



Joint United Nations Programme on HIV/AIDS  
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# Action Guide for United Nations Country Teams

## Implementing the Declaration of Commitment on HIV/AIDS

adopted at  
the United Nations General Assembly  
Special Session on HIV/AIDS, 25–27 June 2001



Meeting a millennium development target:  
Halting HIV/AIDS by 2015

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# Action Guide for United Nations Country Teams

## Implementing the Declaration of Commitment on HIV/AIDS



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# 1. Purpose

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The Action Guide is focused on the Declaration of Commitment on HIV/AIDS (the Declaration), approved by the United Nations General Assembly Special Session (UNGASS) in June 2001. The primary responsibility for implementing the Declaration rests with governments. The role of the United Nations system is to support government efforts, and this guide has been prepared to assist United Nations Country Teams in this important process.

The primary purpose of the guide is to suggest actions that Country Teams can take to support implementation of the Declaration. Its approach is based on three fundamental principles:

- implementation is a collective responsibility;
- the emphasis is on strengthening existing capacities, mechanisms and processes; and
- the Declaration is a unifying, motivational tool.

The preparation of the Action Guide coincides with the adoption, by the UNAIDS Programme Coordinating Board (PCB), of a list of core indicators designed to measure progress towards the attainment of the goals and targets in the Declaration. The country-level indicators are outlined in Annex II of this document. The guide also reflects other important milestones, such as the publication of the International Labour Organization's Code of Practice on HIV/AIDS and the World of Work, the establishment of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United Nations General Assembly Special Session on Children.

The Action Guide has been designed to complement the United Nations Development Group (UNDG) Guidance Note on HIV/AIDS of August 2001, which outlined the far-reaching implications of the Declaration for Country Teams. As noted in this earlier document, what is needed now is a fundamental rethinking of plans and programmes, the courage to expand and maximize opportunities, a redoubling of efforts to deal with the epidemic's human rights and gender dimensions, and a massive expansion of HIV/AIDS interventions. But most important of all will be strong national leadership, underpinned by unprecedented levels of collaboration, commitment and support from the entire United Nations system.

## 2. HIV/AIDS and the Millennium Development Goals

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In September 2000, some nine months before the UNGASS on HIV/AIDS, the United Nations General Assembly adopted the Millennium Declaration. In so doing, the General Assembly officially mainstreamed a set of interconnected and mutually reinforcing development goals into a global agenda. This set the stage for the subsequent formulation of the additional, time-bound goals and targets contained in the Declaration. These AIDS-specific goals and targets build on the eight Millennium Development Goals (listed in the box overleaf), and will thus allow for a consistent approach to be used in their implementation and for monitoring.

### The Millennium Development Goals

The Millennium Development Goals (MDGs) represent a merging of the development goals contained in the Millennium Declaration and the longer-standing International Development Goals. The eight MDGs, each of which has its own specific targets and indicators, are:

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal primary education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Develop a global partnership for development

The global AIDS epidemic will affect the attainment of most of the eight goals. Of most immediate relevance is Goal 6, with its target of halting, and beginning to reverse the spread of, HIV/AIDS by 2015. However, the relationship also extends to several other MDGs, including those related to poverty eradication, the achievement of universal primary education, gender equality and women's empowerment, child mortality reduction, and global partnership development. There is no doubt that the epidemic has the potential to wreak havoc with all the development goals. Conversely, their achievement would almost certainly help reverse the epidemic.

- HIV/AIDS continues to deepen poverty, draining family incomes, removing breadwinners from productive work, leaving impoverished people more vulnerable to infection, and further hindering access to education, health and viable livelihoods.
- The impact of the disease turns children into full-time caregivers and income-providers, forcing them to drop out of school. These school-leavers then become more vulnerable to AIDS. This is particularly true for girls and young women, among whom, in many countries, there are much higher HIV infection rates than among males in the same age group.
- AIDS also contributes to unnecessarily high infant and child mortality rates, which would be lowered if HIV transmission in pregnant women, mothers and children were stopped.
- The development of a wide range of partnerships is absolutely vital if the AIDS epidemic is to be halted and reversed by 2015. Partners should include: national and local governments, bilateral and multilateral donors, civil society organizations, networks of people living with HIV/AIDS (PLWHA), youth and women's associations, faith-based groups, and the business sector.

Therefore, when Country Teams facilitate and support concerted action against HIV/AIDS, they are also contributing to major advances towards the vision outlined in the Millennium Declaration. Given the strong inter-linkages, Country Teams should seize opportunities within the context of Millennium Development campaigns or preparation of relevant MDG reports, to build national awareness about the Declaration of Commitment.

## 3. Declaration of Commitment on HIV/AIDS

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### a. What is it?

The Declaration of Commitment on HIV/AIDS is the outcome document adopted without reservation by the 189 Member States at the United Nations General Assembly Special Session on HIV/AIDS in June 2001. This special session was unprecedented, marking the first time the General Assembly devoted its exclusive attention to the global HIV/AIDS epidemic. Through their engagement in these historic deliberations, Member States recognized that the world faces an unprecedented and accelerating crisis, with 20 million lives already erased by AIDS, another 40 million people living with HIV/AIDS, development achievements seriously undermined in many countries, and peace and security under threat. (Comprehensive data on the magnitude of the HIV/AIDS epidemic can be found on the UNAIDS website: [www.unaids.org](http://www.unaids.org).)

In a follow-up letter on 24 July 2001, the United Nations Secretary-General Kofi Annan informed all United Nations Resident Coordinators of the outcome of the Special Session, referring to the Declaration as “a blueprint for future efforts by the United Nations system and Member States to reduce the spread of HIV/AIDS and alleviate its impact”.

### b. What does the Declaration contain?

The Declaration provides a framework for an expanded response to the global HIV/AIDS epidemic. Its goals and targets are designed to address all dimensions of the epidemic. The Declaration represents an agenda for change and a benchmark for global action; some of the more innovative aspects highlight the challenges facing women, people living with HIV/AIDS, human rights and the interaction between prevention and care. It calls for a new type of leadership in response to HIV/AIDS. Such leadership should have governments at its centre, with the full involvement of civil society, the private sector and people living with HIV/AIDS. The emphasis is on a multisectoral response, with specific commitments in the following areas: leadership; prevention; care, support and treatment; HIV/AIDS and human rights; reducing vulnerability; children orphaned and made vulnerable by HIV/AIDS; alleviating the social and economic impact; HIV/AIDS in conflict zones and disaster-affected regions; resources; and follow-up.

Most of these commitments are directed towards country-level action. These are set forth in Annex I of this guide as national targets. Other commitments, such as international resource mobilization, require action at the global level.

### c. What is the Declaration’s vision for an effective national response?

The Declaration recognizes that HIV/AIDS is a development challenge. It also provides a clear description of what constitutes an effective multisectoral national response, emphasizing the particular importance of an inclusive approach with broad-based partnerships. Specifically, the Declaration calls for the national response to:

- address risk, vulnerability, prevention, care, treatment, support and impact reduction;
- promote and protect all human rights and fundamental freedoms;
- eliminate discrimination and confront stigma and denial;

- address gender and age-based dimensions and integrate a gender perspective;
- involve partnerships with civil society and the business sector;
- promote and protect the right to the highest attainable standard of health; strengthen health, education and legal system capacity; and
- ensure the full participation of: people living with HIV/AIDS, those in vulnerable groups, and people most at risk, particularly women and young people.

The Declaration also urges that national multisectoral HIV/AIDS strategies be funded to the extent possible from national budgets, supplemented by other sources, including international development assistance.

#### d. What happens next?

The next step, already under way in many countries, is to move forward vigorously and decisively with implementation of the Declaration. Much of the action required is at the country level. Although many countries have already made initial progress, much more is needed to achieve the Declaration's goals and targets.

In an effort to expand and facilitate support to action at the national level, UNAIDS has developed complementary tools. The first is a user-friendly version of the Declaration, intended to enhance a clear and broad understanding of what the Declaration contains. The second is the present Action Guide. The third, which will be critically important for monitoring and evaluation, is a list of core indicators for the implementation of the Declaration (see Chapter 1 and Annex II) and the accompanying guidelines on the construction of the core indicators.

## 4. What can the United Nations Country Teams do?

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The first part of this chapter recommends two internal preparatory steps for United Nations Country Teams. This is followed by a series of proposed actions that Country Teams can take to support implementation of the Declaration. Some of these actions are appropriate for all countries, and have already been taken in some. Others should be implemented selectively, depending on the nature and magnitude of the epidemic and the level of the national response. The objective of the preparatory activities is to ensure that Country Team planning is consistent with the areas specified in the Declaration. The objective of the proposed supportive actions is to help countries adapt their national responses to, and achieve full national ownership of, the globally-endorsed commitments. A tool kit (Annex III) proposes a list of resources, including existing guidelines and best practices, which can be drawn upon to support actions.

Note: This guide is directed towards country-level action addressing national issues. It is recognized that many Country Teams also have HIV/AIDS-related regional issues to contend with, such as international trafficking of women and children, and population displacement resulting from regional conflicts. These are generally complex issues, requiring considerable inter-country information-sharing, coordination and collaboration. Although they are beyond the scope of this guide, Country Teams may be able to adapt some of the approaches proposed below in addressing regional issues.



## a. United Nations Country Team preparation

### (i) Discussion and reflection

First, it is essential to ensure that all Country Team members are well informed about the Declaration, its goals and targets, its clearly defined intervention strategies and its indicators. Such orientation might be accomplished through a special workshop or retreat, which could be organized by the Theme Group on HIV/AIDS with participation of the full Country Team. Alternatively, it could be included as a distinct component of a broader programme strategy meeting. In either case, the objectives of this session could be to:

- discuss and reflect on the Declaration and generate common visions/approaches;
- consider options for Country Team action to support its implementation; and
- establish a process for planning and priority-setting.

The session could also explore how the Country Team itself may need to move forward with effective action. This might include funding and training/capacity development. For the former, the UNAIDS Programme Acceleration Funds (PAFs) might be used. For the latter, Country Teams may consider the HIV/AIDS training module offered at the United Nations Staff College in Turin. UNAIDS is also in the process of developing a programme-wide learning strategy, which will be made available to Country Teams as soon as it is finalized.

At the same time, Country Teams with UNAIDS Country Programme Advisers (CPAs) should make full use of their support for awareness-raising, training and capacity development. The CPAs are intended to be an interagency resource, so Country Teams can always seek technical support from the CPA as they gear up to support implementation.

### (ii) Planning

Relevant planning might be conducted under the leadership of the Theme Group, but could also entail the participation of a broader range of United Nations agencies and other partners. The primary objective would be to follow up on the above-mentioned discussions by preparing a coherent set of proposed Country Team actions, with time-bound targets, to support implementation of the Declaration. Actions identified should be in areas where the United Nations has a comparative advantage.

This might be done in stages, including the following:

- The formulation of a country checklist, using the country-level indicators (Annex II) and the general checklist (included in Annex I) as references.
- The review and updating (or the initial development) of the Country Team's United Nations Integrated Workplan on HIV/AIDS, to ensure that it takes full account of the goals, targets and interventions outlined in the Declaration, and the associated country-level indicators. This could also lead to adjustments in the individual country programmes of various Country Team members.
- The formulation of a list of priorities for Country Team action.

The final product would be the establishment of the coherent set of Country Team actions with time-bound targets. This might take the form of a self-contained plan of action or strategic road-map, or it might be inserted into an existing workplan. In any case, it should contain a series of time-bound action targets geared towards supporting implementation.

The Theme Group should submit this set of targets to the Country Team for approval. Once approved, the entire Country Team would be collectively responsible and accountable for the achievement of its action targets.

## **b. Supportive action proposed for all countries:**

The following suggestions for Country Team action can be applied in all countries with a United Nations presence. In all cases, the intention is to support rather than supplant the national response. Therefore, all of the actions listed below should be taken in consultation and collaboration with whichever council, commission, ministry or department is responsible for coordinating the national response to HIV/AIDS. A strong partnership between the National AIDS Authority and the Country Team will be a crucial factor for effective implementation of the Declaration. This should be considered a guiding principle for all actions suggested below.

*(i) Translate into local languages and distribute widely the Declaration and UNAIDS' core indicators.*

It is important that all major stakeholders involved in the national response receive copies of the Declaration and the associated indicators. Where the official language of the country is not a United Nations language, these documents should first be translated into the national language. Translation and distribution could be key initial actions taken by all Country Teams.

*(ii) Advocate, and support, a multisectoral review and update (or initial preparation) of National Strategic Plans on HIV/AIDS, other similar framework documents, and related sectoral plans, to ensure that:*

- (i) the global commitments are adapted and translated into national targets;*
- (ii) responsibilities for tracking all aspects of the epidemic are clarified;*
- (iii) a national plan for monitoring and evaluating implementation of the Declaration, and a means for carrying out such a plan, are developed or strengthened;*
- (iv) intensified efforts are made to mobilize resources from national and international sources; and*
- (v) steps are taken to integrate elements of the national HIV/AIDS response into mainstream development planning, including the Common Country Assessment/ United Nations Development Assistance Framework.*

In most cases, the process for setting national targets based on the Declaration will be the review and adjustment of the National Strategic Plan on HIV/AIDS. This key document should be the starting point for the establishment of time-bound targets in line with the Declaration. Although it may take some time to adjust specific components, a review of the National Strategic Plan can still have an immediate impact on annual HIV/AIDS action plans and workplans.

The National AIDS Authority will have primary responsibility for the review exercise. The review should be multisectoral in nature, involving several different ministries, including the Ministries of Planning and Finance, as well as other key national stakeholders. The latter should include representatives from PLWHA networks, NGOs, faith-based organizations and the business sector. The process should also engage United Nations agencies and other international/external partners.

The agenda, duration and methodology of the review will be determined by the National AIDS Authority, in consultation with the Country Team and other partners. Progress to date in responding to the epidemic will certainly be a major factor in shaping the agenda. However, it will be important for most reviews to cover all five areas listed above. Every country will need to find a way to establish national targets, derived from the Declaration, in such areas as policy, programming, impact assessment and resources. Each country should have a means of tracking the epidemic in terms of people's knowledge about HIV/AIDS, behaviour patterns, and HIV prevalence rates. Every country will need a monitoring and evaluation plan, based on the indicators listed in Annex II, and a mechanism for carrying out the plan. All countries will require additional resources to fight AIDS. The integration of HIV/AIDS into general development planning will put most countries in a stronger position to address the epidemic's broad range of development ramifications.

With regard to monitoring, Country Teams should strongly advocate the following:

- a clear designation of entities responsible for monitoring the epidemic in all its aspects;
- the disaggregation of all relevant data by age group and gender during both the collection and the reporting process, in order to measure progress against the internationally agreed HIV prevention goals for young men and women; and
- the adoption of the UNAIDS/WHO Guidelines for Second Generation HIV Surveillance. These guidelines were designed to ensure more accurate surveillance, tailor-made to the nature and magnitude of the epidemic in any particular country. Their use will give governments a clearer picture of the challenge they are facing.

*(iii) Ensure that the relevant indicators, together with country-specific HIV/AIDS data and major challenges and issues, are reflected in the MDG reports (MDGRs), Common Country Assessments (CCAs), United Nations Development Assistance Frameworks (UNDAFs) and Poverty Reduction Strategy Papers (PRSPs).*

Support for implementation of the Declaration at country level will be in continual interaction with the Millennium Development Goal process and the CCA/UNDAF cycle. The preparation of the MDGRs may be an excellent entry point for monitoring follow-up to the Declaration. These MDGRs should reflect the current status of the epidemic in the country, and should identify the major issues facilitating or impeding progress towards both MDGs and Declaration goals. A deeper analysis of the epidemic should be included in CCAs and PRSPs, with the latter having a particular emphasis on the epidemic's socioeconomic impact. At the same time, United Nations system plans and activities supporting the national response to HIV/AIDS should be reflected in UNDAFs.

National ownership is an important aspect of MDGRs, CCAs, UNDAFs, and PRSPs, but the Country Team normally supports their preparation. So the Country Team should have considerable opportunity to advocate the inclusion of country-specific HIV/AIDS data and issues in these key country documents.

*(iv) Undertake and support public advocacy to promote the Declaration, including advocacy for greater involvement of people living with HIV/AIDS in all aspects of the national response.*

Ideally, the national leadership will be at the forefront of public advocacy for the attainment of the goals and targets. In this case, the Country Team's role will be to support the nationally designed campaign. But in other cases, the first steps in the area of public advocacy may have to be taken by the Country Team, targeting national and

local authorities, organized networks and groups, and the general public. The purpose would be to generate a nationally driven response.

Advocacy, aimed at increasing national awareness of global commitments, should be a collective effort on the part of the entire Country Team. Team members can promote the Declaration through television and radio, and by submitting articles and letters to national newspapers. They can also organize speaking tours in different parts of the country, with a view to promoting the Declaration and raising HIV/AIDS awareness far and wide. In addition, they may be able to draw on advocacy support from the special envoys for HIV/AIDS in Africa and Asia and/or national personalities or celebrities.

The Declaration places considerable emphasis on the human rights of PLWHA, and their full involvement in all aspects of the response. This should, therefore, be a key component of the Country Team's advocacy efforts. Specifically, Country Teams, guided by the revised guidelines on HIV/AIDS and human rights, should advocate:

- the inclusion of PLWHA in National AIDS Councils/Committees;
- the active involvement of PLWHA in HIV/AIDS national strategic planning exercises, situation analyses, programme planning and delivery, and monitoring and evaluation activities;
- support for prevention, education, care and support programmes undertaken by PLWHA groups; and
- the participation of PLWHA in the Country Coordinating Mechanisms (CCMs) that have been put in place to coordinate preparation of country proposals for submission to the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Country Teams should also advocate, facilitate and provide support for the review and revision of national laws, regulations and policies to ensure full respect for the human rights of PLWHA, and the elimination of any existing discriminatory provisions.

Advocacy should be an on-going component of Country Team support for implementation of the Declaration.

*(v) Take steps to ensure that the national response includes a focus on young people.*

All evidence suggests that, in every country, regardless of the status of the epidemic, young people aged 15–24 are particularly vulnerable to HIV/AIDS. Half of all new HIV infections occur in this age group. Moreover, 20 years into the epidemic, millions of young people know little, if anything, about HIV/AIDS.

It is therefore important to ensure that all countries include some focus on young people in their national response. This should be clearly reflected in National Strategic Plans and/or other key HIV/AIDS planning documents. At the same time, youth-focused programmes and activities will be essential if countries are to meet the targets of a significant decrease of HIV prevalence rates among young people, and for substantially increased access of this age group to HIV/AIDS-related information, education and services.

Supportive Country Team actions in this area might include the following:

- youth-focused advocacy during the review of National Strategic Plans on HIV/AIDS;
- supporting the development, maintenance and updating of an inventory of existing programmes with a focus on HIV/AIDS and youth, and identification of gaps;

- creating opportunities for the voices of young people to be heard in consultations and discussions on HIV/AIDS and youth-related issues;
- promoting and providing support for the use of the Declaration and the outcome document from the United Nations General Assembly Special Session on Children of May 2002—*A World Fit for Children*—as tools for intensified action aimed at preventing HIV infection among young people; and
- helping the government develop an action plan to scale up programmes on young people and HIV/AIDS, including life-skills training (both in and out of school), and the expansion of youth-friendly health and voluntary counselling and testing services.

### c. Supportive action suggested for selective implementation:

Country Teams are requested to review the following suggested actions in order to determine which would be appropriate in their particular country contexts. Some factors to consider are the nature and magnitude of the national epidemic, the extent of national support, the status of the national response, level of openness or denial, manifestations of stigma and discrimination, and other major country-specific issues. On the basis of these factors, Country Teams may wish to modify or combine some of the suggested actions, and/or add others to support implementation of the Declaration. Whatever actions are selected should be highlighted in existing periodic reports (see Chapter 5).

*(i) Expand the United Nations Theme Group on HIV/AIDS and/or its Technical Working Group to include representatives of PLWHA groups, NGOs, faith-based organizations and the business sector.*

A true multisectoral response will entail partnerships with PLWHA groups, NGOs, faith-based organizations and the business sector. To demonstrate their commitment to this principle, United Nations Theme Groups and/or Technical Working Groups may wish to open their meetings to participants from each of these constituencies. They would then be operating in an expanded mode, although they may still wish to restrict some meetings to the core group. Once Expanded Theme Groups or Technical Working Groups are established, they become a partnership forum that may be convened by a United Nations agency or by one of the other partners. Eventually, the National AIDS Authority should become the convener of these broad partnerships forums, with the United Nations providing support, as requested. In the interim, an Expanded Theme Group and/or Technical Working Group including the four constituencies can provide a broader base of support for the national response in implementing the Declaration.

*(ii) Help build bridges between the National AIDS Authority and the Ministry of Health, reinforcing their important roles within the context of an expanded multisectoral response.*

There can often be tensions between the key actors involved in the national HIV/AIDS response, particularly during the transition towards a more multisectoral approach. This will always entail some degree of restructuring, as new mandates are conferred and responsibilities are re-distributed. Those involved will normally be faced with a measure of ambiguity and uncertainty, and may lack a clear understanding of their new roles. This can be particularly true for the Ministry of Health as its HIV/AIDS-related role changes from one of coordination to one of implementation; and for the National AIDS Authority as it inherits the coordination function. Yet an effective partnership and positive relations between these two government bodies are essential; otherwise, considerable damage can be done to the national response.

The Country Team can play a bridge-building role during this critical transition period. For instance, a letter from the Resident Coordinator to the two responsible Ministers, acknowledging the vitally important role of each, might help defuse tensions. The Country Team might also offer general support to both the National AIDS Authority and the Ministry of Health for any help they may need in developing the multisectoral approach. Continuing dialogue with both parties will often be of considerable benefit in helping to develop unity of purpose and a well-functioning partnership.

*(iii) Help the government set up or strengthen a multisectoral task force or working group on the prevention of HIV transmission in pregnant women, mothers and their children.*

A multisectoral task force under the leadership of the National AIDS Authority and/or the Ministry of Health could create the momentum for action to prevent HIV transmission in pregnant women, mothers and their children. This task force might include relevant government departments, NGOs, faith-based organizations, Theme Group members, CPAs, donors, young people's associations, PLWHA networks, professional associations, and others. Issues it might examine would include: expanded access to voluntary counselling and testing (VCT) for pregnant women and their partners; improved antenatal care; increased use of antiretroviral drugs to prevent vertical transmission; the need for counselling and advice on the feeding of infants born to HIV-positive mothers; and improvements in the health and well-being of parents and infants living with HIV/AIDS.

*(iv) Encourage the Theme Group to establish a dialogue with interest groups or organizations among vulnerable groups (e.g. sex workers, men having sex with men, injecting drug users), and, if appropriate, working with NGOs or faith-based organizations to facilitate such a dialogue.*

This action might well pose a challenge for the Theme Group, especially in countries where certain vulnerable groups may not wish to be identified. However, if a direct approach is not possible, these groups can often be reached by NGOs or faith-based organizations that are working directly with them. A private dialogue with representatives of such groups could give the Theme Group a new perspective on how some of the commitments of the Declaration might best be translated into country-level action. A dialogue could also explore ways and means of increasing the involvement of particularly vulnerable groups in all aspects of the national response. One result might be the creation of a national task force comprised of vulnerable group representatives, who could develop their own thematic strategic plans. The dialogue might also represent a first step towards opening up communication between these groups and the government.

*(v) Use the Declaration and the outcome document from the United Nations General Assembly Special Session on Children of May 2002, entitled, A World Fit for Children as the basis for intensifying action in the area of care and support of orphans and children made vulnerable by HIV/AIDS.*

The Declaration contains specific targets for the support of orphans and children who are HIV-infected or otherwise affected by the epidemic. An initial approach might be to support the government in convening a tripartite government/NGO/ community workshop on this issue, with a view to developing strategies and setting national targets. The Country Team could then work closely with government authorities, civil society and communities in putting these strategies and targets into action.



*(vi) Organize a consultation with the Ministry of Health and other partners to explore options for care, support and treatment of people infected and affected by HIV/AIDS.*

This consultation could focus on selected topics from the host of issues outlined in the 'Care, support and treatment' section of the Declaration. Some examples are: the strengthening of health-care systems; factors affecting the provision of HIV-related drugs; the prevention and treatment of opportunistic infections; comprehensive care strategies; and psychosocial care for affected individuals, families and communities. Ideally, this consultation would lead to the development of a national plan, supported by the Country Team as required, to address one or more of these issues. Any such plan should contain time-bound targets and indicators to measure progress.

*(vii) Support NGOs in defining and developing their own particular role in implementation of the Declaration, and in strengthening their active participation in the national response.*

In several countries, some of the most innovative work in the areas of HIV/AIDS prevention, care and support has been initiated by NGOs. Civil society certainly has a major role to play in the implementation and the monitoring of commitments at the national level, but this role may need further definition and development. NGOs may therefore wish to have their own forum on the Declaration of Commitment and the national indicators, to map out their action agenda and define their responsibilities. This might also lead to the establishment or strengthening of a coordinating body for NGOs engaged in HIV/AIDS-related activities, which should complement (rather than substitute for) their role in broader coordinating bodies (e.g. National AIDS Commissions, Country Coordination Mechanisms). Country Teams could provide support for any part of this process, or for the follow-up actions, interventions and programmes undertaken by NGOs to help meet the various targets. Guidance on civil society involvement in implementing the Declaration has been developed by NGOs themselves.

*(viii) Provide support for government departments, civil society and the business sector, as appropriate, for actions and interventions in specific areas such as human rights, gender, prevention of HIV transmission in the uniformed services, and HIV/AIDS in the workplace.*

This action could cover a broad range of activities, such as support for:

- the preparation of women's and girls' empowerment strategies by the Ministry of Women's Affairs, or by other relevant departments or authority, aiming to reduce the vulnerability of women and girls to HIV/AIDS;
- training in HIV/AIDS and human rights issues organized by NGOs;
- the development of 'HIV/AIDS in the workplace' programmes;
- the incorporation of HIV/AIDS prevention, care and awareness elements into humanitarian assistance programmes; and
- HIV/AIDS prevention programmes for uniformed services personnel.

*(ix) Support government efforts to collect and analyse data related to HIV/AIDS expenditures.*

HIV/AIDS expenditure data, including those from both national and external sources, represent a valuable tool for measuring the extent of the national response and the international support it receives. It would therefore be useful for the government to collect and analyse such data, in order to monitor and assess changes in these levels of commitment. Country Team support for this exercise would be valuable to the government, and would also serve as a concrete basis for United Nations advocacy for resources.

*(x) Ensure that progress in the implementation of the Declaration is reviewed annually by the government and other key stakeholders.*

These annual reviews, either self-contained or as part of a broader process, would be important for assessing the country's progress in moving towards the goals and targets contained in the Declaration. The country-level indicators would be the principal means for measuring progress. The role of the Country Team would be to facilitate, support and participate in the annual review and reporting process.

## 5. Reporting and recognition

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As indicated in the UNDG Guidance Note of August 2001, all actions taken by United Nations Country Teams to support implementation of the Declaration should be highlighted in the annual report of the United Nations Resident Coordinator. They should also be featured in the regular periodic reports of UNAIDS Country Programme Advisers. Relevant country-specific data and examples will be included in the report of the United Nations Secretary-General on progress in implementation, to be submitted annually to the General Assembly. The report of the Secretary-General is to provide the basis for an annual debate of the General Assembly and subsequent recommendations. It is expected that governments will provide valuable input to the report through the Country Response Information System (CRIS), recently developed by the UNAIDS Secretariat.

At the same time, country governments should be encouraged to include information on the implementation of the goals and targets of the Declaration as part of their own periodic reporting obligations. For instance, national governments are required to report, generally every five years, on progress made in implementing the Convention on the Rights of the Child. This could serve as an excellent vehicle for including reports on the implementation of the Declaration, particularly those focused on women, children and young people.



# Annex I

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## Declaration of Commitment national targets and general checklist

This Annex contains two columns, listing Declaration of Commitment national targets and a general checklist of relevant questions. Each list follows the chapter headings in the Declaration. (The number(s) in brackets after each target refer to the respective paragraph(s) in the Declaration.)

### Targets

### Questions

#### A. Leadership

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- By 2003, ensure the development and implementation of multisectoral national strategies and financing plans for combating HIV/AIDS (37)
- By 2003, integrate AIDS response priorities into the mainstream of development planning (38)

- Has a multisectoral HIV/AIDS National Strategic Plan (NSP) been developed?
- Does this NSP have a financing plan, resourced significantly by national or local budgets?
- Are HIV/AIDS priorities integrated into mainstream development planning?

#### B. Prevention

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- By 2003, establish prevention targets and, in particular, time-bound targets to achieve the 2005 and 2010 internationally agreed targets for HIV prevalence reduction in young people (47 and 48)
- By 2005, establish and implement prevention and care programmes in the world of work (49)
- By 2005, develop and begin to implement strategies that facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers (50)
- By 2003, implement universal precautions in health-care settings (51)
- By 2005, ensure that a wide range of prevention programmes, commodities and services are available, particularly in the most affected countries (52)
- By 2005, ensure that 90% and, by 2010, that 95% of young people have access to information, education and services to develop the life skills required to reduce their vulnerability to HIV infection (53)
- By 2005, reduce infant infection by 20%, and by 50% by 2010 (54)

- Has the government established time-bound national targets to reduce HIV prevalence in young people?
- Are national strategies, policies and programmes in place to address the epidemic's gender dimensions?
- Has the response to HIV/AIDS in workplace settings—both formal and informal—been strengthened?
- Are national strategies in place to facilitate access to HIV/AIDS prevention programmes for migrants and mobile workers?
- Are universal precautions in place to stop HIV transmission in health-care settings?
- Are national strategies, policies and programmes in place to ensure that young people have access to HIV/AIDS-related information, education and services?
- Have national strategies, policies and programmes been developed and implemented to reduce the proportion of infants infected with HIV?
- Are PLWHA, NGOs, the business sector and other key actors involved in designing, planning, implementing and evaluating HIV prevention programmes?

## C. Care, support and treatment

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- By 2003, ensure that national strategies are developed to strengthen health-care systems and address factors affecting the provision of HIV-related drugs, including antiretrovirals (55)
- By 2005, develop and make significant progress in implementing comprehensive care strategies (56)
- By 2003, ensure that strategies are developed to provide psychosocial care for those affected (57)
- Have national strategies been developed to strengthen health-care systems?
- Have national strategies been developed to address factors affecting the provision of HIV-related drugs?
- Have national strategies been developed to strengthen family and community-based care?
- Have national strategies been developed to provide psychosocial care for affected individuals, families and communities?

## D. HIV/AIDS and human rights

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- By 2003, enact, strengthen or enforce legislation/regulations to eliminate all forms of discrimination against people living with HIV/AIDS and members of vulnerable groups, and to ensure their full enjoyment of all human rights (58)
- By 2005, develop and accelerate implementation of national strategies that promote the advancement and empowerment of women and their full enjoyment of all human rights, and that foster a reduction in women's vulnerability to HIV/AIDS (59 and 61)
- By 2005, implement measures to increase capacities of women and girls to protect themselves from the risk of HIV infection, principally through the provision of health services and prevention education (60)
- Have laws, regulations and/or other measures been enacted, strengthened or enforced to eliminate all forms of discrimination against people living with HIV/AIDS and members of vulnerable groups, and to ensure their full enjoyment of all human rights and fundamental freedoms?
- Are these human rights concerns reflected in the NSP?

## E. Reducing vulnerability

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- By 2003, have in place in all countries policies and programmes that identify and begin to address those factors that make individuals particularly vulnerable to HIV infection (62)
- By 2003, develop or strengthen national strategies, policies and programmes which recognize the importance of the family in reducing vulnerability (63)
- By 2003, develop or strengthen national strategies, policies and programmes to promote and protect the health of particularly vulnerable groups (64)
- Are national strategies in place to ensure access of both boys and girls to primary and secondary education, including education on HIV/AIDS for adolescents, as part of the curricula?
- Have national strategies been developed to strengthen reproductive and sexual health programmes?
- Are national strategies, policies and programmes in place to address activities that place individuals at risk of HIV infection (sex between men, commercial sex, injecting drug use, etc.)?

## F. Children orphaned and made vulnerable by HIV/AIDS

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- By 2003, develop and, by 2005, implement national policies and strategies to build government/family/community capacities to support orphans and children infected and affected by HIV/AIDS (65)
- Are national policies and strategies in place to build governmental, family and community capacities to provide a supportive environment for orphans and girls and boys infected and affected by HIV/AIDS?

## G. Alleviating social and economic impact

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- By 2003, evaluate the economic and social impact of the HIV/AIDS epidemic and develop multisectoral strategies to address the impact (68)
- Has the host country undertaken an evaluation of the economic and social impact of the AIDS epidemic?
- By 2003, develop a national legal and policy framework that protects, in the workplace, the rights and dignity of people living with and affected by HIV/AIDS, as well as particularly vulnerable groups (69)
- Have measures been taken to adapt economic and social development policies and strategies to address this impact?

## H. Research and development

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- By 2003, ensure that all research protocols for HIV-related treatment are evaluated by independent committees of ethics (74)
- Is the host country undertaking any research work in the areas of HIV vaccines, prevention, care or treatment technologies?

## I. HIV/AIDS in conflict zones and disaster-affected regions

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- By 2003, develop and begin to implement national strategies to incorporate HIV/AIDS prevention and care elements into emergency response programmes (75)
- Have national strategies been developed to incorporate HIV/AIDS awareness, prevention, care and treatment elements into programmes that respond to emergency situations?
- By 2003, have in place national strategies to address the spread of HIV among national uniformed services, where required (77)
- Have national strategies been developed to prevent HIV transmission among the uniformed services?
- By 2003, ensure the inclusion of HIV/AIDS awareness and training into guidelines for defence personnel and others involved in international peacekeeping operations (78)

## J. Resources

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- Increase and prioritize national budgetary allocations for HIV/AIDS programmes, as required (82)
- Are national budgetary allocations for HIV/AIDS programmes being increased and prioritized?

## Annex II

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### Core indicators for implementation of the Declaration of Commitment at the country level

The following set of core indicators has been developed to monitor progress achieved in realizing the goals established in the Declaration of Commitment on HIV/AIDS. The indicators have been built on those that have previously been recommended for use in monitoring and evaluation of HIV/AIDS programmes.

The core indicators are applicable in all countries, except for the one on injecting drug use (National programme, number 6), to be used only where it is an established mode of transmission. Similarly, countries with a low and concentrated epidemic should report on an alternative indicator of HIV prevalence among high-risk behaviour groups (Impact assessment, number 1). It is recommended that countries with generalized epidemics also report on this indicator to track the epidemic among all key high-risk-behaviour groups.

The detailed specification of these indicators, the basis of their construction, and their interpretation are provided in the recently published document, *Monitoring the Declaration of Commitment on HIV/AIDS—Guidelines on construction of core indicators*.

#### A. National action

1. National Composite Policy Index (see the next page)
2. Amount of national funds allocated to HIV/AIDS

#### B. National programme

1. Percentage of young people aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (target: 90% by 2005; 95% by 2010)\*.
2. Percentage of young people aged 15–24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner.
3. Ratio of orphaned to non-orphaned children aged 10–14 who are currently attending school\*.
4. Percentage of schools with teachers who have been trained in life-skills-based HIV/AIDS education and who taught it during the last curriculum year.
5. Percentage of large enterprises/companies that have HIV/AIDS prevention and care policies and programmes.
6. Percentage of injecting drug users who have adopted behaviours that reduce transmission of HIV.
7. Percentage of patients with sexually transmitted infections (STIs) at health-care facilities who are appropriately diagnosed, treated and counselled.
8. Percentage of HIV-positive women attending antenatal clinics receiving a complete course of ARV therapy to prevent mother-to-child transmission (MTCT).
9. Percentage of people with advanced HIV infection receiving ARV therapy.

## C. Impact assessment

1. Percentage of young people (pregnant women) aged 15–24 who are HIV-infected (Target: 25% reduction in most affected countries by 2005; 25% reduction globally by 2010)\*.
2. Percentage of HIV-infected infants born to a HIV-infected mother (target: 20% reduction by 2005; 50% reduction by 2010).

\* These are also MDG indicators.

## National Composite Policy Index

### A. Strategy development:

1. Country has HIV/AIDS integrated into part of its general development plan.
2. Country has functional, national, multisectoral HIV/AIDS management/coordination body.
3. Country has a functional public/private forum for interaction between government, the private sector and civil society.
4. Country has a coordinating forum for civil society organizations.
5. Country has evaluated the socioeconomic impact of HIV/AIDS and developed multisectoral strategies especially for youth and the work force.
6. Country has a strategy that addresses HIV/AIDS among national uniformed services, including armed forces and civil defence forces.

### B. Prevention

7. Country has a policy on reproductive and sexual health education for young people.
8. Country has a policy and prevention programmes to promote and protect the health of groups with a high or increasing rate of HIV infection.
9. Country has a policy and prevention programmes for migrants and mobile workers.
10. Country has a policy to expand HIV-related information, education and communication and access to essential commodities.
11. Country has a policy to reduce MTCT.

### C. Human rights

12. Country has legislation, regulations and/or other measures to eliminate all forms of discrimination against the rights of people living with HIV/AIDS.
13. Country has a legal and policy framework that protects the rights of workers living with and affected by HIV/AIDS in the workplace.
14. Country has a policy for the promotion of the rights of women and girls who are affected by, or at risk of, HIV/AIDS.

### D. Care and support

15. Country has regulations that ensure evaluation of research protocols for HIV-related treatment by an independent committee on ethics.
16. Country has reviewed and/or revised national pharmaceutical policies and practices concerning antiretroviral drugs and other HIV/AIDS-related drugs.
17. Country has a policy to strengthen health-care systems, including factors affecting the provision of HIV-related drugs.

18. Country has a policy and/or strategy to provide psychosocial care for those affected by HIV/AIDS, including for marginalized groups.
19. Country has a policy that addresses the needs of orphans and vulnerable children.

## Annex III

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### Basic tool kit

The following materials may be helpful for United Nations Country Teams to support implementation of the Declaration of Commitment. Furthermore, a section will be developed on the UNAIDS website to include relevant documentation, together with Power Point presentations on the epidemic, on the Declaration of Commitment, and on the Action Guide, as well as case studies of country action, advocacy materials, and other useful information.

#### (a) Key documents

- The *Declaration of Commitment on HIV/AIDS*, published by UNAIDS and the United Nations Department of Public Information, with a foreword by the United Nations Secretary-General (also available on the United Nations and UNAIDS websites)
- Letter dated 5 July 2001 to Chairpersons of United Nations Theme Groups on HIV/AIDS, from the Chair of the UNAIDS Committee of Cosponsoring Organizations (CCO) and the Executive Director of UNAIDS
- Letter dated 24 July 2001 from the United Nations Secretary-General to all United Nations Resident Coordinators
- UNDG Guidance Note on HIV/AIDS, contained in a letter dated 29 August 2001, from UNDG Executive Committee members and the UNAIDS Executive Director to all UN Resident Coordinators
- The Core Indicators for Implementation of the Declaration of Commitment, approved by the UNAIDS Programme Coordinating Board in May 2002
- The Country Response Information System (CRIS) guidelines
- The *ILO Code of Practice on HIV/AIDS and the World of Work*, issued in June 2001
- The outcome document from the 2002 United Nations General Assembly Special Session on Children, entitled *A World Fit for Children* (available on the UNICEF website)
- The United Nations Millennium Declaration (available on the United Nations website)
- UNDG Guidance Note on 'Reporting on the Millennium Development Goals at the Country Level', dated October 2001
- *The United Nations and the MDGs: A Core Strategy*, dated 7 June 2002

#### (b) Additional background documents

- The UNAIDS Best Practices series
- The Global Strategy Framework on HIV/AIDS, issued by UNAIDS in June 2001

- The UNAIDS *Resource Guide for Theme Groups: Working Together on HIV/AIDS*, issued in 1998
- UNAIDS/WHO's *Guidelines for Second Generation HIV Surveillance*, July 2002
- *The Programme of Action of the International Conference on Population and Development (ICPD)*, September 1994
- *The Copenhagen Declaration and the Programme of Action of the World Summit for Social Development*, March 1995
- *The Beijing Declaration and Platform for Action of the Fourth World Conference on Women*, September 1995.
- The outcome documents of the 21<sup>st</sup>, 23<sup>rd</sup> and 24<sup>th</sup> Special Sessions of the United Nations General Assembly
- The Commission on the Status of Women's Agreed Conclusions on Women and Health, 2000
- United Nations Security Council Resolution 1308 (2000) on the responsibility of the Security Council in the maintenance of international peace and security: HIV/AIDS and international peacekeeping operations, July 2000
- ACC Guidance Note for the United Nations Resident Coordinator System on HIV/AIDS in the UN Workplace, October 2000
- ACC Guidance Note for the United Nations Resident Coordinator System: towards a Multisectoral Response to HIV/AIDS, October 2000
- ACC Sub-Committee on Nutrition's Statement on Nutrition and HIV/AIDS, 6 April 2001

### (c) Thematic publications

#### Care and prevention

- *HIV Voluntary Counselling and Testing: a gateway to prevention and care*; UNAIDS Best Practice Collection, 2002
- *Parents Providing Care to Adult Sons and Daughters with HIV/AIDS in Thailand*; UNAIDS Best Practice Collection, 2001
- *HIV Prevention Needs and Successes: A tale of three countries*; UNAIDS Best Practice Collection, 2001
- *Improving Access to Care in Developing Countries: lessons from practice, research, resources and partnerships*; French Ministry of Foreign Affairs, WHO & UNAIDS 2001
- *Accelerating Access to HIV/AIDS, Commodities in Sub-Saharan Africa: Cost Estimates*; UNAIDS 2001
- *Working with Men for HIV Prevention and Care*; UNAIDS Best Practice Collection, 2001



- *Investing in our Future: Psychological support for children affected by HIV/AIDS. A case study in Zimbabwe and the United Republic of Tanzania*; UNAIDS Best Practice Collection, 2001
- *Nine Guidance Modules on Antiretroviral Treatments*; WHO/UNAIDS Joint Publication, 1998

### Human rights

- *HIV/AIDS and Human Rights International Guidelines*; OHCHR & UNAIDS, HR/PUB/98/1, New York and Geneva, 1998
- *HIV/AIDS and Human Rights International Guidelines, Revised Guideline 6*; OHCHR & UNAIDS, HR/PUB/2002/1, New York and Geneva, 2002
- *Criminal Law, Public Health and HIV/AIDS Transmission: a policy options paper*; UNAIDS Best Practice Collection, 2002
- *A Conceptual Framework and Basis for Action: HIV/AIDS, stigma and discrimination, World AIDS Campaign 2002–2003*; UNAIDS Best Practice Collection, 2002
- *Compendium on HIV/AIDS and Human Rights: young people in action*; UNESCO & UNAIDS, 2001
- *A Human Rights Approach to AIDS Prevention at Work: the Southern African Development Community's Code on HIV/AIDS and Employment*; UNAIDS Best Practice Collection, 2002
- *Handbook for Legislators on HIV/AIDS, Law and Human Rights: action to combat HIV/AIDS in view of its devastating human, economic and social impact*; UNAIDS & IPU, UNAIDS Best Practice Collection, 1999

### Gender and HIV/AIDS

- *Gender and HIV/AIDS: taking stock of research and programmes*; UNAIDS Best Practice Collection, 1999
- *Reducing Girls' Vulnerability to HIV/AIDS: the Thai approach*; UNAIDS Best Practice Case Study, 1999
- *Women and AIDS*; UNAIDS Best Practice Collection, 1997

### Children and young people

- *Children and Young People in a World of AIDS*; UNAIDS 2001
- *Call to Action for 'Children Left Behind' by AIDS: A plea for communities, governments, civil society, the private sector and international partners to vigorously address the plight of children who are affected by the AIDS epidemic*; UNAIDS, UNICEF & BLCA, 1999
- *Children orphaned by AIDS: Front-line responses from eastern and southern Africa*; UNAIDS 1999

### Social and economic impact

- *Costing Guidelines for HIV/AIDS Prevention Strategies*; UNAIDS Best Practice Collection, 2000
- *Paying for HIV/AIDS Services: Lessons from National Health Accounts and Community-based Health Insurance in Rwanda, 1998–1999*; UNAIDS Best Practice Collection, 2001
- *Guidelines for Studies of the Social and Economic Impact of HIV/AIDS*; UNAIDS Best Practice Collection, 2000

#### (d) Websites—for UNAIDS and its Cosponsors

- UNAIDS: [www.unaids.org](http://www.unaids.org)
- UNICEF: [www.unicef.org](http://www.unicef.org)
- UNDP: [www.undp.org/hiv](http://www.undp.org/hiv)
- UNFPA: [www.unfpa.org](http://www.unfpa.org)
- UNDCP: [www.undcp.org](http://www.undcp.org)
- ILO: [www.ilo.org](http://www.ilo.org)
- UNESCO: [www.unesco.org](http://www.unesco.org)
- WHO: [www.who.org](http://www.who.org)
- World Bank: [www.worldbank.org](http://www.worldbank.org)

## Annex IV

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### Summary of *The United Nations and the MDGs: A Core Strategy*

In July 2002, the United Nations Development Group approved a core strategy for the United Nations and the MDGs. The strategy focuses on action at the global level and the country level, and calls for an approach with four core elements: monitoring, analysis, campaigning/mobilization, and operational activities. Partnership-building with a wide range of critical actors, including civil society organizations (CSOs), will be a feature cutting across all four of these elements.

#### (a) Global level

At the global level, the United Nations Department of Economic and Social Affairs (DESA) will assume primary responsibility for monitoring progress towards the eight MDGs. At the same time, the United Nations General Assembly will be kept apprised of MDG developments through the Secretary-General's annual reports and a comprehensive progress report every five years. In his first annual report, the Secretary-General will focus on the themes of armed conflict and the treatment and prevention of diseases, including HIV/AIDS and malaria.

A key feature at the global level will be the establishment of the Millennium Project, which will be housed at UNDP headquarters. Its purpose will be to propose the best strategies for meeting the MDGs. The project's main analytical work will be performed by 10 Task Forces, each of which will be responsible for producing a report on the MDG targets assigned to it. The Project will also have a United Nations Expert Group and an International Advisory Panel. It will proceed under the overall guidance of the United Nations Secretary-General, who has appointed Professor Jeffrey Sachs, Director of the Earth Institute of Columbia University, as its Special Adviser. The project has been designed to complete its work with the submission of a Final Millennium Project Report to the Secretary-General and UNDP Administrator by 30 June 2005.

Another important dimension at the global level will be the Global Millennium Campaign. This will be a worldwide information campaign, aimed at increasing support for development assistance, trade opportunities, debt relief, technology transfer, and other support needed to achieve the MDGs. It will be targeted at intergovernmental and international bodies, national governments, civil society organizations, the business sector and the media. While the Campaign will be largely independent, its work will be facilitated by a Millennium Campaign Unit, the Director of which will report to the UNDP Administrator. The Campaign will be structured to continue right up to 2015.

#### (b) Country level

Some of the principal MDG strategic elements at the country level will be: MDG Reports, national millennium campaigns or movements, country studies, and operational activities for development.

The MDG Reports will be the main instrument for MDG monitoring at the country level. These reports will be public affairs documents, targeting a broad audience, including the general public, the media, experts and policy-makers. They will convey key messages and conclusions quickly in a non-technical way, and are intended to serve as catalysts for public mobilization and debate. These reports will be prepared by national governments, with support from UN Country Teams.

The purpose of National Millennium Campaigns or Movements will be to build coalitions that can place the MDGs at the very centre of national debates and development action. Management arrangements for these campaigns will be determined by local actors. But in developing countries, UN Country Teams will have an important role to play in five areas: supporting relevant monitoring and analysis; drawing attention to the MDGs; making available technical, financial and organizational resources to foster a strong web of partnerships; providing access to international experience and expertise through the Millennium Campaign Unit; and reorienting the United Nations system's communication and advocacy efforts around the MDGs.

Estimates of the cost of achieving the MDGs have already been made for a pilot study of five countries. This effort will be expanded to other countries, and will examine a number of country-level issues, practices and financing options. The timing, design and implementation of these studies will be determined by UN Country Teams in partnership with governments and other national stakeholders.

The United Nations system will also need to realign its country-level operational activities for development to achieve MDG-focused outcomes. Opportunities for doing this will arise during annual and/or mid-term reviews of PRSPs, country programmes and projects; the development of project pipelines; the preparation of new joint programmes; on-going updates of the CCA; preparation or updates of MDG reports; and programme/project evaluations.

### **(c) Institutional arrangements**

The UNDG and its Working Group on the MDGs will play a major role in the implementation of the MDG core strategy. The former will be responsible for monitoring overall progress, and the latter, whose members include all interested United Nations agencies as well as the World Bank, will provide a forum for coordination. The UNDG Working Group will also work closely with other key groups and networks within the United Nations system, such as the Communications Group.

The Joint United Nations Programme on HIV/AIDS (UNAIDS) is the leading advocate for global action on HIV/AIDS. It brings together eight United Nations agencies in a common effort to fight the epidemic: the United Nations Children's Fund (UNICEF), the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations International Drug Control Programme (UNDCP), the International Labour Organization (ILO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the World Health Organization (WHO) and the World Bank.

UNAIDS both mobilizes the responses to the epidemic of its eight 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: medical, public health, social, economic, cultural, political and human rights. UNAIDS works with a broad range of partners—governmental and NGO, business, scientific and lay—to share knowledge, skills and best practice across boundaries.

The United Nations General Assembly, in a landmark special session on HIV/AIDS held in June 2001, unanimously adopted a Declaration of Commitment on HIV/AIDS, outlining 10 areas of action with specific goals and targets. In order to ensure the fullest possible implementation of this Declaration, a strategy for its operationalization—an Action Guide—has been developed. The guide has been prepared to assist United Nations Country Teams in supporting national efforts to implement the Declaration.

The guide proposes a set of actions to be undertaken by the United Nations Country Teams in all countries. These include:

- translation and dissemination of the Declaration;
- multisectoral review and updating of National Strategic Plans on HIV/AIDS;
- reflection of relevant indicators, country-specific data and major challenges in country-level development instruments; and
- public advocacy to promote the Declaration.

Supportive actions for selective implementation include:

- expansion of Theme Groups on HIV/AIDS;
- cooperation between the National AIDS Authority and Ministry of Health;
- establishment/strengthening of task forces on prevention of HIV transmission in pregnant women, mothers and their children;
- dialogue with interest groups;
- intensified action in the area of care and support of orphans;
- options for care and support of people infected or affected by HIV/AIDS;
- role of NGOs in implementing the Declaration;
- support for actions in specific areas; and
- annual review of progress in implementing the Declaration.