/AIDS and partner with more than 25 national and international organizations on building capacity and scaling up prevention, treatment, care and support for municipal residents.

## Women

In the earlier years of the AIDS epidemic, HIV infection rates among men were generally higher than those in women. More recently, however, this has changed dramatically, with women now accounting for nearly half of all people living with HIV. In Africa, the epidemic is even more predominantly affecting women: 60% of those living with HIV are women, and among young people (15–24 years old), three young women are getting infected for every one young man.

This calls for a response that addresses the specificity of women's vulnerabilities. The multiple factors that increase their vulnerability include low literacy, school enrolment and use of condoms; gender inequality, including sexual and domestic violence; early marriage in traditional communities; poverty and lack of economic opportunities; and parental and community disapproval of young people discussing sex and accessing sexual and reproductive health services.

Mozambique faces one of the most severe AIDS epidemics in the world, with an estimated 1.8 million people living with HIV (out of a population of 20 million), 60% of whom are female. To address this, UNAIDS, UNFPA, WHO, UNICEF and FAO (with support from the Flanders Government) are collaborating with the National AIDS Council, Ministry for Women and Coordination of Social Action, Pathfinder, Women's Forum and Positive Women Network (Kuyakana) to implement a four-year joint programme. The programme aims to support the identification of the best practices that can be replicated and expanded in the national AIDS response; facilitate the development of a multisectoral plan of action; strengthen a broad partnership capable of addressing the multiple

dimensions of an engendered AIDS response; and support evidence-based knowledge to accelerate efficient actions in the area of gender and AIDS. UN agencies and national partners collaborated in defining a common budget and set of results for the programme and now support joint monitoring and analysis of common implementation bottlenecks. The programme has also resulted in a clear UN Technical Support Plan and identification of lead UN agencies that serve as a single entry point for government for each area of the programme. UNFPA is the managing agent for the programme, with each UN agency conducting activities within a common workplan and budget.

## Prevention

The UN General Assembly reiterated in the June 2006 Political Declaration on HIV/AIDS that prevention must be the "mainstay" of responses to AIDS, and so it is not surprising that almost all UNAIDS Cosponsors are involved in prevention activities. All aspects of prevention work are supported, from prevention of mother-to-child transmission to blood safety, from promoting abstinence, behaviour change and condom use to safe injecting practices.

In too many countries, prevention efforts focus largely on the general population, even if there are subgroups that are at much higher risk of infection. These vulnerable groups and most-at-risk populations may face social stigma and discrimination, and so encounter barriers to accessing services. UNAIDS has a critical role to play in focusing attention on these groups.

For example, in Egypt knowledge of AIDS is quite low, particularly among women of lower socioeconomic status. Recent research showed that more than one fifth of women who had ever been married, without formal education, had never heard of AIDS, while nearly half did not know that HIV could be transmitted heterosexually. There are little data on female sex workers in Cairo, the country's largest city, but high levels of sexually transmitted infections and low reported usage of condoms coupled with the generally low levels of knowledge suggest that this population is at high risk.

To address this, the UNAIDS Secretariat, working with UNDP, the United Nations Development Fund for Women (UNIFEM) and the Egyptian Ministry of Health and Population, has started an outreach project to vulnerable women in Cairo. Implemented by a local grassroots organization, Al Shehab, established by community members in a Cairo slum, the project has led to the creation of a drop-in centre that features vulnerable women as peer educators, as well as offering voluntary counselling and testing for HIV and treatment for sexually transmitted infections. Rather than simply focusing on improving the knowledge of the sex workers, a holistic approach is taken to prevention, providing the women with training on negotiations skills, free legal services and general counselling. Simultaneously, qualitative interviews are being carried out to deepen the understanding of risk factors and behaviours in the community, as little is currently known.

Young people are another key population for targeted HIV prevention programmes. In Colombia, UNAIDS supported the National Police Health Division in an educational programme aimed at preventing the spread of HIV and other sexually transmitted infections among communities of adolescents and youth who are active in the National Colombian Police. The process started with the development of participative workshops where different aspects of sexuality were discussed, and social and individual vulnerability to HIV were stressed. The focus was on healthy lifestyles, gender equality, safer sex, identity and sexual diversity, vulnerability and the perception of risks, as well as ethics and human rights. About 24 500 students were trained in 551 workshops carried out in the country's 14 police academies. Instructors were also sensitized about the importance of prevention of HIV, a baseline was established on sexual knowledge and behaviour, and an HIV prevention plan and a reproductive health plan were developed for the national police health system.

*Habiba is 15 years old and lives in the slums of Cairo. She was exposed to domestic violence at the age of 8 and has been working as a sex worker. She now receives assistance from Al-Shehab Institution for Comprehensive Development where vulnerable women can find a shelter, food and activities.*





## Chapter 5

### Cosponsors in focus

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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***

*Responsibilities under the UNAIDS Division of Labour:*

- Addressing HIV among displaced populations (refugees and internally displaced persons)

The overall goals of UNHCR's multisectoral HIV and AIDS programmes are reflected in the 2005–2007 Strategic Plan "Refugees, HIV and AIDS". UNHCR's objectives are to combat HIV and AIDS among refugees, internally displaced populations, returnees and other persons of concern as well as to ensure that the human rights of persons of concern to UNHCR who are living with HIV are duly respected. The organization's work is focused on protection, rights-based advocacy, prevention, treatment, care, support, training and

capacity building. In addition, UNHCR follows the fundamental approaches of integrating refugees into HIV policies; funding proposals and programmes of countries of asylum; addressing the needs of refugee women and children; mainstreaming gender and age; and adopting a sub-regional approach.

#### *Rights-based advocacy efforts*

- UNHCR has intensified its advocacy efforts on access by displaced populations to services and protection-related HIV issues. With the expansion of national antiretroviral treatment programmes in many countries, and as a result of UNHCR's continued advocacy



efforts, refugee access to antiretroviral therapy is improving steadily. Other areas of focus for advocacy efforts were plans to introduce mandatory HIV testing of asylum seekers and refugees, and stigma and discrimination.

- UNHCR has intensified its advocacy efforts on access by displaced populations to HIV services, including antiretroviral treatment, and protection-related HIV issues. The combination of expanding antiretroviral treatment programmes in many countries and UNHCR's continued advocacy efforts has resulted in a steady improvement in refugee access to treatment in the last two years. UNHCR advocates for the elimination of HIV-related stigma and discrimination against refugees and other persons of concern to UNHCR. UNHCR is also working actively on mandatory HIV testing among refugees and asylum seekers and a host of specific issues related to resettlement of refugees with HIV.

### *Establishing normative guidance and promoting good practice*

- UNHCR has released various policies, best practices, publications, guides, articles and field experiences to support HIV and related activities in displacement settings at country level. Among these are a joint UNAIDS/UNHCR Best Practice Collection document titled "Strategies to support the HIV-related needs of refugees and host populations"; a review of UNHCR's field experiences titled "Evaluation of the introduction of post exposure prophylaxis in Kibondo, Tanzania"; and "Community Conversations in Response to HIV and AIDS: a capacity building project with refugees and the host population, Republic of the Congo"; a cartoon focusing on human rights, HIV and stigma and discrimination of refugees for adolescents in both refugees and surrounding communities.

### *Regional and country support*

- Six countries (Burundi, Democratic Republic of the Congo, Kenya, Rwanda, Uganda and the United Republic of Tanzania) teamed with UNAIDS, UNHCR and the World Bank to address the needs of conflict-affected populations and their surrounding host communities through the Great Lakes Initiative on AIDS. UNHCR is involved in the design of the Oubangui-Chari Initiative that includes the four countries (Central African Republic, Chad, Congo and Democratic Republic of the Congo), and is working to ensure that displaced populations in Guinea, Liberia and Sierra Leone have access to many of the programmes being implemented in the surrounding host sites under the Mano River Union AIDS Initiative.
- In collaboration with UNFPA, training courses on clinical management of rape were conducted in Côte d'Ivoire, Ghana, Guinea, Kenya, Uganda and United Republic of Tanzania. Antenatal care HIV sentinel surveillance was undertaken in refugee camps in Ethiopia, Kenya and Zambia.
- Since 2005, UNHCR has focused on gathering baseline data regarding HIV-related risk to make informed decisions for effective programmes towards mitigating the spread of HIV in the refugee and surrounding communities, to follow trends over time in HIV-related risk behaviours and to dispel some of the misconceptions regarding refugees and HIV and AIDS. To this effect, UNHCR has conducted systematic HIV behavioural surveillance surveys in six camps and surrounding host communities in four countries in Africa and in seven camps and surrounding host communities in Nepal.





## United Nations Children's Fund

Responsibilities under the Global Task Team recommendations and subsequent UNAIDS Technical Division of Labour:

- Care and support for people living with HIV, orphans and vulnerable children, and affected households
- Prevention of mother-to-child transmission (jointly with WHO)
- Procurement and supply management, including training

The UNICEF Medium Term Strategic Plan (MTSP) 2006–2009 focuses and organizes the Fund's work in support of national and international implementation of the Millennium Summit Agenda and pursuit of the Millennium Development Goals. The MTSP 06–09 identifies HIV/AIDS as one of UNICEF's five core priorities. Within this strategic framework and in line with the recommendations of the Global Task Team on Improving AIDS Coordination among Multilateral Institutions and International Donors, UNICEF is working with partners towards scaling up access to HIV prevention, treatment, care and support by 2010.

UNICEF, through the Inter-Agency Task Teams (IATT) and other mechanisms is supporting UNESCO in scaling up prevention programmes among young people in educational settings and UNFPA on HIV prevention among young people out of school. UNICEF is also supporting WHO on antiretroviral treatment and monitoring, prophylaxis and treatment for opportunistic infections for adults and children. UNICEF is also assisting other Cosponsors as appropriate in their lead responsibilities (e.g. UNDP and the World Bank to align Poverty Reduction Strategy Papers and AIDS Strategy and Action Plan with National Plan(s) of Actions).

In line with the "Three Ones" and "making the money work", UNICEF takes a leadership role in putting children at the centre of the AIDS

response by using the Global Partners Forums and Inter-Agency Task Teams as the key partnership mechanisms. Since the launch of the "*Unite for Children; Unite against AIDS*" campaign (25 October 2005) there has been a significant shift in how children are represented in AIDS strategies and interventions. For example, the June 2006 UN General Assembly emphasized its commitment to scale up towards the goal of universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010 and its 2006 Political Declaration on HIV/AIDS is spurring on momentum for children and AIDS. Another example is the XVI International Conference on AIDS, held in Toronto in August 2006, where over two dozen sessions were devoted specifically to children and AIDS. In order to track progress towards goals related to children and AIDS, UNICEF, through the Global Partners Forums and the Inter-Agency Task Teams has developed a number of country fact sheets. A publicly accessible database will be maintained to store estimates and measure trends over time.

By the end of 2006 there will be about 23 countries with finalized National Plans of Action (NPA) on orphans and vulnerable children. As of May 2006, more than US\$ 171 million had been disbursed by international donors in support of these plans, which will fund, on average, 35% of the total budgets. These plans were the products of Rapid Assessment, Analysis and Action Planning processes undertaken at country level to analyse current conditions and responses for children affected by the epidemic with technical support from UNICEF and others.

A two-day Technical Consultation preceded the 2006 Global Partners Forum on children affected by HIV and AIDS (GPF) hosted by UNICEF and the UK Department for International Development (DFID). It provided evidence-based recommendations in six areas of strategic importance to building a comprehensive response for children affected by HIV and AIDS. These areas

were: national planning, legal protection including birth registration, communities' role in the response, access to education, health services, prevention and treatment, and social welfare. The 2006 Global Partners Forum agreed upon a set of actions "to address blockages to universal access to prevention, treatment, care and support for children affected by HIV and AIDS".

In May 2006, the expanded Inter-Agency Task Team on Children and AIDS set up working groups to provide technical guidance on issues including civil registration, communities' role in the response, monitoring and evaluation, national plans of action, social protection and education. In line with the Global Partners Forum's recommendations, it also created a report card system to rank donors and national government according to their actions on children and AIDS and to track responses on the basis of agreed indicators. The 2006 *Progress report for children affected by HIV/AIDS* gives a straightforward and accessible snapshot of the current state of the AIDS response as it relates to children. It covers issues such as orphan school attendance, HIV education in schools, food security, emotional and/or psychosocial support, basic material needs and other key areas of needed support.

UNICEF, DFID and HelpAge International have been important partners in the process of developing and funding national social protection policies and pilot cash transfer programmes like those in Kenya, Malawi and Zambia. Momentum is also taking hold around school fee abolition. Building on the experience of countries that have already abolished school fees, notably Kenya and Uganda, governments and partners are working to ensure that even orphaned and impoverished children receive an education. Seventeen countries have already submitted national plans to ensure universal primary education. UNICEF and WFP are collaborating in two new initiatives related to nutrition, food security and children affected by AIDS.

The first Global Partners Forum on the Prevention of Mother-to-Child Transmission of HIV (PMTCT) convened by UNICEF and WHO in collaboration with the expanded global Interagency Task Team (IATT) was held in December 2005, in Abuja. Delegates from 28 countries signed a "Call to Action: towards an HIV-free and AIDS-free

generation" committing stakeholders to PMTCT [prevention of mother-to child transmission] services focused on families and communities, and not only mothers. In addition, the high-level delegates built consensus on priority actions for national governments and all implementers to accelerate scale-up for achieving universal access by 2010.

In the past year, there has been rapid scale-up of prevention of mother-to-child transmission services in Botswana, Guyana, Rwanda, Swaziland, Uganda and the United Republic of Tanzania. In Botswana, almost 90% of pregnant women are tested for HIV, and in Rwanda, coverage in health facilities nearly doubled in the past year (from 120 in December 2004 to 215 as of May 2006). Counselling and follow-up services to maintain the health of mothers and their babies are also being expanded in these countries.

In addition to co-convening the Abuja forum, UNICEF, WHO and partners coordinated joint technical missions for prevention of mother-to-child transmission services to high burden countries and played critical advocacy and funding roles. To track progress and ensure accountability to children and between partners, UNICEF, WHO and the IATT partners developed a Report Card for country-level progress on access to services. A global, comprehensive review of prevention of mother-to-child transmission progress for 2005 will be published by the end of 2006. Additional partners are the Baylor International Pediatric AIDS Initiative, the Elizabeth Glaser Pediatric AIDS Foundation, the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria. PEPFAR-funded programmes provided prevention of mother-to-child transmission services to over 1.9 million women last year. The South Africa-based Mothers2Mothers Programme is working with UNICEF in several countries to strengthen community capacity, and involvement of Columbia University's MTCT-Plus initiative has pioneered an innovative family approach to a comprehensive package of HIV prevention, care, support and treatment for mothers, children and families, using prevention of mother-to-child transmission as an entry point in ten countries in sub-Saharan Africa and Asia.

UNICEF is also actively supporting WHO and other stakeholders in expanding treatment to increase the availability and reduce the cost of paediatric formulations of HIV diagnostics and drugs. Although prices of many paediatric HIV formulations remain high (though with noticeable recent decreases) and some drugs are still needed in syrup form, dramatic price declines—as much as 50% for some first-line products—in the past year have saved the lives of thousands of children. In Botswana, Rwanda, Uganda and Zambia, among others, higher success rates in testing and treating small children are tied to the introduction of Dried Blood Spot (DBS) specimen collection for HIV testing in several pilot areas. Partners, particularly PEPFAR, USAID, the CDC, Médecins Sans Frontières (MSF), the Clinton Foundation and others have played a critical role in getting improved HIV treatment and diagnostics for children. As these formulations are developed, WHO has issued new guidelines for the care and treatment of HIV-infected children, cotrimoxazole prophylaxis for HIV-exposed and infected children, and protocols for infant diagnosis. UNICEF and Baylor are together helping national governments to implement these new guidelines and to train health care workers in paediatric testing, care and counselling. UNICEF and WHO have also partnered to assist governments to incorporate indicators related to paediatric care and treatment into existing national HIV and AIDS monitoring and evaluation plans. The Governments of Brazil, Chile, France, Norway and the United Kingdom have launched the International Drug Purchase Facility (IDPF), under the acronym UNITAID. The Facility will be funded from levies on airline tickets and will focus on purchasing drugs for AIDS, TB and Malaria. To date, nineteen countries have taken initial steps to introduce an air-ticket solidarity levy or a similar mechanism whose proceeds will finance UNITAID. Paediatric HIV treatment is among UNITAID's initial priorities for support and it is expected that prevention of mother-to-child transmission will become a priority in 2007.

UNICEF is also leading a collaborative effort on procurement and supply management (PSM), including training in the area of HIV programming. Since technical assistance in PSM in the area of HIV is a multifaceted endeavour, an inter-agency task team mechanism was established to ensure coordination of activities within the UN, and to facilitate engagement of key development partners through existing networks rather than duplicating efforts. Core members include the Global Fund, UNFPA, UNDP, UNICEF, WHO and the World Bank. Countries in need of assistance were identified through various mechanisms, including the GIST. Technical support varied from short-term advice, to in-depth assistance through joint missions (e.g. Central African Republic, India, Sudan, the United Republic of Tanzania and Zambia) and intensive training courses (e.g. Ethiopia, Kenya, Nepal, Pakistan and the United Republic of Tanzania). Direct assistance on specific areas of PSM was provided to Angola, Benin, Botswana, China, Democratic Republic of the Congo, Ethiopia, Guinea Bissau, Lesotho, Malawi, Mali, Niger, Sierra Leone, Sudan, Swaziland, Tajikistan and Uganda. By end October 2006, 23 countries had received technical assistance in PSM. In addition to responding to specific country needs, the UNICEF regional offices, in collaboration with regional partners, are also in the process of mapping out the PSM needs. This will provide an overview of the status of supply in the regions. The PEPFAR/Supply Chain Management System consortium is providing significant additional procurement and technical assistance in the area of PSM.

While some progress is being made in procurement supply and management, significant challenges remain—particularly in ensuring coherence among existing mechanisms, the provision of appropriate technical assistance at country level and the urgent need to strengthen improved national capacity in procurement and supply management. UNICEF and partners are working on addressing these issues.



## World Food Programme

*Responsibilities under the UNAIDS Division of Labour:*

- Dietary/nutrition support

As the world's largest humanitarian agency, WFP focuses on responding to the AIDS epidemic through its food assistance programmes in partnership with national governments, other UN agencies, national and international nongovernmental organizations, and community-based organizations. The main focus of WFP's HIV programmes is to provide nutritional support to care and treatment programmes, support orphans and children affected by HIV and link HIV education with school feeding programmes, relief operations and other programmes. WFP places particular emphasis on addressing the needs and vulnerabilities of women and girls in its efforts to address the epidemic through food support and by promoting girls' education. WFP also provides assistance to poor AIDS-affected households and individuals to meet their basic nutritional needs. WFP contributes food and nutritional support to HIV programmes in 51 countries.



*Woman in Masoka, campfire village, prepares her fields for planting, northern Zimbabwe.*

Some examples of WFP's initiatives at country level include:

- In Uganda, WFP is working with local nongovernmental organizations to reach more than 180 000 beneficiaries affected by HIV with food support for programmes that prevent mother-to-child HIV transmission, provide antiretroviral and tuberculosis treatment, address the needs of orphans and vulnerable children, and provide home-based care.
- In Kenya, WFP partnered with the University of Manitoba and the University of Nairobi to conduct a series of workshops for WFP-contracted transporters on HIV awareness and the specific vulnerabilities faced by transport workers.
- In Swaziland, WFP, UNFPA and the Ministry of Education jointly implement a project through relief committees to raise awareness and understanding of HIV-, gender- and gender-based violence.
- Lesotho has a very high rate of TB-HIV co-infection, so WFP has partnered with the Lesotho Red Cross, World Vision and Salvation Army to provide food rations to TB patients and their families during the treatment period.
- In Zimbabwe, WFP supports Africare's home-based care programme, which has a strong gender focus. To lessen the burden on women, men receive training as caregivers, challenging the myth that men cannot care for the sick.
- In India, WFP works with government and local nongovernmental organizations to integrate HIV prevention into food for work to raise awareness among beneficiaries of HIV and AIDS and gender issues.

- In Cambodia, WFP has worked with a variety of partners including The National Center for HIV/AIDS and STI Control, CARITAS, World Vision Cambodia and Khmer HIV/AIDS NGO Alliance to provide food support to home-based care programmes since 2003.
- In the south of the Lao People's Democratic Republic, WFP provides food and nutritional support to HIV patients enrolled in a treatment programme as part of a pilot project in collaboration with Médecins Sans Frontières.

WFP has also worked actively at the international level to develop consortia that provide further assistance to countries. For example, it helped establish the United Nations Alliance on Orphans and Vulnerable Children, Sustainable Livelihoods and Social Protection in cooperation with the UN Food and Agriculture Organization, UNICEF, CARE and Oxfam-Great Britain. The Alliance's main aim is to strengthen programming for orphans and vulnerable children, with an emphasis on securing their future livelihoods

and building links to communities, national policy processes and global initiatives. For example, the Alliance helps countries fulfil their commitment to children affected by HIV by prioritizing orphan and vulnerable children support programmes such as Junior Farmer Field and Life Schools, a programme that WFP implements in partnership with FAO and UNICEF in Kenya, Mozambique, Namibia, Swaziland and Zambia.

WFP is also participating in a consortium of humanitarian organizations funded by the United Kingdom's Department for International Development for a three-year programme to scale up HIV services for populations of humanitarian concern. Activities under this initiative include mainstreaming HIV into vulnerability assessment tools, assessing the dynamics of antiretroviral treatment programmes in emergency settings and assessing the impact of emergencies on orphans and vulnerable children.





## United Nations Development Programme

*Responsibilities under the UNAIDS Division of Labour:*

- HIV/AIDS, development, governance and mainstreaming, including instruments such as the Poverty Reduction Strategy Papers, and enabling legislation, human rights and gender.

UNDP works in 166 countries to address development challenges and support achievement of the Millennium Development Goals. Responding to the AIDS epidemic is one of the organizations' core priorities. As a Cosponsor of UNAIDS, UNDP focuses on addressing the human development, governance, human rights and gender dimensions of the epidemic.

UNDP works to build national capacity for effective action across sectors to respond to the unprecedented scale and impact of AIDS. Recognizing that success in reversing the epidemic is contingent on an expanded response involving a wide range of actors and institutions, UNDP works in close partnership with governments, civil society and UN system organizations. Below are examples of recent country-level work.

### *Integrating AIDS priorities into national development plans and poverty reduction strategies, and assessing economic impact*

- In India, with support from UNDP and the National AIDS Control Organisation, the National Council of Applied Economic Research conducted a ground-breaking study on the macroeconomic and sectoral impacts of HIV and AIDS. The findings, which indicate that the economic costs of AIDS could be quite high if the epidemic is unchecked, are

helping to build an economic case for action against AIDS in India and dedication of adequate resources to the national response. In addition, a study highlighting the socio-economic impact and burden of AIDS on women has been published to promote economic and legal empowerment of women in the context of AIDS.

### *Protecting and promoting the rights of people affected by HIV and addressing gender-related vulnerability*

- With support from UNDP, parliamentarians, legal consultants and representatives of judiciaries and Ministries of Interior from thirteen Arab States formulated a draft model law on the rights of people living with HIV. The group utilized and built upon existing legal, regulatory and policy tools and instruments with a view to aligning them with international conventions and guidelines to protect people affected by HIV from discrimination.
- In Ecuador, UNDP and UNIFEM convened the first-ever national consultation on Gender and AIDS in March 2006, which has resulted in the development and budgeting of gender projects in AIDS prevention programmes in the cities of Guayaquil and Quito.
- In 17 countries in Africa, the Arab States, Asia and the Caribbean, UNDP's Community Capacity Enhancement programmes have created spaces for men and women to address underlying causes influencing the spread of HIV, such as stigma, discrimination and gender power relations. Implemented in partnership with nongovernmental organizations and community-based organizations, the programmes have helped communities to

challenge harmful practices, including female genital mutilation, bride sharing and gender-based violence.

*Supporting harmonization and alignment of UN system and donor assistance to national AIDS authorities*

- In Europe and the Commonwealth of Independent States, UNDP is supporting several countries including the Russian Federation, Tajikistan, Kyrgyzstan and Croatia to improve the governance and coordina-

tion of national HIV strategies and mechanisms. Based on the “Three Ones” principles, UNDP is helping to strengthen governance and monitoring and evaluation of HIV policies and programmes.

UNDP also supports national efforts by offering knowledge, resources and best practices from around the world, in areas such as trade and health and intellectual property legislation for sustainable access to AIDS medicines. It also provides technical support and programme management for improved implementation of programmes financed through multilateral funding initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria.



## United Nations Population Fund

### *Responsibilities under the UNAIDS Division of Labour:*

- Provision of information and education, condom programming, prevention for young people outside schools and prevention efforts targeting vulnerable groups (except injecting drug users, prisoners and refugee populations)

UNFPA works to intensify and scale up universal access to HIV prevention using rights-based, evidence-informed strategies including strengthening linkages with sexual and reproductive health (SRH) information and services and attention to the gender inequalities that fuel the epidemic.

In line with the division of labour, the Fund takes a leadership role in comprehensive condom programming and prevention among young people and women, two groups that are at greatest risk of infection. It also reaches out to other vulnerable populations, including sex workers and their clients. Linking HIV with sexual and reproductive health enables a comprehensive, full-scale and sustained response towards the goal of universal access to comprehensive HIV prevention programmes, treatment, care and support by 2010.

### *Women and AIDS*

- In 40 countries in some stage of conflict, emergency or recovery, UNFPA has worked with partners to deliver sexual and reproductive health information and services including HIV prevention and responding to gender-based violence. A toolkit on engaging young men on HIV prevention has been field tested in the Latin America and Caribbean region where UNFPA has supported 14 governments in institutionalizing gender and sexual and reproductive health in national police or armed services or both.

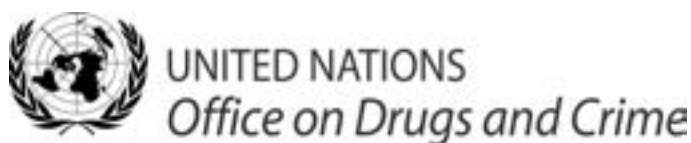
- In several Asian countries UNFPA has successfully supported promotion, training, peer education and inclusion of safer sex and sexually transmitted infection and HIV prevention for sex workers and their clients.

### *Young people and HIV*

- In Asia and Africa, more than 100 partnerships have been formed to improve the provision of sexual and reproductive health and HIV prevention and services. In Asia, youth centres have been expanded to ensure that young people's access to information is linked to access to youth-friendly services.
- In Mozambique, integrated services were the focus of the Gerção Biz project operating in eight of 11 provinces. The sites expanded reproductive health care to include voluntary counselling and testing, treatment of opportunistic infections, HIV prevention in pregnancy, community home-based care and support groups for youth living with HIV. By 2009 the programme is expected to reach 60% of the country's youth population through health centres and hospitals, in schools, youth centres and "out-of-school" peer activists.
- Thousands of adolescents in the county of Deqing in Zhejiang Province, China, gained life skills through training and access to information via hotlines and new "youth-friendly services" rooms established in 2005 in every township in the county.
- As of the end of 2005, Y-PEER linked more than 3000 members from 39 countries, providing them with news, advocacy materials, lesson plans, methodologies, distance learning courses, discussion forums, events and new peer education training tools; it also conducts training workshops to expand impact.

### *Condom programming*

- In Asia, the Reproductive Health Initiative for Youth and Adolescents has improved access to condoms through youth-friendly information, education, services and counselling for youth, such as establishing “condom corners” in Bangladesh.
- In 2005, UNFPA launched the Global Female Condom Initiative which aims to integrate female condom programming as an essential component of national HIV policy guidelines and reproductive health in at least 23 countries. Progress has been made in Cambodia, Côte d’Ivoire, Ethiopia, Honduras, Liberia, Malawi, Mauritius, Mongolia, Myanmar, Nigeria, Senegal, Sierra Leone, Zambia and Zimbabwe, including the establishment of national condom programming teams under the leadership of the respective governments. Feasibility studies have also been completed in Fiji, Papua New Guinea and Vanuatu.
- The Country Commodities Manager, a tool to assist country level efforts in assessing reproductive health commodity and stock requirements is now operational in 85 countries.
- In China, UNFPA continues to support efforts of the Ministry of Railways’ HIV awareness efforts aimed at protecting the 2.2 million Chinese railway workers and their families and millions of passengers. Condom promotion is an explicit part of the railway campaign.



## United Nations Office on Drugs and Crime

*Responsibilities under the UNAIDS Division of Labour:*

- Prevention of transmission of HIV among injecting drug users and in prisons

The United Nations Office on Drugs and Crime (UNODC) is the lead agency in the UNAIDS family for HIV prevention and care among injecting drug users and in prison settings. UNODC is also responsible for facilitating the development of a UN response to AIDS associated with human trafficking.



*A man living with HIV being interviewed at "Info Plus" Centre in Moscow to determine what services people living with HIV require and what problems they face, so that the centre can act accordingly. The centre provides various services for people living with HIV including advocacy and counselling, a drop-in centre and a help line.*

The focus of the HIV-related work of UNODC is to assist governments and civil society organizations to develop and implement comprehensive prevention and care programmes in these three key areas.

### *Injecting drug use and HIV*

The overall goal is to increase and improve HIV prevention and care services for injecting drug users in countries where the use of contaminated injecting equipment is a major means of transmitting the virus.

Technical assistance activities of UNODC aim at building capacity of countries in delivering evidence-based HIV prevention and care services for injecting drug users and their sexual partners including HIV education through peer outreach, drug dependence treatment including oral substitution therapy, prevention commodities such as sterile injecting equipment and condoms, voluntary HIV counselling and testing, antiretroviral therapy and treatment of sexually transmitted infections. The Office also promotes effective interventions for specific sub-groups of injecting drug users such as those living in prison settings and involved in sex work.

In 2006, UNODC partnered with the governments of Estonia, Latvia, Lithuania, Romania, the Russian Federation, Kazakhstan, Kyrgyzstan, Uzbekistan, Turkmenistan, Tajikistan and Azerbaijan and developed and commenced large technical assistance programmes for HIV prevention and care among injecting drug users.

The Office also continued and further strengthened its technical assistance activities addressing injecting drug use and HIV in other key countries including Bangladesh, Brazil, China, India, Indonesia, Iran, Kenya, Myanmar, Nepal, Pakistan, Ukraine, Viet Nam.

Continuous vigilance and up-to-date data on the extent of the risk practices and other epidemiological information are key in designing a rapid response to prevent an emerging HIV epidemic among the injecting drug users. In 2006, UNODC undertook several rapid assessments in African



countries including Côte d'Ivoire, Mauritius and Tanzania following initial reports that injecting drug use and HIV were spreading in Africa.

### *HIV in prison settings*

UNODC provides support to countries in developing and implementing HIV prevention and care programmes in prison settings. This includes pre-trial detention centres and closed institutions for juveniles in conflict with the law. The Office is also the custodian of the United Nations Standard Minimum Rules for the Treatment of Prisoners and assists countries in implementing international standards and UN resolutions that demand that all inmates have the right to receive health care, including HIV prevention and care, without discrimination and equivalent to those available in the community.

In 2006, in partnership with various country and regional level stakeholders and international experts UNODC developed a Strategy and a Toolkit on HIV prevention and care in prison settings to help build national capacity in developing effective policies and establishing national HIV programmes in prison settings.

The year also saw UNODC assisting countries including China, Indonesia, Kenya, South Africa and Thailand in advocating effective HIV policies in prison settings, encouraging countries to actively involve civil society organizations in prisons and for after-care services and offering drug dependence treatment as an alternative to imprisonment. The Office also helped countries in providing HIV information and education to prisoners and training wardens and other staff in prison settings.

In 2006, UNODC, together with the governments of Azerbaijan, Estonia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Romania, Russian Federation, Tajikistan, Turkmenistan and Uzbekistan, launched new technical assistance programmes addressing HIV

prevention and care in prison settings including pre-release reintegration programmes in those countries.

### *Human trafficking and HIV*

The aim is to build capacity of national partners in providing potential and actual trafficking victims, particularly women and girls, with comprehensive, gender-sensitive, HIV prevention and care in countries of origin and destination. The Office is trying to achieve this by encouraging countries to set in place large-scale awareness and advocacy campaigns on the nature and extent of trafficking in persons and the related HIV risks and response.

The Office also helps countries provide at-risk groups with information on HIV transmission and how to protect themselves from entering a trafficking situation and being infected with HIV (safe mobility packages), and to provide potential and actual trafficking victims with appropriate HIV prevention and care services.

This includes information and education, voluntary and confidential HIV testing and counseling, promoting condom use, treatment of sexually transmitted infections and providing anti-retroviral treatment and palliative care for persons with AIDS. Civil society organizations are encouraged to provide health, social and legal assistance services, for example providing repatriated victims of human trafficking with comprehensive HIV prevention and care services and assistance in reintegration, particularly with a view to avoiding re-victimization.

In 2006 UNODC elaborated the outcomes from the September 2005 consultative meeting on a UN system-wide strategy. To inform the strategy, UNODC in partnership with UNFPA, commenced a research study among four language groups of foreign sex workers in Thailand and in Japan. Preliminary work was begun on the development of a 'safe mobility package' for potential and actual victims of human trafficking.



## International Labour Organization

*Responsibilities under the UNAIDS Division of Labour:*

- HIV/AIDS workplace policy and programmes, private-sector mobilization

The ILO helps make the workplace a more effective entry point for universal access through:

- integrating HIV and AIDS into structures and programmes ranging from occupational safety and health to vocational training and social security;
- adapting workplace health services to HIV treatment delivery and adherence support;
- strengthening the capacity of its constituents—employers, workers and ministries of labour—to develop workplace policies and programmes and combat discrimination.

It uses the ILO *Code of practice on HIV/AIDS and the world of work* as the framework for action at national and enterprise levels, especially in addressing employment-related stigma and discrimination. Progress is being made to mainstream AIDS in the Decent Work Country Programmes, the ILO's integrated strategy for the promotion of jobs, skills and rights at work at country level.

### *Legal reform and policy development*

- Seventy-three countries have included AIDS-related provisions in their labour and discrimination laws and policies. Specific policies on AIDS and the world of work have been developed with the involvement of the ILO's tripartite constituents in Lesotho, Mozambique, Nigeria, Sierra Leone, Uganda, the United Republic of Tanzania and Zambia, as well as in other regions. In the Russian Federation, a significant advance occurred in 2005 when the Tripartite Commission on Social and Labour Regulation signed a National Agreement on HIV/AIDS and

the World of Work. Over 400 enterprises in ILO projects have policies that address discrimination and stigmatization. Labour judges have been trained on HIV prevention, policy formulation and law enforcement in Southern, East and West Africa and South-East Asia, using the ILO *Guidelines on HIV/AIDS for labour judges and magistrates*.

### *Workplace programmes*

- The ILO supports the development of both prevention and treatment programmes in workplaces. For example, behaviour change is promoted through workplace prevention programmes, tailored to specific populations and supported by practical measures such as condom distribution. *HIV/AIDS behaviour change communication: a toolkit for the workplace* provides comprehensive guidance on design, implementation, monitoring and evaluation. The International HIV/AIDS Workplace Education Programme operates in Africa, Asia, the Caribbean and the Russian Federation: nearly 3000 government officials and key members of employers' and workers' organizations have received in-depth training on developing policies and implementing programmes on HIV, and over 2000 workers have been trained as peer educators in partner enterprises and cooperatives.

### *Social protection and impact mitigation*

- The ILO promotes skills development and income generation among affected populations, especially women and young people. In India, it works with the New Delhi Network of Positive People to develop skills and provide raw materials for HIV-positive women whose husbands have died of AIDS. The 'Start/Improve Your Business' programme includes an AIDS component in most countries.

- The ILO assists governments to adapt benefit mechanisms to the needs of workers with HIV, including wage subsidy schemes, and is exploring innovative approaches such as social transfers to poor households to support income and ensure antiretroviral regime adherence. It has undertaken action-oriented research on health financing mechanisms and developed a model of the social policy costs of HIV for the Russian Federation and similar health-care systems.



## United Nations Educational, Scientific and Cultural Organization

*Responsibilities under the UNAIDS Division of Labour:*

- Prevention for young people in education institutions

UNESCO's response to HIV focuses on both the role of education in reducing the spread of HIV, and on means to lessen the impact of AIDS on countries' education systems. To accomplish this and to promote the achievement of Education for All and the Millennium Development Goals, UNESCO supports countries in implementing comprehensive education sector responses to HIV, expanding the evidence base and disseminating good practice; and establishing normative guidance for and promoting quality education.

### *Supporting countries to implement comprehensive education sector responses to HIV*

- As the UNAIDS Cosponsor leading EDUCAIDS (Global Initiative on Education and HIV/AIDS), in 2005–2006 UNESCO supported an expansion to over thirty countries participating in the initiative. A “framework for action” that explains how EDUCAIDS works at country level and defines a comprehensive education sector response to HIV and AIDS was finalized following extensive country, regional and global consultation. In addition, a practical guide was completed to provide countries with information on how EDUCAIDS relates to and complements other initiatives such as Education For All and the Millennium Development Goals. Recognizing the importance of education in national efforts on HIV and AIDS, UNESCO's General Conference and Executive Board have adopted EDUCAIDS as one of three core initiatives for Educational for All.

- UNESCO collaborated with ILO on the development of workplace policies for the education sector, through workshops with government, workers and employers in the Caribbean and in southern Africa. The policies have been circulated widely in the regions, with the aim of supporting countries to address HIV as a workplace issue.

### *Expanding the evidence base and disseminating good practice*

- The UNAIDS Inter-Agency Task Team on Education, convened by UNESCO, also undertook the first ever global survey on the readiness of the education sector to respond to HIV. Ministries of Education in 71 countries and civil society organizations in 18 countries analysed the impact of AIDS on education, areas of progress and weaknesses in their response to date. The report was launched at the Association for the Development of Education in Africa biennial in Gabon in March 2006 and in South Africa in July 2006, in addition to widespread dissemination at the country level.
- As part of a process of highlighting country experiences that can be used to inform good policy and practice in the area of education and AIDS, UNESCO has produced the first three of a series of booklets that draw on field experience in a wide range of countries in both formal and non-formal learning environments. The series presents ideas, research results, policy and programmatic examples to inform implementers in the process of preparing education systems to respond to the needs of HIV affected and infected learners and their communities.

- In 2005 UNESCO implemented a project in four countries in the Asia-Pacific, focusing on the educational needs related to HIV of specific vulnerable groups: young sex workers in Cambodia, young men who have sex with men in China, young drug users in Indonesia and street children in Pakistan. Civil society partners undertook the research in each country and a joint workshop to share results was held in Bangkok in December 2005.

### *Establishing normative guidance for and promoting quality education*

- In 2006 UNESCO co-hosted the first meeting of HIV/AIDS coordinators of Caribbean Ministries of Education with the Caribbean Community (CARICOM), the Inter-American Development Bank, the Education Development Center (EDC) and the University of the West Indies, attended by delegates from fourteen CARICOM countries and the British and Dutch Overseas Countries and Territories. Subsequently, a CARICOM high-level meeting focusing on the education sector response to the epidemic was supported by UNESCO, in collaboration with EDC, and resulted in a very strong declaration of commitment to concerted action across the region.
- UNESCO convenes the FRESH partnership (Focusing Resources for Effective School Health) and has a particular interest in school health as an entry point for work on HIV and AIDS. A toolkit of resources for school health policies and programmes has been developed and is available on CD-ROM, as well as electronically. UNESCO has launched FRESH in a number of countries and regions, including Georgia, Russian Federation, Ukraine and Uzbekistan; Latin America and the Arab states.





## World Health Organization

*Responsibilities under the UNAIDS Division of Labour:*

- Prevention of HIV transmission in healthcare settings, blood safety, counselling and testing, sexually transmitted infection diagnosis and treatment, and linkage of HIV prevention with AIDS treatment services
- Antiretroviral treatment and monitoring, prophylaxis and treatment for opportunistic infections (adults and children)
- Establishment and implementation of surveillance for HIV, through sentinel/population-based surveys
- Prevention of mother-to-child transmission (jointly with UNICEF)

WHO's work at country level relies on an evidence-based model, *The WHO Essential Package to Scale Up HIV Prevention, Care and Treatment in the Health Sector* which includes integrated health sector interventions, using a public health approach. The following sections describe key actions that WHO has been undertaking to support countries in their response:

### *Implementation of essential health sector interventions*

- Integrated Management of Adult Illness (IMAI) tools continue to support implementation of the public health approach and the model, *the WHO Essential Package* at primary health-care level. Currently, around 35 countries are being assisted in various IMAI activities ranging from adaptation of tools to meet national needs, development of training courses for trainers, clinical and counselling facilitators and expert people living with HIV patient-trainers, injecting drug use adaptation of materials that provides the integrated primary care approach to the management of injecting drug use.

- WHO has assisted at least 45 countries to incorporate key technical elements of antiretroviral therapy into national plans. This included updating treatment guidelines and defining service delivery models. Technical support is currently being provided to five countries in Africa for costing free care policies and exploring financing options.

### *Prevention of HIV infection*

- WHO has provided tailored support on the prevention of mother-to-child transmission of HIV to Burkina Faso, Cameroon, Côte d'Ivoire, India, Malawi, Rwanda, the United Republic of Tanzania and Zambia, focusing on reviewing current interventions, and adapting guidelines and training materials for health workers. WHO is also currently planning regional workshops to assist countries in formulating five-year plans for the scale-up of mother-to-child transmission and paediatric interventions. One of these workshops has already taken place in Latin America; three are planned in the Africa region and one in Asia.
- WHO jointly with UNAIDS have developed draft Guidelines for Provider-Initiated HIV Testing and Counselling. These new guidelines emphasize the importance of integrating provider-initiated HIV testing and counselling into existing health services, such as antenatal and sexual and reproductive health services, the need to prevent stigma and discrimination and to protect human rights, and the basic package of services that needs to be available where this is to be implemented. In addition, WHO is planning to develop more specific operational HIV testing and counselling guidelines to meet the special needs of most-at-risk populations.
- WHO has provided support to countries to expand programmes targeting vulner-

A former injecting drug user taking his methadone treatment at a health centre in Beijing.



able population groups. In particular, WHO supported harm reduction assessment missions to several countries, including Cambodia, China, Indonesia, Islamic Republic of Iran, Nepal, Thailand, Ukraine and Viet Nam. WHO also supported the development of national plans for scaling up treatment that address treatment access for drug users and prisoners in Indonesia, Ukraine and Viet Nam.

### *Surveillance and strategic information*

- WHO has developed a basic package on HIV drug resistance prevention, surveillance and monitoring, which is being used to support 23 countries in their drug resistance activities. In addition, following the Global Task Force on XDR-TB (extensively drug-resistant tuberculosis), WHO will continue to coordinate the global effort on XDR-TB and its work with countries on emergency response plans. South Africa was among the first to request assistance to strengthen its national emergency XDR-TB response and the additional challenges posed to it by HIV.

- In response to countries' needs for standardized tools that facilitate the collection and analysis of data, WHO is supporting projects in five African countries to put in place a process of priority setting and build capacity for operational research. WHO is also supporting 15 countries for the implementation of antiretroviral patient monitoring systems.

### *Mobilizing financial resources*

- WHO has actively provided support to countries in preparing proposals for submission to the Global Fund to Fight AIDS, Tuberculosis and Malaria. WHO supported 66 countries submit proposals in response to the Fifth Call for Proposals ("Round 5") and 49 countries in response to the Sixth Call for Proposals ("Round 6"). Along with another Cosponsor, WHO has also provided technical support to at least 15 countries in Africa, Latin America and Western Pacific, to improve the pace and quality of implementation of their Global Fund-financed grants.



## World Bank

*Responsibilities under the UNAIDS Division of Labour:*

- Support to strategic, prioritized and costed national plans; financial management; human resources; capacity and infrastructure development; impact alleviation and sectoral work

The World Bank's mission is to fight poverty and improve living standards in developing countries. Working through five closely associated institutions that are owned by member countries, the Bank advances its mission by providing grants, credits, loans, policy advice, technical assistance and knowledge-sharing services to low- and middle-income countries.

In response to country needs, emerging and long-standing challenges to an effective AIDS response, lessons and experience and its comparative advantage, the Bank developed its Global HIV/AIDS Program of Action in 2005. The Program of Action lays out priorities for the next three years to strengthen Bank support for more effective national AIDS responses, working closely with major partners. The Program of Action builds on existing Bank regional strategies or business plans. There are five integrated key action areas in the Program of Action:

- Continued and *sustained funding* for national and regional AIDS programmes, especially to fill gaps, to strengthen health systems, and to support effective national AIDS responses that are of sufficient scale and scope to make a difference on the ground;
- Support for *strengthening national AIDS strategies and annual action plans*, to ensure they are truly prioritized, evidence-based, integrated into development planning and can be implemented;
- *Accelerating implementation*, to increase the scope and quality of priority activities;

- Strengthening *country monitoring and evaluation systems* and evidence-informed responses, to enable countries to assess and improve their programmes; and
- *Knowledge generation and impact evaluation* of what works, as well as other analytical work to improve programme performance.

The Bank contributes to universal access to prevention, care and treatment through funding for comprehensive AIDS programmes in all regions and countries where the Bank finances AIDS and AIDS-related projects and programmes as well as through ensuring that AIDS is part of the broader development agenda. The Bank is one of the three largest financiers of national AIDS programmes. By August 2006, it had committed more than US\$ 2.7 billion in grants, credits and loans to more than 100 AIDS prevention and control programmes globally. Almost half of this funding has come through the Multi-Country HIV/AIDS Program (MAP) for Africa and the Caribbean and the rest through traditional Bank projects in all regions.

In addition to the crucial work of the health sector, an effective response to HIV and AIDS also needs action and involvement from many other sectors. AIDS activities are increasingly included in Bank-funded education, transport, infrastructure, urban development and water supply and sanitation projects. All construction contracts with Bank funding most now include activities to address HIV—usually information and condom distribution, but also treatment. In a growing number of countries in Eastern Europe and Asia, projects are involving the legal, justice, police, prison and social welfare ministries to create context conducive to working with injecting drug users, sex workers, prisoners and the armed forces. India is involving all key sectors in developing and implementing the next phase of the national programme. In Latin America and the Caribbean, Bank projects are

helping many ministries develop and implement HIV response plans.

The Bank's work with governments supports active involvement of people living with HIV, nongovernmental organizations, community groups, AIDS service organizations, and faith-based organizations, encouraging policy changes where needed, channeling funds directly to affected communities and to support civil society organizations' work, especially with hard-to-reach high risk groups. Civil society groups play critical roles in national AIDS programmes in South Asia, helping to formulate policies and design and implement programmes. The Africa Multi-Country AIDS Program has funded over 50 000 nongovernmental organizations, faith- and community-based sub-projects.

### *AIDS Strategy and Action Plan service*

A new AIDS Strategy and Action Plan (ASAP) service, housed at the World Bank on behalf of UNAIDS, helps countries strengthen their national AIDS strategies and action plans. A key first step in creating ASAP was a workshop held in Thailand in January 2006, in which experts on strategic planning and HIV and practitioners and programme managers from several countries discussed strengths and weaknesses in existing national AIDS strategic planning, began developing a self-assessment tool that countries could use to evaluate their national strategies, and came up with a range of support activities that ASAP might usefully offer. A key output of the workshop was a draft business plan setting out options for discussion. The ASAP self assessment instrument and guidelines have been developed and sent out to various stakeholders for comments. ASAP operations are done in consultation with the UNAIDS Secretariat and Cosponsors, other partners and Technical Support Facilities. Requests

from countries for ASAP support have so far been of three kinds:

1. Peer review of draft strategies in which ASAP assembles a group of experts to provide comments to countries on a confidential basis—this has been done so far for Benin and Central African Republic, and a request has been received from Iran.
2. Assistance in focused areas such as review of previous strategies, prioritization and costing of new strategies and facilitation of the participatory process for example, ASAP has assisted in the costing of the Guyana AIDS Strategy, and is currently developing plans with the Philippines. In addition, ASAP is developing plans to provide assistance in the United Republic of Tanzania and is preparing a costing case study in Swaziland.
3. Comprehensive support from the initial “road map” for preparing a strategy for assistance during the preparation period. So far, missions have been sent to Burundi, Honduras and Madagascar. ASAP has hired consultants for the revision of the Barbados AIDS strategy. ASAP is funding consultants and strategy development work in Sri Lanka. ASAP is also finalizing plans for assisting with the development of the Operational Plan in Afghanistan.

### *Monitoring and evaluation*

Monitoring and evaluation is crucial, to track and understand the HIV epidemic and response, and use the results to improve programmes. Housed at the World Bank, the Global HIV/AIDS Monitoring and Evaluation Support Team (GAMET) was established by the UNAIDS family to improve national monitoring and evaluation, capacity and systems. GAMET monitoring and evaluation specialists, based primarily in developing countries, provide rapid, intensive, flexible, practical and expert

hands-on monitoring and evaluation support to 45 countries in four continents. The team works closely with other agencies and donors, helping countries improve data collection and analysis, developing the evidence base from which to assess progress and make programme decisions. Some examples of the practical results achieved: Eritrea, India, Indonesia, Jamaica, Kenya and Lebanon have developed monitoring and evaluation frameworks through a highly consultative process with stakeholders; Angola, Congo, Gambia, Guyana and Swaziland have monitoring and evaluation operational plans agreed with stakeholders and have estimated the cost of implementing them; Burkina Faso, Cameroon, Ghana, Indonesia, Malawi, Nigeria and Papua New Guinea are updating their monitoring and evaluation plans to effect new national HIV strategies; and Jamaica, Rwanda, Swaziland, Viet Nam and Zambia are beginning to have monitoring and evaluation systems that can manage data and report on results. The Bank is also providing funding and technical support to help regional associations in the Caribbean and in Africa to strengthen their HIV and AIDS surveillance.

### *Coordination and harmonization*

As one of many development partners supporting national AIDS programmes, the Bank is committed to ongoing efforts to improve coordination, and better align and harmonize its support with country responses. The Bank is working closely with the UNAIDS Secretariat and other Cosponsors, PEPFAR and the Global Fund, to implement the Global Task Team recommendations. The first annual meeting of the three major donors—the Global Fund, PEPFAR and the World Bank was held in January 2006 and produced action plans to enhance donor coordination and implementation assistance for 16 countries. A study of the complementarities, overlaps and comparative advantages of the HIV/AIDS Program of the World Bank and the Global Fund was commissioned by the two agencies following the recommendations of the Global Task Team. The Global Fund and World Bank are working together at country level on a series of recommendations including using: (i) joint annual implementation reviews; (ii) common implementation channels; (iii) common fiduciary assessments. In the Caribbean, five donors undertook a joint review of national and regional responses and donor-supported programmes and collaboration, and together with seven national programmes and the regional AIDS organization, brainstormed ways to move ahead more effectively.





## Chapter 6

# New approaches to better support countries

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Country-level support forms the backbone of work by UNAIDS. However, in recent years, the importance of regional responses has been increasingly recognized. As seen in the regional universal access consultations, countries in a given region often face similar challenges, and sharing the approaches developed in one country with other countries with comparable contexts can accelerate the AIDS response by helping countries avoid “reinventing the wheel” each time they introduce a new programme.

UNAIDS has responded to this both organizationally and operationally. Organizationally, the UNAIDS Secretariat underwent a significant change in 2005 with the establishment of seven Regional Support Teams, with staff from headquarters moving to the regional level. These teams are closer to national level and so can more easily support UN country teams, while bringing lessons learnt from other countries in the region. The teams have already facilitated the provision of technical support, both by directly supporting national offices and through their ability to link up specialized expertise available in one country with technical support needs in neighbouring nations.

Operationally, the Regional Support Teams have enabled UNAIDS to support an increasing number of regional initiatives. Although it has long been understood that national boundaries are not barriers to HIV transmission and indeed that the concentrations of mobile populations congregating on borders can create fertile environments for HIV infection, regional efforts have generally not received much attention. There are, however, a number of promising regional initiatives that UNAIDS is now supporting, as described below.

### East and Southern Africa

East and Southern Africa are the regions hardest-hit by AIDS. In some countries, approximately two in every five adults are infected—a rate far above what researchers once thought possible.

Against this grim backdrop, UNAIDS is working with regional level leaders and partners to expand and effectively coordinate their support to national AIDS responses. Work still in progress strengthens the strategic planning of Regional Economic Communities, including the Southern African Development Community and the East African Community.

The Southern African Development Community, supported by UNAIDS (especially the UNAIDS Secretariat, UNFPA, UNICEF and WHO) and bilateral partners, held a “think tank” in May 2006 to better understand the dynamics of the epidemic in the region and to review evidence that can be used to improve prevention policies. Experts from across the region concluded “that high levels of multiple and concurrent partnerships by men and women with insufficient consistent, correct condom use, combined with low levels of male circumcision are the key drivers of the epidemic in the subregion.” With this in mind, the think tank examined the lessons that could be learnt from the experiences of countries that have recently demonstrated drops in infection rates, focusing on Kenya, Uganda and Zimbabwe. The meeting also systematically reviewed data on the efficacy of a range of prevention strategies, including abstinence, faithfulness, condom use, circumcision, reducing sexual violence, voluntary counselling and testing, and treating and preventing sexually transmitted infections.

The experts identified a number of key priorities (such as reducing multiple and concurrent partnerships for both men and women; preparing for potential national roll-outs of male circumcision; addressing gender issues, especially from the perspective of male involvement and responsibility for sexual and reproductive health and HIV prevention and support; and continuing to promote delayed sexual debut and for consistent and correct use of male and female condoms) and processes (such as grounding responses in communities; building capacity at all levels; and more effectively involving people living with HIV) that are needed to control the epidemic in the region. It also made a series of recommendations to the National AIDS Council and to the Southern African Development Community and its international partners.

## Latin America

At least a quarter of HIV infections in Latin America are related to men having sex with men, but social taboos have largely prevented sustained discussions on the issue and have inhibited efforts to promote safer sexual relations. Stigma

and discrimination also contribute significantly to spreading HIV through both individual and community mechanisms, by affecting self-esteem and by creating a culture of secrecy and shame that makes it difficult to effectively educate communities on risk behaviours.

Recently, UNAIDS has played a pivotal role in focusing attention on this issue at a regional level. The first multinational meeting on homophobia occurred in Panama in May 2006, bringing together government officials, civil society members, the media and UN organizations. Participants looked at issues such as how cultural beliefs have affected prevention efforts, laws on the protection of men who have sex with men and the initiatives of the gay communities across the region to mobilize their AIDS response.

The Panama meeting sparked a second, larger meeting attended by twenty countries in Brazil in July 2006. Attendees focused on the outlining of a strategic guideline that could be used to address homophobia (including prejudice against lesbians, transsexual and transgendered individuals, as well as gay men). These first two meetings look to be the initial steps in the development of a region-wide effort to combat one of the most pernicious forms of discrimination in Latin America, and hold great promise for helping to address one of the most persistent drivers of the epidemic.

## Eastern Europe and Central Asia

Eastern Europe and Central Asia have faced significant increases in the numbers of new HIV infections in recent years. Although there are some national differences, the drivers of the epidemic—primarily injecting drug use, with heterosexual transmission increasing—and the challenges to improving access to services are similar across the region. Despite this, until recently few efforts had been made at the regional level to share experiences. Thus initiatives that were successful in one context were rarely used to improve programme performance in another part of the region.

An important step to rectify this was taken with the organizing of the First Eastern European and Central Asian AIDS Conference in Moscow

in May 2006. With an organizing committee led by the Russian Government, UNAIDS and the International AIDS Society, the conference brought together more than 1500 participants from 50 countries, with government leaders, civil society representatives, people living with HIV and researchers and scientists coming together under the theme “Facing the Challenge.” The three-day event combined sessions on leadership, community involvement and partnership with presentations on cutting-edge science. Another regional platform, the Commonwealth of Independent States (CIS) Executive Council, partnered with UNAIDS to organize two regional consultations on scaling up towards universal access. Further work continues with the Commonwealth of Independent States around the development of model AIDS legislation and on the possibility of creating a regional horizontal technical collaboration facility.

A related regional effort pursued by UNAIDS has been supporting the greater involvement of people living with HIV. Upon requests from people living with HIV in the region, UNAIDS facilitated and supported the creation of the Eastern European and Central Asian Union of Organizations of People Living With HIV in September 2005. Subsequently, UNAIDS helped the Union mobilize resources and jointly organized a regional workshop that allowed nongovernmental organizations to clarify the meaning of the “Three Ones” principles.

## West and Central Africa

Wars and the accompanying humanitarian crises have been all-too-common events in West and Central Africa in the recent decades, and the movements of people, losses of livelihoods and fraying of communal bonds that characterize both conflict and post-conflict situations can result in increased rates of HIV transmission. To understand the complex relationships between civil unrest and HIV, UNAIDS partnered with Family Health International’s Action for West Africa Region (AWARE) and UNHCR to commission a review of the current evidence and gaps in knowledge. This study was used as the basis for a regional meeting in Ghana in July 2005 that led to the creation of a regional Inter-Agency Working Group on HIV/AIDS in emergency settings.

A mapping exercise was then carried out in ten key countries (Burundi, Central African Republic, Chad, Congo, Côte d’Ivoire, Democratic Republic of the Congo, Guinea, Guinea-Bissau, Liberia and Sierra Leone). This initiative provided an analysis of the key actors involved in addressing HIV in humanitarian settings, and the gaps and challenges in the response. It also resulted in the development of a framework for action on HIV in humanitarian contexts in the region and a set of indicators that could guide an accelerated and better coordinated response.

## Asia and the Pacific

The HIV epidemic in Asia is primarily being driven by transmission occurring in high-risk populations. These groups, such as sex workers and their clients, injecting drug users and men who have sex with men, tend to be socially marginalized and so neglected in HIV prevention efforts.

UNAIDS has played an active role in the region in advocating increased attention for these groups. For example, the United Nations Regional Task Force on Injecting Drug Use and HIV/AIDS for Asia and the Pacific (IDU Task Force) was revitalized in 2005 with the UNAIDS Secretariat and UNODC as co-chairs. The IDU Task Force’s prime function is to identify priorities and propose strategies, guidelines and options for collaborative activities on scaling up HIV prevention programmes for the injecting drug communities in the Asia Pacific region and brings together all stakeholders (governments, nongovernmental organizations, civil society, law enforcement, drug users, multilaterals, donors and recipients).

UNAIDS has also been active in mobilizing resources for high-risk groups. For example, two programmes with the Government of Australia have generated additional financing for injecting drug users in South Asia. For both programmes UNAIDS has provided technical support for the development of the project documents, liaised with donors and governments on the management arrangements, and will contract a regional technical advisory group to support monitoring and evaluation.





## Chapter 7

### The road ahead

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In response to the universal access process, UNAIDS has developed a four-year framework that guides joint UN support to countries as they move towards universal access and fulfil other commitments made in the 2001 Declaration of Commitment on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS.

The framework:

- places universal access as the overarching objective of UNAIDS for the next four years;
- re-affirms country support as a priority in UNAIDS joint planning and budgeting at all levels;
- establishes a common set of Strategic Directions among Cosponsors and the Secretariat; and
- brings longer-term direction, accountability and consistency to the joint work of UNAIDS at all levels.

The overarching objective of UNAIDS for the next four years is clear: supporting countries to move towards the goal of universal access to

HIV prevention programmes, treatment, care and support by 2010.

After careful consideration of the comparative advantages of UNAIDS and emerging issues in the global AIDS response, the UNAIDS Secretariat and Cosponsors have together formulated five Strategic Directions that will guide joint budgeting, planning, programming and accountability from 2007 to 2010.

### Guiding the global agenda, increasing involvement and monitoring global progress

UNAIDS has retained its unique position of global authority by acting as an advocate, convenor and honest broker on AIDS. UNAIDS must continue to mobilize political leaders and financial resources, build partnerships between state and non-state actors, support the meaningful participation of people living with HIV and most-at-risk populations and forge new partnerships with cutting-edge communications organizations.

UNAIDS plays a particularly important role in supporting greater participation of civil society at

all levels of the response. This includes efforts to strengthen the capacity of people living with HIV and their networks, civil society and community-based organizations, and advocating civil society as a full-fledged partner in national and global processes. For example, the universal access consultations and the 2006 High Level Meeting on AIDS featured meaningful civil society participation, and UNAIDS has strongly advocated and provided direct support for civil society involvement in target-setting and planning of scaled-up responses aimed at reaching universal access targets. This inclusive approach will continue as UNAIDS supports implementation of universal access plans and the monitoring of progress over the next four years.

Countries' efforts to make the money work require stronger policy and programmatic guidance from UNAIDS. In recent years, added focus has been placed on UNAIDS' leading role in the development and sharing of evidence-informed policies on challenging issues, such as HIV prevention. UNAIDS Cosponsors are also regularly refining technical guidance in areas such as antiretroviral treatment and prevention of mother-to-child transmission in low-resource settings.

UNAIDS must also bring its HIV surveillance and monitoring and evaluation work to bear on universal access efforts. This includes support to the mobilization of additional resources for the AIDS response by estimating resource needs and tracking financial flows. In the 2006 Political Declaration on HIV/AIDS, UNAIDS is specifically requested to "assist national and regional efforts to monitor and report on efforts to achieve national universal access targets" and to support the Secretary-General's efforts to report on Member States' progress, as part of continual reporting on the implementation of the 2001 Declaration of Commitment on HIV/AIDS. This assistance will be incorporated into UNAIDS' continuing support to national monitoring and evaluation, as well as its global monitoring of the epidemic and national responses and regular reporting through its annual AIDS epidemic update and its biennial Report on the global AIDS epidemic.

## Technical support and capacity building to "make the money work" for universal access

The international community has only a few years to translate the universal access commitment into considerable progress. Efforts to "make the money work" and build sustainable local capacities have never been more important. The Global Task Team recommendations and UNAIDS' universal access assessment identify the programmatic areas where countries need the most technical support, including:

- strategic and operational planning;
- procurement and supply-chain management;
- counselling and testing;
- human resource and systems strengthening;
- reducing the cost of medicines and prevention commodities;
- HIV surveillance, monitoring and evaluation of the response; and
- national resource tracking and other accountability mechanisms.

UNAIDS must intensify its provision of short-term technical assistance and longer-term capacity building in these key areas to help countries know their epidemics, plan their responses, scale up coverage of programmes and services and monitor progress.

## Human rights, gender equality and reduced vulnerability of most-at-risk populations

UNAIDS' assessment on universal access stressed the critical importance of promoting and protecting human rights and eliminating all forms of gender inequality, stigma and discrimination. It is essential that all AIDS information and services are made available to rich and poor, women and men, young and old, mainstream society and marginalized communities. Stigma and discrimination present major obstacles to universal access; unless they are tackled as a priority issue, there will be insufficient demand for AIDS informa-



tion and services. Gender equality and human rights-based approaches, including the participation of civil society, are critical to achieving equity in access.

The failure of the international community to specifically name several most-at-risk populations in the 2006 Political Declaration on HIV/AIDS is a testament to the political, legal and social difficulty of reaching them with prevention, treatment, care and support programmes. In the *UNAIDS policy position paper on intensifying HIV prevention*, key populations include:

- women and girls;
- youth;
- men who have sex with men;
- injecting and other drug users;
- sex workers;
- people living in poverty;
- prisoners;
- migrant labourers;
- people in conflict and post-conflict situations; and
- refugees and internally displaced persons.

UNAIDS is advocating exceptional efforts to ensure the promotion and protection of human rights, including gender equality, to overcome barriers to universal access and to respect the dignity and rights of all people living with and/or affected by HIV. This will include additional policy and programmatic guidance, supporting efforts to increase coverage of services among key populations, and leveraging additional resources for national programmes that reduce stigma and discrimination and promote and protect human rights, including gender equality and tracking resource flows for this work. A clear agenda of action to tackle the epidemic's worsening toll on women has been laid out by the Global Coalition on Women and AIDS. There is an urgent need for UNAIDS to support national AIDS programmes as they translate this agenda into action among men, women, girls and boys.

## Re-emphasizing HIV prevention alongside treatment, care and support

Ending the epidemic will ultimately depend on the prevention of new infections. While some countries have significantly increased access to prevention services, overall coverage is far below that required to reverse the spread of HIV by 2015. Country reporting in 2005 on progress towards their obligations in the 2001 Declaration of Commitment on HIV/AIDS shows that fewer than 50% of young people were knowledgeable about AIDS; only 9% of men who have sex with men received any type of HIV prevention service; only 9% of pregnant women in low- and middle-income countries were offered services to prevent transmission to their newborn; and only 12% of people who wanted to be tested for HIV were able to do so.

It is clear that a renewed emphasis on evidence-informed HIV prevention is required within a comprehensive response, which includes treatment, care and support for those infected and affected by HIV. Practical guidelines have been developed by UNAIDS that advise programme planners to “know your epidemic” and to scale up the specific programmes that meet the needs of most-at-risk populations, and also to invest in policy and programmatic actions to instigate behaviour change and to reduce vulnerability and impact (e.g. human rights and gender programmes).

Putting policy and programmatic guidance into practice will require more than technical support. UNAIDS is applying lessons learnt from successful treatment scale-up by convening a broad global constituency for prevention, and ensuring that all stakeholder groups have the tools they need to contribute to HIV prevention in the context of universal access.

Alongside a renewed emphasis on prevention, UNAIDS must continue to support the scale-up of antiretroviral treatment. There is growing scientific evidence that prevention and treatment programmes must be scaled up in a balanced way to have the greatest effect on the spread of HIV and mortality. Prevention makes treatment more

affordable, and treatment makes prevention more effective.

The “3 by 5” initiative found that addressing supply-side factors such as drug prices and availability, funding constraints, knowledge of HIV status and human resource capacity will be critical to increasing treatment access and preventing the emergence of drug resistance. The prices of second- and third-line treatments, diagnostics and laboratory supplies need to be further reduced. UNAIDS has an important role to play in strengthening national procurement and supply capacities, facilitating coordination efforts, providing technical guidance and assistance and making treatment more affordable.

UNAIDS has also prioritized efforts to strengthen capacities at country level to provide protection, care and support for children affected by the epidemic, including those orphaned by AIDS.

## Strengthening harmonization and alignment to national priorities

At country level, the AIDS response occurs within a crowded environment. The welcome expansion of partners has increased the importance of coordination. At the 2006 High Level Meeting on AIDS, the UN Member States requested that UNAIDS “assist national efforts to coordinate the AIDS response, as elaborated in the “Three Ones” principles and in line with the recommendations of the Global Task Team”. The objective is to strengthen national ownership, responsibility and accountability, and to maximize our collective efforts by:

- reducing transaction costs and duplication;
- moving to more predictable programme approaches that promote sustainability;
- supporting efforts to integrate AIDS programming across all relevant sectors, particularly the health sector and health system strengthening;

- ensuring the meaningful participation of civil society; and
- aligning support to national priorities.

As well as supporting the realization of the “Three Ones” at country level, UNAIDS must facilitate regular global dialogue on harmonization and alignment that includes partner governments, civil society, bilaterals, the multilateral system, the private sector, charitable foundations and other key stakeholders.

UNAIDS must also lead by example by continuing to improve coordination of the UN system response to AIDS. This requires improvements in governance, joint budgeting and workplanning at global level, as well as joint programming at country level through UN Theme Groups on HIV/AIDS and Joint UN Teams, in line with the recommendations of the Global Task Team and the findings of the Secretary-General’s panel on UN reform.

The response to AIDS is as complex as the epidemic itself. UNAIDS’ support must be adapted to regional and local contexts. Rather than a one-size-fits-all approach, the Strategic Directions established in the framework bring longer-term direction and consistency to the joint work of UNAIDS at all levels. Clarity on the comparative advantages of UNAIDS and areas of responsibility for each Cosponsor strengthen accountability for results.

The framework as a whole will guide development and implementation of the biennial Unified Budget and Workplan, the work of UN Regional Directors’ Teams on HIV/AIDS and the planning and implementation of country-level joint UN programmes of support, as well as inform mechanisms to measure UNAIDS’ performance.

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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.

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