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Joint United Nations Programme on HIV/AIDS

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### **REPORT OF THE EXECUTIVE DIRECTOR**

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**I. INTRODUCTION**

1. Since the last meeting of the PCB in June 1996, the UNAIDS Secretariat has undertaken a wide range of activities within its Workplan for the 1996-1997 biennium against which significant progress has been made. The UNAIDS Strategic Plan targets for the Secretariat in 1996 were met with only one notable exception. Still under development as part of the Performance Monitoring and Evaluation Plan are the definitions of indicators and longer-term targets for the Programme, in particular those for best practice. Nevertheless, considerable progress has been made in this important area and will continue this year.

2. Within the relevant sections, the Report of the Executive Director responds to the specific Recommendations of the PCB to the Secretariat, made during its June 1996 session. This Report also refers to those additional reports that have been requested by the PCB and have been included in the documentation distributed in preparation for this session. It concludes by seeking to draw the attention of the PCB to the continuing challenges and opportunities we face in making UNAIDS a positive operational example of the UN reform required to further strengthen the UN system response to the HIV/AIDS epidemic.

3. As this is the first opportunity to report to the PCB following the first full year of UNAIDS operations, the Report provides a broad overview of the status of the Programme's development to date. To the extent possible, it also seeks to provide the PCB with an overview of the related efforts of the Cosponsors, initiated in or continued through this past year, and to provide the PCB with a sense of other efforts within the broader UN system that are ongoing or under development. Because the Programme is new and in the early stages of developing its capacities to monitor the diverse efforts within the UN system response at country, regional and global levels, this Report is not comprehensive, but will seek to be incrementally more so in coming years.

4. On an annual basis, this Report of the Executive Director will:

- inform the PCB of major developments within the epidemic of potential relevance to its work;
- update the PCB on the Programme's general progress against the UNAIDS Strategic Plan and the biennial Workplan;
- bring to the attention of the PCB highlights of the HIV/AIDS-related activities of the Cosponsors and the broader UN system;
- specifically address the progress the Programme has made against the Recommendations of the PCB to the Secretariat; and
- advise the PCB of specific issues or opportunities that the PCB may want to discuss or act upon.

**II. STATUS OF THE EPIDEMIC**

5. The HIV/AIDS epidemic continued its expansion in 1996 with an estimated 3.1 million new HIV infections — approximately 8,500 a day. Of the worldwide total of 22.6 million people living with HIV/AIDS, 21.8 million are adults and 830,000 are children. Nearly half of the new infections occurred

in women and the majority of newly infected adults are under 25 years old. During 1996, HIV/AIDS-associated illnesses caused the death of an estimated 1.5 million people, including 350,000 children. This represents about 25% of all HIV-related mortality since the beginning of the epidemic.

6. The global epidemic has been fuelled by a number of explosive epidemics of HIV infection in different parts of the world. For example, over the last few years in Bombay, India, HIV prevalence has reached 50% in sex workers, 36% in people seeking care for a sexually transmitted disease, and 2.5% in pregnant women attending clinics for antenatal care. The virus is now also spreading rapidly in the suburban parts of the city to traditional communities which have no perception of their vulnerability. Elsewhere in Asia, HIV rates among some groups of injecting drug users in Viet Nam climbed from 9% to 45% between 1993 and 1995. The Chinese Academy of Preventive Medicine has estimated that there were 10,000 HIV-infected persons in China as of the end of 1993, and that this total grew ten-fold, to 100,000, by the end of 1995. New epidemics are expanding at alarming rates in countries undergoing transition in Eastern Europe. In Ukraine, the number of newly reported HIV infections increased eight-fold from 1995 to 1996 when 11,000 new cases were registered, most in intravenous drug users. Similar trends have been observed in the Russian Federation.

7. Notwithstanding success in countries with older epidemics, the situation remains troubling as a younger generation confronts the epidemic. In the United States and Western Europe, despite the considerable successes of the gay community in advancing prevention efforts over the last decade, HIV transmission through sexual intercourse and among injecting drug users continues. However, as a result of better medical management, including the increasing use of antiretroviral combination therapy, mortality from HIV infection has decreased over the last year in several industrialized countries.

8. Today, over 14 million persons are living with HIV/AIDS in sub-Saharan Africa. Surveys in many countries continue to show that over 10% of women attending antenatal clinics in urban areas are HIV-infected, with rates exceeding 40% in some surveillance sites in Southern Africa. Epidemics are also increasingly taking hold among women, adolescents and children in Latin America and the Caribbean. For example, HIV prevalence among pregnant women in the Dominican Republic reached 8% in 1996, and recent studies in Haiti have shown even higher HIV rates among pregnant women aged 14 to 24. In Brazil, it is estimated that nearly 200,000 children have either already lost their mother to AIDS, or are children whose mothers are living with HIV/AIDS.

9. The impact of the epidemic on individuals, households, and society as a whole is worsening. The positive trends in life expectancy were reversed in the early 1990s, with a projected reduction of about ten years in life expectancy by the year 2000, when compared to projections without AIDS in 15 sub-Saharan countries. Studies continue to show that AIDS exacerbates poverty, especially in settings where formal or informal insurance mechanisms are not functioning to share the financial burden that illness imposes on households. For the private sector, evidence has continued to accumulate that HIV/AIDS has a significant negative impact on productivity and cost of labour — costs that more than justify implementing HIV prevention activities in the workplace.

10. Whereas a major breakthrough was achieved in terms of treatment of HIV infection and AIDS, with the introduction of antiretroviral combination therapy in 1996, there has been no such progress in the area of vaccine development, which is still underfunded both in academia and industry.

11. Although the epidemic has continued to worsen in many parts of the world, we can now point to an increasing number of developing country settings where prevention efforts have led to substantial progress in reducing HIV transmission.

- In a randomized study in the Mwanza region of Tanzania, a reduction of up to nearly 40% in new HIV infections was achieved through the implementation of a comprehensive public health STD prevention and care programme.
- HIV prevalence rates have remained relatively low (in the 2%-5% range) and more or less stable in the adult populations of several African cities (for example, Cotonou, Benin; Dakar, Senegal; Libreville, Gabon; and Yaoundé, Cameroon). UNAIDS-supported studies investigating the reasons for these low, stable prevalences will no doubt contribute to more effective prevention approaches elsewhere.
- Between 1990-1993 and 1994-1995, HIV prevalence in pregnant women at sentinel sites in urban Uganda diminished by 35% in young women aged 15-24. Surveys of these populations suggest that behaviour change accounts for an important proportion of the reported declines.
- In Thailand, HIV prevalence in military conscripts dropped from 3.6% in 1993 to 2.5% in 1995, reflecting a clear decrease in incidence.
- A recent international study, supported by WHO, has shown that it is possible to prevent HIV among drug injectors through the early and vigorous implementation of prevention activities, such as community outreach, demand reduction, methadone treatment and needle and syringe exchange programmes.

### **III. UNAIDS'S APPROACH TO THE EPIDEMIC**

#### **A. Strategic approach**

12. An expanded global response from a wide range of actors is required if we are to realize our collective vision of a world in which HIV/STD transmission is substantially reduced, adequate treatment, care and support are provided, and where individuals' vulnerability to HIV/STD and the adverse impact on them and the communities to which they belong is significantly mitigated.

13. The UNAIDS Cosponsors, together with other organizations within the UN system, are uniquely positioned to address the HIV/AIDS epidemic on a global scale. Together, they have a critical role to play in building the necessary partnerships of governments, non-governmental organizations (NGOs), the private sector and the media that are required to mobilize civil society and promote the policies and social changes crucial to slowing the spread and mitigating the impact of the epidemic.

14. UNAIDS was established to mobilize and guide the combined capacities of the UN system for global advocacy, strategy development, technical collaboration, capacity strengthening, and programme design and financing that are required to expand national responses to the epidemic. To effectively

leverage the organizational capacities of the Cosponsors, it employs two equally important and reinforcing strategies. First, it seeks to build worldwide commitment and support to address HIV/AIDS through advocacy based on the most current information and technically sound analysis. Second, it seeks to improve the content, access and use of the body of knowledge which constitutes the “best practices” needed to accelerate the global response.

## **B. Continuing areas of cross-cutting emphasis**

15. At its last meeting, the PCB welcomed the four cross-cutting themes that UNAIDS defined for itself in its 1996-1997 Workplan — human rights, gender, young people, and the principle of the Greater Involvement of People Living with HIV/AIDS (GIPA) (UNAIDS/PCB(3)/96/Rec. 3). These themes will continue to be viewed as cross-cutting for our activities in 1998-1999. Efforts have been made to orient and train staff in programming in the area of human rights and GIPA, and a more concerted effort is being made in 1997 for staff training and orientation in programming about gender and young people. Programme activities for 1996-1997 have been reviewed with regard to the extent to which they address these four cross-cutting themes.

16. It has become increasingly apparent over UNAIDS’s first year that management of information is at the core of many of its functions. This includes managing the collection and dissemination of information on the global epidemic and international and national responses; on the UN system’s HIV/AIDS/STD-related activities; on institutions and persons available to facilitate and participate in technical collaboration; on the Programme’s internal management and the implementation of its Workplan; on the quality and relevance of its products; and most importantly, on the collection and dissemination of information on best practices required to catalyze the expanded response. Staff positions have been reallocated and additional steps taken in order to strengthen the capacities of the UNAIDS Information Centre. This will enable more rapid and effective dissemination of a broad range of technical information produced by UNAIDS and its Cosponsors, and respond to the PCB recommendation (UNAIDS/PCB(3)/96/Rec.13) for broader distribution of periodic information on the activities of the Programme.

17. As part of its work on best practices, UNAIDS is assembling some 50 collections on specific topics of strategic importance to the global response to the epidemic. Each Best Practice Collection will normally have five components that will be regularly updated:

- The *UNAIDS Technical Update*, aimed primarily at managers of HIV/AIDS projects and programmes, provides a technical overview of the topic, summarizing the main problems and challenges involved and the responses recommended, based on best practice.
- The *UNAIDS Point of View*, an advocacy document aimed primarily at journalists and community leaders, lists key facts and figures, outlines the challenges — including myths and misconceptions about the topic — and sets out ways of meeting these challenges.
- *UNAIDS Best Practice Case Studies* provide detailed examples of best practice in a specific country or community.

- A selection of up to 20 slides or overheads on the topic for use in speeches and other presentations.
- A set of key materials representing up-to-date thinking on the topic. These materials encompass policy statements and reviews, reports, articles, CDs and videos, authored outside or inside UNAIDS.

**C. Performance monitoring and evaluation**

18. The Secretariat has made substantial progress on the development of its plan for strengthening programme-wide performance monitoring and evaluation as requested by the PCB (UNAIDS/PCB(3)/96/Rec. 10). The approach has been within the overall guidance provided in the Report of the PCB Working Group on Indicators and Evaluation (Document UNAIDS/PCB(3)/96.5 Rev.1) and carried out in collaboration with the monitoring and evaluation staff of the Cosponsors. Throughout, the work of the Secretariat has been enriched by the efforts of the PCB Working Group, which met again in February 1997 to review efforts to date. A separate progress report on the current status is being presented to this session of the PCB (Document UNAIDS/PCB(4)/97.5), as well as an additional Report of the PCB Working Group (Document UNAIDS/PCB(4)/97.5 Add.1). Consistent with the recommendation of the PCB Working Group, a Monitoring and Evaluation Technical Advisory Group will be established at the global level to assume responsibilities for the valuable technical resource functions that have been initiated by the PCB Working Group. It is anticipated that this Advisory Group will continue to draw on the monitoring and evaluation technical expertise available from within the Cosponsors and the bilateral agencies, while facilitating the greater participation and contribution within the process of technical expertise from scientific institutions, NGOs and national programmes, particularly those from developing countries, consistent with the recommendation of the PCB (UNAIDS/PCB(3)/96/Rec.17).

19. The scope of the Performance Monitoring and Evaluation Plan includes undertakings such as: monitoring the status and trends of the epidemic; strengthening approaches for monitoring and evaluation of the national response to the epidemic; monitoring the response of the Cosponsors and the broader UN system at country, regional and global levels; elaborating approaches and tools for identifying and assessing best practices; and developing a system for monitoring of the UNAIDS Workplan.

20. As recommended by the PCB Working Group, the Secretariat has focused its early efforts in this area at the country level to help strengthen the evaluation and monitoring approaches within the national response and the efforts of the UN Theme Groups on HIV/AIDS. This included a series of seven country consultations to discuss monitoring and evaluation approaches with national programme managers, UN Theme Group members, relevant staff of the Cosponsors, UNAIDS Country Programme Advisers (CPAs), representatives of NGOs and groups of people living with HIV/AIDS. The first annual assessment of UN Theme Groups is nearly completed using a tool developed and tested by the Secretariat. The preliminary results of this assessment will be presented at this session of the PCB.

21. At the global level, the UNAIDS Workplan, the Coordinated Appeal and the Inter-Agency Working Groups together provide valuable instruments for systematically monitoring Secretariat and Cosponsor efforts and enabling the incorporation of more evaluative approaches within the UN system



response to the epidemic. Efforts have been under way to strengthen approaches for identifying and assessing best practices in a number of technical areas.

22. A number of activities have also been completed or initiated to strengthen the performance monitoring and accountability of the Secretariat. These have included: (i) formalization within the Organizational Development Team, led by the Executive Director, of the monitoring of progress against recommendations for the strengthening of programme management and administration; (ii) initial development of an information management system that will provide programme managers and decision-makers with up-to-date performance information related to the UNAIDS Budget and Workplan; (iii) strengthening of the Programme Review Committee and Programme Development Fund Committee processes, emphasizing peer review concepts in their monitoring and evaluation components; and (iv) implementation of a Performance Appraisal System and completion of training in its effective use for staff in Geneva and the field.

#### **IV. STATUS OF UN RESPONSE**

##### **A. Dynamics, determinants, surveillance and monitoring of the epidemic**

23. Effective strategies to respond to the HIV/AIDS epidemic are critically dependent on an understanding of its determinants and dynamics. For this reason, surveillance and monitoring will continue to be core elements of the UN response. A WHO/UNAIDS Working Group on Global Surveillance of HIV/AIDS and STD has been established to ensure timely and consistent flow of information on national, regional and global levels, and surveillance activities in WHO Regional Offices have been financially supported by UNAIDS, and reinforced, in some cases, with additional staff resources. These efforts will be reinforced by those of the Collegial Network for the Monitoring of the Status and Trends of the Global HIV/AIDS Epidemic (MAP Network), a collaborative effort undertaken with the François-Xavier Bagnoud Center of the Harvard School of Public Health and AIDSCAP. The Network was convened during the International Conference on AIDS in Vancouver and its report was published and translated into several languages. The Network will convene again during each of the three regional AIDS conferences in Manila, Lima and Abidjan this year, where special emphasis will be placed on further understanding the epidemiological situations in those regions.

24. The development of country-specific epidemiological fact sheets has been initiated to track key indicators on the status and trends of the epidemics in countries and to enable the analysis required for a better understanding of the underlying dynamics of the epidemic. Further development will proceed under the guidance of the WHO/UNAIDS Working Group, in close cooperation with the MAP Network, the US Bureau of Census, the European Centre for the Epidemiological Monitoring of AIDS in Paris, and other collaborators.

25. Together with WHO, several intensive assessments of the situation and the dynamics of the epidemic in Eastern European countries have been undertaken to identify vulnerable populations and guide decision-makers who are establishing national programmes.

26. UNAIDS is coordinating research on behavioural changes in Uganda and Thailand to better comprehend the declining prevalence of HIV in these countries. Confirming the links between effective

national AIDS programmes, increases in safer behaviour, and the reduction of HIV transmission will provide a better understanding as to why some programmes are more effective than others. A multisite study on the underlying factors determining the differential spread of HIV infection in African towns was recently launched in Benin, Cameroon, Kenya, and Zambia in order to develop a better understanding as to why HIV transmission is increasing rapidly in some communities while in others it has been maintained consistently at a relatively low level.

27. Conclusions and recommendations from a meeting of experts in virology and epidemiology from 13 countries, jointly organized by the Robert Koch Institute in Berlin and UNAIDS early in 1996, were widely published in recent months. The meeting, which was convened to discuss the scientific and policy implications of HIV variability for transmission, concluded that there is no firm evidence that certain subtypes of HIV-1 are more transmissible. It also made recommendations regarding the implications of HIV genetic and biological variability for epidemiology and public health issues. A follow-up workshop in Tanzania will be funded by the European Union to monitor and guide progress in the priority research areas that were identified.

28. A network of scientists from developing and developed countries was established by UNAIDS to study implications of HIV variability for transmission, pathogenesis, diagnostics and blood safety and vaccine development.

29. Together with WHO and other partners, UNAIDS will support efforts to further develop and strengthen surveillance systems at national, regional, and global levels. This includes improvement and use of better methodologies, as well as the strengthening of communication systems as part of a Global Information Access Initiative initiated by WHO. Increased attention will be given to further developing the regional and subregional networks required to better facilitate the exchange of information and technical expertise.

## **B. Advocacy and public information**

30. UNAIDS advocacy efforts have already had an important impact on public perceptions of the AIDS epidemic. These efforts have focused on increasing the level of awareness of the global epidemic and building a sense of urgency about the need to mount an effective response to HIV/AIDS worldwide. Since the PCB's last meeting, the Programme has organized and participated in a number of major international events through which it was able to convey to a large and varied audience the reality of an ever expanding epidemic and the severe implications for economies and development.

31. The **XI International Conference on AIDS** in Vancouver in July 1996 provided the opportunity to present, for the first time, harmonized epidemiological statistics with the François-Xavier Bagnoud Center for Health and Human Rights of the Harvard School of Public Health, and AIDSCAP. Anticipating the media focus on new drug therapies, preparatory work was undertaken in several important media markets around the world, emphasizing the fact that, while new treatments are indeed a significant breakthrough, their cost prohibits access to them for the 90% of people living with HIV/AIDS who are in developing countries and for whom these treatments will have little impact in the foreseeable future. The need for expanding the response, enhancing prevention efforts, developing globally affordable and accessible treatments, intensifying HIV vaccine research and development, and reducing vulnerability was strongly emphasized. Consequently, the Secretariat believes that reporting of the

epidemic, new trends, and the need for an expanded response, received substantial and balanced media attention.

32. **Rotary International** and UNAIDS formalized their collaboration through signature of a joint statement committing the two organizations to a campaign entitled **Working With New Generations for a Safer World** aimed at preventing the high rate of transmission in young people. In follow-up, Rotary and UNAIDS are preparing a manual to guide Rotary's 28,000 clubs and 1.4 million members in their activities. Currently, 6,000 clubs are carrying out or planning AIDS programmes and some 9,000 clubs celebrated World AIDS Day. The Executive Director delivered a keynote address at the Rotary Conference on Middle Eastern Development in Cairo, and UNAIDS has initiated a pilot project with South Africa to involve 200 Rotary Clubs in joint advocacy projects with major AIDS organizations and the South African Medical Association. Over the past six months, Luis Vicente Giay, the President of Rotary International, has carried an HIV/AIDS prevention and care message to 30 countries.

33. **World AIDS Day.** The Programme organized and participated in a number of activities to commemorate World AIDS Day. UNAIDS held its major event in London, where a number of activities took place including press conferences, a business/NGO meeting, and a meeting with parliamentarians and other opinion leaders in the UK on how to keep HIV/AIDS on the agenda of the industrialized world. In New York, UNAIDS and the American Foundation for AIDS Research (AmFAR) sponsored a special session of the UN General Assembly. Speakers included the Secretary-General, the President of the General Assembly and Elizabeth Taylor, American film star and founder of AmFAR. A major press conference was held in Paris, and in Geneva the Programme collaborated with NGOs and the private sector to organize a series of fund-raising and advocacy events which raised close to 1 million Swiss francs. Fifty percent of the proceeds will be channelled by UNAIDS to programmes in four African countries for the benefit of children affected by the epidemic. **The Theme Group Chairs and Country Programme Advisers** played a vital role in helping to mobilize local communities to commemorate World AIDS Day in events ranging, for example, from TV/panel discussions in Uganda and Uzbekistan, to art exhibits on AIDS and STD prevention in China, concerts and panel discussions in Cuba, and conferences and sporting events in Chad. In 1997, these efforts are being channelled into a campaign of several months bearing the theme **Children Living in a World with AIDS**, with a view to achieving specific advocacy and programmatic objectives for the benefit of children affected by and vulnerable to HIV/AIDS.

34. **World Economic Forum in Davos.** UNAIDS was able to secure the participation of President Nelson Mandela in a plenary session devoted to AIDS during the World Economic Forum in Davos in February 1997. There he addressed the media and 2000 world-class business leaders, as well as high-level government officials and politicians. President Mandela urged the public and private sectors to join hands to create a new struggle addressing AIDS, similar to that which had overcome generations of apartheid. He warned that failure to do so would jeopardize past and potential gains in economic development. President Mandela's message to the business community to help governments cope with the epidemic was echoed by United States Secretary of Health and Human Services Donna Shalala and the UNAIDS Executive Director. Sir Richard Sykes, Chief Executive of Glaxo Wellcome, and Alan Wright, Chief Executive of Gold Fields of South Africa, urged that business get involved in the fight against AIDS in its own interest and called for the establishment of a global business council to provide UNAIDS with private sector resources and expertise.

35. UNAIDS Cosponsors have played a key role in many of the activities undertaken. World Population Day in 1996 was dedicated to the theme of HIV/AIDS, and the World Congress Against the Commercial Sexual Exploitation of Children in Stockholm in August 1996 focused global attention on one of the underlying causes of the epidemic. Advocacy efforts at the XI International Conference on AIDS were jointly undertaken by all Cosponsors, with UNICEF producing the photo exhibit and UNFPA an electronic AIDS clock that has since been transferred onto their Web site. Cosponsors also gave important attention to HIV/AIDS issues in their information materials and in a number of joint statements, fact sheets, and publications. They also assisted and participated in press conferences held in different countries throughout the year.

36. In the coming year, UNAIDS will intensify its efforts to strengthen and consolidate its communication outreach with those of its Cosponsors in order to reinforce worldwide support among opinion leaders. Additional measures will need to be identified to facilitate UN Theme Groups in their efforts to assist national leaders in strengthening their advocacy. As exciting news about new treatments is likely to continue to dominate media coverage, increased effort will also be required to continue to focus attention on the expanding global epidemic and the steps that must be taken now to slow its spread and lessen its impact.

### **C. Country level approaches**

37. Further progress was made in developing the major mechanisms through which the UN efforts at country level, in response to the epidemic, are shaped and strengthened. The major foci of these efforts within an individual country are to broaden the scope of technical and financial resources available within the country to strengthen its national response; to strengthen the capacities within the country to draw on the relevant experience and technical resources of other countries; and to better enable a country to contribute its own experience and technical resources to the global effort.

38. UNAIDS's direct support to individual countries is through the UN Theme Groups on HIV/AIDS, the work of which is facilitated in many countries by a UNAIDS CPA or a UNAIDS Focal Point<sup>1</sup>. It is primarily focused on support to national strategic planning and review processes, and to strengthening national technical and financial resource mobilization capacities. On a transitional basis during the current biennium, modest core support to national programmes has also been provided. It is anticipated that in the future, the primary focus of UNAIDS support in country will be to facilitate the technical collaboration process in support of the national response among the Cosponsors within the country, between the UN system and the broader international community, and between regional and global efforts and the national response.

#### **1. UN Theme Groups on HIV/AIDS**

39. The UN Theme Groups on HIV/AIDS are the primary instruments for coordinating the UN response to the epidemic at country level and for promoting collaborative action among the UN agencies in support of national responses. As of 30 January 1997, 126 UN Theme Groups, covering 150 countries, have been established compared to 36 at the end of 1995. In two-thirds of the countries, the Theme Group Chairperson is the WHO Representative. Nearly a quarter of the Chairpersons are from

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<sup>1</sup> In countries where there is no CPA, UN Theme Groups have nominated a staff member already in the employ of one of the Cosponsors, to support the work of the Theme Group.

UNDP, with the balance divided among UNICEF, UNFPA and the World Bank. UN Theme Groups that have been in operation for over a year are now beginning to rotate Chairperson responsibilities. The majority of the UN Theme Groups have now developed terms of reference and nearly a third have prepared strategic plans. A country-by-country assessment on the status of UN Theme Group-related actions in 1996 is under way and will be presented to the PCB. A sample of case studies based on the experience of the UN Theme Groups in Botswana, Dominican Republic, Laos and Viet Nam, will also be presented, as requested by the PCB at its June 1996 meeting (UNAIDS/PCB (3)/96/Rec. 9).

40. To support the efforts of the UN Theme Groups, 37 CPAs have so far been selected and placed: 16 in Africa and the Middle East, 13 in Asia and the Pacific, three in Europe, and five in Latin America and the Caribbean. Of this total, ten serve as Inter-Country Programme Advisers (ICPAs) with responsibilities for two or more countries. Four CPAs have been nationally recruited. In addition, 24 UNAIDS Focal Points have been nominated by the UN Theme Groups, where CPAs have not been available for placement: nine in Africa and the Middle East, three in Asia and the Pacific, eight in Europe, and four in Latin America and the Caribbean. The majority of the UNAIDS Focal Points are from UNDP (including UNV), with the remainder from WHO, UNFPA and UNICEF. Because of competing responsibilities within their respective agencies, UNAIDS Focal Points sometimes have difficulty in being able to commit sufficient time to the work of the UN Theme Group. UNAIDS is currently in the process of exploring with country representatives what steps might be taken to address these difficulties. A preliminary assessment of the functioning of UN Theme Groups indicates the critical contribution of CPAs and Focal Points in many countries.

41. The need to provide greater support for the work of UN Theme Group Chairpersons has been raised in a number of countries, although this has become much less of a problem in countries with a CPA or UNAIDS Focal Point. The high cost to UNAIDS of administrative support to CPAs remains a major issue. In a few countries (e.g., China, the Dominican Republic, and Eritrea), the Cosponsors have contributed to administrative support at country level. In several countries (e.g., Botswana, Chile, Costa Rica), Resident Coordinator funds have or will be used to support the work of the Theme Group. In a number of countries, a lack of awareness and information about UNAIDS has been reported by some Cosponsor representatives, as well as a perceived lack of direction from their respective headquarters about their involvement in UN Theme Groups.

42. In many countries, bilateral agency representatives continue to have insufficient knowledge about UNAIDS and the role and function of UN Theme Groups. This has sometimes led to confusion about the respective roles and responsibilities of the UN Theme Groups and those of the national coordinating bodies. Further efforts will be required by national authorities, UNAIDS, Cosponsors and bilateral agency headquarters to facilitate a better understanding.

## **2. National strategic planning and review**

43. It has become clear that in order to be successful in reducing the spread of HIV infection and in mitigating the impact of the epidemic, the national response needs to take into account the wider social, economic and cultural context in which the epidemic develops. With this broader understanding of the epidemic have come increased demands on national planning capacities. National programmes are challenged to improve the planning of prevention and care interventions, while simultaneously developing approaches to address the underlying contextual factors that continue to make people vulnerable to

infection. In addition, national planning for measures to mitigate the impact of the epidemic on different sectors of society has thus far been poorly developed in most settings. Experience from a few countries has shown that national strategic planning, involving the relevant sectors and partners, can be a powerful force in expanding the response to the epidemic.

44. Since existing planning instruments often inadequately address the wider context of the epidemic, and in order to produce appropriate planning and review material that better responds to national AIDS programme needs, a comprehensive review of materials available from national programmes, Cosponsors and bilateral agencies was undertaken resulting in the production of new guidelines. The guidelines will be updated regularly in function of feedback from workshops designed for their use. The first pilot workshop was conducted in Namibia with managers of national programmes, national planners and UN system collaborators from eight sub-Saharan African countries. The approach was highly appreciated, and useful input was obtained. Additional workshops are planned in other sub-regions and regions throughout 1997.

45. In concert with WHO, a review and inventory of HIV/AIDS programmes at district level has been initiated. This will be followed by the identification and documentation of case studies of successful practices in expanding the response at local/district levels. UNICEF and FAO are participating in the initial case studies in Africa, together with the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ), whose participation is part of an overall collaborative agreement with UNAIDS. Methodologies for estimating the costs and effectiveness of different prevention strategies have been field-tested in the areas of outreach to sex workers, school education, condom social marketing, blood safety and STD treatment. Draft costing guidelines for each of the strategies are available as companion guides to the WHO publication Cost Analysis in Primary Health Care. These can be very useful for intervention planning and management.

46. UN Theme Groups have or are in the process of supporting national programme reviews and national strategic planning exercises in Bangladesh, Cambodia, Ghana, Laos, Malawi, Moldova, Myanmar, Namibia, Nepal, Poland, and Uganda. It is anticipated that, in most cases, these exercises will be followed by coordinated efforts among the Cosponsors to assist the national governments in resource mobilization

### **3. Strengthening resource mobilization capacities**

47. In order to assist national programmes in their efforts to finance expanding agendas, UNAIDS has conducted seminars on resource mobilization in conjunction with regional meetings held in Latin America, Africa, Eastern Europe, and Asia. The workshops aimed at assisting CPAs, UN Theme Group Chairpersons, and national programme managers to strengthen capacities to develop more strategic approaches to resource mobilization at the country level. As a follow-up to this initial effort, UNAIDS is planning to implement a number of capacity-building seminars on resource mobilization in selected countries in Africa and Latin America in 1997.

48. Mobilization of resources to support national activities is becoming a key role of many UN Theme Groups. In the Dominican Republic, resources have been mobilized through Cosponsors, bilateral donors, and, more recently, through the private sector. In China, Nepal, Pakistan, the Philippines, and Viet Nam, the UN Theme Groups are working closely with national authorities and bilateral agencies to mobilize additional resources.

49. Since 1990, there has been a shift in the external funding of national programmes in developing countries. With the exception of countries benefiting from World Bank funding, the larger share of resources is now moving through bilateral rather than multilateral channels. Preliminary analysis of a study on funding of national AIDS programmes in selected African countries indicated that there has been an overall increase in external funding between 1992 and 1996 in six of the eight countries surveyed, with the other two showing a moderate decrease. UNAIDS has commissioned a study by the Harvard School of Public Health to further examine levels and types of external and national resources for HIV/AIDS for the calendar year of 1996.

50. Within the Cosponsors, there appear to be two distinct trends in current HIV/AIDS-related financial flows, though this is difficult to quantify, given current limitations in financial monitoring systems. At the country level, there appear to be increasing levels of funds earmarked for HIV/AIDS-related activities. For example, UNDP reports that it is currently financing 45 to 50 HIV-specific projects, totalling an estimated US\$ 83 million, funded from its core programme resources. By the end of 1996, the World Bank committed nearly US\$ 700 million to more than 60 projects worldwide aimed at preventing and controlling HIV/AIDS and STDs. At the global and regional level, there are both positive and negative trends to report. There now appears to be more effective "mainstreaming" of resources to address HIV/AIDS-related issues in a variety of important programme areas. However, the overall level of those funds appears to have declined over the last two years, constraining the capacities of Cosponsors at global and regional level to strategically guide and technically support their expanding HIV/AIDS-related portfolios at country level. Steps have been taken by some of the Cosponsors to address this imbalance. For example, WHO has requested approval through its Executive Board for three professional positions, modest additional funds for general coordination functions, and US\$ 3 million for strengthening inter-country activities through inter-regional programme support.

#### **4. Direct financial support to strengthening the national response**

51. Acknowledging that many national AIDS programmes faced difficulty with the phasing out of the core funds provided by the WHO Global Programme on AIDS, the PCB decided at its November 1995 meeting that during the 1996-1997 biennium, UNAIDS should provide \$12.2 million in core financial support to national AIDS programmes. To date, workplans have been received from 136 countries, and funds have been channelled to 123 countries. These core funds have been used by national programmes to support advocacy and the mobilization of new partners (18%), programme design and support (51%), and for financing other activities including IEC, research, and procurement of supplies (31%).

52. In approving the 1996-1997 Programme Budget, PCB members indicated their view that for future bienniums, core financial support to national AIDS programmes should not be provided by UNAIDS and that alternative sources of financial support should be identified. The UNAIDS Proposed Programme Budget and Workplan for 1998-1999 does not include any provision for core financial support. It does, however, include provision for US\$16 million in programme development funds, which enables a different mechanism for financial support by the Secretariat through the UN Theme Groups to HIV/AIDS activities in countries. The funds, which are intended for country-level catalytic and innovative activities, will be made available, based on proposals prepared under the auspices of the UN Theme Groups, in close collaboration with national partners.

53. During the 1996-1997 biennium, US\$ 4.4 million are being made available from UNAIDS to enhance programme design and development efforts, particularly in new sectors and with new partners, and to provide catalytic support to activities capable of leveraging further commitment from UNAIDS Cosponsors and donor agencies.

54. At its meeting in June 1996, the PCB requested UNAIDS to prepare criteria for prioritization of its support to countries for discussion at its next meeting (UNAIDS/PCB(3)/96/Rec.7). A set of criteria has been developed for discussion at this session (Document UNAIDS/PCB(4)/97.3).

## **D. Global and regional level mechanisms**

### **1. UNAIDS Workplan**

55. With the intention of getting a clearer and more integrated picture of the overall HIV/AIDS-related efforts of the Cosponsors and UNAIDS, the PCB recommended that further progress be made as soon as possible to develop an integrated workplan among UNAIDS and its Cosponsors and on clarifying respective roles (UNAIDS/PCB(3)/96/ Rec. 4 and Rec. 23). UNAIDS was also asked to take steps to develop a results-based budget for 1998-1999 (UNAIDS/PCB(3)/96/Rec. 18). Important steps were taken in this direction in preparing the Proposed Programme Budget and Workplan for 1998-1999, as well as in the preparation of the Coordinated Appeal for the same period. UNAIDS has structured its proposed budget for 1998-1999 along objectives and outputs within a framework of 21 programme components, developed in close consultation with the Cosponsors. These programme components reflect the spectrum of thematic areas in which the Secretariat and its Cosponsors are engaged. This approach, using programme components and objectives and outputs, represents a first step in an evolving process that will be further refined over the coming years, on the basis of programme experience. The common framework enables each of the UN system organizations to begin describing its activities in response to the epidemic in comparable terms.

56. Specific activities to be implemented by the Cosponsors are mentioned in the Workplan programme components. While the descriptions are incomplete and the joint planning process early in its development, substantial progress has been made in responding to the recommendations of the PCB. In addition, the individual Cosponsors are compiling data for the PCB on their HIV/AIDS-related activities carried out at the country, global and regional levels with their own resources.

57. The Secretariat will take on more direct implementing responsibility in a number of programme components including: support to the national response through the UN Theme Group mechanisms; advocacy and public information; dynamics, determinants and monitoring of the epidemic; and human rights, ethics and law, and collection and dissemination of some best practices. Within some other programme components where the Cosponsors and other key partners within and outside the UN system have a comparative advantage, UNAIDS will focus its efforts within its advocacy, identification and dissemination of best practices, and coordinating roles.

58. While endorsing the broad strategic orientation of the UNAIDS Workplan for 1996-1997, the PCB recommended that UNAIDS's activities be further prioritized (UNAIDS/PCB(3)/96/Rec. 4). This exercise was carried out in the months following the PCB session in June 1996. Several criteria were applied which included: identifying those activities with the greatest opportunity for an "amplifying effect";



identifying those areas where UNAIDS efforts would “add value” to those of partners; focusing on the areas of comparative advantage of the UN system as a whole and the Cosponsors in particular; identifying opportunities to help strengthen the capacities of partners to respond to the epidemic rather than on short-term activities; and focusing on quality rather than quantity of response. In addition, decisions were made to defer the implementation of several activities until the next biennium in programme areas where there were unavoidable delays in the recruitment of key staff.

59. The PCB also recommended that an effort be made to show the linkage between the strategic objectives and the workplan and the performance assessment plan (UNAIDS/PCB(3)/96/Rec. 5). An exercise was undertaken within the Secretariat to define the objectives of each programme component in terms of the extent to which they address the strategic objectives of the Programme. The results of this exercise are presented in the UNAIDS Proposed Programme Budget and Workplan for 1998-1999, indicating a fairly even distribution across the strategic objectives when all the programme components are viewed as a whole. It is evident that in some programme components one or more of the strategic objectives are addressed to a greater extent than others. In most cases, this is as would be expected given the nature of the specific programme component, its state of development, and the most appropriate current role of UNAIDS in advancing it.

## **2. Coordinated Appeal**

60. A Progress Report on the UNAIDS Coordinated Appeal has also been prepared for discussion in this meeting of the PCB (UNAIDS/PCB(4)/97.7). Notwithstanding the substantial and difficult efforts of the Cosponsors and the Secretariat in preparing the current Coordinated Appeal and its significant contribution to clarifying roles and harmonizing programme approaches among them, it has been far from successful in mobilizing the essential resources the Cosponsors require to strengthen their efforts at global and regional level to strategically guide and technically support their expanding HIV/AIDS-related portfolios at country level. Here again, there are both positive and negative trends to report. The establishment of UNAIDS, following the signing of the Memorandum of Understanding by the Executive Heads of the six Cosponsors, served as a powerful advocacy message throughout their respective systems to expand and strengthen their HIV/AIDS-related programming. Coming at a time of increasing financial constraints and staff reductions, the technical capacities at global and regional levels required to support this intensified programming thrust are severely limited. Increased supplemental funding is urgently needed by the Cosponsors so that they can more effectively respond to the increasing requests for technical assistance from within their country operations.

61. Out of a total of US\$ 18 million requested to support Cosponsor activities for this biennium, only US\$ 4.8 million has been received or pledged. Of that total, US\$ 1.8 million is being provided by three donor agencies, while US\$ 3 million is being financed from the UNAIDS core budget. At its December 1996 meeting, the CCO Working Group reviewed the experience to date with the Coordinated Appeal and has begun to take the steps outlined in the PCB progress report to address the most significant problems in the current process. This will include completing preparation of the next Coordinated Appeal a full year earlier in the programme cycle than was possible for the current Appeal, a more effective effort to promote an understanding of the Coordinated Appeal process within the respective agencies, and more intensive marketing of specific proposals with the donor community. For its part, the Secretariat will give much greater emphasis to the Coordinated Appeal in its dialogue with donor agencies, including regular monitoring and reporting on the status of unfunded proposals.

62. With the finalization and launch of the Coordinated Appeal for the 1998-1999 biennium anticipated in June 1997, a more complete picture of the overall proposed and implemented HIV/AIDS-related efforts of the Cosponsors and UNAIDS will come into sharper focus. Undoubtedly, much work still needs to be done to improve the presentation on the joint and separate HIV/AIDS-related activities of the Cosponsors and UNAIDS. Notwithstanding, efforts to date on both the UNAIDS Workplan and the Coordinated Appeal have demonstrated real and substantial progress.

### 3. Inter-Agency Working Groups

63. Considerable progress in harmonizing approaches and integrating programme efforts has also been made over the past year through Inter-Agency Working Groups (IAWGs) and related fora. These coordinating entities provide important opportunities for strategic input and peer review among Cosponsors on the HIV/AIDS-related activities, implemented through their own agencies and budgets, those that they undertake on behalf of UNAIDS, and those UNAIDS implements through its core budget.

64. Of the different coordinating entities, the Inter-Agency Working Groups are the most implementation-oriented and consequently have required the most intensive time commitment on the part of participants, particularly in the initial start-up phase. Because of this necessary commitment, Cosponsor participation has generally been limited to those programme areas in which they are serving a major role on behalf of the UN system. It is anticipated that once the individual working groups have clarified their strategic approach and established their *modus operandi*, the need for face-to-face meetings will be substantially reduced. A number of Inter-Agency Working Groups have already been successful in harmonizing and accelerating efforts among the partners. A description of the activities of the IAWGs on Gender, on Integrating HIV/STD Prevention in the School Setting, on Especially Vulnerable Young People, and on Communications, is provided in section **E. Best practice and research**. The Inter-Agency Working Group on Global Surveillance of HIV/AIDS and STD, whose work was described earlier in this report, is another important coordinating entity. Based on this initial experience, general and specific terms of reference for the establishment, functioning, and performance assessment of these Working Groups will be developed.

65. In those programme areas where such working groups or task forces do not exist or where less intensive consultation among Cosponsors has been required, Inter-Agency Reference Groups, led by individual Cosponsors have been identified. Though not yet fully functional, the primary responsibility of the Reference Groups is to facilitate phone, facsimile and electronic mail communication among appropriate agency personnel, thereby reducing the need for travel and meetings.

66. The Inter-Agency Advisory Group on AIDS (IAAG) continues to serve as a regular forum for dialogue among a full range of UN system organizations on substantive programme and personnel policy issues. In addition, ad hoc consultations, such as those on Children and HIV/AIDS and on HIV and Infant Feeding, have served essential roles in strengthening and harmonizing UN system policy in a variety of important and sensitive areas.

### 4. Inter-country technical network development

67. The acceleration of country-level efforts to respond to the epidemic has resulted in a substantially increased demand for technical resources, in terms of information and expertise, in a widening array of programme areas. The UN system has a significant role to play in responding to these needs, through its capacity to promote the sharing of knowledge, experience, and expertise among countries. To reinforce national capacities to respond to HIV/AIDS, UNAIDS is seeking to expand the available pool of technical resources through the development of several types of inter-country technical networks.

68. At the global level, one of the approaches UNAIDS is taking to further mobilize technical capacity from institutions engaged in various aspects of the epidemic, is through the designation of UNAIDS collaborating centres. It is anticipated that the mechanisms for this process will be fully operational in 1997.

69. Small inter-country teams are now being established, following regional situational assessments to examine country and regional needs and to map the available resources of Cosponsors, bilateral agencies and international NGOs. Cosponsors, such as UNICEF and the World Bank in South-East Asia and West Africa, have already started to participate in, and commit resources to the work of the Inter-Country Teams (ICTs).

70. The main functions of the Inter-Country Teams are to work with and through Cosponsors to: (i) support the Cosponsors' regional technical teams and offices in providing technical advisory services in HIV/AIDS in priority programme areas; (ii) develop technical resource networks by mobilizing the resources of the Cosponsors and potential partners in the region; (iii) develop information-exchange networks to provide fora for sharing experience and knowledge in the region; (iv) facilitate technical advisory services in HIV/AIDS at the request of the UN Theme Groups; (v) assist in the harmonization of the approaches of regional and sub-regional initiatives of the UN system organizations that are focused directly on HIV/AIDS, including those that provide direct technical support to national efforts.

71. In Asia, the activities of the WHO and World Bank-supported South-East Asia HIV/AIDS Project (SEAHAP) have been officially incorporated into the UNAIDS Inter-Country Team for Asia and the Pacific since 1 July 1996. The team, based in Bangkok, currently has four staff and houses a staff member of the Asia Pacific Network of People Living with HIV/AIDS (APN+). A major effort in 1996 has been to develop electronic mail-based HIV/AIDS information support services (SEA-AIDS), which currently provide over 700 organizations and individuals with a forum for information exchange and access to an extensive range of documents. World Bank funding has supported connectivity to 400 poorly resourced organizations in ten countries of the region. An inventory of over 350 resource centres on HIV/AIDS in the region has been compiled and will soon be distributed. Support is being provided to specific institutions to ensure that appropriate UN-generated HIV/AIDS materials are available in at least one site in each country.

72. The West and Central Africa Inter-Country Team is based in Abidjan and is comprised of a Team Leader and three team members. The priority areas of activity are programme planning and evaluation, communications and community mobilization, STD prevention and control, and blood safety. The team is also responsible for providing support to the World Bank/UNAIDS-funded West African Initiative, whose three foci are migration and HIV, prostitution and HIV, and support for networks of people living with HIV/AIDS. Action research projects in Burkina Faso, Côte d'Ivoire, Mali, Niger and Senegal, on these issues are now being supported.

73. The Inter-Country Team for East and Southern Africa is based in the joint UN premises in Pretoria, South Africa, and began its work in December 1996 with the arrival of the first of four technical officers. The next two members of the ICT are expected to be in place by March 1997. When fully configured, the Team will focus its efforts on mobilizing regional technical expertise in programme planning and evaluation, communication and community mobilization, care and support.

74. In Latin America and the Caribbean, the work of SIDALAC, the World Bank-initiated project for Latin America and the Caribbean, is now being integrated into the regional technical support efforts of UNAIDS. The current focus includes the epidemiology and economic impact of the epidemic; the development of interventions to raise awareness of key decision-makers; and the development of innovative interventions in the private sector. UNAIDS has also begun support to the initiative for "horizontal technical cooperation", currently being developed by representatives from national programmes in the region. This will include technical support to their work in strategic planning, epidemiological network development, and strengthening counselling and communications approaches. Other collaborative work includes support for the GIPA initiative in the region, and facilitating the efforts of UNDP, PAHO and the Latin America Council of AIDS Service Organizations (LACASO) to support the establishment of national human rights networks.

75. Agreements on technical collaboration have been concluded with WHO Regional Offices, including the placement of UNAIDS staff in the offices for Europe and Africa, and soon in the offices for the Americas and the Western Pacific Region. These staff will also serve as associate team members of the UNAIDS Inter-Country Teams in their respective regions. Concurrently with the establishment of Inter-Country Teams, UNAIDS is starting the process of working with the Cosponsors on regional programming issues. Issues most pertinent for regional programmes include those which cannot be handled unilaterally by any single country, such as sex and drug trafficking, cross-country transport routes, and inter-country migration.

**E. Best practice and research**

**1. Human rights, ethics and law**

76. Throughout 1996, UNAIDS has been active in contributing statements, briefings, and input into resolutions on HIV/AIDS at the UN human rights bodies and in working with Cosponsors in areas of human rights, ethics and law relevant to their work. The UNAIDS Ethical Review Committee was also established and held its first meeting this past December to review HIV-related research involving human subjects that is receiving financial and/or technical support from UNAIDS.

77. UNAIDS continues to collaborate with UNICEF and other agencies on the rights of the child in the context of HIV/AIDS, including collaborating on input to the Stockholm Conference on the Commercial Exploitation of Children. This year, UNAIDS will also collaborate with UNICEF to produce an analysis of children's rights and HIV/AIDS, leading to recommendations for programmatic responses for the UN system and others. Throughout 1997, UNAIDS will work with UNICEF to highlight children's rights at the UN human rights bodies building toward the World AIDS campaign for 1997. UNDP, UNAIDS, and in Latin America, PAHO, are providing support to the Networks on Ethics, Human Rights, Law and HIV/AIDS through support for strategic planning meetings (Venezuela -

January, 1997; Côte d'Ivoire - May, 1997; Asia — to be determined); support for newsletters and other communication strategies; national networking; and technical collaboration to start-up new national networks.

78. UNAIDS and the Centre for Human Rights, convened the Second International Consultation on Human Rights and HIV/AIDS in Geneva in September 1996, where some 35 experts produced guidelines to States on measures to address HIV-related human rights abuses. These guidelines are in the process of being finalized and will be issued shortly. UNDP, WHO, and UNICEF also participated in the consultation. UNFPA, in collaboration with the UN Division on the Advancement of Women and the UN High Commissioner for Human Rights, convened a Roundtable of Human Rights Treaty Bodies on "Human Rights Approaches to Women's Health with a Focus on Reproductive and Sexual Health Rights". UNAIDS submitted a paper on how the treaty bodies might address in their work the HIV-related sexual and reproductive rights of women.

79. In the coming year, efforts will continue to promote the mainstreaming of HIV/AIDS human rights issues into the work of the UN human rights bodies, including a focus on the work of the Special Rapporteurs and the UN human rights treaty bodies. Together with the Cosponsors and other partners, UNAIDS will also work to promote the implementation of the Guidelines resulting from the Second International Consultation on Human Rights and HIV/AIDS, and continue to explore mechanisms to facilitate better joint planning and to ensure proper coordination.

## **2. Development and HIV/AIDS**

80. Much of the work of the UN System, and of the Cosponsors in particular, relates directly to human and economic development. It is generally well understood that development efforts can directly influence the vulnerability of populations to the epidemic. It is less well appreciated that in an increasing number of countries, the HIV/AIDS epidemic is having a profound impact on national development capacities throughout the public and private sectors. This is creating a negative spiral with the epidemic undermining development efforts, and the lack of progress in development, in turn, further increasing the vulnerability of the population to the epidemic.

81. UNDP has provided leadership in this area and it is anticipated that it will strengthen those efforts in the coming biennium. This past year it issued a major publication entitled "Development and the HIV Epidemic", which provides an evaluation of the approach of the UNDP HIV and Development Programme. Among other activities, UNDP also developed training materials and workshops focusing on the human, social and economic development dimensions of the epidemic. Through a UNDP project in four Asian countries, it is currently exploring how to better strengthen national capacities to define, undertake and make use of research on the socio-economic causes and consequences of the epidemic.

82. The World Bank is preparing, in close collaboration with UNAIDS and the European Union, a Policy Research Report entitled "AIDS and Development: The Role of Government". This is the next report in the series that includes "The East Asian Miracle" and "Bureaucrats in Business". It represents a major effort to synthesize current knowledge and draw policy lessons in this area. Many of the approximately 15 background papers commissioned for the Report will also be published and distributed.

83. There is, however, much yet to be done in sensitizing development policy to both the impact of the epidemic on human and economic development and the impact on the epidemic of development strategies and programmes — the latter not unlike the concept of “environmental impact” of development initiatives. One example is massive single-sex male migration for a road-building project, leading to increased HIV transmission. Recognizing the comparative advantage of UNDP and the World Bank, the efforts of the Secretariat will focus on supporting their leadership in this area, facilitating coordination of these efforts with each other and with others in the UN system, and on more effectively advocating for a broader understanding of the linkages between development and HIV/AIDS. As an example, discussions have begun with the World Bank on including HIV/AIDS as part of a social impact assessment to be required of new Bank projects.

### **3. Gender and HIV/AIDS**

84. It will be a continuing challenge for UNAIDS to operationalize its strategic intention to make gender a cross-cutting theme and guiding principle for programme development. There are a number of important lessons to be learned from the many UN and development agencies struggling to make this a reality. One of those lessons has been the importance of ensuring that staff are sufficiently skilled in addressing gender issues in programme activities, an area of continuing priority for UNAIDS staff development efforts.

85. UNAIDS is working with its Cosponsors through the Inter-Agency Working Group on Gender. Programme proposals from UNDP, the World Bank, UNICEF, and UNESCO were reviewed at the third meeting of the IAWG in February 1997. The IAWG identified priorities for this biennium which include: the collection and dissemination of research evidence on links between girls’ and women’s education, socio-economic status, and legal status and their vulnerability to HIV/AIDS; promotion of research on the impact of economic interventions and broader development efforts on women’s vulnerability to HIV/AIDS; support to dialogue between community-based organizations (CBOs) and AIDS-service organizations (ASOs) on the integration of HIV/AIDS strategies in women’s development; support to microbicide development; and support to the strengthening of global and regional networks for women infected and affected by HIV/AIDS with CBOs focusing on gender issues.

86. UNDP’s HIV and Development Programme has continued to build on its extensive documentation on the gender dimensions of the epidemic and on strengthening national efforts in this area. WHO and UNICEF have also continued their development work on the integration of STD services into maternal and child health services and on promoting youth-friendly services for young women in particular. UNESCO has developed with WHO curriculum guidelines on the integration of gender-appropriate learning experiences on HIV, while UNFPA has continued to promote the links between gender and HIV/AIDS through specific projects, giving special attention to STD. The World Bank has further elaborated the linkage between gender and poverty in its publications, examining the impact of HIV/AIDS in Africa, which focus on gender relations as an exacerbating factor. During the next year, we can expect the work of the IAWG to make further inroads into the agendas of additional agencies within the UN system.

### **4. Alleviation of the impact of HIV/AIDS on children, young people and their families**

87. UN system activities in this area need to be seen in the context of global monitoring of the epidemic and its impact, and the development impact of HIV/AIDS (see above).

88. Efforts have been intensified to identify the best practices required to enhance strategies for the alleviation of the impact of HIV/AIDS on children, young people and their families anticipating the increased global attention to these issues that will accompany the World AIDS campaign for 1997. These efforts will, in parallel, examine social support initiatives at the NGO/community level, as well as programmes developed or supported by government social services. UNICEF programming in this area has continued to emphasize the early identification of children at risk in families affected by HIV/AIDS, and the development of community-based strategies to meet their basic needs, ensure their continued access to schooling, and strengthen legal protection of their inheritance rights. UNDP efforts have included, for example, mapping the situation of child-headed households in the Western Province of Kenya, in order to better understand the challenges they face and identifying community resources available to assist them. The World Bank focus has been on children at risk, and has included support to a range of activities such as those under way in Uganda which use mass media in teaching community care-givers to provide additional attention to those children who have special needs because of AIDS. Assessing the impact of the epidemic on child nutritional status, educational participation and workforce participation, and the identification of successful coping responses have been major foci of the World Bank-supported household study in Tanzania. UNAIDS recently published a report reviewing recent research on household impact and coping strategies.

89. An exercise to take stock of documented experience accumulated to date is being finalized, and is expected to guide strategic planning in the area. UNAIDS has established an Inter-Agency Working Group on children and AIDS which has developed a position paper identifying actions to be taken by the different Cosponsors. The Programme is also supporting the establishment and strengthening of the Children and AIDS International Network of NGOs (CAINN). CAINN will serve to mobilize NGOs in developing countries to advocate and implement activities in this area.

## **5. Community responses including strengthening of networks of people living with HIV and AIDS and non-governmental organizations**

90. UNAIDS is identifying and documenting the components that have been key to successful efforts to mobilize communities in HIV/AIDS prevention and care. Support is being provided to document and publish four Best Practice Case Studies in Australia, Canada, Thailand and Uganda, which demonstrate the successful partnership between community groups and governments. There remains, however, a wealth of experience in community responses to the HIV/AIDS epidemic which has yet to be identified, documented and shared with those communities that are just beginning to grapple with HIV/AIDS. The Programme has thus initiated a taking-stock exercise to identify such examples of best practices in community mobilization in the African and Asia Pacific regions. This exercise will subsequently be extended to other regions. In the coming year, UNAIDS will also focus increased attention on working with the Cosponsors to promote approaches which engage, in the fight against AIDS, those NGOs working in the field of development who have not yet been active in the field of HIV/AIDS.

91. A draft strategy for UNAIDS work with NGOs has been developed. One focus of this strategy is Cosponsor support to working groups or fora for NGOs and people living with AIDS at country level. The strategy emphasizes making better use of existent working relationships between Cosponsors and

NGOs at country level, and also emphasizes the analysis of needs, roles and opportunities for expanded NGO involvement in the national response. A plan of action for UNAIDS towards the implementation of the strategy has also been developed.

92. A draft policy and strategy paper on how UNAIDS can further advance the GIPA principle has been prepared. During the next biennium, UNAIDS will continue to advocate for the involvement of people living with HIV/AIDS in strategic planning meetings, and for their inclusion in policy and decision-making at national, regional and global levels. UNAIDS has provided core funding to the International Council of AIDS Service Organizations (ICASO), the International Community of Women Living with HIV/AIDS (ICW) and the Global Network of People Living with HIV/AIDS (GNP+) in 1996 and 1997 to assist them in their efforts to reinforce their basic infrastructure while they are expanding, developing activities and projects, and identifying future sources of funding. Future support will be focused on specific activities rather than on financing core support. UNAIDS assists in the financing of projects run by several regional networks, including the Asia Pacific Network of People Living with HIV/AIDS (APN+), Network of African People Living with HIV/AIDS (NAP+), the Réseau Africain des Personnes vivant avec le VIH/SIDA (RAP+) and the Society for Women and AIDS in Africa (SWAA).

93. In collaboration with the United Nations Volunteers (UNV), the Programme is providing support to a pilot project in Malawi and Zambia through which people living with HIV/AIDS will serve as national UN volunteers in a variety of roles within HIV/AIDS programmes. UNAIDS will facilitate training and technical support during the pilot project, while UNV will be responsible for recruitment, placement and provision of an administrative framework for them. The project will be closely monitored and the lessons learned will be used to expand to other countries in Africa, and to guide similar pilot projects which will be initiated in the Asia Pacific region during the next biennium. UNAIDS is also supporting WHO's efforts to adapt its instruments to measure quality of life so that it is better suited to the needs of people living with HIV/AIDS.

## **6. Difficult-to-reach and vulnerable populations**

94. Addressing difficult to reach and vulnerable populations is central to the missions of a number of UN system agencies that are increasingly incorporating HIV/AIDS elements into their broader programming and advocacy efforts. The HIV/AIDS-related work of UNDCP with substance abusers, of UNHCR with refugees in camps, and of UNICEF with street children are three such examples where additional efforts have been undertaken in the last year.

95. An Inter-Agency Working Group on HIV and STD Prevention Among Especially Vulnerable Young People has been established in order to facilitate collaboration among the Cosponsors and UNDCP, UNHCR and ILO. Its members are currently developing a position paper outlining a framework for action in this important area. Through its Mekong HIV/AIDS project, UNICEF is targeting vulnerable populations, including ethnic minorities and rural communities.

96. In addition, the Programme is currently compiling and reviewing available materials on HIV/AIDS and migration. Country-based Best Practice Case Studies are also being finalized on successful HIV prevention projects in the areas of sex workers (Côte d'Ivoire), intravenous drug use (Viet Nam), youth peer education programmes carried out by Red Cross Societies in Asia, and men who have sex with men



(Madras and Morocco). UNAIDS is working with NGO networks in Latin America to develop strategies for HIV prevention and care among men having sex with men and anticipates that this work will be expanded to Africa and Asia.

## 7. Institutional settings

97. A number of institutional settings provide important opportunities to strengthen HIV/AIDS prevention and care efforts. These include, among others, schools, religious institutions, health care facilities, the military, prisons and the workplace. To date, these efforts have not received adequate attention from within the UN system. For the advocacy efforts of the UN system to be credible in this area, its practices must also set a positive example. Consequently, the initial focus of workplace activities within the Programme has been the UN system workplace. Initiatives of the UN Inter-Agency Advisory Group on HIV/AIDS (IAAG) and the UN Collaborative Committee on Administrative Questions (CCAQ) have helped to create the awareness required for a more comprehensive review of UN Medical Standards for employment. A paper has been prepared on the ethical/human rights basis for recruitment policy which forcefully concludes that “current fitness for work” is the only reasonable standard. UNAIDS staff have also joined colleagues elsewhere in the UN to help strengthen current efforts, on a more systematic basis throughout the UN system, to ensure access to counselling, care and treatment services at the level of country offices. Additional training materials are under development, and hot-line facilities are being initiated for UN staff.

98. UNAIDS has started working directly with business leadership to increase awareness and commitment at the highest levels and thus facilitate the development of workplace programmes and policies. These efforts were capped by UNAIDS’s recent participation in the World Economic Forum (see paragraph 34 above). In addition, UNAIDS has conducted an initial assessment of available materials and tools that companies in developing countries can use to assess the importance of HIV/AIDS in their setting and develop appropriate HIV/AIDS corporate strategies. Prominent among these are the “Private Sector AIDS Policy Presentation” materials recently published by AIDSCAP. UNAIDS’s efforts in the coming months will focus on working with UNAIDS and Cosponsor staff in Southern Africa to help them engage local business leadership.

99. Efforts continued this past year to address the military workplace through the **Civil–Military Alliance to Combat HIV and AIDS**, in collaboration with UNDP, the European Union and USAID. Meetings have been held in Malawi and Namibia to bring together military representatives from anglophone Africa, and similar activities are planned for francophone Africa, Latin America and Eastern Europe. A seminar for Asian militaries was conducted in Thailand in late 1995. Activities addressing HIV/AIDS in prisons have been initiated in both Eastern and Western Europe and in Africa, including two surveillance/prevention projects in African prisons. Seminars for prison and Ministry of Justice staff have also been included in regional activities.

## 8. School-based interventions and services

100. The Cosponsors are actively collaborating through the Inter-Agency Working Group on Integrating HIV/ STD Prevention in the School Settings. The work of this group has been facilitated through the efforts of a UNAIDS School Education Adviser, seconded to the Education Section of UNICEF Headquarters in New York. The group has completed a position paper articulating UNAIDS

goals, principles and approaches in this area; drafted quality standards for policy and curricula, which will be completed this year; and begun to document best practices and resource materials in the field. Advocacy efforts related to the World AIDS campaign for 1997 are likely to significantly increase programming opportunities for the Cosponsors in this important area.

101. Working through the IAWG and with some direct financial support from UNAIDS, the Cosponsors jointly planned activities for 1997 through 1999, funded eight country-oriented projects and commissioned one review of research. Among other findings, the main lessons learned were that life skills offer the framework most acceptable to communities, and that many programme designs appear feasible in this area, but some require future evaluation.

102. During the last year, UNESCO has included AIDS within the agenda of its major International Conference on Adult Education, has continued to provide technical inputs into the India AIDS school programme, and, together with WHO and Education International, mobilized and trained the leadership of teachers' unions in a regional workshop in Costa Rica as a part of the global distribution of the WHO/UNESCO curriculum package. The Pan American Health Organization (PAHO) translated into Spanish and distributed the package. In Southern Africa and China, WHO provided support on AIDS education to the networks of Health Promoting Schools and helped to put AIDS on the agenda of the World Youth Conference in Vienna.

103. During the last year, UNFPA continued to integrate HIV/AIDS prevention approaches within its programme support to reproductive health education in school settings. This included, for example, providing the technical assistance required to update or integrate an AIDS component into population education/family life curricula in over ten countries. UNICEF supported regional workshops in the Middle East and in Africa on life skills and AIDS; provided technical assistance to Malawi on life skills/AIDS curriculum and reproductive health services for youth; assisted in curriculum development and training of teachers in Myanmar; supported an HIV/AIDS school component in the six Mekong Region countries; and developed a forecasting model on the effects of HIV/AIDS on the teaching workforce in West Africa.

## **9. Communications programming**

104. HIV/AIDS communications is an expanding area of programming for several of the Cosponsors. To help facilitate collaboration among these efforts, an Inter-Agency Working Group on Communications was established to identify areas for integrating planning efforts, develop a coordinated plan of action for 1997-1999, and review proposals for the 1998-1999 Coordinated Appeal.

105. UNICEF has substantially expanded its efforts in the area of HIV/AIDS communications programming. To assist in this effort, and to facilitate closer collaboration with related efforts of the other Cosponsors and UNAIDS, a UNICEF/UNAIDS jointly funded position has been established within the Division of Communications in UNICEF New York. UNAIDS is collaborating with UNICEF on a joint project to develop a global HIV/AIDS communication technical referral and resource group in Latin America. The goal of the project is to improve access to quality communications programming, to effective communications partners and to emerging HIV/AIDS communications programming opportunities. Through its communication officers at country level and network of national committees, UNICEF has also initiated efforts to integrate HIV/AIDS communications efforts throughout its

information and communications portfolio, including: key publications like the State of the World's Children and Progress of Nations; the UNICEF ambassador programme; the Meena programme in South Asia; the Africa Girl Child Initiative in East and Southern Africa; Plaza Sesamo in Latin America; the Animation Consortium; the International Children's Day of Broadcasting; and in the mobilization of the press, sports and entertainment industries. Additional efforts have included the production and distribution of a set of health communication programme support and situation analysis materials.

106. WHO has continued its efforts to strengthen HIV/AIDS communications capacities at country level by utilizing the Healthy Cities Network and its strong connections with ministries of health and their communications staff. UNFPA programming mechanisms, technical capacity and ongoing global and regional projects offer several avenues for collaboration. UNFPA's expanded efforts in this area have been to fully integrate prevention of reproductive tract infections (RTIs)/STDs, including HIV/AIDS, in its portfolio of communication activities in the broader area of reproductive health.

107. UNESCO is actively integrating HIV/AIDS communication strategies within its international programme for development communication and the networks of media, training and research partners in order to sensitize decision and policy makers, the media, and others on HIV/AIDS. UNESCO's approach includes integration of HIV/AIDS messages into current and future projects, including women's radio stations, youth media space, and video in developing countries. HIV/AIDS communications is one of the largest components of the World Bank programmes in this area, comprising approximately 25% of HIV/AIDS lending. Among the efforts undertaken to facilitate this increased emphasis, a tool kit has been developed to assist in the training of programme task managers on communications issues.

## 10. Condom programming

108. Through its Global Initiative on Contraceptive Requirements and Logistics Management Needs in Developing Countries in the 1990s, UNFPA serves as the focal point within the UN system on these issues. Global and country studies conducted under this initiative include estimates of condom requirements for STD and HIV/AIDS prevention. WHO has continued its responsibilities in the area of quality control of male latex condoms, as well as in the bulk procurement of male condoms to facilitate national programme access to quality, low-cost condoms. UNAIDS is collaborating with the two agencies on revising and updating WHO's "*Specifications and Guidelines for Condom Procurement*".

109. At the country level, UNFPA responds to requests for assistance in meeting condom supply requirements of national programmes for STD and HIV/AIDS prevention, while UNAIDS and other partners continue to help national programmes identify additional financial and technical resources when required. In the area of social marketing, UNAIDS has worked with Population Services International (PSI) to develop a social marketing advocacy document for use at country level.

110. **Female condom.** A trial of the user effectiveness of the female condom has recently been completed in Thailand. The analysis of this study demonstrated that when sex workers were given the option of using either male or female condoms, the number of unprotected sexual acts significantly decreased and the incidence of STDs fell by one third when compared to the group using only male condoms. Four studies on "Sexual Negotiation, the Empowerment of Women and the Female Condom" initiated by WHO/GPA are now completed in Costa Rica, Indonesia, Mexico, and Senegal. A synthesis

report is being finalized and will be available shortly from UNAIDS. A public sector price has been negotiated for the female condom with its sole manufacturer, based on the assessment carried out by UNAIDS of the global demand for the female condom. While that assessment estimated a current demand for 7 million condoms in 1997 rising to over 13 million in 1998, estimated funding from national and donor sources in 1997 has, unfortunately, amounted to only 3 million condoms. PSI is collaborating with UNAIDS in Asia, Africa and Eastern Europe on operations research and pilot testing on the social marketing of the female condom to assess consumer demand and identify effective promotional strategies and distribution channels for the product.

## 11. Technology for prevention

111. While the past year has witnessed an increased involvement by the UN system in this area of work (e.g., WHO involvement in HIV vaccine development, World Bank support to the International AIDS Vaccine Initiative (IAVI), and attention to microbicides by the IAWG on Gender), clearly, much remains to be done in harnessing the UN system's potential in this area. The current efforts are largely focused in four major areas: HIV/AIDS vaccine development; the development of vaginal microbicides; the development of improved diagnostics for sexually transmitted diseases; and clinical intervention strategies to interrupt mother-to-child transmission.

112. **Vaccine development.** Over the past year, UNAIDS has been active in advocating for the more rapid development of vaccines for developing countries and in facilitating international collaboration efforts. This work has been carried out in close collaboration with WHO, the United States National Institutes of Health (NIH), and IAVI. An electronic discussion forum on HIV vaccine development and evaluation has been created which aims to bring together researchers from developed and developing countries and enable the rapid exchange of information. In addition, a Vaccine Advisory Committee has been established to provide further technical guidance to the Programme in this area.

113. UNAIDS is supporting capacity-strengthening to prepare for vaccine trials in Brazil, Thailand, and Uganda, including extensive virus characterization, epidemiology and cohort studies. Repeat Phase I clinical trials are being conducted in Brazil and Thailand, and are in preparation in Uganda. UNAIDS is also exploring possibilities for developing other vaccine evaluation sites in collaboration with international partners. Other activities in 1996 included providing technical assistance to the preparation of the National Vaccine Plan for Thailand and a plan for establishing a national sample repository; assisting national authorities in Uganda in organizing a workshop to discuss a proposed phase I canarypox trial; and heteroduplex mobility assay (HMA)-viral subtyping training in Russia and Eastern Europe. The UNAIDS network on Virus Characterization and Molecular Epidemiology continues to provide research institutions, including pharmaceutical companies, with vaccine reagents and viral strains necessary to produce candidate vaccines appropriate for developing countries.

114. **Vaginal microbicides.** UNAIDS acts as the secretariat for the International Working Group on Vaginal Microbicides. The group includes WHO, the U.S. National Institutes of Allergy and Infectious Diseases (NIAID), the U.S. National Institutes of Child Health and Human Development, Contraceptive Research and Development Program (CONRAD), Family Health International (FHI), the Centers of Disease Control and Prevention (CDC), the Population Council, the U.S. Food and Drug Administration, SWAA, Women's Health Advocates for Microbicides, the European Commission (EC), and the U.K. Medical Research Council (MRC). The working group recently published

“Recommendations for the Development of Vaginal Microbicides”. UNAIDS is supporting and coordinating a multi-site study to assess the efficacy of the vaginal microbicide COL-1492. It is under way in South Africa and Thailand, and under preparation in Benin, Côte d’Ivoire, and Senegal.

115. **Diagnostics for sexually transmitted diseases.** During the last year, UNAIDS has served as the secretariat for the Sexually Transmitted Diseases Diagnostics Initiative (SDI). Major partners include the Rockefeller Foundation, NIAID, USAID and the EC. The goal of the SDI is to accelerate the identification of simple, reliable STD diagnostic technologies appropriate for developing countries. Several new research projects to identify such technologies have been funded directly by SDI, others bilaterally by one of the major partners.

116. **Mother-to-child transmission.** It has been conclusively demonstrated that antiretroviral drugs administered to pregnant women before, during and after delivery are effective in preventing transmission of HIV. However, this preventive therapy is currently long, costly, and not feasibly implemented in many developing countries. To address this challenge, an informal Working Group on Mother-to-Child Transmission of HIV has been established for which UNAIDS serves as the secretariat. The group includes the French Agence Nationale de Recherche sur le SIDA (ANRS), NIH, CDC, MRC, NGO representatives, and several university research groups working in this area. The objective of the working group is to help build consensus on research priorities and to harmonize the study designs of clinical trials to enable improved cross-trial comparability. UNAIDS is also coordinating the largest of these trials — a multi-site study to evaluate the efficacy of a shorter drug regimen in five sites in South Africa, Tanzania and Uganda. The trial is also supported by the Governments of Australia, Italy, the Netherlands and Sweden.

## 12. Care and counselling and health systems

117. With the expanding epidemic has come an ever increasing need for counselling and basic health care. In many countries hard hit by the epidemic, capacity development efforts in the health sector, under way prior to the epidemic, have been devastated by its impact. Basic health services for the population at large have been significantly compromised, and those for individuals struggling with the sequella of AIDS are virtually non-existent. It remains a major global priority to develop and implement the strategies that are required to enable families, communities and governments to better respond to these needs. It also remains a major challenge for the UN system to determine how it can best mobilize its collective resources to assist in this massive undertaking and for UNAIDS to clarify how it can best serve in its catalytic role. The Cosponsors are involved significantly in supporting counselling and social services, enhancing clinical care strategies, improving access to drugs, strengthening reproductive health services, and health system reform. Though considerable progress has been made in the last year, much more will be required in the coming biennium on the part of the Cosponsors to develop the more focused collaboration needed to leverage a more effective and humane global response.

118. **Counselling.** Continued support to counselling research by UNAIDS includes a study on the process and outcome of voluntary counselling and testing in Lusaka, Zambia, and a multi-centre study with AIDSCAP and the University of California Center for AIDS Prevention Studies (CAPS) on the efficacy of voluntary counselling and testing in Indonesia, Kenya, Tanzania and Trinidad. In addition, a workshop held in Bangkok in December 1996 brought together counselling experts from eight countries in Asia to review data from the Myanmar counselling study sponsored by WHO/GPA and UNAIDS.

The final report of the study, incorporating input from these experts, will be published shortly and will serve as a best practice reference on counselling. The review exercise has also helped to create a network of experts who can be drawn upon to assist in the strengthening of counselling services in Asia.

119. **Mother-to-child transmission.** In anticipation of a successful outcome of some of the antiretroviral drug trials in progress, described above, UNAIDS has, along with WHO, UNICEF, the World Bank and the European Commission (via the Group of Ghent) begun to address the question of how such interventions could be operationalized on a large scale in different developing country settings. Such interventions would require large-scale prenatal testing and counselling programmes, integration of preventive interventions into the peri-partum setting, and development of strategies to care for infected mothers and their infants. Efforts are also under way to evaluate the comparative cost-effectiveness of intervention strategies in different settings.

120. In consultation with WHO and UNICEF, UNAIDS has issued an interim policy statement on HIV and breastfeeding. WHO is currently drafting, in consultation with UNAIDS and UNICEF, guidelines for health workers, based on this interim statement. Also in consultation with WHO and UNICEF, UNAIDS will draft guidelines to assist policy-makers in their efforts to design policies and programmes to address this controversial issue.

121. **Access to HIV/AIDS-related drugs.** Consistent with the Recommendation of the PCB to enhance activities in the area of access to drugs (UNAIDS/PCB(3)/96/Rec.8), a strategy has been developed by the Programme to improve access to HIV/AIDS-related drugs, focusing on building partnerships at global and country level. As an initial step, the Secretariat is synthesizing information on the extensive activities in the UN system relating to access to drugs for HIV/AIDS/STD. These include essential drugs programme activities in WHO, UNICEF drug procurement efforts, and World Bank loan financing for strengthening health care capacities. This information will form the basis for developing more coordinated UN system strategies to improve access to HIV/AIDS-related drugs.

122. With the UNAIDS draft list of essential drugs for HIV-related opportunistic infections serving as a reference, an analysis has been carried out to assess whether all essential drugs of particular interest to people living with HIV/AIDS are included in the catalogues of UNIPAC, the International Dispensary Association (IDA), and several other major essential drug suppliers. As a result, negotiations are in progress so as to encourage these suppliers to incorporate HIV/AIDS-related essential drugs into their procurement and distribution policies. Consultations have also been carried out with country officials on the problems they face in improving access to HIV/AIDS related drugs. A method for analyzing existing constraints and opportunities at community level has been developed and will be evaluated in selected countries. Building on the experience of WHO, UNICEF and UNDP in their use of composite indices as instruments for monitoring and advocacy, UNAIDS is starting to develop, in collaboration with WHO and other Cosponsors, an **HIV/AIDS-related drug index**, incorporating the availability of drugs at country level and relating it to the GDP per capita. Initial information inputs have recently been requested from national programme managers. The Programme is also documenting various examples of NGO partnerships which relate to improving access to HIV/AIDS-related drugs with a view to identifying and disseminating best practices. Consultations have also been undertaken with a number of pharmaceutical companies that produce drugs to treat STDs, HIV infection or opportunistic infections on improving access. UNAIDS is developing case studies on previous successful public-private mechanisms and is exploring the development of new mechanisms to improve access to drugs still under patent protection.

123. **Clinical care studies and strategies.** Technical documentation is in preparation to assist countries in their efforts to develop and improve valid HIV/AIDS clinical guidelines. The recommended approach takes into account the availability of drugs, as well as the existing infrastructure and legal context. UNAIDS is also working closely with relevant WHO programmes on a number of important studies addressing opportunistic infections. In Thailand, a study on the management of penicilliosis demonstrated that relapse of this fungal infection, which occurs frequently among AIDS patients in South-East Asia, can be prevented with itraconazole. A second study is under way in Thailand on the efficacy and safety of different regimens for the prevention of tuberculosis among HIV-positive adults. WHO has developed a workplan that addresses the issue of HIV/Leishmania co-infection.

124. **Tuberculosis (TB).** WHO and the Programme are collaborating closely in HIV/TB prevention and care. Shared activities include the revision of the current guidelines on TB prophylaxis among HIV-infected persons, based on recently obtained efficacy, cost-effectiveness and feasibility data; an operational assessment of community-based care for TB in nine sub-Saharan African countries; the development of the "Coughing Adult Initiative", a comprehensive project to improve management of respiratory conditions in adults; the development of an advocacy instrument on TB and HIV for the UN Theme Groups on HIV/AIDS; and a pilot project to test how national TB programmes and national AIDS programmes can better work together under severe resource constraints. Discussions are also ongoing regarding collaboration on two projects addressing the cost and effectiveness of prophylaxis of multiple opportunistic infections among people living with HIV/AIDS in Malawi and South Africa.

125. **Health systems strengthening and research.** UNAIDS is working closely with WHO on adapting existing health system research tools with a view to identifying more effective policies and strategies for strengthening the capacities of health systems to provide HIV/AIDS-related services. Operations research priorities include assessing the current response of the health system to HIV/AIDS; the impact of HIV/AIDS on the capacity of health systems to respond to other health conditions; and the implications of introducing new HIV/AIDS-related technologies. These instruments will be used to identify, document and disseminate best practices. Other collaborative efforts with WHO and GTZ have focused on integrating HIV/AIDS approaches into district health systems. The current focus is on developing case studies of actual district responses as a prelude to identifying and disseminating best practices. Related collaborative efforts with UNDP and UNV are providing inputs to the Government of Botswana on the response of its health system to HIV/AIDS.

126. **Strengthening sexually transmitted disease prevention and treatment services.** The International Conference on Population and Development in Cairo marked a shift in thinking towards a more holistic approach to reproductive and sexual health, including the prevention and management of sexually transmitted infections. It has been demonstrated that early treatment of STDs has the potential to reduce the incidence of HIV infection dramatically. However, implementation of effective STD prevention and control programmes poses a number of serious challenges. The syndromic approach, while generally effective in the management of STD in men, is less sensitive and specific for women presenting with STD symptoms, and is inappropriate for the majority of women who are asymptomatic. The limited availability of high quality drugs and the relatively rapid development of antibiotic resistance by some organisms has further complicated current efforts.

127. Working together through the STD Task Force, WHO and UNAIDS have prepared technical documentation on policies and principles for STD prevention and care which will be available for distribution by mid-1997. UNAIDS also collaborates with WHO in further developing region-specific strategies to control STDs. Country assessments, advocacy and policy development have been undertaken with countries of the former Soviet Union and Eastern Europe, where UNAIDS has worked closely with WHO/EURO to develop a draft strategy document for the control and prevention of STDs. Similar joint efforts have been initiated with WHO/AFRO in sub-Saharan Africa. During the past year, collaborative efforts have been initiated with WHO to ensure that appropriate STD drugs are included in the recommended essential drugs list. An advocacy workshop is being jointly organized by UNAIDS and WHO on syndromic treatment of STDs and on the health needs of sex workers during the International Congress of Sexually Transmitted Diseases in Seville, Spain in October 1997. In 1997, UNAIDS and WHO propose to jointly produce guidelines on STD surveillance and compile publications on STD research. WHO's Regional Office for the Western Pacific published a training manual on STD case management for primary health care settings in 1997.

128. Supplementing the continuing efforts of WHO, an increasing number of UN system agencies, bilateral donors and NGOs are beginning to support STD control efforts. Continuing work with the World Bank focuses on ensuring that funds are available for the purchase of STD drugs. UNAIDS collaborated with WHO in an orientation and training workshop for representatives of UNFPA's Country Support Teams on integrating prevention and control of sexually transmitted infections into reproductive health programmes. With the support of WHO, UNFPA, and UNAIDS, the International Union for the Scientific Study of Population (IUSSP) held a workshop in Nairobi in October 1996 which brought together researchers from seven countries in East and Southern Africa to formulate a research agenda on the integration of STD prevention and care in reproductive health programmes. More than ten research protocols were reviewed, some of which will be funded by WHO in collaboration with UNAIDS. Materials are currently under development to strengthen advocacy in support of STD prevention and control interventions, and to identify areas where further operations research is needed. Efforts to develop case studies and to identify examples of best practice for further dissemination are also continuing. An assessment of the Zimbabwe STD programme will be made in the first half of 1997, to be followed by others.

## **V. UNAIDS SECRETARIAT**

### **A. Management and organizational development**

129. In its first year of operations, significant progress was made by UNAIDS on staff recruitment, development and management strengthening. One of the key priorities in the first biennium is to strengthen the management capacity within the Programme. Balancing sound administrative and management principles of quality and efficiency with the inherent difficulties and often daunting workload associated with programme start-up has been an enormous challenge in the first year of UNAIDS operations. An Organizational Development Plan, which grew out of a series of staff retreats, is now being implemented to strengthen the capacity of individuals, work units and the Programme as a whole. An Organizational Development Team has been established to monitor progress made against recommendations developed during the staff retreats and to ensure the implementation of key activities in the Organizational Development Plan.



130. Recruitment was completed for three-quarters of approved posts, including 42 professional and 34 general service positions in Geneva, as well as 37 CPAs and 12 Inter-Country Technical Advisers in the field. Out of a total of 91 professional staff, 42% are female, 51% are from non-OECD countries, and 53 nationalities are represented among UNAIDS staff. In addition to UNAIDS-recruited staff, a number of collaborative staffing arrangements have been completed with the Cosponsors and governments. To date, UNICEF, UNDP, UNFPA, UNESCO and the World Bank, as well as the Governments of Australia and Japan, have seconded staff to UNAIDS. Consultant assistance has been provided by, among others, Belgium, Canada (CIDA), Germany (GTZ), UK (ODA), and USA (USAID). UNAIDS has outposted staff to UNICEF Headquarters and WHO Regional Offices, and has initiated staff cost-sharing arrangements with a number of Cosponsors. Additional collaborative staffing arrangements are under development with the Cosponsors. More recently, efforts have been made to establish a Junior Professional Officer (JPO) scheme and a number of countries have confirmed their plans to provide JPOs to UNAIDS during 1997.

131. With the rapid rate of recruitment during this period, staff development activities were primarily focused on providing programme and administrative briefing to newly recruited staff, in particular to country staff. To date, CPA briefing workshops have been conducted in three regions (Africa, Asia and Latin America) and in Geneva. UN Theme Group Chairs, Cosponsors, UNAIDS Focal Points and National Programme Managers have also participated in the briefings. In addition, presentations on UNAIDS and its *modus operandi* at country level were made during the Workshops on the Management of Field Coordination for Senior UN system Field Representatives conducted at the International Training Centre of the ILO in Turin.

## **B. Administration and support**

132. **Administrative arrangements.** During this start-up period for the Programme, considerable effort was devoted to establishing the administrative arrangements with WHO and UNDP required to support the Programme. In establishing those administrative arrangements, UNAIDS has sought to make use of the existing infrastructures and systems wherever possible in order to take advantage of economies of scale and benefit from closer integration of its operations with its Cosponsors. Urgent attention, however, is required to reconcile the need for a streamlined system required for an effective programme response with the complexity of administrative structures in multiple Cosponsors, particularly at country level. A review of the initial administrative agreement with WHO was undertaken at the end of 1996 following which the terms of agreement were updated and financial charges reduced. A UNAIDS Liaison Office was established in the new UNICEF premises in New York in September 1996. The office is staffed by a Liaison Officer seconded by UNESCO, and an assistant (general service staff), and the office space is provided rent-free by UNICEF.

133. **Country staff support.** With more UNAIDS staff in the field and increased UN Theme Group operations, the Working Arrangement with UNDP has been utilized in an increasing number of countries. In some countries, there were initial difficulties as new procedures were put in place. However, in general, the system has worked well in channelling funds from UNAIDS to countries. In addition, valuable assistance in the area of travel, mail, and general administrative services was provided by UNDP country offices.

134. While it was anticipated that the administrative costs associated with the support of UNAIDS country-based staff and UN Theme Group operations could be provided by the Cosponsors, either through the use of their existing administrative resources or through cost-sharing, this has not yet materialized in most countries. Cosponsors have had limited resources available for these purposes, thus necessitating direct financing by UNAIDS in many instances. However, it is encouraging to note that UN Theme Groups in some countries have found innovative ways of providing administrative support, including making contributions to a common fund in Tanzania, receiving funds from projects for which CPAs have provided technical support in Laos and Viet Nam, and accessing Resident Coordinator funds to support coordination efforts in Botswana, the Dominican Republic, and Zimbabwe.

135. **Information technology support.** All staff in Geneva and in the field have been equipped with computers and are serviced with the necessary software programmes for electronic communication and management of their daily workload. A number of automated office systems are being developed to improve efficiency. Communication between UNAIDS and outside parties is now facilitated through the establishment of a UNAIDS domain on the Internet (UNAIDS.ORG) and a UNAIDS World Wide Web site.

136. **Financial reporting.** In taking note of the financial update for 1995 and for 1996-1997 at its June 1996 session, the PCB recommended that in future financial reports, the overhead costs and other programme delivery and associated costs should be presented separately, and that this should include staff costs as a distinct expenditure (UNAIDS/PCB (3)/96/Rec.18). This approach has been fully applied to financial reporting for 1996-1997 (Document UNAIDS/PCB(4)/97.6) and has been the basis for developing a budgetary presentation for the UNAIDS Proposed Budget and Workplan for 1998-1999.

### C. Resource mobilization

137. As of 15 February 1997, approximately US\$ 59 million was received towards the core budget from some 22 governments, US \$1.7 million from WHO and the World Bank, and US \$2 million made up of miscellaneous donations and accrued interest (US\$ 0.2 million and US\$ 1.8 million, respectively). Outstanding pledges from governments amount to US\$ 7.3 million. At the same time, obligations totalling over US\$ 57 million have been incurred against the 1996-1997 approved budget of US\$ 120 million.

138. Funding in 1996-1997 for designated activities outside of the UNAIDS core budget amounted to approximately US\$ 8 million, of which 35% has been designated for expanding core budget activities or new activities such as the multicentre trial on the prevention of mother-to-child transmission; the STDs Diagnostics Initiative; tuberculosis, blood safety, and support to ad hoc meetings on a number of issues; and support to regional projects. The remaining 65% was designated for multi-bilateral activities, mainly for sub-Saharan Africa, Eastern Europe and Asia. A financial and budgetary update will be provided to the PCB at this meeting (UNAIDS/PCB(4)/97.6).

139. Total funds received to date against the estimated US\$ 39.3 million WHO Global Programme on AIDS (WHO/GPA) carryover amount to US\$ 28.5 million. Further to the PCB Recommendation UNAIDS/PCB(3)/96/Rec.19, an initial amount of US\$ 20 million, derived from the WHO/GPA carryover, has been set aside to establish the UNAIDS Working Capital Fund.

140. The PCB Working Group on Resource Mobilization has continued its work on the development of innovative methods for mobilizing resources from both governments and the private sector, broadening its discussions to include Geneva-based missions, consistent with the recommendation of the PCB to facilitate broader consultation between working group members and those unable to formally participate (UNAIDS/PCB(3)/96/Rec. 17). This comes at a time of increasing need as development assistance continued to fall last year, according to OECD estimates. These reports underscore the need to reinforce advocacy efforts with traditional donors, to expand the donor base to include non-traditional donors from among middle income countries, and to develop mechanisms for channelling private sector resources to countries through the UN Theme Groups. New contributors to UNAIDS include Andorra, China, Ireland, and South Africa, as well as a number of private donors. Specific recommendations developed within the PCB Working Group will be submitted to the PCB for its consideration.

## VI. MAJOR CHALLENGES AND OPPORTUNITIES FOR THE FUTURE

### A. Supporting an expanded response to the epidemic

141. Our collective efforts to mobilize an expanded global response to the epidemic will face old and new challenges in this next biennium, and we must not allow ourselves to be trapped within a triangle of inaction. The three points that define this triangle are well known to us all. The first is the **continuing denial** of the epidemic at various levels in societies that exists even in heavily affected countries, but most profoundly in those countries which will also face enormous consequences once the virus gets ahead of the response. The second point of the triangle is the **new complacency**, which is eroding the urgency of our response as news about successful treatments dominate media coverage, treatments which are still experimental and unlikely to be available to the overwhelming majority of those who will need them for decades to come. The third point is **ignorance of the firm evidence** that HIV prevention works and that the knowledge, tools and strategies required to prevent HIV infections are available, that the prevention strategies that reduce the incidence of HIV infection are cost-effective.

142. In many countries, HIV/AIDS continues to be perceived and treated exclusively as a health, or even a medical problem, although there are now good examples of a country response expanding beyond the health sector, e.g., Thailand, Uganda, Zambia. It is becoming increasingly evident that the successful AIDS programmes are those that have broadened their focus from one of short-term risk reduction only, to one which encompasses both short-term and longer-term vulnerability reduction, together with an emphasis on access to care and on impact alleviation. As a consequence, the Programme will need to promote a combination of approaches focused on reducing individual risk, while simultaneously advocating for policy changes which can positively affect the social environments that foster the transmission of HIV and the neglect of those affected by AIDS. Advocacy, sharing of successful multi-sectoral and societal approaches, political dialogue, and promotion of national strategic planning, provide major opportunities to broaden our collective focus from the urgency of encouraging individual behaviour change, to include the urgency of addressing how societies behave towards vulnerable and infected and affected individuals. Our work must increasingly involve political, business, union, religious, sports, entertainment and community leaders and organizations for the institutional and public policy changes that will enable such a broad societal response.

143. Not only must we challenge our political commitment to the epidemic, but so also must we challenge our technical commitment. Though much experience has been accumulated over the last 15 years, in many settings the response to the epidemic remains insufficiently evidence-based. We have yet to fully apply the power of modern monitoring and evaluation approaches to accelerating our collective learning about what works in what situations. Insufficient documentation of positive experiences can handicap our abilities to overcome either the rejection of effective interventions, or continued investment in ineffective interventions, for reasons which are largely political or based on poor access to compelling technical information. UNAIDS and its Cosponsors have a unique opportunity to promote evidenced-based responses, through documentation and research on the effectiveness of interventions and policies, and to address the political and programmatic obstacles that impede their acceptance. First among these efforts must be promotion of the GIPA principle throughout our programming efforts.

144. The development of a vaccine against HIV infection must remain a global priority of the first order. Research and development efforts in scientific institutions and within industry should be intensified to develop the effective vaccine and the other essential technological tools required to control the epidemic. UNAIDS and its Cosponsors will need to continue to promote the critical principle of equity in the development of the international research agenda, as well as in the testing of, and timely access to, its products. As HIV vaccine efficacy trials in humans are likely to begin in the near future, UNAIDS has an important role to play in helping to assure that they are conducted under the highest scientific and ethical standards.

145. With the rapidly growing numbers of HIV-infected individuals in the developing world, and the advent of effective, but expensive and complicated, combination therapy for people with HIV/AIDS, access to humane and effective care, and to antiretroviral and other drugs is becoming a major issue in the developing world. Whereas UNAIDS and its Cosponsors cannot directly provide the resources required to address these needs, we can mobilize Cosponsors' comparative strengths to intensify efforts to develop procurement and community care strategies capable of leveraging both international economies of scale and collective community investments in improving access to drugs for prevention of mother-to-child transmission of HIV and for care.

## **B. Expanding the UN response**

146. The HIV/AIDS epidemic has challenged us with numerous controversial societal and programmatic issues, such as those surrounding HIV testing and the infant feeding decisions faced by women with HIV infection. The UN system, with its historic basis in protecting and promoting human rights, is uniquely placed to provide guidance on such difficult policy matters.

147. Realizing an expanded UN response to the epidemic will require a deeper understanding and more common perception of the issues at the core of the epidemic among the various agencies and their staff. Such a common understanding will not be easily achieved, but through ongoing policy dialogue and joint planning and action, UNAIDS and its UN partners will continue to make the necessary progress. Now that the difficult initial phase of establishing the Programme is well under way, clarifying these policy issues and harmonizing UN system guidance will be a major focus for the Programme over the next biennium.

148. A more common understanding of the key technical, ethical and policy issues surrounding the epidemic will be a necessary precondition to efforts within the UN to develop explicit HIV/AIDS-related goals to which the UN system can hold itself accountable. This common understanding will also be required if the UN system is to be in an effective position to offer support, in turn, to countries in their effort to develop realistic goals. Such country-based goals can both challenge national capacities to achieve what they are able to, and challenge the international community to do what it must do to assist them in their efforts.

149. The UN system agencies together represent a unique and potentially powerful resource in the global response to the HIV/AIDS epidemic, capable of facilitating policy dialogue and advocacy, providing normative guidance, and leveraging both innovation and development funding. To effectively assist countries in their expanding response to a still growing epidemic, relevant parts of the UN system will increasingly need to incorporate HIV/AIDS issues and activities into their pertinent development, technical, and funding programmes. At the country level, the UN Theme Groups on HIV/AIDS will need to continue to strengthen their collective capacities to facilitate UN coordination and catalyze an expanded UN response. Making these UN Theme Groups truly operational is a major responsibility that will continue to challenge the Cosponsors and the Secretariat, requiring long-term political, managerial, and financial commitment.

### **C. Strengthening cosponsorship**

150. As a joint and cosponsored programme, UNAIDS works towards assisting its Cosponsors in strengthening their capacities to work together and as individual agencies. As noted earlier in this report, major progress on the path to a cosponsored programme has been achieved over the past year, both at country and at global levels. However, we are all still learning to identify the right processes for harmonization and coordinated action, without spending all our time in meetings. In this respect, the difficult, but in the end effective, process leading to the UNAIDS Coordinated Appeal has been a major forum for harmonization among the Cosponsors. Its funding by donor contributions is critical for strengthening cosponsorship of the Programme at this critical juncture. In the coming biennium, the Secretariat will also seek to further integrate its efforts with those of the Cosponsors by increasing its commitments to financing UNAIDS posts within the Cosponsoring Organizations.

151. Much progress has been made on agreeing on each Cosponsor's area of responsibility and comparative advantage through the Coordinated Appeal process, the Inter-Agency Working Groups and ongoing discussions among Cosponsor headquarters and Regional bureaux/offices/teams and the Secretariat. However, key staff within the respective organizations are not always aware of such agreements, and as a consequence coordination is less than it could be in some quarters. In addition, some disagreements persist on the division of responsibility in certain areas, though far fewer than when the Programme first began to operate. The majority of the coordination problems we continue to face do not require a new process to solve them. Rather, an increased commitment is required on the part of the Secretariat and the Cosponsors to make more effective use of the processes that have been established through better preparation and conscientious participation. In particular the CCO, Coordinated Appeal, and Working /Reference Group processes can all be made significantly more effective if there is a commitment by all to do so.

152. Preliminary experience shows that effective functioning of a UN Theme Group on HIV/AIDS requires not only commitment by the Cosponsors, but also resources. In only a few countries have Cosponsor country offices been able to provide administrative and financial support to the Theme Group, and Secretariat is spending considerable resources on administrative support to UN Theme Groups. As the UN Resident Coordinator system further develops and becomes more coopted by all UN organizations, it is anticipated that such support by the Cosponsors will increase. To the extent that relevant UN organizations can increase their financial support to HIV/AIDS activities in countries in need, the Secretariat can use its country funds for more catalytic activities, particularly advocacy and in identifying and disseminating best practices, with the potential of enhancing the effectiveness of the efforts of national authorities, Cosponsors and bilaterals alike.

153. Several countries have now demonstrated that integrating the HIV/AIDS programme efforts of several Cosponsors is feasible, even in the presence of varying procedures and planning cycles among the Cosponsors. Similarly, while improving communication with and among the numerous programmes, offices, regional offices and teams of the Cosponsors is a formidable challenge, there has been some early progress in this area, particularly when the CCO and the CCO Working Group have taken on this important responsibility.

#### **D. Strengthening governance and partnership**

154. In its dialogue during previous sessions, PCB members have expressed their strong interests in more active governance based on a close partnership between the Board and the constituencies it represents, the Secretariat, the Cosponsors, and their respective governing bodies. More active governance and partnership will need to be at the heart of our efforts to strengthen the UN response to the epidemic, and the Secretariat is committed to do its part to make this partnership an effective one. In addition to the regular meetings of the PCB, the PCB Working Groups on Resource Mobilization and the PCB Working Group on Indicators and Evaluation have provided a very productive forum for PCB members. While there is no expectation on the part of the Secretariat that the PCB Working Groups will do the work of the Secretariat for it, the Working Groups have been very valuable sources of assistance and guidance to the Programme, particularly in the early phase of Programme start-up.

155. Preparation for the PCB and the PCB Working Group meetings, the CCO and the CCO Working Group meeting and others, requires a considerable investment of senior management time and Programme resource. As a small Secretariat with a small budget, this investment is proportionally much greater for UNAIDS than for larger UN system programmes or organizations. Notwithstanding these limitations, the Secretariat has taken steps consistent with the Recommendation of the PCB (UNAIDS/PCB(3)/96/Rec.16) to provide a more detailed reporting of this session of the PCB to better reflect the discussion. For the future, it will be important to reach a more optimal balance between the senior management time and Programme resource required to support the governance process and that required to effectively manage the Programme so that both good governance and good management are achieved. The PCB may want to consider what indicators of its own success it would like to monitor, as well as key indicators of the Secretariat's support to the governance process.

156. **Financial resources.** The extent to which UNAIDS can serve as a new model for multilateral action and UN reform remains to be seen. The measure of UNAIDS's success will be evidence of programme performance, of an expanded and coherent UN response, and of the continued political and

financial commitment of governments and the donor community to a longer-term perspective on the epidemic and to the process of UN reform. Though UNAIDS is not a funding agency, the success of its mission is critically dependent on substantially increased resource mobilization to support HIV/AIDS activities in those countries most affected or threatened by the epidemic.

157. Expanding the UN response will only be possible if Cosponsor resources at country, regional and global levels are increased. We need to be vigilant of the false logic that because UNAIDS is now becoming operational, the Cosponsors can now invest, or do, less in addressing the epidemic. While several Cosponsors have increased their budgets for HIV/AIDS related activities, this has not been the case in all instances or at all levels. The continued support of the senior management of the Cosponsors, as well as from their governing bodies and donor agencies, will be required to achieve appropriate funding levels. While the Secretariat can advocate for, and provide the analysis to support, increased and more effective HIV/AIDS expenditures on the part of our Cosponsors, it is the PCB members who also serve on the governing boards of the UN system organizations and in decision-making roles within donor agencies, who are best placed to reinforce an HIV/AIDS priority.

158. **Policy resources.** In addition to the PCB's important role in providing policy direction and financial oversight to the Programme, its individual members represent important policy resources not yet fully utilized in mobilizing the global response to the epidemic. PCB members may want to consider three additional areas where they can serve potentially catalytic roles in expanding the global response to the epidemic. **First**, to the extent that significant HIV/AIDS public policy issues are reflected within the agenda of the PCB, each of the PCB members is well placed to influence and be influenced by the policy dialogue and to in turn influence the policies of the countries and institutions that they individually represent. **Second**, PCB members can serve an important and authoritative role in mobilizing public opinion and political will on various aspects of the HIV/AIDS epidemic. As a modest step in this direction, the PCB may want to consider releasing periodic public policy statements to the media, and individual members may want to consider holding press conferences on their return to their countries, following PCB sessions, to report on the status of the epidemic and the global response.

159. **Third**, as noted earlier, the PCB and individual members can serve an important role in influencing the policies and programmes of the Cosponsors and the broader UN system. The PCB may want to consider its role from this perspective, and become an appropriate instrument through which regular information-sharing with the governing bodies of the Cosponsoring Organizations can be achieved. In addition, PCB members who serve on their country's delegation to one or more of the UN system organizations may want to take the initiative to keep interested members of those governing boards updated on the status of UNAIDS, as well as to identify opportunities for the more active engagement of that organization in an expanded UN response. HIV/AIDS is only occasionally on the development agenda, and with the assistance and guidance of the PCB, it is one of the Programme's ambitions to strengthen the position of HIV/AIDS on the development agenda of governments, bilateral and multilateral development assistance agencies, and the multilateral financial institutions.

160. **Finally**, while this first year of operations has been a difficult one, and while the Programme certainly did not accomplish all it set out to do, we should all be proud of what has been accomplished through the tireless work of the staff of UNAIDS, its Cosponsors, its many partners and supporters, and the vision and commitment of its Board. Though our short-distance sprint to establish this Programme is now nearly over, our long-distance marathon to end the pain and suffering of this epidemic has barely

begun. Notwithstanding the technological breakthroughs we all hope for in the coming years, we must be realistic in our assessment of the future, and determined in the vision that only through a long-term commitment of political will, and a doubling and redoubling of our efforts, will we succeed in first slowing and eventually containing the devastating march of this epidemic. HIV/AIDS is a global problem that the UN is uniquely well placed to address. The Secretariat looks forward to receiving the continued guidance of the PCB on the issues raised within this Report, and on how it can best serve to mobilize the expanded response of the UN in addressing the HIV/AIDS epidemic.