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PROGRAMME COORDINATING BOARD

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Provisional agenda item 3:

Report by the Chairperson of the Committee of Cosponsoring Organizations (CCO)

Executive Summary

This report has been prepared to report to the PCB on significant joint actions taken by Cosponsors to respond to the HIV/AIDS epidemic.

Action required at this meeting

The PCB is requested to take note of the attached report.

Section I. The mission of UNAIDS

The Millennium Development Goals (MDGs) endorsed in September 2000 and the Declaration of Commitment of the United Nations General Assembly Special Session (UNGASS) adopted in June 2001 established objectives that obliged the United Nations to scale up their response to the HIV/AIDS pandemic. Target 7 of the MDGs states that, by 2015, the spread of HIV should “have halted and begun to reverse”. Likewise, one of the objectives established in the UNGASS Declaration of Commitment is to reduce, by 2005, HIV prevalence among young men and women aged 15 to 24 in the most affected countries by 25% and by 25% globally by 2010.

In this difficult task, UNAIDS’ added value is to undertake joint initiatives within the UN system. UNAIDS was created in the mid-1990s as a coordinating mechanism with three main purposes:

- to exchange information and knowledge on the epidemic and the ways to mitigate its impact;
- to promote consistency and complementarity of Cosponsors’ programmes against HIV/AIDS; and
- to intensify commitments at all levels.

Activities carried out during the past year within the UNAIDS framework have shown that the system is not only dedicated to facilitating coordination between different unilateral programmes developed by UN agencies; in fact, over the years, UNAIDS has created many opportunities for multilateral cooperation. Consequently, this has led Cosponsors to re-think their own HIV/AIDS strategy, from a multisectoral perspective. It has also encouraged Cosponsors to interact and collaborate at country level to join forces, find common policy issues, coordinate the use of resources and benefit from their comparative advantages¹.

Section II. An enabling context for a multilateral response to the epidemic

Although the HIV/AIDS epidemic continues to spread and treatment is reaching only a small percentage of those who need it, significant changes and actions have taken place in the last 12 months. Public and private actors within the field of HIV/AIDS have benefited from a substantial increase of resources and the establishment of new funding mechanisms.

The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), created in January 2002, plays an important role as a financial mechanism for complementing the work of the UN and of all its partners. In June 2003, the PCB welcomed and approved the Memorandum of Understanding (MOU) between UNAIDS and the GFATM. As of 17 March 2004, the GFATM had disbursed US\$258 million and approved total US\$2 billion over 2 years to 224 programmes in 121 countries and 3 territories. UNAIDS and its Cosponsors played an active role in preparing and reviewing proposals.

Likewise, the US President’s Emergency Plan for AIDS Relief (US\$15 billion), known as the ‘The Emergency Plan’, was launched in January 2003. This five-year initiative focuses on achieving the goals of treating at least 2 million HIV-infected

¹ The FRESH initiative (Focusing Resources on Effective School Health), the result of cooperation between UNESCO, UNICEF, WHO, WFP and the World Bank, is a good example of this. Likewise, UNESCO and UNICEF joined forces in West and Central Africa to mobilize their technical and financial resources in the “Education for All” (EFA) Dakar follow-up.

persons with antiretroviral therapy, caring for 10 million persons infected with, or affected by, HIV², and preventing 7 million new infections in 14 countries in Africa and the Caribbean³. Concurrently, the Bill Gates Foundation promotes prevention interventions and the coordination of HIV/AIDS care, treatment and support programmes, while the Clinton Foundation supports large-scale, integrated care, treatment and prevention programmes with a focus on Africa and the Caribbean. In April 2004, the Clinton Foundation obtained further price reductions for treatments that will be extended to low- and middle-income countries.

All of these initiatives are welcomed and supported by the Cosponsors. They are instrumental in promoting regular cuts in the cost of antiretroviral drugs—a trend that has further accelerated in the past year⁴.

Section III. Main achievements during the past 12 months

A. New UNAIDS Cosponsors

The World Food Programme (WFP) joined UNAIDS as a new cosponsoring organization in October 2003, and the UN High Commissioner for Refugees (UNHCR) is posed do so in the course of this year. The UNAIDS Cosponsors are pleased to welcome these two new UN partners that have repeatedly demonstrated, in their strategic programming, their commitment and interest in the fight against HIV/AIDS. The impact of our joint programmes against the global epidemic will undoubtedly benefit from their complementary contributions.

B. Launch of groundbreaking programme-wide initiatives

Before detailing the various programmes carried out at Cosponsor level, this report will highlight a major development in the way that Cosponsors have launched their more recent scaled-up initiatives. Indeed, in view of the enormity of the task and realizing the added value that the different Cosponsors bring to the joint programme through their specific expertise and field networks, four major initiatives have jointly been launched under the aegis of UNAIDS:

- the '3 by 5' Initiative headed by WHO
- UNICEF's scaled-up initiative for orphans or other children made vulnerable by AIDS
- WFP's response to the triple threat of food insecurity, weakened capacity for governance and AIDS in Southern Africa
- the UNESCO-led Global Initiative to Expand Prevention Education against HIV/AIDS

Building on WHO's expertise in the health sector response to HIV/AIDS, the '3 by 5' Initiative aims to provide antiretroviral therapy to 3 million people infected with HIV in low- and middle-income countries by the end of 2005. By far the most challenging

² Including orphans and vulnerable children

³ Another initiative developed by President Bush is the International Mother and Child HIV Prevention Initiative (US\$500 million), launched in June 2002, which intends to reach up to 1 million women annually and reduce MTCT by 40% within 5 years in 12 African countries and the Caribbean.

⁴ Reductions in the price of antiretroviral drugs are essential to ensuring access to treatment. Adapting the treatment protocol to the actual living conditions of people living with HIV/AIDS is a necessity recognized by the Cosponsors. Thanks to the arrival on the market of generic drugs, prices dropped considerably within three years. In 2000, triple therapy cost US\$10,400 a year for one person. Currently, the Indian laboratory Cipla proposes antiretroviral drugs for US\$255.50.

initiative, it was formally launched by WHO and UNAIDS on 1 December 2003—World AIDS Day. The UNAIDS Cosponsors have committed themselves to playing a strong support role, in particular at the country level where the treatments will be delivered. To reach the ‘3 by 5’ target, WHO and UNAIDS will focus on the following five critical areas:

- Simplified, standardized tools for delivering antiretroviral therapy
- A new service to ensure an effective, reliable supply of medicines and diagnostics
- Rapid identification, dissemination and application of new knowledge and successful strategies
- Urgent, sustained support for countries
- Global leadership, strong partnership and advocacy

Based on two decades of experience on orphans and vulnerable children (OVC) affected by HIV/AIDS, UNICEF also announced, in December 2003, the scaling-up of its Initiative for Orphans and Vulnerable Children. This initiative reinforces the collaborative development, spearheaded by UNICEF, of a “normative framework”, which is now largely in place. Goals and leadership commitments have been agreed; consensus has been formed on principles and strategies to guide policy development and programming; networking mechanisms are being put in place and used; and operational research, monitoring and evaluation capacities are being strengthened.

WFP co-leads, in collaboration with UNAIDS, an interagency working group, to work on the UN response to the triple threat of food insecurity, weakened capacity for governance and AIDS in Southern Africa. The High-Level Committee on Programmes (HLCP) was requested to oversee the drafting of this analysis⁵ and has formulated recommendations for the UN to respond to the inter-linkages between those three issues. The report was endorsed by the UN Chief Executives Board (CEB) for Cooperation in October 2003 at the CCO meeting (held in New York). It outlines 11 recommended programmatic actions and 11 recommended institutional actions.

A worldwide programme to expand HIV-prevention education—Towards an AIDS-free Generation: A Global Initiative to Expand Prevention Education against HIV/AIDS—was launched by UNESCO and UNAIDS at the last CCO meeting, held in Livingstone (Zambia) in March 2004. Cosponsors pledged to unite behind this joint programme on prevention education intended to complement the ‘3 by 5’ initiative and to link treatment and prevention in a comprehensive strategy. Such a programme should help countries expand prevention education, information and services. More specifically, it will focus on curricula, teacher-training modules, HIV/AIDS workplace policies in educational institutions, specific finance mechanisms to guarantee the rights to education, flexible alternatives to formal education programmes, improved academic settings, planning and development capacity.

In addition to these Cosponsor-led initiatives, the UNAIDS Secretariat is spearheading two new, multi-stakeholder efforts: the ‘three ones’, aimed at improving cooperation and collaboration at country level; and the Global Coalition on Women and AIDS.

The ‘three ones’ emphasizes a need for one agreed HIV/AIDS Action Framework that promotes alignment of all partners; one national AIDS authority, with a broad-based

⁵ The purpose of the analysis was to inform CCO Executive Heads of progress made in Southern Africa since the CCO meeting in Paris in April 2003.

multisectoral mandate; and one agreed country-level monitoring-and-evaluation system. The Global Coalition on Women and AIDS brings together activists, government representatives, celebrities and community workers who are committed to improving the lives of women and girls. The Coalition seeks to stimulate action on a number of fronts: preventing new HIV infections among women and girls, promoting equal access to HIV care and treatment, accelerating microbicide research, protecting women's property and inheritance rights and reducing violence against women.

In the past year, UNAIDS has demonstrated that it is a unique entity and a learning model for enhancing joint UN programmes. UNAIDS has gone a step further. It now influences the way in which Cosponsors elaborate their policies and initiatives at the global level. Not only do these initiatives make use of the different comparative advantages of the Cosponsors, but they also act as complementary building blocks in a wide collaborative approach, thus underlining the unique catalytic role played by UNAIDS within the UN system.

C. At the Cosponsor level: some of the key achievements

On behalf of the UNAIDS family, UNESCO, as Chair, would like to highlight key achievements and briefly report on HIV/AIDS-related activities currently being carried out by all Cosponsors in their respective fields of expertise.

UNICEF has provided leadership and extensive global advocacy around Education for All (EFA), with a particular focus on girls' education⁶. At the same time, Life-skills-based education (LSBE) for HIV prevention has become a major focus of intervention supported by the organization in most high-prevalence countries. Over the past year, UNICEF has also helped to pioneer the introduction of prevention-of-parent-to-child transmission (PPTCT) programmes in a growing number of countries to build capacity and scale up interventions. Finally, the organization has also participated in producing and dispatching strategic information and policy guidance, in publications such as *Africa's Orphaned Generations* (2003), and made key contributions to monitoring the epidemic through the development of core sets of indicators.

WFP's expertise on food aid helps keep parents alive and enables orphans and other children affected by HIV/AIDS to stay in school. In this respect, the organization is striving to strengthen its approach and response to the epidemic in all countries where WFP has a strong presence (i.e., countries with both high and low prevalence rates and impacts) with a more systematic approach to assisting individuals and families affected by HIV and AIDS and by using existing programmes as platforms from which to launch awareness and prevention activities.

One central activity of **UNDP** is to help countries develop the capacity to access and absorb international funding from a wide variety of sources. It also provides assistance with the planning, management and implementation of country responses to the epidemic. The recent achievements of the organization include: the launching of the Leadership Development Programmes, which have energized the response to the epidemic and strengthened the capacity of institutions to respond to HIV/AIDS in a strategic and coordinated manner at all levels and across sectors; the Community Capacity Enhancement Initiative to support civil society organizations and community-

⁶ At the request of the UN Secretary-General last year, Ms Carol Bellamy became chair of the Task Force on Women, Girls and HIV/AIDS in Southern Africa. The Task Force's report was submitted to the SG's office in February 2004.

based organizations in Asia and Africa; the Southern Africa Capacity Initiative, to help countries meet the challenges they face with the loss of their most productive people.

UNFPA is working to help prevent the sexual transmission of HIV among young people and mother-to-child transmission (MTCT). It is leading efforts to call attention to the need for better linkages between HIV prevention, care and treatment, on the one hand, and reproductive health, on the other. In particular, it promotes reproductive rights and tries to meet the special reproductive-health needs of people living with HIV/AIDS, especially women. Almost all UNFPA programmes in this field of intervention now include programmes to prevent the spread of HIV. In this regard, UNFPA is co-chairing the Interagency Task Team (IATT) on gender and HIV/AIDS, as well as the Global Coalition on Women and AIDS⁷. This is all the more important as advocacy for gender issues requires intensified action, and increased additional political support and resources. UNFPA has also launched the Global Youth Partners initiative, aimed at preventing HIV infection among young people and at fostering partnerships among youth networks to establish a youth-owned, youth-driven and youth-managed advocacy agenda. Lastly, UNFPA's actions are geared towards raising general awareness about the epidemic and, in partnership with UNICEF, towards addressing issues related to HIV/AIDS in the workplace by emphasizing the critical role that parliamentarians can play in policy and legislation.

UNODC's HIV-prevention programmes focus on reducing the demand for illicit drugs and, hence, the risk of HIV transmission through injecting drug use (IDU). In the last biennium, UNODC has focused on extending its existing programmes on treatment services diversification for IDUs to South-Eastern Europe, increasing its support towards improved institutional capacity in addressing drug abuse and HIV/AIDS, and on the further identification, publication and dissemination of best practice materials globally.

Worldwide, at least 26 million workers are infected with HIV. The **ILO** helps governments and their social partners to combat the epidemic at national, sectoral and workplace levels. In this regard, ILO produced the *ILO Code of Practice on HIV/AIDS and the World of Work*, which is a blueprint for workplace action. The Code sets out principles for policy development and practical guidelines for programmes of prevention, care and support.

UNESCO's response to the HIV/AIDS pandemic is focused on prevention education in five core areas: advocacy at all levels; customizing the message; changing risky behaviour; caring for the HIV-infected and -affected; and coping with the institutional impact of HIV/AIDS. UNESCO's Strategy for HIV/AIDS Prevention Education was revised at the beginning of the year. The organization works hand in hand with Ministries of Education and other partners in such areas as education planning, school curricula and teacher training. It has also scaled up decentralized activities through regional programmes.

In its work to alleviate poverty and improve quality of life, the **World Bank** has placed HIV/AIDS at the centre of its development agenda as a multisectoral issue. HIV/AIDS is addressed particularly through the Bank's Multi-country AIDS Programs (MAP), and the Education, Transport, Urban Development and Water Supply and Sanitation projects. It is one of the largest sources of financing in the United Nations system for HIV/AIDS programmes.

⁷ The Coalition supports advocacy interventions at the global, regional and national levels to raise the awareness of decision-makers about the vulnerability of girls and young women to HIV.

D. CCO meetings

On 30 October 2003, the 22nd CCO meeting was held in New York, in conjunction with the Autumn session of the Chief Executive Board (CEB). WFP and its Executive Director, Mr James Morris, attended the CCO meeting for the first time. Further to UNHCR's candidature to become a Cosponsor and of FAO's request for information on how to do so, part of the discussion was focused on the issue of Cosponsorship. The pros and cons of a growing UNAIDS partnership were discussed as well as a review of the criteria for Cosponsorship.

The WHO and UNAIDS' "3 by 5" Initiative to increase access to antiretroviral treatment was discussed after an introduction given by Dr Jong Wook Lee and Dr Paulo Teixeira. The meeting provided a unique occasion for the participants to initiate discussions on how Cosponsors can join their efforts on this initiative.

The attention of the participants was also called to the draft *UNDG Guidance Note on Operationalizing a Strengthened United Nations System Response to HIV/AIDS at Country level*, developed in collaboration with the UNDG.

In its capacity as CCO Chair, UNESCO took the initiative to organize the 23rd CCO meeting in Southern Africa. Mr Matsuura, Director General of UNESCO, made the proposal at the 14th PCB meeting in Geneva on July 26, 2003. The CCO was then invited by the Minister of Health in Zambia, who is also the Chair of PCB, Mr. Brian Chituwo, to hold the meeting in his country. In many respects, the 23rd CCO meeting, held on 4 March in Livingstone, Zambia, was a success. It was the first time that Cosponsors met in a country heavily afflicted by the disease. Most of the Executive Heads of Cosponsors participated in the meeting and discussed key issues that involve the agencies in further multilateral cooperation: the "3 by 5" Initiative, UNICEF's Global framework on Orphans, UNESCO's Global Initiative on Prevention and Education, cosponsorship within UNAIDS, coordination at country level.

UNESCO took advantage of the CCO meeting in Zambia to organize a high-level meeting which brought together Executive Heads of UN agencies and Ministers of Health, of Education and of Finance from 6 Southern African countries in Zambia. This provided a unique opportunity to involve national public authorities from developing countries in a working discussion with UN agencies. Many topics were addressed by the participants through an open and wide-ranging discussion, like the impact of the epidemic on governments' capacities to deliver essential services such as health and education, the disproportionate impact of the epidemic on women and young girls, the unprecedented orphan crisis, the necessity to support family and community-based prevention and care activities and peer-education. The ministers carried on discussing much longer than anticipated. In follow-up to the meeting, an "aide mémoire" was circulated to all the ministers summarizing the major issues discussed and recommendations agreed upon.

Section IV. New challenges: next steps for strengthening the global response

The past few months have revealed new windows of opportunity for scaling up the response to the epidemic. Nevertheless, the picture remains bleak and the year 2003 was worse than any other year. Three million people died from AIDS in 2003, and 5 million were infected, representing some 13,700 new infections every day. There is still no cure and no vaccine. Many more hundreds of millions—relatives, orphans, and friends of those infected with HIV—are further affected by the epidemic.

Sub-Saharan Africa is still the most affected region in the world, with unparalleled social and economic consequences. As a result, these countries are victims of a 'double

penalty', suffering from the consequences of AIDS in terms of health and in terms of development. South-East Asia and Eastern Europe are now also faced with the rapid spread of the virus. Worldwide, some 95% of the infected population lives in low- and middle-income countries. This proportion is set to grow even more as infection rates continue to rise in countries where poverty, deficient health-care systems and lack of resources for prevention, care and treatment fuel the spread of the virus. In addition to global inequalities between low/middle-income countries and high-income countries, major social inequalities remain within countries. Specific groups are more vulnerable: women and girls⁸, orphans⁹, sex workers, injecting drug users, and men who have sex with men. Furthermore, the Cosponsors are faced with serious obstacles in the implementation of their activities at country level: stigma and discrimination, lack of institutional capacity¹⁰, insufficient human resources, and lack of funds.

Vast challenges therefore remain to be confronted and addressed. In spite of the scale of the work carried out, the epidemic is still expanding fast, and it will be hard to achieve the MDGs by 2015. This is why it remains imperative to uphold and expand the efforts and collaboration of UNAIDS and its Cosponsors. There is an undeniable need for a holistic response that takes into account the multidimensional context of the epidemic (poverty, food insecurity, unemployment, development, lack of education, etc.). The new joint initiatives launched by Cosponsors give a strong impetus to multilateral mobilization for prevention, care and treatment within the UNAIDS system. This new perspective raises hope for the successful delivery of treatment to hard-to-reach population groups in heavily affected countries. The '3 by 5' Initiative also shows that no substantial work can be achieved without the support of the Cosponsors at country level. Every agency can bring a comparative advantage to the response to the epidemic, in terms of scientific knowledge, technical support and capacity to reach specific target groups. This cooperation implies scaling up coordinated activities not only among the Cosponsors and between UNAIDS and the Global Fund, but also between the United Nations and the various stakeholders at the national level.

A small number of dedicated governments and communities have successfully responded to the epidemic. The challenge is to adapt the lessons learned and to massively expand successful initiatives that contribute to halting the further spread of the epidemic and to easing the pain of people living with HIV/AIDS and their communities.

⁸ Women and girls are particularly vulnerable because of their often-truncated education (due to the need to care for sick or dying relatives), their exposure to stigma and violence, the violation of their property and inheritance rights, and reduced access to care and treatment. These issues were addressed by the UN Secretary-General's Task Force on Women, Girls and HIV/AIDS in Southern Africa.

⁹ HIV/AIDS is having a devastating impact worldwide. More than 14 million children under the age of 15 had lost one or both parents to AIDS by the end of 2002. By 2010, this number is expected to jump to more than 25 million. Eighty per cent of the orphans live in sub-Saharan Africa.

¹⁰ For instance, limited capacity of health-care systems to deliver antiretroviral treatment (WHO) and limited capacity of education systems to reach young girls out of school (UNESCO/UNICEF).